

# YOUTH HOMELESSNESS SHOULD BE RARE, BRIEF, AND ONE-TIME

## Part I: Principles and Prevention: Reducing the number of youth experiencing homelessness

A white paper prepared for the  
State of California's Homeless Coordinating and Financing Council

by

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The UC Berkeley Ending Youth Homelessness Catalyst Group proposes that the State of California should employ evidence-based strategies to ensure youth homelessness is:

- **rare**, by reducing the number of youth and young adults experiencing homelessness;
- **brief**, by decreasing the length of time a young person remains homeless; and
- **one-time**, by decreasing the percentage of youth who return to homelessness after exiting.

This paper provides an introduction to the importance of addressing youth homelessness, overall strategies that the State of California should employ to ensure youth homelessness is rare, brief and one-time, and a focus on specific strategies the State should employ to prevent youth homelessness.

*Youth homelessness refers to individuals who lack a fixed, regular, and adequate nighttime residence (U.S. Department of Education)<sup>1</sup>*

## We must act now to meet the unique needs of youth experiencing homelessness (YEH)

There are more youth experiencing homelessness (YEH) in California than in any other state, with one-third of YEH in the United States living in California.<sup>2,3</sup> Our state and county-wide systems to address homelessness are adult-centered and do not meet the developmental needs of YEH. Investing in the wellbeing of youth and young adults who are at risk of or are experiencing homelessness today yields societal benefits tomorrow by:

- 1) improving their social, health, and economic outcomes;
- 2) creating pathways to successful transitions to adulthood, making it less likely they become chronically homeless adults (See Box 1); and
- 3) breaking the cycle of homelessness and enabling youth to parent the next generation.

**Box 1. Without intervention and support, today's YEH will become tomorrow's chronically homeless adults.**



We need to have a lifecourse perspective on homelessness.

38% of homeless adults report having first been homeless as minors or youth.<sup>4</sup>

**There is no one magic bullet to end youth homelessness.** To eliminate youth homelessness and its negative outcomes, we need a coordinated response that **addresses its roots in family poverty and homelessness, the negative impacts of being homeless or unstably housed, and the ways in which our communities push youth into homelessness and keep youth homeless.** Figure 1 illustrates the levels at which we need to aim our coordinated response.



## I. Eight Overall Strategies the State of California should employ to ensure youth homelessness is rare, brief, and one-time

*The State of California will save tens of billions of dollars in lifetime costs relative to allowing youth to become and remain homeless by coordinating and harnessing existing resources across multiple social service sectors and investing wisely to ensure that youth homelessness is rare, brief, and one-time (See Box 2).*

### **Box 2. California cannot afford to allow youth homelessness**

Not addressing the homelessness of an unaccompanied minor or transition-aged youth (TAY) costs society \$755,900 and \$704,020, respectively, over their life time (2011 dollars).<sup>5,6</sup> The 2017 HUD Point-in-Time count estimated that there were 15,458 unaccompanied youth and TAY on one night in California, an estimate that is widely understood to undercount the actual number of youth experiencing homelessness over the year.<sup>7</sup> **Failing to eliminate youth homelessness will cost California over \$11 billion over their lifetime.**

### **Overall strategies to meet these goals include:**

**1. Creating a cross-sector statewide plan to prevent and end youth homelessness.** Current policies that address youth homelessness in California are fragmented. Counties are isolated in their efforts to address this challenge, pitted against each other for resources, and beholden to federal guidelines that do not respond to California's or counties' needs. The Homeless Coordinating and Financing Council should be charged with creating a **California Statewide Task Force to Prevent and End Youth Homelessness that will draft the cross-sector statewide plan and be tasked with monitoring its implementation.** States like Washington, Massachusetts, and Colorado have implemented coordinated state responses that build systems where every young person is safe, supported, and able to reach their full potential (See Box 4).<sup>8,9</sup> The California Homeless Youth Project of the California Library drafted the first statewide plan to end youth homelessness which can be used as a template.<sup>10</sup>

**2. Ensuring that the statewide plan and state and county policies and programs recognize the roles of structural and individual racism, ageism, homophobia, transphobia, ableism, and stigma against people experiencing homelessness** in pushing youth into homelessness, keeping them homeless, and leading to vast disparities in the experience of homelessness in our communities. Applying best practices to shed light on and eliminate these obstacles will maximize youth inclusion, benefiting youth, our communities, and our state.<sup>11</sup>

**3. Authentically engaging youth experiencing homelessness in the development and implementation of programs.**<sup>12</sup> Meaningful youth engagement occurs when youth are viewed as equal partners to their adult counterparts in all levels of the homeless system decision-making processes. Leveraging the assets, talents, and expertise of YEH to inform policies and strategies will be critical to the design of feasible, acceptable, effective, and lasting solutions. Possible approaches to youth engagement include the Statewide Youth Advisory Board (as in Massachusetts) or the local Youth Policy Advisory Committee in San Francisco, and employment of youth as peer mentors, peer educators, key informants, and program staff.<sup>9,13</sup>

**4. Mandating youth-specific practices in programs.** Current systems are hampered by a lack of programs that support the developmental tasks of all youth (see Box 3). For programs and policies to be successful, they must address YEH-specific needs by incorporating principles of positive youth development, restorative justice, harm reduction, trauma-informed practices, and of diversity, equity and inclusion that are guided by The Universal Declaration of Human Rights, and the UN Convention of the Rights of the Child.<sup>14,15</sup> Youth cannot achieve these goals alone and/or while homeless.

### **Box 3. Developmental Tasks of Youth**

For programs and policies to be successful, they need to recognize and support youth in accomplishing universal adolescent and young adult developmental tasks. Those tasks include:<sup>16,17</sup>

- **adjusting to and meeting the needs of their changing body;**
- **developing a sense of identity/self;**
- **negotiating adult relationships with former caretakers/parents**
- **achieving economic independence (through education and work);**
- **forming mutually supportive friendships; and**
- **developing healthy intimate relationships.**

**5. Mandating youth-specific outcomes for program evaluation.** Youth-specific outcomes for the evaluation of programs to prevent and end youth homelessness include:

- a) developing or sustaining a long-term relationship with an adult family member or mentor;
- b) reaching educational and employment goals for youth (with minimum educational goals for all youth);
- c) providing stable and safe housing; and,
- d) promoting physical and emotional wellbeing

**6. Ensuring youth at risk of or experiencing homelessness have access to services to which they have a right and decreasing barriers to their access those systems.** California's strategies should include expanding existing services that meet the needs of YEH rather than developing new programs. For example, there is a clear opportunity to extend successful efforts to address homelessness among foster care youth to those who have no history of foster care. It is well-documented that the primary cause of homelessness for all youth is significant neglect, abuse, or parental rejection (e.g., in response to a youth coming out as LGBTQ). Thus, YEH who have not been in foster care are very likely to have experienced early family traumas that lead to a path of instability. Specific strategies are needed to address the needs of youth who have not been involved with the child welfare system by expanding foster care and transitional services to all youth who have history of homelessness.

**7. Encouraging and incentivizing regional collaborations to address the needs of youth experiencing homelessness.** Currently, Continuum of Care (CoC) programs are discouraged from engaging in regional collaborations by federal guidelines and funding streams. Youth homelessness cannot be tackled by isolated CoC's. Rather, CoCs should collaborate to manage youth who travel from one jurisdiction to another, pool limited resources, and benefit from the innovations of their neighbors. In addition to statewide guidelines, regional collaborations should be promoted and incentivized, and public-private-foundation collaborations should be encouraged to achieve regional solutions, particularly for small or rural CoCs.

**8. Conduct inclusive counts of youth experiencing homelessness,** employing multiple definitions including the mandated HUD definition, a developmentally-appropriate state definition of youth homelessness (see page 1), and local definitions. Current counts of YEH statewide are neither complete, inclusive, nor plausible. Assessment of the size and composition of the population of YEH need to be based on an inclusive count. In addition, single night counts are not adequate for planning. Annualization of counts are needed to adequately inform and update statewide policy, local planning, and to evaluate of the effectiveness of programs. Housing sector-based CoCs and education sector-based McKinney Ventol liaisons should be funded by the state to coordinate their counts and data management. The participation of youth in Point in Time (PIT) count and planning activities should be mandated and funded.

### **Box 4. Washington State: Coordinated Statewide Plan**

In 2016, The Office of Homeless Youth Prevention and Protection Programs (OHY) created a coordinated statewide plan to end youth homelessness. OHY plays a critical role in directing strategies, managing different funding streams, setting high quality care standards.<sup>18</sup>

In 2018, full expansion of the Extended Foster Care Program was enacted and SB 6560 was passed, which states "...by December 31, 2020, no unaccompanied youth is discharged from a publicly funded system of care into homelessness."<sup>19</sup>

Washington State serves as a model of advancing public policy, budgets, and multiple sectors toward a shared goal of ending youth homelessness.

## II. Strategies that the State of California should employ to prevent youth homelessness

*Preventing youth homelessness requires strategies to identify youth for intensive services before they become homeless, reduce factors that push youth into homelessness, provide scaffolding for youth to stay with their families or move to safe, stable housing, and ensure youth stay in school. The following evidence-based practices should be employed to prevent youth homelessness:*

### Across All Sectors:

**Mandate a common screening instrument geared for all youth accessing youth-facing sectors, so they can serve as the front line for identifying youth at risk of homelessness.** Such a tool, employed by schools and local education agencies, justice and child welfare systems, drop-in and outreach services, primary care medical clinics and emergency services, and community programs and organizations, will identify youth to receive coordinated care to prevent homelessness. A common data collection tool will also allow the State to monitor its progress towards reducing the number of YEH. An example of a tool is included in the Appendix.

California can legislate a “No discharge to homelessness” rule for minors and youth across all sectors, as has been done in Washington State (See Box 4).<sup>19</sup>

### Housing:

It is critical to have a life course perspective on youth homelessness (Box 1). **Housing families, allowing youth to stay with their families in public or subsidized housing after they turn 18, and rapid rehousing for youth in families is necessary to prevent homelessness of unaccompanied minors and youth.** This should include shelter on demand for families and short-term residential respite. Housing and services for unstably-housed families should include their transition-aged youth.

### Education:

**Education is the single best vaccine against youth homelessness,** yet youth who are homeless or at risk of homelessness are far more likely to be pushed out of schools. Policies should be implemented to prioritize keeping unstably housed or YEH in schools.<sup>20</sup> State funds should be invested in this important preventive strategy. California should complement federal funding to ensure that McKinney Vento liaisons are linked to every California K-12 school, with staffing proportional to the number of homeless students. In turn, liaisons can screen all students, thereby maintaining an accurate count of youth on an ongoing basis (as in Fresno County).<sup>21</sup> In addition, they should be given the resources and skills to provide case management to youth who are at risk of homelessness, as well as unstably housed and homeless youth.

Successful strategies, such as the Upstream Model, developed in Australia (and being implemented in Washington State) have decreased the number of youth entering homelessness by 40 percent and decreased drop-out rates by 20 percent.<sup>22</sup>

### Child Welfare System:

**Youth with child welfare system involvement are at disproportionately high risk of homelessness.** California should require child welfare agencies to provide youth with independent living skills and ensure they are housed when they exit or are discharged from state-managed child welfare systems so they do not exit into homelessness. These services should include youth exiting who are under 18 years of age.

### Criminal Justice System:

**Youth with juvenile or adult criminal justice system involvement are at disproportionately high risk of homelessness.** Correctional systems should be required to screen for homelessness or risk of homelessness using the universal state screening tool and to create a transition plan for youth that includes housing, employment, and independent living skills immediately upon entry to a county or state corrections system in order to prevent exit into housing instability and/or homelessness.<sup>23</sup> Successful young adult court models should be expanded to jurisdictions statewide to divert youth from the prison to street pipeline.<sup>24</sup>

### Medical/primary care:

Screening for homelessness as part of primary care services for minors and young adults statewide should be mandated. For such screening to be effective, it must be paired with funding to CoCs to provide access to local case management to which primary providers can refer their patients to divert them from homelessness or help them exit homelessness. Similar screening of all minors or TAY mothers in primary care and of all minors or TAY who present in emergency rooms should also be mandated.

## Appendix A. Unstable Housing Status Screening Tool

In the last 6 months, have you stayed one or more nights in any of these places because you could not stay in your home or you did not have a home?

- A shelter \_\_\_\_\_
- Outdoors \_\_\_\_\_
- A squat \_\_\_\_\_
- With a stranger or someone you did not know well \_\_\_\_\_
- A car \_\_\_\_\_
- On public transportation \_\_\_\_\_
- A single-room occupancy (SRO)/hotel \_\_\_\_\_
- Jail \_\_\_\_\_
- One or more of these places, but I don't want to say which \_\_\_\_\_

**Scoring:** If participant indicates only one of these choices, ask if this was for one night or more (eg, "You said you stayed outdoors in the past 6 months. Was this for one night, or more than that?").

If participant stayed **0 or one night total** in any place or combination of places, participant is not to be considered unstably housed.

If participant stayed **more than one night** in any place or combination of places, participant is to be considered unstably housed.

## Serving Homeless and Unstably Housed Youth

Colette (Coco) Auerswald, MD, MS, FSAHM

Related Video Content
66.0 The Life Cycle Model of Youth Homelessness

### Why This Matters

Homeless and unstably housed youth are a largely invisible, diverse, stigmatized, and high-risk population. Though the population is widely held to be sizable, current estimates of the size of the population are poor.

● ● **Just as youth are mentored into street life, extrication from the streets may require mentoring. In order for youth to become “mainstream smart,” they need to be exposed to the skills required to thrive in the mainstream.** ● ●

### Family Background and Development

Though homeless youth are diverse, they often share the experience of significant family dysfunction in their childhood homes, including physical, sexual, and emotional abuse; neglect and abandonment; and/or parental drug abuse. Homeless adolescents, like other youth, are faced with the challenges of accomplishing the developmental tasks of adolescence, including adjusting to changing body, developing a sense of self-identity, negotiating adult relationships with former caretakers/parents, developing economic independence (education/work), and forming mutually supportive friendships and intimacy. However, youth must accomplish these tasks hampered by the dysfunctional environments in which they were often raised, without the support and resources of adult caretakers and without a stable roof over their heads. Youth often have a poor educational history with a history of school failure or expulsion being common. Furthermore, they may not have successfully completed the essential developmental tasks of childhood, including the ability to develop appropriate attachments and trusting relationships. Though facing many challenges, investigators have also emphasized the resilience and resourcefulness of homeless and unstably housed youth.<sup>1</sup>

Foster youth and youth with a history of involvement in the juvenile justice system are disproportionately represented among homeless youth. Furthermore, sexual minority youth, including lesbian, gay, bisexual, queer, transgender, questioning, and intersex youth, are overrepresented on the street, often because of marginalization by their home community and/or family rejection. However, many unstably housed and homeless youth fall outside of these categories. In some large metropolitan areas, many homeless youth have travelled far before finding them-

selves homeless. However, in most cities and in rural areas, unstably housed and homeless youth are generally from the local community.

### **Risky Behaviors and Morbidity and Mortality of Homeless Youth**

Homeless youth are more likely than non-homeless youth to be exposed to violence and be involved in behaviors that put them at risk, including survival sex (exchanging sex for drugs, money, shelter, or protection) and substance abuse. These behaviors are, in turn, reflected in a high prevalence of psychological disorders (eg, depression, anxiety, and post-traumatic stress disorder), HIV, chlamydia, gonorrhea, hepatitis B and C, and a high mortality rate.

### **The Life Cycle of Youth Homelessness**

#### **66.0**

Although most studies have lumped homeless youth together in one category, other studies suggest that youth's risks, service utilization, and outcomes differ greatly, varying by geographic area, demographic characteristics, and homelessness history. In fact, homelessness may present quite differently in different cities or among different subgroups of youth. Some cities serve as destinations for homeless, runaway, and marginalized youth. These locations are more likely to have a distinct street culture. In other cities, youth homelessness may present primarily as youth "couch surfing" between acquaintances' houses or "squatting" in abandoned buildings. Within each city, there are likely to be distinct subcultures of unstably housed youth. What all homeless and unstably housed youth have in common, unless they are safely sheltered, is the necessity to meet basic survival needs. Youth often need to choose among a host of illegal and dangerous means to survive, including panhandling, stealing from stores or people, dealing drugs, and survival sex.

An understanding of the life cycle of youth homelessness can help inform the clinical and service approach to youth (Figure 66.1). This model was developed from ethnographic research and has been tested epidemiologically in larger samples of youth.<sup>2-7</sup> The model is based on ethnographic work conducted in San Francisco and thus likely most closely applies to locations where a street culture exists. However, the key points that pertain to potential points of intervention are worthy of consideration in every location.

Research regarding homeless and housed adults and adolescents has demonstrated that to understand individuals' decisions regarding behaviors, we must understand that the social context of people's lives shapes norms, expectations, and opportunities to engage in or avoid risk. Engaging in risky behaviors may represent effective short-term coping behaviors to a youth's environment. The model of the life cycle of youth homelessness may assist professionals in better understanding the sociocultural context of the decisions of homeless youth, including decisions regarding risky behaviors.

#### ***The Mainstream Stage: Pre-Street Life***

Youth on the street who describe their life prior to living on the street almost uniformly recount catastrophic family dynamics. Street youth describe themselves as not having a choice. Given their predicament at home, street life can be a reasonable option.

### ***First-on-the-Street Stage***

Youth who are first-on-the-street are immigrants to the street culture and environment. They are acutely preoccupied with how to meet their basic needs in their new surroundings. One consequence is that experienced street residents, other street youth, or homeless adults easily identify newcomers by their demeanor and their naïveté. Some may reach out to help, while others prey on those new on the street. The social ties of first-on-the-street youth, though they may be dysfunctional, may be the only remaining ties to the mainstream world. Further, they may be seen as essential to survival.

The first-on-the-street stage is an example of a transitional state, a temporary state of transition from one status to another within society. The first-on-the-street youth will be driven out of this transitional state by the need to meet his basic needs and by the need for connection with others on the street.

### ***Initiation Stage***

Initiation to street life is a process of acculturation to street life—its resources and economy, language, and drugs it is often facilitated by street mentors. During the initiation to the street stage, mentors introduce youth to the street culture and economy and teach them “street smarts,” the skills required to protect themselves and their possessions. Motivated by the need to survive, the process of becoming part of the street economy is rapid.

### ***Stasis Stage***

During the stasis stage, youth are integrated into street culture and the street economy. This stage is defined by the seeming contradiction between the youth’s belief that street youth form a community and the descriptions of the harsh and conflictual reality of the life of the homeless. Stasis is further characterized by distrust for people and institutions in the mainstream, or non-homeless, world. This distrust is often well-founded in past negative experiences of abuse or lack of follow-through by prior providers. Similarly, youth in stasis are often very wary of and avoid shelters because of the stigma associated with shelter use, the rules imposed on shelter clients, and the lack of safety perceived by youth in those shelters shared with older adults. Youth in stasis generally have social ties primarily to other homeless youth or adults.

### ***Disequilibrium Stage***

The chaos in which youth live frequently precipitates episodes of disequilibrium, minor or major disasters that threaten a youth’s ability to continue to survive on the street. Examples of disequilibrium episodes include being robbed, arrested, or assaulted; becoming ill; or exposure to

particularly harsh weather. Our research has suggested that youth in disequilibrium may be at increased risk for initiating very high-risk behaviors.<sup>7</sup>

Disequilibrium is another example of a transitional state. Youth in disequilibrium will most often return to the street; however, the crisis may motivate them or give them the opportunity to attempt to leave the street.

### ***Extrication Stage***

Youth in the extrication stage are attempting to leave street life. Obstacles are many. Youth in extrication appear to be more likely to seek medical services, perhaps as a first step to leaving the street.<sup>4</sup> Our research suggests that many street-based youth are actively engaged in trying to leave street life. Research in Los Angeles suggests that most youth return home within the first 18 months.<sup>8</sup>

### ***Recidivism Stage: The Return to Street Life***

Attempts at extrication may fail because youth did not have the appearance, hygiene, credentials, social connections, skills, or address to reenter mainstream life. Ongoing substance abuse may also pose a significant obstacle to leaving street life. Lacking other options, some youth may return to the street. Youth homelessness is often intermittent, with youth cycling in and out of homelessness.

## **Youth Presenting to Care**

### **12.9, 66.5**

What are the implications of the life cycle model and the literature for the clinical encounter with homeless youth? What do youth tell us they need?

*“If a homeless youth shows up in clinic, it’s a big deal. Providers should pay attention and listen.”* (Homeless youth focus group participant)

### ***Overall Points***

- Many, if not most, youth can and will leave the street, particularly if they access services. The earlier youth leave the street, the more likely they will successfully and permanently exit homelessness.
- Youth on the street are diverse and may differ based on their life cycle stage. Therefore, a stage-based, customized approach to interventions with street youth may be most effective at reducing their risk. The approach to reducing the risk of a runaway who has been on the street for a couple of weeks is necessarily different from the approach to a youth who is integrated into street culture.

- The life cycle model focuses on removal from the street as the primary intervention to decrease rates of risky behaviors that increase youth's risk of contracting HIV or suffering other negative outcomes. Obtaining housing first is an appropriate goal for youth at all stages, regardless of risk behaviors.
- Unstably housed and homeless youth who may be most open to intervention and outreach are those in transitional stages (eg, first-on-the-street and disequilibrium) and extrication, stages that offer a window of opportunity for removal from street life.
- The life cycle model suggests the steps required for extrication. To leave the street, a youth must reverse the process of initiation by finding a niche in the mainstream economy, achieving a mainstream identity, forming ties with healthy peers, and leading a less substance-dependent existence. Just as youth are mentored into street life, extrication may also require mentoring in order for youth to become "mainstream smart" by being exposed to the skills required to thrive in the mainstream.
- For youth at all stages, helping youth create and/or maintain social network contacts in the mainstream can protect youth from high-risk behaviors and its consequences.

### ***Youth Presenting in a Service Agency or Clinic***

- A youth presenting to care for an immediate need, even an illness, represents a **window of opportunity** to reconnect to services and maybe, ultimately, to family or housed contacts.
- **It may be difficult to identify a youth as homeless.** Being homeless is a stigmatized identity. Youth, especially youth of color, may not identify as "homeless," but may be more likely to identify as "unstably housed." Youth who do not identify as homeless may be less likely to access services intended for homeless youth, such as drop-in centers or clinics for the homeless, and may be less likely to comfortably connect with outreach workers.

### **66.2**

- The appendix<sup>3,4,7</sup> at the end of this chapter is a proposed **screening tool** for identifying homeless youth that can be used in a written form or that can guide clinical screening by a provider.
- Given their needs to prioritize survival needs, youth may need to access services on a **drop-in basis**. Youth need to be praised for reaching out for care and not punished for missing appointments.
- Providers should **attend to a youth's immediate and basic needs first**. The therapeutic alliance a provider can develop by honoring these immediate needs will give him or her the credibility to address long-term goals over time.

- Though a **nonjudgmental stance** is important with all youth, it is particularly important with homeless youth, who have been labeled with a stigmatized social status (being homeless) and may be engaged in stigmatized activities in order to meet their needs (panhandling, survival sex, selling drugs, sleeping in public places). Particular attention should be paid to body language, since youth on the streets often absorb scorn and judgment through others' body language (see Chapter 15). For this reason, youth are very sensitive to verbal or non-verbal cues of stigmatization given by the reception or front office staff when being welcomed to a facility.
- The provider must be familiar with **local and state consent and confidentiality laws for the care of adolescents**. Though most states require parental permission for most medical services and procedures, youth in many states may be able to consent to sensitive health services. These might include reproductive health care (eg, sexually transmitted infection [STI] treatment, contraception, abortion), mental health care, and substance abuse treatment. Mature minor statutes in some states may also allow youth to consent for care.
- The provider should be familiar with their **local youth-friendly referral sources for care**, including mental health services, emergency housing, STI/HIV care, respite care for families, and foster care services.
- Youth in stasis may not be interested in services to leave the street. A **harm reduction** approach to these youth to minimize the impact of their life circumstances on their behavioral and physical health is appropriate.<sup>9</sup> A harm reduction approach does not require a youth to abandon his main coping strategy until a new coping mechanism is in place. The priority in a harm reduction approach is to decrease the negative consequences of a behavior. For example, a harm reduction approach to injection drug use may offer active users a needle exchange program.
- **Access to care for youth younger than 18 years**. Youth may refuse care if it is offered on the condition that parents are contacted.
- **Access to care for youth 18 years of age and older** may be complicated by lack of health insurance and the financial repercussions of being billed for services.
- **Youth may lack the skills or modeling for obtaining primary health care**. A youth's reserved or hostile attitude may be a response to prior negative interactions or abuse at the hands of responsible adults. A positive interaction and flexible environment may allow youth to establish continuity of care with a provider, which is highly valued by youth who likely have few stable supportive relationships in their lives.
- Youth may be willing to access **emergency housing or shelter services** in order to recover from an acute illness.

- Supporting youth to exit the street requires a multidisciplinary team to address the youth's multiple needs.<sup>10</sup>
- Box 66.1 offers some advice from youth to clinicians providing care to homeless and unstably housed youth.

### **Approaching Homeless Youth**

- Homeless youth often have a strong history of abuse and exploitation and may lack experience with caring adults who have only their best interests in mind. Therefore, it is critical to connect with these youth in a way that demonstrates your trustworthiness (see chapters 14 and 15).
- When working with these young people, it is particularly important to consider boundaries. First, many of these youth have a history of exploitation and other inappropriate interactions with adults. Second, precisely because your caring might be a relatively rare experience, the teen may become reliant on you. Many of these youth have had far too much experience with abandonment or adults letting them down, so they must be clear about what you can and cannot offer. When we offer them the support that empowers them to take independent action, our interactions remain therapeutic (see Chapter 20).

#### **66.12, 66.13**

- Many of these adolescents experience a high level of demoralization that stifles their ability to even consider change. A strength-based interview approach that allows you to elicit the teen's strengths and then authentically reflect those strengths back to the youth may be a first step toward the adolescent gaining the confidence to consider positive behavioral change (see Chapter 25).
- Homeless youth may have the highest levels of sensitivity to social injustices and a genuine commitment to improving others' lives. Further, they may be models of resilience, regarding life's stressors as their most consistent teachers. Eliciting these points can be a starting point of strength-based communication.

*To view testimony from homeless youth that demonstrates wisdom, strength, and a commitment to repairing the world, see videos 66.7, 66.16, and 66.17.*

#### **66.7, 66.16, 66.17**

- Don't assume that the youth are runaways. Understand that the streets may be perceived as the best or safest option. Homeless youth often have had a history of sexual exploitation or abuse and physical trauma in their homes. Escaping to the streets often feels like the best option.

## Appendix . Unstable Housing Status Screening Tool

In the last 6 months, have you stayed one or more nights in any of these places because you could not stay in your home or you did not have a home?

- A shelter \_\_\_\_\_
- Outdoors \_\_\_\_\_
- A squat \_\_\_\_\_
- With a stranger or someone you did not know well \_\_\_\_\_
- A car \_\_\_\_\_
- On public transportation \_\_\_\_\_
- A single-room occupancy (SRO)/hotel \_\_\_\_\_
- Jail \_\_\_\_\_
- One or more of these places, but I don't want to say which \_\_\_\_\_

**Scoring:** *If participant indicates only one of these choices, ask if this was for one night or more (eg, "You said you stayed outdoors in the past 6 months. Was this for one night, or more than that?").*

*If participant stayed **0 or one night total** in any place or combination of places, participant is not to be considered unstably housed.*

*If participant stayed **more than one night** in any place or combination of places, participant is to be considered unstably housed.*

### ● ● Group Learning and Discussion ● ●

Prior to the group session, explore what homelessness looks like in your location. Assign one person to check in with a local homeless serving agency and ask whether there is a street culture, or whether homeless youth in your area are more likely to be unstably housed through "couch surfing" or squatting. Find out whether there are youth-specific shelters or whether adolescents are incorporated into the adult system. Assign another person to compile a list of local services to complement the national hotlines and

resources listed here.

Then break into pairs to work through the following scenarios:

- A 17-year-old young man, Ezekiel, comes to your setting. He is addicted to heroin and tells you that he is in a hurry and only has half an hour before he needs to be on the other side of town. (You suspect he needs to get his next injection, as he seems a bit sweaty.) He is coming to you for a (sore throat: medical scenario) (forms to apply for disability: nonmedical scenario). He does not want to answer any questions about how he is surviving and states, *"I'm doing what I have to do....that's all."* He cleans his "works" (needles and syringes) with bleach occasionally. He has no desire to stop heroin or get off the streets now. (The number for the needle exchange facility is 555-1111; the number for a family planning and sexual health center is 555-2222. Your goal is to be welcoming while avoiding judgment, and to engage in harm reduction.)
- Kim is a 19-year-old woman who has been on the streets for almost 3 years. She came from an abusive environment where she feared for her life. She has been engaged in survival sex, but now has lived with the same guy for 6 months. She earns her rent by "entertaining" his friends. She has a black eye and a large bandage on her forehead and cigarette burns on her forearm. She tells you she fell down the steps and doesn't respond to questions about the burns. You believe she is in disequilibrium. She has a 4-year-old daughter who she adores but who is in foster care. As you talk to her, you learn about the 16-year-old who she befriended last week. The girl was frightened and new to the streets. She walked the girl to the bus stop and used nearly all of her money to buy a ticket to a town across the state where the girl's aunt was ready to receive her. The experience reminded her of how badly she wants to get a GED and be a counselor who can help kids "straighten out their lives...." *"You know, show kids that someone cares."* The number to the youth shelter or women's shelter is 555-3333. (If you live in a town without a youth shelter, you give her The Covenant House Nine Line, 800/999-9999, which will connect her with emergency and shelter services.)

~~Continuing Education~~

If you are applying for continuing education credits, a test is available online. For more details, visit [www.aap.org/reachingteens](http://www.aap.org/reachingteens).

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### **Related Video Content**

- 66.0** The Life Cycle Model of Youth Homelessness. Auerswald.
- 66.1** Tips for Serving Unstably Housed Youth. Auerswald.
- 66.2** Not All Unstably Housed Youth Would Describe Themselves as Homeless. Auerswald.
- 66.3** Testimony From Youth With a History of Unstable Housing: How We Deserve to Be Treated. Youth.
- 66.4** Testimony From the Executive Director of Covenant House PA. Hill.
- 66.5** Testimony From Youth With a History of Unstable Housing: What Makes a Difference in Whether We Will Make It. Youth.
- 66.6** Passing the Test: Earning the Trust of Homeless and Marginalized Youth. Bailer, Covenant House PA staff.
- 66.7** Homeless and Marginalized Youth: Young People Who Have Been Tested by Life Bring so

Much to the World. Covenant House PA staff.

**66.8** Staff Diversity: Creating a Safe Environment Where ALL Youth Feel Safe. Covenant House PA staff.

**66.9** What Does Success Look Like When We Work With Homeless and Marginalized Youth? Auerswald, Covenant House PA staff.

**66.10** Facilitating Homeless and Marginalized Youth to Believe in Their Potential to Achieve Success. Covenant House PA staff.

**66.11** Never Make Promises to Homeless and Marginalized Youth That You Cannot Keep. Hill.

**66.12** Homeless Teens: Boundaries, Rules, and High Expectations Can Be Welcomed by Underparented Youth. Hill, Covenant House PA staff.

**66.13** The Importance of Understanding Boundaries (and Your Own Buttons) When Working With Marginalized Youth. Hill.

**66.14** The Truth May Unfold Slowly for Youth With a History of Adults Failing Them. Hill.

**66.15** Testimony From a Young Woman With a History of Unstable Housing: My Path Toward Becoming a Youth Advocate. Youth.

**66.16** Testimony From a Young Man With a History of Unstable Housing: “Pain Is Like a Teacher” — Recovery and Resilience. Youth.

**66.17** Testimony From a Young Man With a History of Unstable Housing: “We Need Both Truth and Love.” Youth.

**66.18** Testimony From Youth With a History of Unstable Housing: Don’t Assume We Are Drug Addicted...But Do Understand Why We Might Use Drugs. Youth.

**12.9** Youth With a History of Homelessness or Unstable Housing Share What They Need From Youth-Serving Agencies. Youth.

**23.0** De-escalation and Crisis Management: Wisdom and Strategies From Professionals Who Serve Youth Who Often Act Out Their Frustrations. Youth-serving agencies.

**57.2** The Making of a Girl. The GEMS Project.

**61.20** Youth Testimony: “This Is How to Address Me” (and Much More): Guidance From a Young Transgender Person. Youth.

### **Related Handout/Supplementar y Mater ial**

Hidden Among Us: Sexually Exploited and Trafficked Youth

**FIGURE 66.1**

## THE LIFE CYCLE OF YOUTH HOMELESSNESS

From Auerswald CL, Eyre SL. Youth homelessness in San Francisco: a life cycle approach. *Soc Sci Med.* 2002;54(10):1497–1512. With permission from Elsevier.

### **Box 66.1. Advice From Youth for Providers Caring for Homeless and Unstably Housed Teens**

- Listen.
- Be sensitive.
- Don't assume.
- Be supportive.
- Be respectful.
- Expect the unexpected.
- Understand that people may come with an attitude. Be flexible.
- Walk with truth and love.
- Enjoy yourself!
- Communicate.

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