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The contribution of replicated follow-up studies to improving transitional housing programs for youths aging out of care in Israel

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ABSTRACT

Evaluation research on transitional housing programs (THP) for youths aging out of care resulted in recommendations on how to improve the programs to ensure a more effective response to the needs of care leavers. The aim of the present study was to examine whether implementing the recommendations indeed improved the experiences of care leavers during their participation in the THPs, and their outcomes two to three years after discharge from the program. Study participants were young adults from two cohorts of the same national transitional housing program who participated in two follow-up studies conducted after their discharge from the transitional apartment. We harnessed data from two mixed-methods follow-up studies. The first follow-up comprised young adults who had graduated from the program prior to the implementation of the recommendations, while the second consisted of young adults who graduated from the program after said implementation. The questions addressed the participants' retrospective evaluations of the program, their experiences of transition to independent living, and outcome measures such as life skills, leisure time activities, satisfaction with social relations, self-reported health (SRH), and life satisfaction. Results revealed that participants in the second cohort evaluated both their experience in the program and the outcomes measures more positively than did their counterparts in the first cohort. In addition, a positive association was found between evaluation of the program's assistance, relationship with an apartment counselor, life skills, and life satisfaction. We conclude that repeated follow-ups of transitional housing program leavers following the implementation of evaluation recommendations can contribute to significantly improving users' experiences and outcomes.

1. Introduction

In the past few decades, policymakers, practitioners, and researchers have become increasingly aware of the unique challenges experienced by youths aging out of care. Many studies have reported on evaluations of programs developed to ease care leavers' transition to, and readiness for, independent living, and to improve their outcomes as young adults. Often, evaluation studies of such programs concluded with proposed improvements. However, to date, no studies have used repeated followups to examine the effects of implementing such improvements. This study addresses this gap by examining whether the implementation of improvements indeed improved the experiences and outcomes of youths who participated in the program. This research compared data from follow-up studies conducted with two cohorts of the same program before and after improvements were implemented.

1.1. Extended care and independent living schemes

Extensive research has shown that leavers of out-of-home care placements confront greater challenges than do the vast majority of young adults. Care leavers experience difficulties in finding a place to live, low incomes, job instability, more run-ins with the law, risks to their physical and mental health, and unwanted pregnancies (e.g., Brown et al., 2019; Courtney, 2009; Frimpong-Manso, 2018). Care leavers' poor outcomes stem from the long shadow of neglect, abuse, and other vulnerabilities, all of which can negatively affect mental health in young adults (Courtney et al., 2018; Melkman, 2017; Stein & Munro, 2012). Many of them lack family and community support, and at the age of eighteen they are often obliged to become "instant adults," facing challenges that other young people may defer (Arnett, 2007). Leavers of residential care may feel even more ill-equipped for independent living than do foster care leavers, due to overprotection, the lack of role models (Moss, 2017), and fewer life experiences (Geenen & Powers, 2007). Still, care leavers are not expected to be completely selfreliant, but to maintain ongoing contact with social networks, including family members, other care leavers, and welfare services (Storø, 2021). Therefore, in this article, we use the term "interdependence" to reflect care leavers' transition to an independent lifestyle, as this term "presupposes mutual interconnection between independent actors" (Storø, 2018, p.106).

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The recognition of the challenges facing care leavers led to the launch of extended care schemes (Van Breda et al., 2020). In some U.S. states, as well as in Australia, the UK (Munro et al., 2012), and some other countries (for review see OECD, 2022) extended care acts allow for care to continue until the age of 21 (Courtney et al., 2018; Gunawardena & Stich, 2021). Extended care schemes are likely to have benefits for care leavers by providing them with a gradual transition to independence, or rather interdependence, and with flexible transitional support, similar to that provided by parents to biological children (Van Breda et al., 2020). Independent living programs (ILPs) offer extended care to support the transition of young people who have aged out of a care system (Doucet et al., 2022; Gunawardena & Stich, 2021). ILPs may vary in the services they offer. These may include assistance with housing, academic studies, and vocational training and employment, as well as counseling services, financial support, or referrals to community services (Gunawardena & Stich, 2021; Mendes & Purtell, 2021; Montgomery et al., 2006; Naccarato & DeLorenzo, 2008). The theory of change underpinning such ILPs is the notion that interventions help the young person to prepare for independent life (Taylor et al., 2021) by providing opportunities to acquire and cultivate human capital, psychological and relationship skills, social connections, independent living skills, and material resources (McDaniel et al., 2014). These, along with stable and ongoing personal counseling, conceptualized in the literature as "mentoring" (Sulimani-Aidan, 2018), are considered the key to enhanced life satisfaction among the programs' leavers (Achdut et al., 2022; Mendes & Purtell, 2021; Taylor et al., 2021). The caring adults can be "natural mentors," chosen by the youth from among the adults in their environment (Sulimani-Aidan & Tayri-Schwartz, 2021). However, a recent review of the literature on informal support concluded that, in order to assure every care leaver has a stable and meaningful relationship with a caring adult, there is a need for formal support by designated mentors (Stubbs et al., 2023).

Some ILPs, known as Transitional Housing Programs (THP), focus on care leavers at risk of homelessness and provide emotional and instrumental assistance as a part of supervised transitional housing. These are of particular importance to care leavers lacking a family support network, or a family to which to return after their discharge from care, or whose family is unable to provide them with minimal living conditions or to ensure their safety and well-being. As this subgroup of care leavers was found to be at high risk of homelessness (Chavulak & Mendes, 2021; Dixon & Stein, 2005), transitional housing programs emerged to offer them subsidized and supervised housing, in addition to the core ILP interventions, such as personal counseling, support with further studies, employment, and so forth, for periods ranging from a few months to three years (Jones, 2011a). Personal counseling and supervision of THPs may at times involve a conflict between two distinct aims—namely, between providing vulnerable youths with a safe environment, and fostering their independence (Curry & Abrams, 2015).

Evaluations of THP programs have been conducted using different methodologies. Some compared care leavers who used THPs with those who did not; some looked at a small sample of participants and tracked changes in their behavior and situation; and some relied on retrospective reporting by the participants themselves (Jones & Lansdverk, 2006; Jones, 2011b; Senteio et al., 2009). Some studies reported on outcomes of THP participants in various areas, such as education (Jones & Lansdverk, 2006; Lenz-Rashid, 2018) and employment (Senteio et al., 2009). A number of studies found that participants in such programs had a certain advantage over other care leavers in domains such as housing, education, and employment, but that outcomes for participants were still inferior to peers who had never been in group residential or foster care (Jones, 2011a, 2011b).

Many of these studies concluded with recommendations on how such programs could be improved. Some called for more focus on building social support networks (Hiles et al., 2013; Sulimani-Aidan & Melkman, 2018)—especially with regard to restoring care leavers' relationships with their families (Refaeli et al., 2019). Some highlighted the diversity

among care leavers, and the importance of tailoring programs to the individual (Courtney et al., 2018; Sulimani-Aidan, 2014). Others underlined the importance of long-term counseling, and still others called for young people to have a greater say in choosing their program (Chavulak & Mendes, 2021; Schwartz-Tayri & Shpiro, 2017). The remaining question—which to the best of our knowledge has yet to be addressed—is whether implementing these recommendations indeed improves the experience of participants while in the program, and their outcomes after graduating. To answer this question, our study used data from follow-ups conducted with two cohorts of participants who were discharged from the same THP. We examined whether implementing the recommendations from the first follow-up indeed improved participants' retrospective evaluations and outcomes.

1.2. "Bridge to Independence" as a transitional housing program for care leavers in Israel

In Israel, unlike in many other countries, residential settings are more common than foster families for children in out-of-home placements. Among Israeli children in residential care, the most vulnerable population consists of those who lack any family connection due to trauma experienced within the family. National data shows that, among 10,976 Israeli children in care placement under the supervision of the child protection, 7856 were in residential care settings, whereas 3,120 were in foster families, meaning that about 72 % live in residential care (Israeli Central Bureau of Statistics - ICBS, 2021). Similar distributions occur in Europe and in central Asia (Browne et al., 2006; UNICEF, 2018), whereas the opposite occurs in the U.S. and the UK, in which countries the rates of children in residential care range from 20 to 30 % (Children's Bureau, 2018; Department for Education, 2020); and in Australia, in which the rates are only 7 % (Australian Institute of Health and Welfare, 2022). Among the most vulnerable care youth are children who lack any family to which to return during vacations or upon leaving care because of early and/or continuous interfamilial traumas, such as abuse, neglect, or orphanhood (Avery, 2010; Sulimani-Aidan, 2018).

In Israel, except for an extension of the allowance for abandoned and orphan children, there is no specific legislated national strategy or detailed policy and procedures regarding care leavers' rights (OECD, 2022). Further, a bill to establish a governmental commitment to provide all care leavers who lack a family to whom to return with a specific support scheme, including a universal allowance, failed to pass in 2022. As a result, care leavers must apply for other forms of support, such as unemployment or subsidized dental treatment, that is offered to the general public when eligible. The main services for care leavers are THP; a social worker based in the local welfare department as a part of the national "Yated" program to support young adults at risk; and shelters for special populations of care leavers, such as young adults in prostitution (Rabinowitz, 2017).

"The Council for the Child in Care" is a non-profit organization, the goal of which is to improve the quality of life and future prospects of children and youth in care. In response to the needs of care leavers, the council has since 2005 been running a program called "Bridge to Independence." This THP supports leavers of group residential care, youth boarding schools, or foster families, who do not have a home to which they can return. Eligible care leavers are those deemed capable of independent, or at least semi-independent or interdependent, life in the community.

The program offers participants accommodation in a supervised shared apartment, in which they pay a subsidized rent and lead an interdependent lifestyle with counselor-support for the duration of their

military or national service, and for up to 18 months before and after that service. This means that the program offers accommodation for a maximum of 4.5 years. The apartments are designed for six young men or women, have three bedrooms and a living room, and are situated in city centers, within easy reach of public transportation and local services. Additionally, participants receive emotional and instrumental assistance from a personal counselor, who is available at all times and conducts personal and group meetings as needed, but who does not live in the apartments. With the help of the counselor, each participant develops a personalized, time-delimited program designed to foster participation in undertakings such as military or national service, vocational training or studies, and employment. The program also provides financial assistance in times of distress; scholarships; guidance on studies and employment; referral and support for medical and mental health treatments; referrals to welfare, health, education, employment and housing services; and support related to military or national service.

2. The current study

This study compares data from two follow-ups conducted with two cohorts of participants discharged from THPs. The first follow-up was conducted in 2012 (Cohort 1), among participants of the original program, and the second was conducted in 2017, among participants who were discharged from the upgraded program (Cohort 2). Fig. 1 illustrates the design of the study. In both follow-ups, we used unified mixed-method design. Each subject participated in an interview that assessed their retrospective evaluation of three components of the program, their experiences of the transition to independent living, and six outcome measures.

The findings and recommendations for improvements following the first follow-up (2013) were discussed with THP's staff. The main proposals were presented to the management, and, as a result, six main improvements were made from 2014 onwards:

- Counseling for participants after leaving the apartment. Specifically, regular contact with the housing counselor for six months after discharge.
- Appointment of a case manager after accommodation discharge.
 Participants discharged from the program were put in contact with a
 staff member, who case-managed all program graduates to tailor
 interventions to their unique needs after moving to independent
 living.
- Appointment of a staff member specializing in post-secondary education and employment to counsel and assist young adults during and after accommodation.
- Enhanced assistance. The program provided help with scholarships, psychological treatment, obtaining a driver's license, and other needs during and after accommodation discharge.
- Strengthening program participants' social networks by organizing seminars, trips, parties, and similar activities; and establishing careyouth advocacy boards.
- 6. Enhancing the professional supervision and support for THP housing counselors by organizing them into small groups according to region. Each group was guided by a region coordinator, who was an experienced staff-member, to help the counselors manage the apartments and support the participants' transitions to independent living.

Our access to the program management enabled us to ensure that the findings and conclusions were properly discussed, to monitor the implementation of the proposed changes, and to conduct a second follow-up study, using the same design as the first, among participants who took part in the upgraded program.

2.1. Working hypotheses

The upgraded THP program is expected to achieve better outcomes, because each of the six improvements implemented enhances the life skills and developmental assets essential to independent living and positive outcomes among the young people taking part in the program (McDaniel et al., 2014; Taylor et al., 2021; Theron & Van Breda, 2021). We expected that a comparison of the two follow-up studies, coupled with an examination of the association between the retrospective program evaluation and participants' outcomes, would answer the question of whether the changes introduced in the "Bridge to Independence" THP after the first follow-up improved the lives of the young adults. Accordingly, and taking into account the program's theory of change, we hypothesized that: (a) Cohort 2 participants would evaluate the core components of the program (program assistance, relations with counselor, apartment satisfaction) more favorably than did their counterparts in Cohort 1; (b) Cohort 2 participants would fare better than did participants of Cohort 1 participants in the following domains: life skills, self-rated health, life satisfaction, leisure activities, satisfaction with social relations, and use of alcohol and cigarettes; and that (c) A positive association would be found between participants' evaluations of program assistance, relations with the counselor, apartment satisfaction, and outcomes.

3. Method

3.1. Sample

We used data from two studies following up young adults after discharge from the "Bridge to Independence" program apartments. The first cohort comprised 25 young people from a list of 56 who had lived in the apartments between 2007 and 2012. Of these, 15 were women and 10 were men, with an average age of 23.9, and a standard deviation of 1.9 years. Their stay in the program housing was 2.11 years (SD = 1.16). A comparison of participants who took part in the first follow-up with those who did not found one difference: a higher percentage of the study participants did civilian national service, as opposed to military service. Cohort 2 follow-up was carried out following improvements, and consisted of 27 of the 42 young adults who had lived in the apartments between 2014 and 2016. Of these, 21 were women and six were men, with an average age of 23.1 (SD = 1.20). The duration of their stay in the program apartments was 2.7 years (SD = 1.18). A comparison between those taking part in the study, and those who did not, found that men were under-represented in Cohort 2. In the program itself, the ratio of women to men was 2:1. In an independent samples t-test, no significant differences were found between the two cohorts in terms of the duration of their stay in the program housing, or their average age. The followups did not include participants from Arab communities. Among participants of the original program, there were five young Arab women; however, as they experienced a different style of mentoring in the apartment and faced unique challenges after discharge, we did not include them in the follow-up.

3.2. Research instruments

The data was collected through telephone interviews that included both open and closed questions. We asked participants to share their experiences of the program and of their transition to independent living after leaving the apartments. In addition, the interviewers were instructed to allow the respondents to add comments after answering the closed questions. The closed questions were analyzed quantitatively, while the open questions, along with the open responses to the closed questions, were analyzed thematically and categorically.

¹ In Israel, young men and women enlist at the age of eighteen for military service lasting two to three years. Those who are exempt from military service, due to incapacity or for religious reasons, may join a civilian form of national service lasting one or two years.

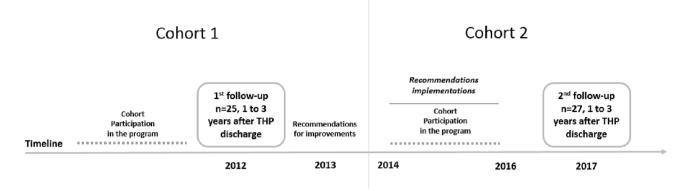


Fig. 1. Current study design.

The participants' evaluations of the program were assessed on three domains:

Evaluation of the program's assistance was assessed using a 9-item scale used in previous evaluation of the same THP (Benbenishty, 2008). We asked participants to rate the program on items such as, "They helped me when I was sad and had a difficult time" on a scale ranging from 1 (Not at all) to 5 (Very much so). The overall score was then calculated by averaging all items. The Cronbach's alpha was 0.71.

Evaluation of relationship with counselor was assessed on a 10-item scale used in previous evaluation of the same THP (Benbenishty, 2008). We asked participants on a scale from 1 (Not at all) to 5 (Very much so) such as, "The counselor wanted to help me," or "I felt like I could talk to her". The overall score was then calculated by the average of all items. Cronbach's alpha was 0.89.

Apartment satisfaction was assessed by the question, "How satisfied were you with the apartment?", with answers ranging from 1 (Not at all) up to 6 (Very much so) in the first follow-up, and on a scale of 1 (Not at all) to 5 (Very much so) in the second follow-up (Benbenishty, 2008). To compare the mean scores, we used min–max normalization to convert the scale into a unified scale of 0 to 1.

Outcome measures were assessed using closed questions about the domains listed below. We encouraged participants to elaborate further in each of these areas.

Life satisfaction was measured by a single-item measure—How satisfied are you with life?"—on a scale of 1 (Not at all) to 5 (Very much so).

Satisfaction with social relations was measured by a single-item measure, "How satisfied are you with your social relationships?", on a scale of 1 (Not at all) to 5 (Very much so).

Self-rated health (SRH) was assessed by a single-item measure, on a scale of 1 (Very difficult) to 5 (Very good).

Life skills were assessed via the 3-item scale used in previous evaluation of the same THP (Benbenishty, 2008), on which participants rated their success in three domains related to independent living—paying bills on time, keeping an apartment in good condition, and maintaining a healthy diet—on a scale ranging from 1 (Not at all) to 5 (Very much so). The overall score was then calculated by averaging all the items (Benbenishty, 2008). Cronbach's alpha was 0.71.

Leisure activities were assessed using a 4-item scale (Benbenishty, 2008), on which participants evaluated their engagement in sports activities, social nights out, volunteering, classes, and hobbies, with answers ranging from 1 (Virtually not, or not at all) and 2 (A little, or occasionally) to 3 (Quite a lot, or often). The overall score was calculated as the average of all items. Cronbach's alpha was 0.54.

Alcohol and cigarette use were assessed through questions (Benbenishty & Schiff, 2009; Refaeli et al., 2022) about the degree to which participants consumed alcohol or smoked cigarettes, with answers given on a scale from 1 (Virtually not, or not at all) and 2 (A little, or occasionally) to 3 (Quite a lot, or often). The overall score was calculated based on the average of the two items.

3.3. Procedure

Tel Aviv University IRB and the Ministry of Welfare and Social Affairs approved both the first and second follow-up studies. In both studies, "Bridge to Independence" THP staff members asked program participants' permission to transfer their contact numbers to the research team. Interviews with participants in both follow-ups were conducted one to three years following their discharge and after obtaining informed consent. The data collection for the first follow-up was carried out in 2013; for the second, in 2017 (see Fig. 1). In both, the interviews were conducted by research assistants who were social work graduates.

3.4. Statistical analysis

Analyses were conducted using SPSS 26. First, we used an independent sample *t*-test to determine significant differences in the study measures between the first and second cohorts. Second, we calculated Pearson correlations between the main study variables. Third, we applied a four-step multiple regression analysis to determine the contribution of the program components and life skills to desired outcomes. Finally, we used the PROCESS procedure in SPSS macro to test for serial mediations, which elucidated the explanatory associations between outcomes and predictors (Hayes & Rockwood, 2020).

4. Findings

4.1. Differences between cohorts 1 and 2 in program evaluation

4.1.1. Comparison of program components' evaluations by cohort

To test the first hypothesis, we conducted a series of t-tests of independent samples to examine the differences between the two cohorts' evaluations of the three components of the program (Table 1). Table 1 shows descriptive statistics of program-components evaluations in Cohort 1 and 2 follow-ups and results of t-test analyses.

Table 1 shows that evaluation of the program assistance and relations with the apartment counselor were generally positive in both follow-ups. In the Cohort 2 follow-up, the average of their evaluation of these two components was higher than for Cohort 1, but not significantly so. However, significant differences were found between the participants of the first and second follow-ups regarding their satisfaction with the apartment, with second follow-up participants rating it significantly more favorably than did their counterparts in the first follow-up. Thus, the first hypothesis was partially confirmed.

Since there was a difference in the gender composition of the two samples, and since male graduates were found in previous studies to experience poorer outcomes (e.g., Courtney et al., 2007; Purtell et al., 2019), we also analyzed for differences in each program component by gender, using the entire sample data. A *t*-test for independent samples

Table 1Comparison of evaluation of the programs' components by cohort.

Variable*	Cohort 1 follow-up $(n = 25)$		Cohort 2 follow-up $(n = 27)$		Mean difference	T (df)	p value
	Mean	SD	Mean	SD			
Program assistance ^a	3.49	1.00	3.88	0.94	-0.39	-1.44 (49)	0.15
Relations with counselor a	3.87	0.97	4.08	0.71	-0.21	-0.89 (50)	0.37
Apartment satisfaction ^b	2.76,	1.36,	3.85,	1.23,	-0.46 ^c	-2.38 ^d (34.62)	0.02 ^d
	0.23^{c}	0.42^{c}	0.69 ^c	0.87 ^c			

Notes: Cohort 2 follow-up study was conducted after implementation of improvements.

- ^a Scale ranged from 1 (Not at all) to 5 (Very much so).
- $^{\rm b}$ Scale ranged from 1 to 6 in the 2013 follow-up, and from 1 to 5 in the 2017 follow-up.
- ^c After min-max normalization.

yielded no significant differences in any of these indicators: both genders expressed higher satisfaction in the second cohort follow-up than they did in the first. This indicates that the differences in the program evaluation between the two follow-ups were not due to the difference in gender composition.

Table 2 shows descriptive statistics of each item of the program's assistance in Cohorts 1 and 2 follow-ups.

A comparison of the first and second follow-ups, as displayed in Table 2, reveals that, in the second follow-up, evaluation of the various components of the program assistance (with the exception of financial assistance) was more positive than in the first follow-up. However, these differences were not significant, with the exception of help in education and training.

4.1.2. Content analysis of cohort experiences of participating in the program

In both follow-ups, the participants regarded the program as a lifeline; appreciated the shelter, familial atmosphere, and emotional support; and reported that the assistance they received from the staff significantly affected their lives. They particularly noted the program's combination of emotional and instrumental assistance. The differences between the two cohorts were apparent in themes such as the scope and continuity of the counseling, the relationships between roommates, the staff's involvement in daily life in the accommodation, and the instrumental assistance and preparation for independent living. Cohort 2 participants spoke at length about the help they received in exercising

Table 2 Evaluations of program assistance items by cohort.

"The program helped me" ^a	Cohort 1 follow-up (n = 25)		Cohort 2 follow-up (n = 27)		p value	t (df) ^b	
	Mean	SD	Mean	SD			
1. Work-related matters	2.84	1.31	3.41	1.24	0.21	-1.27 (35)	
Education and training -related issues	2.72	1.42	4.42	0.96	0.00	-4.71 (41.47)	
3. Military or national service	3.96	1.79	4.54	0.67	0.15	-1.44 (45)	
4. Moving on in life	3.44	1.41	3.96	1.17	0.16	-1.41 (48)	
5. Independent living	3.56	1.47	3.90	1.30	0.40	-0.83 (44)	
Financial assistance When life was sad and difficult	4.08 3.88	1.18 1.26	3.45 4.15	1.43 1.56	0.11 0.49	1.63(45) -0.68(4)	

Notes: Cohort 2 follow-up study was conducted after improvement implementation.

their rights vis-à-vis community agencies, such as centers for victims of sexual abuse, the National Insurance Institute, the Ministry of Housing, and military authorities. They noted the help they received in obtaining scholarships, as well as psychological and psychiatric treatment. All of these aspects were mentioned less by Cohort 1 participants. Participants of Cohort 2 also described efforts by the staff to prepare them for independence—in particular, help dealing with landlords and obtaining furniture. Seven of them noted that their program counselors helped them obtain rental assistance from the Ministry of Housing, secure a place in a military veterans' apartment or student housing, or extend their stay in the apartment. Conversely, Cohort 1 participants reported that, when they left the apartments, they were suddenly cut off from assistance, and were abruptly confronted with reality outside the program—or, as they put it: "All of a sudden you're supposed to support yourself." In both follow-ups, participants reported maintaining contact with program staff, particularly the apartment counselor, after leaving the apartment, but, among Cohort 1, this was only true for half of the participants, while others in that group explained that they wanted contact, but found it difficult to obtain.

In both cohorts, many described the experience of living in the apartment as positive, and the bonds formed with their roommates and counselors as supportive. Both follow-ups also included descriptions of the challenges, such as social pressures, difficulties in living in close quarters with others, or stormy relationships with roommates. However, a greater proportion of the participants in Cohort 1 complained of lack of supervision—or overly rigid supervision—by program staff, or inconsiderate behavior by fellow roommates. In the second follow-up, similar issues were raised, but by fewer participants.

4.2. Cohorts 1 and 2: Differences in outcome measures

4.2.1. Comparison of outcome measure by cohort

To test the second research hypothesis, we conducted a series of t-test tests for independent samples. Table 3 shows descriptive statistics of six outcome measure in Cohorts 1 and 2 follow-ups and results of t-test analyses.

Table 3 shows that, while there were no significant differences between cohorts 1 and 2 in life skills or alcohol and cigarette use, Cohort 2 participants reported greater engagement in leisure activities (sports, recreation, volunteering, classes, and hobbies); and significantly greater satisfaction with their social relationships, health status, and life satisfaction, than did Cohort 1 participants. Thus, the second hypothesis was partially confirmed.

Although no significant differences were found between Cohort 1 and 2 participants in life skills, and because imparting life skills is a major goal of the program and a key component of the change theory of similar THPs (Taylor et al., 2021), we examined the differences between Cohorts 1 and 2 for each item on the life skills' scale by employing a series of t-tests for independent samples. Results showed that Cohort 2 participants reported that they could pay bills on time (m = 4.15, SD = 4.15).

 $^{^{\}rm d}\,$ T-test estimates after min–max normalization.

^a Scale ranged from 1 (Not at all) to 5 (Very much so).

^b T-test for independent samples.

Table 3Outcome measure comparison by cohort.

Variable	Scale	Cohort 1 follow-up $(n = 25)$		Cohort 2 (n = 27)	follow-up	Mean difference	t (df)	p value
		Mean	SD	Mean	SD			
1. Life skills	1–5	3.33	0.78	3.62	0.94	-0.29	-1.22 (50)	0.22
2. Leisure time activities	1-3	1.36	(0.35	1.75	0.50	-0.39	-3.22 (46.89)	0.00
3. Alcohol and cigarettes use	1–3	1.68	0.57	1.70	0.50	0.02	-0.77(50)	0.44
4. Satisfaction with social relations	1–5	2.96	(0.88	4.11	1.36	-1.15	-3.62(44.98)	0.00
5. SRH	1–5	2.20	(0.76	4.26	1.16	-2.05	-7.60 (45.22)	0.00
6. Life satisfaction	1–5	2.76	1.16	3.74	1.13	-0.98	-3.07 (49.41)	0.00

Note: Cohort 2 follow-up study was conducted after implementation of improvements.

1.23) and maintain their apartment (m = 4.00, SD = 1.17) more effectively than could their counterparts in Cohort 1 (m = 3.28, SD = 1.10 and m = 3.52, SD = 1.04 respectively)—however, only the ability to pay bills on time was significantly better [t(49.94) = $-2.68,\ p < .001$]. In fact, Cohort 1 participants had healthier diets than did their counterparts in Cohort 2, albeit not to a significant degree.

4.2.2. Content analysis of cohorts' experiences after leaving the program accommodation

Participants descriptions of the period of time after leaving the program's shared apartment revealed that, in both cohorts, some were plunged into crisis by suddenly having no support network, coupled with a sense of being cut off and helpless. However, this was more common, and more acute, among Cohort 1: eight participants in Cohort 1 defined this crisis as acute and ongoing—while, in Cohort 2, only one young woman described it in this way. Among Cohort 2, more participants reported having approached program staff for help in such a crisis.

In both cohorts, participants reported financial hardship and debt. They said that, because of their dire financial situations, they sometimes had to forgo basic things, such as clothing or food. A comparison between the two follow-ups revealed that the lack of food was greater in Cohort 1 than in Cohort 2. Indeed, few in Cohort 2 reported difficulty affording sufficient food. Some of the Cohort 1 participants became socially isolated due to their financial plight. While the experiences of Cohort 2 participants were not quite as severe, some of them also had to occasionally forgo nights out with friends. Cohort 1 described their debts as permanent struggles that caused them continual mental distress. Cohort 2 also described the financial hardship they endured from living in debt as a source of daily stress and difficulty in functioning.

Finding and maintaining independent living was regarded by both cohorts as their main challenge after leaving the apartment. During that time, over half of them (in both cohorts) lived in rented accommodation—either with other former THP participants, with strangers, or with romantic partners. Participants in both cohorts reported difficulties coping with rent and related expenses. However, while over half of Cohort 1 (14 out of 25) were occasionally unsure as to whether they would have a place to sleep, less than a quarter (6 out of 27) of Cohort 2 were. Most of Cohort 1 reported having to move many times in the first two years after leaving the program. In contrast, only three members of Cohort 2 faced ongoing housing insecurity. In both cohorts, the period of homelessness was described as invoking feelings of rootlessness and reminders of past hardships. In both follow-ups (five in Cohort 1, and seven in Cohort 2), participants reported that, due to their financial difficulties, they were forced to move in with relatives.

In terms of employment and studies, 24 of 27 participants in Cohort 2 were working at the time of the interview, compared with 20 of the 25 in Cohort 1. In Cohort 1, nine of those who were working were unhappy with their jobs, and were either looking for another job or facing imminent unemployment. In contrast, only two of the participants in Cohort 2 expressed dissatisfaction with their work, or spells of underemployment. Among Cohort 2, nine of those who were working were also studying, four of them in higher education. In Cohort 1, those

interested in higher education had had to give up their ambitions due to financial hardship. While members of Cohort 2 also encountered challenges in pursuing higher education, they, unlike their counterparts in Cohort 1, benefited from continual contact with their study and employment consultants, help with scholarships, and help from their counselor in securing accommodation in student dormitories.

Both cohorts reported having few social contacts. Participants of Cohort 1 attributed this to not having the free time or the financial wherewithal to socialize with their peers, and to feeling more mature than other people their age. Similarly, participants in Cohort 2 also reported difficulties in making social connections—but, unlike their counterparts, they described at length their relationship with siblings, and the mental and social support they received from them. Both cohorts reported experiencing mental distress, somatic problems, or both. Still, participants of Cohort 1 spoke more about the strain of living in constant survival mode, without an adequate support network. In both cohorts, low life satisfaction was linked with difficulties in determining their lives, with financial struggles, and with difficulties in coping with childhood adversities with insufficient support networks.

4.3. The association between evaluation of program components and outcomes measures

To test the third research hypothesis, we combined the data from the two cohorts. This was made possible by the absence of significant differences between the groups in terms of age and length of stay in the program's shared apartments. Table 4 shows Pearson correlations among the study's main measures.

Table 4 reveals significant correlations between evaluation of programs components and the following outcome measures: life satisfaction, satisfaction with social relations, and self-rated health. Life satisfaction also correlated with self-rated life skills. Similarly, significant correlations were found between the three components of the program evaluation: program assistance, relationship with counselor, and satisfaction with apartment. Given the following significant correlations—life satisfaction and evaluations of program components, life skills and apartment satisfaction and relations with the counselor, and SRH and program assistance and apartment satisfaction—the third hypothesis was partially confirmed.

Next, we conducted a series of four-step regression analyses to examine the contribution of the program components to desired outcomes—life satisfaction, satisfaction with social relationships, and SRH (Table 5). To determine whether the inclusion evaluations of the program components and outcome variables was adequate, we assessed for multicollinearity, and examined the variance inflation factors (VIFs) of the variables. All were within the acceptable range (namely, all VIFs were smaller than 2)—indicating that multicollinearity was not an issue.

Table 5 shows the three four-step regression analyses for predicting life satisfaction, satisfaction with social relations, and SRH, giving standard coefficients of the independent variables. In each of the models, life skills were introduced as a mediator, as they are a core element in THP theory of change.

Table 4Intercorrelation between the study variables.

	Measure	1	2	3	4	5	6	7	8
Outcomes	1. Life satisfaction	1							
	2. Satisfaction with social relations	0.45**	1						
	3. Self-reported health	0.43**	0.59**	1					
	4. Alcohol and cigarette use	0.10	0.09	0.08	1				
	5. Life skills	0.48**	0.25	0.19	0.06	1			
Evaluation of the program	6. Program assistance	0.44**	0.05	0.28*	0.04	0.22	1		
	7. Relations with the Counselor	0.47**	0.09	0.16	0.00	0.40**	0.58**	1	
	8. Apartment satisfaction	0.34*	0.23	0.32*	0.11	0.39**	0.30*	0.28*	1

^{*}p < .05; **p < .01; p < .001.

Table 5Summary of four-step multiple regression analyses for predicting life satisfaction, satisfaction with social relations, and SRH.

Model	Life satisfaction		Satisfaction with social relations		SRH	
	β	\mathbb{R}^2	В	R ²	β	R^2
1		0.19		0.00		0.07
Program assistance	0.45***		0.052		0.27*	
2		0.26		0.00		0.07
Program assistance	0.25		0.007		0.28	
Relation with counselor	0.32*		0.076		-0.02	
3		0.29		0.05		0.14
Program assistance	0.20		-0.042		0.23	
Relation with counselor	0.29		0.039		-0.06	
Apartment satisfaction	0.19		0.23		0.27	
4	0.24	0.39		0.10		0.16
Program assistance	0.13		-0.01		0.24	
Relation with counselor	0.07		-0.07		-0.14	
Apartment satisfaction	0.37		0.15		0.22	
Life skills	0.25***		0.26		0.17	
Adjusted R Square	0.34			0.02		0.08

Notes: β = standardized beta.

Table 5 reveals that the program components' evaluations were significantly associated with life satisfaction, explaining 34 % of the variance for it. Using the PROCESS procedure in SPSS 26, we conducted sequential mediation analysis to test for serial mediations to determine whether life skills mediated the association between program-components evaluation and life satisfaction. The findings revealed that life skills did significantly mediate the effect of apartment satisfaction on life satisfaction (0.31; CI: 0.08, 0.70) and the effect of relations with counselor on life satisfaction (0.20; CI: 0.02, 0.49). The indirect effect of the program's assistance on life satisfaction through life skills, however, was not significant (0.11; CI: -0.0065, 0.32).

5. Discussion

The "Bridge to Independence" THP serves care leavers who do not have a home to which to return upon leaving care at age 18. In light of the recommendations of a follow-up study conducted in 2013, improvements were implemented from 2014 onwards, focusing mainly on counseling after leaving the shared apartment; enhancing assistance with post-secondary studies and employment; bolstering social networks; and enhancing the professional supervision and support given to apartment counselors. In 2017—three years after the implementation of

the improvements—another follow-up study was conducted, in which the participants of the upgraded program were interviewed. We compared the follow-up data collected among Cohort 1 (2013) and 2 (2017) to establish whether there were differences in participants' evaluation of the program, and in six outcome measures, before and after the improvements were implemented.

This comparison showed that participants of the improved program were better off, albeit not on all indicators. Participants in the improved program (Cohort 2) rated the apartment and the assistance with tertiary education significantly more favorably than did members of Cohort 1. They were also more satisfied with their lives and social networks, engaged in more leisure activities, and reported better health than did their counterparts in Cohort 1. Given the small number of participants, some of the differences do not attain statistical significance, but the fact that they virtually all pointed in the expected direction suggests that the findings support the first two research hypotheses. In addition, THP participants' evaluations of the assistance they received from the program, of their relationship with their respective counselors, and of the apartment, were found to explain—with partial mediation by their life skills—34 % of the variance in life satisfaction after leaving the program. A significant correlation was also found between rating of the program's apartment and self-rated health after leaving the program. The association between retrospective evaluation of the program and life satisfaction after leaving the program may have various possible explanations. Providing for the THP participants' needs while they lived in the program apartment may have affected their wellbeing, but the reverse may also be true-namely, that wellbeing at the time of the interview affected their retrospective evaluation of the program—and perhaps both effects are true.

The novelty of the present study lies in the comparison between two cohorts of a THP, one before and the other after the implementation of recommended changes. Many evaluation reports of THP end with recommendations for improving policy and practice in the field (for example, Bond, 2020; Mendes & Purtell, 2021; & Montgomery et al., 2006). However, we know of no other studies that have examined the implementation of such recommendations, or whether or not these resulted in improved outcomes. In the present study, access to THP staff and management allowed us to monitor the implementation of the recommendations of the follow-up study conducted among Cohort 1, and to conduct a second follow-up study approximately-three years after those recommendations had been implemented, among Cohort 2.

Members of both cohorts appreciated the assistance they received from the program and from their apartment counselors. They described their time in the program as a good, if sometimes challenging period, and noted that the program improved their quality of life for the duration of their stay, and that the relationship with their respective counselors was good and caring. Such relationships with professionals can facilitate a positive gradual transition into independent living (National Institute for Health and Care Excellence (NICE), 2021; Sulimani-Aidan, 2018). The participants of the upgraded program continued to receive emotional and material support and help in exercising their rights after leaving the program accommodation. The combination of a stable and supportive emotional bond with instrumental help is key to promoting

p < .05; *p < .01; p < .00.

the mental and functional resilience of young adults who have experienced childhood adversity (Doucet et al., 2022; Saar-Heiman & Krumer-Nevo, 2021), and therefore a central component of programs designed to help care leavers transition from out-of-home care to independent life (Goemans et al., 2021).

In the "Bridge to Independence" program, counselors play the role defined in many previous studies as "mentoring." Research has shown the importance of mentors in the lives of youths graduating from care (Dubberley, 2006; Sulimani-Aidan, 2018). Natural mentoring, i.e., youths choosing mentors from their environments (Sulimani-Aidan & Tayri-Schwartz, 2021), answers the needs of some. However, to answer the needs of all youths graduating out of care, we need to employ, train, supervise, and support professionals to act as mentors. As this study has shown, persons with a social work or similar background can fulfil this role, and benefit from systematic support and supervision.

The participants of the upgraded THP rated their life in the apartments significantly better, and were more satisfied with their social networks during the period of independent living, than their counterparts in Cohort 1. The factor that may best explain this difference is that the program improvements focused, inter alia, on strengthening THP participants' social networks. It is possible that the social activities increased the support and mutual help available to those living in the apartment, bolstered their social circles, and laid the groundwork for lasting friendships. Considering these findings along with the mediating effect of life skills, we suggest that supportive relationships between the participants may have allowed the counselors to intervene less, allowing participants to practice the independence necessary in young adulthood (Arnett, 2007), and thereby develop more life skills.

Another explanation for the second cohort's more positive assessment of life in the apartment is the enhanced professional support given to the counselors. In both follow-ups, the participants spoke about challenges with roommates. However, a comparison between the two groups revealed that, prior to the changes in the program, conflict between tenants were frequent occurrences in some apartments. It is possible that Cohort 2 reported fewer such conflicts because the counselors were better able to manage the relationships between the apartment dwellers and to monitor what happened in the apartments. In particular, dividing the counselors into regions provided them with readily available supervision and the ability to share real-time decisionmaking regarding apartment-management with the regional coordinators.

Our findings support the notion that increasing emotional support in the transition to independence, gradually tapering it, and adapting it to the needs of care leavers, significantly reduces the risks of living independently for the first time (Van Breda et al., 2020). The enhanced training provided to apartment counselors and the supervision of interventions, coupled with extended contact after discharge from the program accommodation, ensured a gradual exit from the protective environment of out-of-home care to independent living, and alleviated the crisis of transition to "real" life (National Institute for Health and Care Excellence (NICE), 2021). Many of the young adults who had participated in the upgraded program reported that they continued to benefit from the program, in the form of continued contact with the apartment counselor, assistance from the employment and studies coordinator, and availability of other staff members who were involved in their case (OECD, 2022)—all of which were changes implemented in the program after the first follow-up study. This contrasts with the experience of participants of Cohort 1, some of whom reported that the assistance they had received ceased the moment they left the apartment, and the contact they had with the apartment counselor-if any-was occasional and non-committal. These findings support the recommendations to continue providing care leavers with continual, consistent, and ongoing emotional support from professionals (Mendes & Purtell, 2021), and close counseling and mentoring in the early stages of independent living (Geenen & Powers, 2007; Schiff, 2006). Moreover, the need for gradual transition stems, in part, from the fact that, for care leavers who lack a family, starting independent life involves not only moving to new accommodations but usually also new employment or the start of studies, acclimatizing to new surroundings, etc.—all of which require significant time and resources given their lack of natural support networks.

The participants in the upgraded program rated the assistance they received higher than did those in Cohort 1 in relation to academic studies, employment, military or national service, independent living, and support when depressed or struggling. These generally higher evaluations of the program, although mostly not statistically significant, may be attributed to two key improvements to the program: continued counseling after leaving the accommodation, and the enhanced assistance with post-secondary studies and employment. Benefit from the program, in the form of continued contact with it, was essential, because study and employment, along with housing, pose significant challenges to care leavers with limited family support (Frimpong-Manso, 2018), and their outcomes in these areas are directly linked with their ability to lead independent lives, as well as with their long-term mental and functional resilience (Courtney et al., 2011). Accordingly, it is not surprising that participants in the upgraded program were also significantly healthier, more satisfied with their lives, and more engaged in leisure activities.

The one area in which there was no difference in outcomes between the two cohorts was the economic sphere. Participants of the upgraded program, like their counterparts in Cohort 1, reported financial hardship, which in some instances involved grappling with debt. In both cohorts, financial hardship limited their ability to socialize with friends, and thus made it difficult to maintain social ties. It also made it difficult to put aside money and time for further training or education. These findings are consistent with previous studies that examined the financial (Courtney et al., 2018) and academic situation of transitional program leavers (Casas & Montserrat, 2010). It seems that, while improved help with securing housing, scholarships for higher education, and finding employment are important in and of themselves, they do not relieve financial distress, which is more affected by one's current income. While other vulnerable populations in Israel are legally eligible for benefits such as disability or unemployment payments, care leavers are not eligible for specially mandated financial support. Our findings point to the need for a legislative mandate that will prevent care leavers from experiencing acute financial distress, material deprivation, and socialeconomic exclusion.

Previous research showed that determinants for the life satisfaction of care leavers include care-setting characteristics, relationship with their family of origin, financial situation, relationship with a supportive figure or a mentor, and mental resources (e.g., Achdut et al., 2022; Dinisman et al., 2013; Driscoll, 2013; Itzhaki-Braun & Sulimani-Aidan, 2022; Mabille et al., 2022; Refaeli et al., 2019). The present study adds to the existing knowledge about the extent and manner to which programs for care leavers facilitate the same life-satisfaction determinants, because program assistance and counseling alone and together were found to powerfully predict life satisfaction for both cohorts. These findings also bear out the program's theory of change (McDaniel et al., 2014). Unlike the association with their childhood care-setting characteristics, which is not a strong predictor of the life satisfaction of care leavers (Dinisman et al., 2013; Refaeli et al., 2019), transition programs have a positive effect on the extent to which participants are satisfied with their lives after leaving the apartment. The participants attributed this mainly to their ongoing and warm relationships with the program staff. The personal and warm relationship with a supportive figure, and the opportunity to contact her in times of crisis, were significant factors in the care leavers' mental resilience, as manifested in their satisfaction with life (Hinnen et al., 2009). Moreover, we discovered that life skills significantly explained the link between the relation with the counselor and life satisfaction. In other words, the relationship with a supportive figure from the program was key to the care leaver's development of life skills, which, in turn, fostered their

mental resilience (Mendes & Purtell, 2021). This finding suggests the need to explicitly link life skills and mental resilience in programs for care leavers (Sims-Schouten & Hayden, 2017).

Despite the differences between the cohorts in almost all the areas examined, and the greater satisfaction of the participants in the upgraded program, there were still participants in this second cohort who suffered difficulties and hardships. Therefore, the question facing policymakers and THPs coordinators is whether we have reached a "glass ceiling" that does not allow for further improvements, or whether it is possible to further improve the prospects of care leavers through further investments and improvements in counseling, or by placing greater emphasis on the financial sphere. The findings of the present study suggest that a consistent and methodologically creative effort to improve such programs may indeed further improve the ability of care leavers to cope with life beyond care.

6. Study limitations and recommendations for future research

The present study uses data from two follow-up studies conducted as a part of formative evaluation. Still, it has limitations. The first is the small number of participants, which meant that some differences between the two cohorts did not reach statistical significance. In addition, some of the findings are based on retrospective self-reporting of THP participants after leaving the program accommodation. Such assessments may be favorably biased, because they may reflect participants' gratitude toward the program staff. That said, such a positive bias would pertain to both samples, so it does not explain the differences between them. Nonetheless, this research would be complemented by interviewing participants still living in the program housing.

Regarding the application of the method proposed here to other countries, it is necessary to acknowledge that care leavers in Israel are unique, because most of them grew up in residential care, rather than in family foster care (OECD, 2022), and because Israel has compulsory military or national service, which postpones independent life by between one and three years, while also posing unique challenges and a need for continued support. This suggests that, in a way, a THP, together with one to three years of military or civil service, provides care leavers with a moratorium of one to three years, before the challenges of adulthood, that is similar to that provided by the extended care offered in other countries, such as the USA, the UK, and Australia (OECD, 2022). Therefore, a planned and meticulous implementation of similar studies of THP programs in other countries is required. Accumulating evaluation studies that include follow-up assessment, implementation of recommendations, and repeated follow-ups will enable better provision for the needs of care leavers. Additionally, further evaluations should focus on care leavers from Israeli-Arab communities, in order to enhance knowledge regarding their needs and design proper interventions. This is especially important because this group lacks military and civil service-related support systems.

7. Implications for policy and practice

THP leavers benefit from extended combined emotional and material support as part of ongoing relationships with THP staff. These supports should be enhanced during the transition to independent living and gradually tapered after at least six months following discharge, to allow leavers to gradually exercise life skills acquired during their participation in the program. Our findings also point to the need to pay greater attention to income and financial skills during the stay in the program housing and to provide shelter in cases when leavers experience financial or emotional crises after discharge. Finally, apartment counselors should be provided with readily-available supervision, in addition to routine group or one-on-one sessions, which should also include ad hoc availability of an experienced coordinator for guidance in times of individual or apartment emergencies. Replicated follow-up studies, with consecutive cohorts of a program, can provide guidance to organizations

aspiring to improve their ILP programs.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

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