3.3 STRENGTHS-BASED OUTREACH & ADVOCACY FOR NON-SERVICE-CONNECTED YOUTH EXPERIENCING HOMELESSNESS

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CONTEXT & EVIDENCE

Much of what is known about youth who are homeless is obtained from those engaged through service programs, such as drop-in centres or shelters. This means that much less is known about youth experiencing homelessness who are not engaged in services as they are excluded from most studies. This is a significant concern because some reports indicate that youth who are not connected to services represent the majority of youth who are homeless: less than 10% access community resources meant to serve them (Kelly & Caputo, 2007). Furthermore, service-disconnected youth are different from those who already access services; they have more unmet needs and more severe substance use and mental health problems (Kryda & Compton, 2009). Efforts to connect youth to services are essential to prevent a range of public health consequences associated with homelessness, including premature death.

Studies with adult populations consistently show that those with access to a social service worker or who use community services are more likely to exit homelessness (Zlotnick, Tam, & Roberston, 2003). One study showed that the more connections youth had with formal and informal social systems at the beginning of the study, the more likely they were to have a decreased number of homeless days and to start with fewer homeless days prior to the study period (Slesnick, Bartle-Haring, Dashora, Kang, & Aukward, 2008). In general, the longer youth experience homelessness, the more likely they are to experience substance use, victimization, and mortality, and the harder it becomes to exit street life (Ferguson, Bender, Thompson, Xie, & Pollio, 2011; Scutella, Johnson, Moschion, Tseng, & Wooden, 2013). This underscores the importance of engaging youth with services.

Studies often define outreach as contacting or engaging individuals within non-office settings to services. Outreach is considered an effective strategy for identifying and engaging hidden populations, such as youth who are homeless, with services. Because most studies report conducting outreach in shelters, emergency rooms, and other service locations, efforts to identify and engage youth who are homeless and not connected with

services are rare. Even so, some studies report success connecting high-risk and hidden adults with HIV-prevention programs (Bradford, 2007; Sohler et al., 2007) and connecting adults with severe mental illness who are homeless with housing services (Gilmer, Manning, & Ettner, 2015; Tsemberis & Elfenbein, 1999). Arguably, youth who are disconnected from services are one of the most vulnerable populations, and identification and engagement in services may be an effective way to interrupt continued homelessness and its associated risks. Outreach to identify youth is the first step, but the relationship between the young person and the outreach worker can extend beyond a finite contact with ongoing advocacy.

Strengths-based outreach and advocacy builds on the success of other evidence-based outreach and advocacy approaches for vulnerable populations (Rapp & Goscha, 2006). It is also consistent with supportive services offered in housing first approaches. It has been adapted for use with service-disconnected youth who are homeless and includes ongoing advocacy for six months (Slesnick et al., 2016). The outreach worker takes responsibility for securing needed services for the youth and remains a support as the youth traverses the system of care. This approach is most similar to the strengths model in which the role of the outreach worker falls somewhere between a therapist and a broker (Rapp & Goscha, 2006). The strengths model, developed at the University of Kansas School of Social Welfare, is based on the premise that "the purpose of case management is to assist consumers in identifying, securing, and preserving the range of resources, both external and internal, needed to live in a normal, independent way in the community" (Johnsen et al., 1999, p. 331). The strengths model also includes the following components:

- Dual focus on youth and environment;
- Use of paraprofessional personnel;
- Focus on youths' strengths rather than deficits; and
- High degree of responsibility given to youth in directing and influencing the intervention they receive from the system and the outreach worker or advocate. That is, youth determine what they want assistance with, and what they are willing to do to reach their goals, without pressure from the advocate.

The outreach worker is described to the youth as an "advocate" who will assist them with their goals and help them negotiate and interface with the community. Advocates assist youth regardless of the level or type of service connection. If a youth is not interested in linkage to a particular service or program, the advocate still continues to engage and meet with the youth. Similarly, youth who connect with services continue to meet

with their advocate. Building new relationships and traversing various systems of care can be difficult and stressful for youth who are homeless, and one consistent ally can ease relationship demands and facilitate service engagement and continued service use (Tsemberis & Elfenbein, 1999).

INITIAL RESEARCH OUTCOMES FOR STRENGTHS-BASED OUTREACH & ADVOCACY

A pilot feasibility study that tested the efficacy of strengths-based outreach and advocacy showed favourable outcomes (Slesnick et al., 2016). The study involved 79 youth who had experienced three months of continuous homelessness and who had no service connection in those three months (no shelter, drop-in centre, or substance use/mental health service access). Youth were approached about the study outside of service settings. Ages ranged from 14 to 24, with an average age of 21. Of the participants, 53% were male and 43% were non-white. Over 50% reported childhood physical, sexual, or emotional abuse.

All youth received six months of advocacy and were assessed at baseline and three, six, and nine months post-baseline. They met with their advocate an average of 14 times, indicating a high degree of engagement. More meetings with the advocate were associated with more service use and better overall outcomes. Only five youth did not meet with their advocate. The study found that most youth preferred drop-in centres (81% accessed them) to shelters (13%). In summary, strengths-based outreach and advocacy was associated with high rates of service use, and more service use was associated with better psychosocial outcomes. Some evidence was offered for self-efficacy as the underlying mechanism associated with improved outcomes. Positive interactions with the outreach worker and other service providers may have increased self-efficacy, which was associated with improved physical and mental health outcomes over time (Slesnick, Zhang, & Brakenhoff, 2017). This pilot study confirms the viability of identifying and engaging service-disconnected youth who are continuously homeless into services, and the positive effects of outreach and ongoing advocacy. We describe the intervention in the following section.

INTERVENTION COMPONENTS

OUTREACH

Strengths-based outreach and advocacy incorporates outreach strategies described and operationalized by other successful programs. That is, several key principles associated with successful outreach have already been identified. Principles are general and can be integrated into the outreach activities of homelessness programs regardless of their underlying theoretical orientation or specific outcomes focus. As an example, the Detroit outreach model (Andersen et al., 1998) identifies the following key outreach components:

- The success of the outreach program depends on the quality of the outreach worker. Workers should have a high degree of empathy and understanding to enhance bonding with youth. Before our program hires new outreach workers, they accompany staff members or the supervisor doing outreach and, under observation, approach youth.
- Outreach workers meet youth on their turf (leave the van) and do more than distribute materials. Depending on the resources available to the program, staff members may need to use their own vehicles on outreach trips and ensure appropriate insurance coverage.
- Outreach workers identify where the target population hangs out. They befriend staff at soup kitchens, laundromats, and fast food restaurants, and elicit support in reaching the target group.
- Developing trust takes time and repeated contact. Outreach workers must be patient.
- Incentives, food, and cash, increase engagement.
- Outreach workers should have phones and travel in pairs. Risks to staff should be clarified at hiring because all potential risks cannot be removed, and some workers may not be willing to accept risks associated with the intervention. Training should also include strategies to identify and reduce risk.

ADVOCACY

The advocacy component of strengths-based outreach and advocacy is based on procedures identified as effective in case management models with vulnerable populations. Yet implementation of the outreach and advocacy with service-disconnected youth who are homeless requires a great deal of sensitivity to the developmental stage and unique

psychosocial and emotional needs of each youth. Anecdotally, successful strengths-based outreach and advocacy requires high levels of social and emotional skills and intuition among outreach workers and advocates. When project advocates enter the lives of youth, they are often one of the only—perhaps the only—positive, supportive relationship in that young person's life. The overall goal of the advocacy intervention is to help youth who are homeless improve their life situations by stabilizing living conditions and promoting independence and skill sets—and for these improvements to last. The advocate searches for youth in the library, sandwich lines, soup kitchens, homeless camps, parks, and wherever youth might congregate. While some youth require many contacts with the advocate before they are willing to engage, other youth engage with the advocate even on the first meeting, requesting help and detailing a list of needs. Patience in the engagement process is essential, as is the expression of unconditional positive regard. Youth are more likely to accept and enter into an ongoing relationship with the advocate if they feel the advocate genuinely cares about them. Once the youth agrees to meet with the outreach worker at another time, advocacy has begun.

The intervention tested by the first author was limited to six months, but the period of advocacy can be flexibly determined with the youth. In practice, it would not need to be limited to six months, depending on agency resources. However, positive outcomes were observed with the six-month intervention. Each advocate typically had a caseload of 15 clients. The focus is on various system levels and includes basic needs (housing, safety, food, medical care, financial situation, child care), life skills to function in a larger social system (e.g., dealing with paperwork procedures at various governmental and community agencies), as well as developing a satisfying social support system. Youth usually need more than a list of resources; they need assistance and support when interacting with community agencies. Advocates can expect to meet with youth at least three times per week in the first few weeks, and should be available by phone at all times. Housing and obtaining identification and employment are usually the top priorities of youth, followed by transportation, education or trade school, and mental health or medical stabilization.

The five core functions of the advocate include:
- Assessment: determining the youth's current and potential strengths, weaknesses, and needs;
- Planning: developing a specific service plan for each youth;
- Linking: referring or transferring the youth to all required services;
- Monitoring: continually evaluating the youth's progress; and
- Advocacy: interceding on behalf of the youth to ensure equity.

The advocate uses the Youth Goals for Advocacy checklist of primary needs and relevant tasks to address the youth's goals (see Appendix). Based on the identified needs and priorities, the advocate and the youth develop a plan of action. The plan should be SMART—specific, measurable, achievable, realistic, and timely (Morrison, 2010). The advocate links the youth with other organizations and service providers as needed and evaluates the youth's progress frequently, at least every other week. Achievements and difficulties are discussed, which may lead to modifications to the action plan. The advocate must be familiar with services in the community, and a resource manual listing services in the community should also be available.

The following section describes the content of advocacy meetings. Advocacy sessions are flexibly determined; there is no set formula for activities that must occur in any given session because it depends on the youths' goals, needs, and resources. Depending on their unique strengths and weaknesses, youth may require more or less focus on certain areas such a finding a job or obtaining health care. For example, someone with little employment experience may need many sessions focused on finding work and creating a resume, while youth with more experience may need few sessions on these topics.

First advocacy meeting

1. Discuss the intervention, including how long it will last and the advocate's role. Youth may not understand the role of the advocate or the nature of the intervention, so this should be clearly explained.
2. Assess the youth's needs using the Youth Goals for Advocacy form (Appendix).
3. Assess the youth's strengths as they relate to the youth's needs. As an example, under employment assistance on the advocacy form, the advocate should determine the youth's job skills and employment history when specifying these goals.
4. Identify the youth's priorities and develop a plan of action. Clearly identify tasks (e.g., pick up a job application), as well as short-term (e.g., housing) and long-term goals (e.g., obtain high school equivalency certificate). Housing will likely be the highest priority goal. However, securing housing encompasses several tasks that can be broken down with the youth (e.g., finding employment or other income sources, deciding on subsidized or fair market housing, sorting out unpaid utility bills, deciding on location and manageable rent, obtaining identification).
5. When you and the youth have developed an advocacy plan for addressing a specific goal, discuss the obstacles to and resources available for meeting that goal. For example, if one goal is to identify three job openings and complete applications before

the next meeting, the advocate can help the youth think through potential obstacles so the youth will be better prepared to address the obstacle if it occurs.

6. In future sessions, when reviewing the advocacy plans and goals, discuss what worked and what did not. This evaluation can highlight areas in which the youth may need more support from the advocate, and areas in which the youth can function more independently. For example, the discussion can inform the advocate that the youth's anxiety associated with failure may be blocking progress.

Future advocacy meetings

1. Evaluate progress at the beginning of each advocacy meeting. Determine how closely the goals were achieved and identify activities still required to achieve the youth's stated goals.

2. For each future task, clarify what the youth is expected to complete, the timeline for completion, and the advocate's role (such as providing transportation). This division of labour may need to be adjusted if the youth fails to accomplish the task after several attempts.

Independence in achieving tasks might require small steps and a process in which the advocate provides more support, at least initially. Over time, the youth is encouraged to engage in tasks independently and should be reinforced for each success. Reinforcement can be highlighted by the advocate: "You called and checked on the status of your application on your own. Remember how hard that was for you to do even a few weeks ago? This is real progress!" As youth begin to experience more successes, their confidence and self-efficacy will increase. As their self-efficacy increases, they will be more willing to approach new situations with confidence and will experience more success.

IMPLEMENTATION CONSIDERATIONS

Some youth require more support from the advocate in order to accomplish agreed upon tasks. Some advocates might interpret perceived lack of follow-through on tasks (e.g., making calls, picking up applications) as lack of motivation or laziness. However, according to the strengths-based philosophy, no matter the motivation level or reason for lack of follow-through, the therapeutic goal is for youth to experience success. In many cases, this may require that the advocate participate in the task with the youth. For example, an advocate who learns that the youth did not make the necessary calls to turn on

the electricity in a newly obtained apartment will dial the phone and pass it to the youth, offering to talk only if the youth becomes emotionally overwhelmed during the call. Some service providers disagree with the approach of meeting youth where they are at because they think youth should be able to accomplish things on their own, and that they cannot learn to do that if others do it for them. However, mental health issues, prior negative experiences (punishment), and emotional barriers may underlie the lack of follow-through, and without assistance, youth may not be able to overcome these barriers. Advocates should withhold judgement and focus instead on the behavioural activity, seeking to increase the young person's confidence and self-efficacy through the accomplishment of very small tasks, so the person ultimately achieves independence across tasks and domains.

Recurring themes arise in the experience of advocates who work with youth who are homeless. The following sections discuss these themes.

MANAGING CHAOS & CRISIS

Youth may need housing, transportation, or medical care; they may have pending court appearances; or they may experience crippling depression. The advocate can support youth in managing these many needs by helping them focus on one or two tasks. Each task can be broken down into manageable component parts. The initial focus should be to obtain identification because this is required for nearly every other task. The steps for obtaining a birth certificate or a government-issued identification card should be explained. The advocate and the youth can negotiate which steps the youth will complete and by what date. Assistance from the advocate should be discussed, as well as potential barriers to success. Progress toward goals can be derailed by crisis. Youth who are not connected with services are focused on survival, and are therefore in a constant state of crisis. In addition to the crisis of homelessness, they often experience continuing crises associated with street life. These crises can include arrest, physical attack or robbery, illness, or conflict with a friend or romantic partner. They can be overwhelming and require that the advocate give the youth emotional or practical support. Linkage to other services can create a circle of care. It is also important that the advocate maintain future-oriented optimism, for example, by assuring the youth, "We will get through this, you will see."

MATCHING THE GOALS OF ADVOCATES & YOUTH

An essential component of strengths-based outreach and advocacy is helping youth meet their goals. When service providers press their goals onto youth, rather than helping youth set their own goals, advocacy will fail. The low level of service engagement in one demonstration project about treatment for people with mental illness experiencing homelessness (27% of 5,450 people contacted during outreach) was likely due to the fact that client and service provider perceptions of service needs differed significantly (Johnsen et al., 1999; Rosenheck & Lam, 1997). Therefore, it is essential that advocates support youth around their own goals and do not insist on goals the youth do not share. For example, it can be difficult for an advocate to assist someone who uses intravenous heroin and trades sex for drugs and money. It is difficult because the advocate is witnessing self-destruction, and desperately wants the youth to be healthy and safe. The advocate may ask whether the youth wants to discuss detoxification from heroin or seek other employment. If the youth is unmotivated, the advocate needs to refocus attention on those activities the youth is interested in, which can include basic needs such as medical care, access to food/ clothing, a place to clean up, and harm reduction strategies. If the advocate continues to push for goals that are not shared, the youth will avoid the advocate, and any opportunity for assistance will end. As the relationship progresses and hope builds, the youth is likely to become more open to change.

REFRAMING FAILURE

Advocates can spend a significant amount of time and effort helping youth reach their goals, only to have progress appear to end abruptly. A newly obtained birth certificate and identification card might be lost within days of receiving it. Securing employment following weeks of assistance with employment applications and transportation arrangements, and of role-playing, ends with the youth oversleeping or yelling at the supervisor. Or the young person emphatically states wanting employment but does not follow through on necessary tasks. In these situations, advocates can experience frustration, perhaps feeling that nothing they do matters, or that the youth does not care about succeeding. This sense of frustration can be exacerbated when the youth screams at and blames the advocate for the failures.

Unconditional positive regard is at the core of strengths-based outreach and advocacy.

It is the experience of acceptance no matter what a person says or does (Rogers, 1957). Many youth expect failure and perceive success as the exception. Failure reinforces more failure and seeds hopelessness. Furthermore, youth often expect others to give up on them, criticize, and judge them. The advocate can reframe perceived failure. Success is a process with many expected bumps along the road. Further, perceived failures often result from forces outside the person's control. An advocate who notices a pattern can make the process of expecting failure explicit to the youth in order to frame future conversations around it and help the youth recognize the pattern. The advocate can never give up, even if the youth appears to do so. It may be one of the first times that someone maintained a steadfast belief in the youth's ability to succeed, even when the belief was not shared. The relationship between the advocate and the youth is itself at the core of success, repairing toxic beliefs and experiences that often hinder progress.

SETTING BOUNDARIES & PREVENTING BURNOUT

Some advocates develop intense caretaking feelings toward certain youth and want to solve their problems. In these cases, advocates may help with activities that are not directly related to the client's goals (e.g., driving the youth to a friend's house) or they make special arrangements for some youth and not others. It might not be possible for advocates to change how they feel toward particular youth; however, it is important that advocates acknowledge their feelings and discuss them with their supervisor. It is important that their behaviours and intervention remain professional and consistent for each youth. In addition, because strengths-based outreach and advocacy requires significant investment on the advocate's part, one goal of supervision is to provide support to advocates to prevent burnout (see chapter 3.1).

CONCLUSION

Strengths-based outreach and advocacy is an effective strategy for finding and engaging the most vulnerable, non–service-connected youth who are homeless into services. The relationship between advocate and youth is key to success and is itself an important focus. That is, regardless of the youths' motivation for assistance or follow-through, engagement with a caring, non-judgemental other is essential for setting the stage for reintegration. Engagement with a supportive advocate can help youth overcome past negative experiences with others, and can plant the seed for hope, self-efficacy, and future orientation. As the relationship

develops, most youth will become willing and able to engage with various service programs. The intervention is flexibly determined depending on the young person's strengths and needs, and can be easily integrated into the programming of services for youth who are homeless.

Acknowledgement

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APPENDIX

Youth goals for advocacy

Name: _____

Date: _____

SHORT-TERM GOALS	LONG-TERM GOALS

I need the following services (Check all that apply):

- Housing
  - ▢ Apartment
  - ▢ Furniture
  - ▢ Bedding

- Alcohol/other substance use
  - ▢ Detox
  - ▢ Antabuse medication
  - ▢ Intensive outpatient treatment

- Mental health (psychiatric care)
  - Personal
  - Kids

- Employment
  - Finding job prospects
  - Job applications
  - Job interview
  - Resume
  - Maintaining a job

- Education
  - GED training
  - High school diploma
  - Vocational training
  - College
  - Financial aid

- Personal finances
  - Cash assistance
  - Food stamps
  - Utility assistance
  - SSI/disability

  - Medical treatment
  - HIV/STI testing
  - Dental treatment
  - Child care
  - Legal issues

- Personal identification (self)
  - Birth certificate
  - Social security card
  - State ID

  - Driver's licence
  - Personal hygiene/clothing
  - Other: _____