

ENDING HOMELESSNESS FOR UNACCOMPANIED YOUTH AGE 18-24

The National Alliance to End Homelessness (Alliance) estimates that approximately 150,000 unaccompanied youth and young adults between the ages of 18 and 24 experience an episode of homelessness each year.¹ However, resources to serve them fall far short of demand. As a result, approximately 15,000 youth were found to be unsheltered (sleeping on the streets, in abandoned buildings, tents, cars, or other places not meant for human habitation) on a single night in January 2015, and many more likely went undetected.²

A comprehensive response to youth homelessness is critically needed [see Text Box 1], and the development of such a response should be informed by the practice experience of programs that serve the population. For this reason, the National Alliance to End Homelessness, in partnership with Funders Together to End Homelessness and the U.S. Interagency Council on Homelessness and with the support of the Raikes Foundation and Melville Charitable Trust, undertook the Practice Knowledge Project.

The Practice Knowledge Project tapped the expertise of experienced and insightful practitioners with the goal of identifying those approaches most

TEXT BOX 1: CRITICAL INTERVENTIONS FOR HOMELESS YOUTH

Prevention. This entails helping youth remain home whenever appropriate and safe to do so. It also involves helping youth transitioning from care – juvenile justice or foster care – avoid homelessness by ensuring they exit those programs to housing and independent living.

Early Intervention / Crisis Response. This includes a system that can provide immediate access, without barriers, to shelter and supports to every youth who becomes homeless. No youth should be forced to sleep outdoors.

Family Intervention. This is services to help youth develop, maintain, or strengthen connections to family whenever safe and appropriate so that they can remain or return home or develop healthier family relationships.

Appropriately Tailored Long-Term Housing and Supportive Services. This includes developmentally appropriate long-term housing and supportive services, individually tailored to each youth's unique needs.

¹ National Alliance to End Homelessness. 2012. An Emerging Framework for Ending Unaccompanied Youth Homelessness, available online at <http://www.endhomelessness.org/library/entry/an-emerging-framework-for-ending-unaccompanied-youth-homelessness>

² HUD 2015 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, Full Summary Report (All States, Territories, Puerto Rico and District of Columbia), available online at https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2015.pdf

likely to succeed in reducing the number of homeless youth. The Project convened in-person meetings of practitioners from across the country to explore what works for unaccompanied homeless minors and for unaccompanied youth aged 18 to 24 (the topic of this paper). Based upon these discussions, specific interventions were also explored more deeply.

Research is certainly needed on the most effective interventions for unaccompanied minors who are homeless. Nevertheless, a great deal is known about what works; knowledge gained through years of practice. Following are some lessons about what ends homelessness for these vulnerable young people.

LESSONS LEARNED

Help youth develop and navigate supportive relationships with family, peers, and other caring adults.

Family Connections

Family can be both the cause of a youth's homelessness, and its solution. In either case, the creation, or re-creation, of relationships with family or other caring adults is necessary to prevent and end homelessness among youth age 18 to 24.

Youth become homeless for a variety of reasons. Some leave home because of family conflict. In other cases, the family may become homeless and split up, leaving the youth to find his or her own place to stay. And in still other cases, households may ask youth to leave at age 18 because of a lack of financial resources to support them or a cultural expectation that children will leave the family home at age 18. Providers felt that having flexible funds to assist the entire family, or to increase a young person's capacity to contribute to the household financially, allows some youth to remain home.

When youth leave home, providers suggested that in some cases time apart may be needed for both parents and youth before youth contemplate returning. Re-uniting too quickly may be too challenging, and both parents and youth may need time to work on the relationship and develop coping skills to manage the associated stress. Providers reported that the level of trauma experienced within the relationship often indicates the intensity of supportive services that will be needed to repair it.

Supporting youth and their families is not just about helping youth return home (as this might not always be possible or desirable). Providers found that it is valuable to invest in family intervention services even when family reunification is not a goal. Family members can impede a young person's success by adding stress and undermining their attempts to take positive steps forward (e.g., participation in higher education). In addition, some youth who have exited foster care crave a reconnection to their family of origin. They often need support to learn how to have healthy relationships with parents

or to manage their disappointment when the relationship does not turn out as they expected or envisioned.

Providers shared that focusing on helping older homeless youth build or repair relationships with family represents a culture shift underway in the field; a move from a primary focus on serving youth to a focus on serving a larger family of which youth are a part. They suggested that families are being underutilized as a resource to end youth homelessness.

Healthy Temporary and Permanent Connections

Providers noted that many of the homeless youth they serve have had little experience with successful, long-lasting relationships. They felt that helping youth understand and develop healthy relationships is an important component of the services they need.

Youth who were in foster care have often been traumatized by prior relationships and may have little experience with people who are not paid to care for them. Providers found that these young people may have little sense of connection to others or concept of what it means to be supported. They often crave connections to people who are not paid to care about them, and this can make them highly susceptible to exploitation.

While developing permanent connections to caring adults is an important goal for youth, the benefit of temporary, healthy connections should not be overlooked. It is not uncommon for young adults to have transitional relationships that may not last long, but that can be instrumental in enabling them to meet their goals. An example might be a helpful mentor at work, or a volunteer life coach who helps them build skills they can use at home (e.g., cooking, basic home repair, budgeting).

Staff at homeless service programs can and do serve as temporary (and sometimes long-term) connections for youth. This can be helpful, offering what may be their first stable connection to a caring adult. In order to help youth maintain these healthy connections, one provider trains case managers across different housing models within the agency so they can follow youth throughout the program as they progress.

Providers were well aware of the necessity of helping youth develop relationships outside of the homeless service system. They use a variety of strategies to help youth develop connections to people who can be supportive resources over the short- or long-term. Examples that providers identified included the following.

- ***Social mapping.*** A tool to examine social networks, social mapping can help identify potential natural supportive relationships for youth that could be cultivated or strengthened with services.
- ***Serving youth's "family of choice."*** This involves helping youth develop and improve relationships with the individuals that they identify as family.

- **Host homes.** An adult host in the Host Home housing model can become a caring person in the life of a young person. This is most likely to occur when youth select from among a variety of potential host homes and find a match that works best for them.
- **Life coaches and mentors.** This includes volunteers, mentors, or staff who function as life coaches to youth. One example shared by a provider is a volunteer who worked alongside a newly housed youth to help him learn how to prepare a favorite meal in his own kitchen. Youth program alumni may also serve as life coaches and mentors to younger youth who are just beginning their journeys out of homelessness.
- **Fostering peer relationships.** This is strategies to help youth in programs to develop relationships with one another, including encouraging youth to host one another for dinners and group activities.
- **Wraparound model.** This is a holistic, intensive case management model that elevates young people's voices and choices, and focuses on helping them develop and rely on a supportive team from within their social network to meet their goals.
- **Building connections to places.** Places that align with a young person's interests can provide a foundation from which they can build relationships and establish community roots (and a sense of permanence). This strategy can help youth identify and build connections to places meaningful to them (e.g., school, church, parks, or other community spaces), rather than to individuals.

Providers noted that while helping youth build healthy relationships is important for their overall well-being, it often requires a long-term investment of resources (and a skill set) that is outside the capacity of the overtaxed homeless service system to deliver. Facilitating partnerships with organizations such as community-based family counseling agencies may help ensure youth have access to this important, and often necessarily intensive, relationship- and family-building work.

Various housing models can work for youth if services are in place to support them.

Housing Model

Providers reported that there are multiple ways that homeless service providers are meeting the long-term housing needs of youth over the age of 18 [See Text Box 2]. To date, there is no conclusive evidence as to which housing model works best for which youth, although clearly each model works better for some than for others. Some programs with an array of options help youth explore the relative merits of different models on offer so that they can select the one best suited to their needs. Having

supports and services in place to help youth succeed seems to be key to making various housing models work.

Congregate housing models (including some transitional housing and permanent supportive housing programs) can provide a fairly structured environment. Because it houses a group of young, high-need individuals in one place, providers often implement extensive rules and schedules to maintain a level of order. Some residents find this structure supportive and helpful. Others are unable or unwilling to comply with it. Similarly, some youth find it helpful to live with others who share their situation; while others find it stressful to live with a group of people who all have significant needs.

Providers felt that **permanent supportive housing** is most appropriately reserved for the small segment of youth, perhaps 10-15 percent, who have the most serious barriers to stability and who cannot be safely and stably reunified with their families of origin or appropriately assisted with one of the other time-limited housing-plus-services models. This is most likely to be youth with chronic disabilities. Shared housing arrangements (across housing models, including shared units in transitional housing programs or housing with roommates in rapid

TEXT BOX 2: HOUSING MODELS FOR YOUTH

Congregate or single-site transitional housing programs in which multiple young people are housed in one building, often with 24-hour support and on-site supervision, and for up to 24 months.

Scattered-site transitional housing programs, which place youth in private rental apartments with supportive services for up to 24 months. The lease is typically held by the provider. Upon completion of the transitional stay, some programs offer youth the option to assume the lease and “transition-in-place.”

Host Homes in which a young person is housed in the home of a trained community member who has agreed to provide a room (and often support). In some instances youth participating in a Host Homes program may also be able to identify potential hosts from their own social network.

Rapid re-housing is a Housing First model that helps youth quickly exit homelessness and move into their own apartments. The program helps them find housing and negotiate with the landlord, provides a limited amount of rent and other financial assistance, and delivers services to help them stay in housing.

Permanent supportive housing is subsidized housing with intensive services for high need, typically disabled, youth.

Housing subsidies allow youth to rent housing in the private housing market. The federal Housing Choice Voucher program rent subsidies are permanent as long as the youth remains income eligible. The Family Unification Program (FUP) is a rental subsidy available to youth exiting foster care for a period of 18 months. Under FUP, the child welfare agency that referred the young person for the FUP subsidy provides them with supportive services.

Other housing arrangements include those available to young people more generally, including shared housing with roommates in private rental housing or dormitories on college campuses.

re-housing programs) are also an option for many youth and are often a necessity due to high housing costs. Fortunately, this is a developmentally appropriate option and one chosen by most young people who are not homeless. Providers identified some subpopulations of youth whom they avoid placing in roommate situations if possible: pregnant and parenting youth, some youth with serious mental health disorders, and youth who have a history of violence or weapons use.

Finally, providers offering the **Host Home** model suggest that some youth may be able to identify their own host homes: caring adults in their own social network who might be willing and able to provide long-term housing if they had access to additional supports to help them. This option can also be very empowering for youth, as it focuses on their own choices and communities, while also providing a connection to a caring adult.

Importantly, providers recommended that housing programs be prepared for youth to exit and return, if necessary. Youth may over-estimate their ability to manage living on their own. They may need the program to be a safety net they can rely on, just as their non-homeless peers have their families to help them when things do not go precisely as planned.

Supporting Youth in Housing

Practitioners reported that youth are likely to require more intensive and frequent support immediately after being placed in housing. Case managers may need to meet with youth several times a week or even daily. This is particularly true for youth with more severe challenges, such as those with mental health disabilities or significant trauma histories. Once they are more settled in a housing program, meetings may taper off to once a week or twice a month (and ramp up again if needed).

Youth providers also reported that after youth have stabilized in a housing program, a deeper assessment of their goals may be needed to ensure that the services being offered are still appropriate and effective. Youth are often more prepared to think about longer-term goals after they have been safely housed for a period. Progress toward meeting their goals should also be continually reassessed to determine if the housing model, program activities, and supportive services are working for the youth. Adjustments should be readily made.

Providers felt that it is important to provide youth with experiential learning. Youth need to practice skills (such as managing a budget or a household) with room to fail or succeed. There can be consequences, but should also be protection. Experiential learning can include internship or volunteer opportunities that give youth experience in an employment setting and accountability for meeting other people's expectations. It can also include providing support to youth living in their own apartments (with either the provider holding the lease or giving back-up to the young lease-holder) to let them experience the responsibilities of a tenant. Helping youth "walk the walk," but with a safety net, can be very powerful.

Providers did find that some subsets of youth require much greater levels of support than others. Youth who have recently exited a foster care placement, in particular, often need more support services. For these youth, providers sometimes try to delay employment or educational activities, focusing instead on helping them build basic skills that boost their confidence and adjust to newfound independence.

For youth who have experienced chronic homelessness or who have very significant challenges, such as a mental health disability or an addiction, the need for intensive support may persist over time. These youth may continue to require frequent check-ins (several times a week or even daily). To meet these needs, providers often keep staff caseloads low. A subgroup of youth that providers have found to be particularly vulnerable and in need of ongoing, intensive support is young mothers with very limited educations, mental health symptoms, and multiple young children. (Note: service support for the latter group can often be provided or funded via mainstream federal programs.)

Providers reported that all housing and service programs should use a positive youth development approach, ensuring that services are youth-informed and -directed. Increasingly, youth providers are experimenting with a voluntary services model, despite the fact that they find it more challenging to keep youth engaged. They reported that taking a voluntary approach, rather than requiring service participation, forces them to make the services more appealing to the young consumers. For youth to participate, the services much align with their interests and help them meet their goals.

Providers suggested that a harm reduction approach is needed to respond to both substance use and interpersonal violence when serving youth. When using a harm reduction approach, providers do not terminate youth from programs because of harmful or self-destructive behaviors. Rather, they attempt to work with the young person to develop strategies that minimize the danger to him- or herself as well as to others.

Adopting harm reduction, low threshold, and voluntary services policies can be a radical departure for frontline providers, partnering organizations, and funders. Providers have found that child welfare agency partners are particularly skeptical of voluntary service models and harm reduction approaches. They reported, however, that these policies meet youth “where they are” while also protecting them from experiencing greater harm on the streets. Providers suggested that not lowering barriers to program entry and participation screens out the higher need youth who have been the most stigmatized, traumatized, and marginalized.

Providers did note that, while critical to meeting the needs of the most vulnerable youth, adopting low-barrier, voluntary services, and harm reduction approaches did have consequences. Implementing these practices and targeting youth with much higher needs may negatively impact program performance, affecting the organization’s capacity to attract resources and to continue to serve homeless youth. Funders need to be

educated about why new approaches may be needed to serve the most vulnerable youth and how such policies may impact program outcomes.

As mentioned above, providers noted that the most important key to success is to tailor the proper services to individual youth to help them stabilize in and sustain housing. The success of various housing models can be impacted significantly by adjusting service strategies. For example, a provider using Family Unification Program (FUP) vouchers to house youth aging out of foster care significantly reduced evictions by linking youth to volunteer life coaches and helped youth navigate tenancy requirements.

Sustain support and success by connecting youth to mainstream systems.

Providers reported that youth require help developing and navigating connections to mainstream and community-based services that are not always accessible or welcoming to them (these services might be provided by the education, welfare, employment, medical, treatment, child welfare, or other systems). This can be especially true for lesbian, gay, bisexual and transgender (LGBT) youth. Homeless youth providers are working to improve these connections by advocating with mainstream system leaders directly, developing the capacity of youth to advocate on their own behalf, and supporting youth as they engage with those systems.

Youth providers have worked to improve assistance available to their clients by building positive relationships with leaders of mainstream systems and educating them about the needs of homeless youth. This includes helping system leaders understand the challenges youth experience while trying to access their programs, and suggesting improvements. Providers reported training mainstream partners on trauma-informed care and competency serving LGBT youth, which enables those partners to provide more sensitive and effective services. Such educational efforts allow both frontline and policy staff of mainstream agencies to better serve homeless youth by avoiding re-traumatizing them and by providing services to LGBT youth in a respectful and affirming manner.

Providers reported that a necessary component of work with older homeless youth is helping them become better advocates for themselves. Achieving this first requires staff to be educated on the myriad mainstream resources in their communities [see Text Box 3], how those systems work for homeless youth, and how youth can most effectively access them. Case managers can then educate youth about what they are eligible for and prepare them to effectively interact with mainstream systems. This might involve helping youth understand the application and intake processes as well as their rights to services and benefits. It may also involve role playing or coaching youth before intake interviews so that they know what to expect and are prepared for questions that may be uncomfortable. In states that have “one stop” shops or websites for accessing all social

TEXT BOX 3: MAKING CONNECTIONS TO SUPPORT YOUTH

A key focus of providers' work is helping youth get access to the supports they require to meet their immediate needs and make progress toward their long-term goals. Homeless service programs simply cannot meet all these needs but they can help youth make connections to community-based resources that can. Examples of the mainstream and community connections that homeless youth providers are working to build include:

- Workforce Investment Boards (and other sources of employment assistance)
- Local Businesses (for internships, apprenticeships, and employment opportunities)
- TANF agencies (for income, employment, and child care assistance for parenting youth)
- Supplemental Nutrition Assistance Program (SNAP) and food pantries
- Public housing agencies
- Mental health agencies
- Community colleges and local universities
- Maternal, Infant, and Early Childhood Home Visitation programs
- Head Start programs
- Childcare
- Legal assistance programs
- Community credit counseling programs
- Landlords, especially for programs providing rental assistance or housing vouchers
- Planned Parenthood clinics and local health departments
- Dispute resolution centers
- YMCAs, YWCAs, Boys & Girls Clubs

service benefits, case managers can help youth use the website and provide hands-on assistance in doing their applications.

Program staff can also serve as navigators, making connections with mainstream systems like workforce boards or community colleges and then accompanying youth to help them broker their own relationships with those systems. Youth may also need practical assistance to access services from mainstream systems, including reminders about appointments, transportation, or help gathering documentation (e.g., birth certificates, identification).

Providers reported that ensuring youth have access to **mental health services** is of particular concern, as young people with mental health issues are among the most vulnerable. They observed that mainstream mental health services are not well designed to serve young adults. Some of the triage tools and vulnerability indicators mental health agencies use do not capture youth in the earliest stages of mental illness. In systems that triage mental health care, youth often suffer because they do not (yet) have a significant mental health history that would identify them as a high priority client for mental health services. Providers also reported that long waitlists for mental health services are equivalent to denying care to youth who cannot afford to wait.

Screening tools and intake assessments for mental health services may also be traumatizing for youth, especially when a relationship with the clinician has not yet been established. Finally, providers reported that the traditional office-based model of

delivering mental health services does not seem to work for many youth, who may be better served with a model that provides more assertive outreach and engages youth in the community.

Providers reported actively working to improve access to mental health services for the youth they serve. They described coaching youth to prepare them for mental health intake and assessment interviews. This can help them become more comfortable with the kinds of questions that they will be asked, and avoid being re-traumatized by recounting difficult life events to a stranger.

Providers reported that mental health services would work better if mental health agencies adopted a positive youth development approach, engaging youth both where they are and in developmentally appropriate ways. Providers noted that linking mental health services to case management is the most effective way to serve vulnerable youth. Case managers can provide tangible support along the often difficult journey of healing from trauma and mental illness, and this can complement mental health counseling. Youth would also benefit greatly if public and private mental health services were more generally available to cover holistic family interventions, which can be vital in addressing the root cause of a young person's homelessness.

Support and train frontline staff to ensure appropriate services.

Providers reported that many of the frontline staff serving homeless youth are new professionals in the social services field, and not much older than those they serve. Youth programs also frequently hire people who have experienced homelessness. This can provide a wealth of knowledge and expertise that helps organizations engage and appropriately support youth who are homeless.

However, providers have learned that frontline staff often need support, themselves, to develop and use skills appropriate for working with youth who have been highly traumatized. Training in trauma-informed care, low-barrier service delivery, and harm reduction approaches is typically very helpful for young professionals. Staff should be able to reframe a young person's behavior in terms of the trauma he or she may have experienced and be prepared to help them feel safe sharing traumatic episodes. Staff also need to be prepared to de-escalate difficult situations, a skill that is not always part of an academic curriculum. Some programs provide ongoing training for staff to develop various psychosocial skills and in different therapeutic modalities like dialectical behavioral therapy and motivational interviewing.

Staff also benefit from the provision of organizational support to help them deal with the secondary trauma they may experience from working with very high need youth. Not addressing secondary trauma can contribute to high staff turnover rates. Since relationships with caring adults are such a critical component of serving youth, high

turnover rates can be disruptive for individuals who grow attached to their case managers. They can also be detrimental to an organization's ability to provide consistent quality interventions.

Providers reported working to make staff more responsible for good client outcomes (rather than attributing poor outcomes solely to poor behavior of the client). This has freed staff to be more creative in engaging and assisting youth, and less compliance-oriented. One program has linked staff performance evaluations to client outcomes. This has created buy-in and accountability, as well as considerable intra-organizational dialogue about what success means, and has significantly changed the culture of the organization.

CONCLUSION

Each year, around 150,000 unaccompanied older youth experience homelessness. These youth have a broad range of needs but there is no comprehensive system to prevent their homelessness, provide supportive services, and ensure sufficient safe shelter and long-term housing options. Such a system is needed, and its structure can be informed by the practice knowledge of providers who have decades of experience working with youth. They have identified the following as essential elements of such a system.

- **Supportive Relationships.** Youth need help to develop and navigate supportive relationships with family, peers, and other caring adults. Short term and permanent connection should be nurtured.
- **Housing and Services.** Youth can succeed in a variety of housing models, some of which must be low barrier. Key to the success of housing programs is the availability of developmentally appropriate services. The best services are: voluntary, provided in a harm reduction framework, informed by youth, and structured to allow them to make mistakes.
- **Connection to Mainstream Services.** For long-term support, youth need to be connected to mainstream systems. To accomplish this, providers can advocate making the systems more responsive, help youth learn how to advocate on their own behalves, and support them as they engage with the systems.
- **Quality Staff.** Frontline staff needs to be well trained and well supported.

If the above lessons are used to frame the response to youth homelessness, it will become rare, brief, and non-recurring.