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Doorway Project: Annotated Bibliography by Author

2017 Seattle/King County Count Us In Report (Vol. 3, pp. 1-116, Rep.). (2017). Seattle, WA: All Home King County.

> - This latest report identified 1,498 youth and young adults (YYA) within the Seattle/King County homeless population, at the time of the one-night count.
> - Roughly 15% were under 18 years of age, with the remainder being between the ages of 18-24.
> - 24% reported being sheltered, while 76% were unsheltered.
> - 54% identified as male, 40% as female, and 5% as transgender. The proportion of female was higher here in the young adult section than in the general population (36% overall).
> - The ethnic/racial distribution of this group was similar to the overall homeless count, with Hispanic/Latino being somewhat higher (17% vs 13% in the overall count).
> - LGBTQ identity was twice the rate among homeless youth (28%) compared to the overall population.
> - Unaccompanied youth reported not accessing ANY services at nearly 3x the rate (15%) than the other respondents. Services that were utilized at a higher rate than non-youth respondents included free meals, bus passes, day shelter, healthcare and job training resources.
> - Of the YYA respondents who reported disabling conditions, psychiatric or emotional conditions (>40%) and PTSD (>32%) were the leading responses.

Altena, A. M., Brilleslijper-Kater, S. N., & Wolf, J. R. (2010). Effective interventions for homeless youth: A systematic review. *American journal of preventive medicine*, *38*(6), 637-645.

> Systematic review was conducted with aims to "increase the knowledge base regarding evidence-based interventions for homeless youth". Majority of interventions in the research aim to improve the quality of life, and the authors use a framework of four conditions are assessed this outcome: Socio-Economic Security, Social Inclusion, Social Cohesion, and Empowerment. 11 studies between 1985-2011 were reviewed, and the authors identified outcome measures such as mental health and substance abuse to be of prevailing importance.
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> The results of the review were based on common interventions of the studies. Interventions found to be consistently effective in creating better outcomes for homeless youth were: Cognitive-behavioral; vocational/skill-based; peer-based; and supportive housing. Researchers found evidence that, to varying degrees, each of these interventions increased positive mental health outcomes such as self-efficacy, life satisfaction and overall well-being; while also decreasing negative outcomes such as depressive symptoms and days living on the street. The authors noted a lack of clear evidence in this review for a simple "dose-response" relationship for interventions, but found that the review indicated areas in which focus may be best suitable in the future.

Amidei, N., Partnership For Youth. (1995). *Street Youth: Solving the Puzzle.* Seattle, WA: University of Washington.

> An invaluable resource to this project, this April, 1995 conference report on the U District-University Partnership For Youth (PFY) is key to understanding the issues and problems faced by youth in the U District nearly twenty-five years ago. The report summarizes the partnerships within the U District that were forged, the discussions that were held and the problems that were prioritized, as well as how they were addressed at the time.

> The report details results from a resource mapping exercise (including boundaries youth were willing to travel to access resources), innovative ways to approach the health needs of "street youth", as well as an exercise on community safety within the U District, among others.

> Of note, as a result of this conference/charrette, several projects resulted, including MedRest, a medical respite program for homeless young people that was a GroupHealth funded project to the University of Washington School of Nursing (Josephine Ensign, PI) in collaboration with YouthCare, 45th Street Homeless Youth Clinic, and Public Health—Seattle & King County Health Care for the Homeless Network.

Ammerman, S. D., Ensign, J., Kirzner, R., Meininger, E. T., Tornabene, M., Warf, C. W., ... & Post, P. (2004). Homeless young adults ages 18–24: Examining service delivery adaptations. *Nashville, TN: National Health Care for the Homeless Council*.

> This 2004 report form the National Health Care for the Homeless Council looks closely at the barriers and solutions to effective homeless youth service provision in four different realms of health care, housing, education/employment, and social support. Drawing on contemporary data, personal testimonials and the recommendations of homeless youth advocates and experts, this report proposes detailed, effective strategies to address critical gaps in each of the aforementioned realms of service provision.

> Much like other, more recently published comprehensive reports on homeless youth, this publication highlights programs and services that are addressing critical issues on a local level. YouthCare's Orion Center in Seattle, for example, is highlighted as a forward-thinking public school alternative for homeless youth, ages 12-21 that also serves as a "one-stop shop" for youth to access services.

> For the purposes of the Doorway Project, this report provides a supportive foundation within the published literature to better understand the ways in which service delivery adaptations have been addressed over time. Through this understanding, innovative undertakings such as the Doorway Project can evolve and adapt to effectively meet the immediate needs of homeless youth, while also proactively addressing the root causes.

Bender, K., Thompson, S. J., McManus, H., Lantry, J., & Flynn, P. M. (2007, February). Capacity for survival: Exploring strengths of homeless street youth. In *Child and Youth Care Forum* (Vol. 36, No. 1, pp. 25-42). Kluwer Academic Publishers-Plenum Publishers.

Through small-group interviews with 60 homeless youth in a Southwestern US city, the authors explore the personal strengths and informal resources that homeless youth utilize as a survival necessity. Shifting away from much of the previous generation of "outcome research" that focused on risk factors for homeless youth, the authors instead investigate and highlight the protective factors that "counteract or buffer negative outcomes".

By working from a strengths-based perspective in group interviews, the researchers were able to build a social rapport with the youth that conveyed respect, empathy and a genuine desire to assist. The youths' "street smarts" were recognized, which allowed them to expand upon the logistical, social and psychological sensitivities that homeless youth develop in order to protect themselves, while also cautiously building trusting relationships with other individuals and service agencies. The protective factors of peer networks, pets, and a sense of hope toward the future were also highlighted throughout the interviews.

Comprehensive Plan to Prevent and End Youth and Young Adult (YYA) Homelessness in King County by 2020 (Rep.). (2015). Seattle, WA: Committee to End Homelessness in King County.

This publication lays out a two-year plan that focuses on making YYA homelessness:
- Rare and brief, and a one-time occurrence
- Supporting YYA of color, as well as supporting LGBTQ YYA
- Improving access to housing and matching housing with people's needs

The plan is a valuable local resource, providing information of specific partnering agencies in King County to match needs such as employment training and housing stability. Data collected through this report is invaluable to understanding the fine-grain specifics such as services request rates, youths' aspirations toward the future, as well as data on those who are at-risk of becoming homeless.

Ensign, J., & Ammerman, S. (2008). Ethical issues in research with homeless youths. *Journal of Advanced Nursing*, *62*(3), 365-372.

The publication focuses on the researcher and health care provider perspective when conducting research with homeless youth. Through the use of a descriptive web survey, 72 providers and researchers in both the US and Canada identified their approaches to homeless youth research in the areas of obtaining consent, as well as provision of incentives to the participants. Two significant findings of note:
- A majority of respondents (77%) reported using written consent for participants, including minors.
- Healthcare providers or researchers focusing on physical health were more likely to provide vouchers or gift cards to participants, while mental health and substance abuse research participants were more likely to receive cash as an incentive for their effort and time.

The authors make a call for the need to have an informed dialogue that includes researchers and homeless youth in order to develop standard value parameters for incentives given to research participants.

Ensign, J., & Bell, M. (2004). Illness experiences of homeless youth. *Qualitative Health Research*, *14*(9), 1239-1254.

> The author provides an in-depth qualitative examination of the experiences of homeless youth in Seattle, WA, as it relates to health and illness. The study conducted included participant observation at a mobile health clinic and a "brick-and-mortar" clinic that targeted homeless youth, as well as individual interviews and focus groups. The interviews focused on four themes: illness experiences while being homeless, health-seeking behaviors, access to care issues, and similarities and differences between personal illness experiences and those of their peers.
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> Results showed that of the participants who attended the homeless youth clinic ("clinic-based"), none reported growing up in extreme poverty or homelessness. These youths had an average length of homelessness of 3 months. In contrast, the study found that homeless youth who participated via street outreach at the mobile clinic (street-based) overwhelmingly came from backgrounds that included multiple foster care placements and family origins of extreme poverty. These youths had an average length of homelessness of 3 years. For both groups, the primary reason for homelessness was family conflict.
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> Data collection identified barriers to health care access, and found that overall, homeless youth were less likely than their housed peers to seek care unless it is absolutely necessary. This was often attributed to general confusion regarding age of consent for health care treatment. A theme among homeless young males was a distrust of health care providers, as well as a need for increased education on self-care and health care system navigation. For female homeless youth, personal safety during illness was a prioritized need. Peer support resources and healthcare provider awareness to this vulnerability were two identified approaches to addressing this need.
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> As it relates to the Doorway Project, much of the authors' ethical considerations and relationship-building methodology with youth-serving agencies and homeless youth in Seattle should be replicated in order to gather valuable and accurate participatory needs assessment data of homeless youth. This study shows, on a personal level, the need for increased resources devoted to helping homeless youth navigate complex social and health service systems.

Ensign, J. (2003). Ethical issues in qualitative health research with homeless youths. *Journal of advanced nursing*, *43*(1), 43-50.

> Though the Doorway Project isn't being technically regarded as research, and rather quality improvement and program planning/design, the issue of ethical considerations within the homeless youth population is still resoundingly relevant. The author gives an overview of the most important ethical challenges that arise when gathering any type of information with homeless youth. This paper will be important to review prior to the beginning of the in-depth interview portion of this project.

Gharabaghi, K., & Stuart, C. (2010). Voices from the periphery: Prospects and challenges for the homeless youth service sector. *Children and Youth Services Review*, *32*(12), 1683-1689.

> This paper focuses on the service providers and homeless youth communities in and around the Toronto area. It has a good analysis of the ways in which homeless youth (and the services

focused on them) are caught between the "child and family" services and the "adult" services. Addressing these challenges head on require us to understand core characteristics that keep homeless youth from accessing services, such as stubborn self-determination as well as underlying histories of trauma. By working from a strengths-based model, inter-agency coordinated strategies can support the youth who are on the periphery, and provide a space for them to access services and care.

Heinze, H. J., Jozefowicz, D. M. H., & Toro, P. A. (2010). Taking the youth perspective: Assessment of program characteristics that promote positive development in homeless and at-risk youth. *Children and Youth Services Review*, *32*(10), 1365-1372.

Heinze et. al. perform an intricate quantitative analysis into the ways in which homeless youth serving agencies are contributing to positive youth development. Six well-regarded agencies in a "large Midwestern metropolitan area" were examined, and 133 youth who accessed services in these locations were interviewed as well. Client satisfaction was found to be very much linked to overall agency structure and climate, staff interactions and opportunities for growth, rather than the number of services offered. (This aligned with similar studies of housed youth.) Of note, older youth (18-24 years) stressed the importance of characteristics of structure, organization, and empowerment; while younger youth (10-17 years) emphasized an agency's ability to offer protection and security.

Kidd, S. A., & Davidson, L. (2009). Homeless youth: The need to link research and policy. *Finding home: Policy options for addressing homelessness in Canada*, *3*.

Kidd and Davidson identify the disconnect between the accumulation of evidence from researchers and governmental reports on homeless youth, and the dissemination of this knowledge into effective policy that will address this issue. Suggested methods for creating this connection include the need for politicians and government representatives to take responsibility for this issue, addressing the social stigma of homeless youth and creating visibility around the issue, and shifting the narrative from criminalization to a compassionate reflection of individual resilience and strength that homeless youth have. The authors suggest focusing on long-term outcomes when creating policy, and using the advancements and acceptance of policies addressing sexual assault and domestic violence as models.

Lifewise. (2015). *An Insight Into the Experience of Rough Sleeping in Central Auckland* (Rep.). Auckland, New Zealand: Lifewise.

This report uses interviews with people in Auckland to gain further insight into the best practices needed to address the issue of homelessness ("rough sleeping") there. Through interviews with people who directly or indirectly experienced the effects of homelessness (i.e. family members), the researchers were able to gain insight into influencing factors, coping mechanisms, challenges faced and pathways into and out of homelessness.

Also interviewed were non-homeless people who interact in and around the areas of the city in which people "rough sleep". This provided information into how the general public may perceive this issue, and what approaches may prove successful to gain proactive support to provide services and opportunities.

This report can be used as a model for the non-academic and easy-to-access way in which information is presented. Illustrations, word clouds and digestible graphics each provide increased access to readers from all backgrounds.

Maccio, E. M., & Ferguson, K. M. (2016). Services to LGBTQ runaway and homeless youth: Gaps and recommendations. *Children and Youth Services Review*, *63*, 47-57.

This recent article looks at some of the newest national (US) data on LGBTQ runaway and homeless youth, and begins an examination of the perceived structural gaps and deficits in effectively addressing this population. Conservative estimates are that 40% of runaway and homeless youth are LGBTQ. This subpopulation has a unique set of characteristics and needs that need to be addressed in policy and program development at a foundational level. Looking toward successful LGBTQ-affirming services that already exist is necessary to building a project that meets these needs.

Martijn, C., & Sharpe, L. (2006). Pathways to youth homelessness. *Social science & medicine*, *62*(1), 1-12.

This is a study from New South Wales, Australia, that looks at the upstream factors which play a large part in leading to youth becoming homeless. Through interviews with homeless youth, Martijn and Sharpe identify five different pathways that include factors such as childhood adversity, psychological illness, drug and alcohol use, and family problems; including instances in which two or more of these factors are co-occurring. Through the use of case studies, the authors demonstrate examples of each pathway, and its ensuing difficulties.

By reviewing these pathways, the aim of this paper was to better understand primary and secondary prevention efforts that could be made to mitigate the harmful effects of homelessness on youth well-being. This study's aim is to destigmatize homeless youth by telling their stories of adversity and trauma, as well as emphasize the virtual absence of crime amongst these youth prior to homelessness.

McKenzie-Mohr, S., Coates, J., & McLeod, H. (2012). Responding to the needs of youth who are homeless: Calling for politicized trauma-informed intervention. *Children and Youth Services Review*, *34*(1), 136-143.

This is an excellent paper to guide this project's development. The authors highlight the need to examine the ways that current service models of addressing youth homelessness do so through a "rehabilitative" framework, i.e. vocational training that focuses on "getting back on the right track". What this approach too-often ignores is the historic and present reality of traumatic experiences that cause damaging effects on a youth's ability to emotionally cope and maintain high-functioning responsibilities. Instead, building within a framework of politicized "trauma-informed care" would prioritize addressing this history and the prevention of re-traumatization, while partnering with youth towards long-term healing and proactive and collective actions that support well-being.

Moore, J. (2005). Unaccompanied and Homeless Youth Review of Literature (1995-2005). *National Center for Homeless Education*.

This literature review gives an introductory overview on the issue of youth homelessness. It identifies three primary causative factors: Family Problems, Economic Problems, and Residential Instability. Moore points out the despite the increase of youth homelessness over time, very little valid research is available. She attributes some of this logistical difficulty to the transient nature of the youth, as well as an often well-earned general distrust of institutions and professionals. Regarding established policies and legislation that address youth homelessness, there is a lack of literature that examines the outcomes of these policies, and the interventions that may be implemented.

Moore points to policies in other countries such as Canada, France and Britain, that have collaborated between levels of government to effectively address this issue through transitional housing and skills training programs.

Noble, C. (2016). *Youth Homelessness in Washington - A Way Home Washington Landscape Scan*. Seattle, WA: Department of Commerce.

This report, published by *A Way Home Washington*, provides an excellent overview of youth homelessness in the state. It defines current gaps, including barriers to data collection and difficulty to accurately assess the homeless youth population.

The most valuable part in this report is the practice recommendations section. There are ten strategies to end youth homelessness presented, each given context by current policies and practices. The most innovative and helpful part that was found was that there is then a "model practice' that is highlighted within each strategy, which identifies an agency or program within the state that is "doing it right". This helpful approach gives a concrete example for other agencies to gain knowledge from, rather than leaving the "recommendations" section in the abstract.

Of particular importance to the Doorway Project is "Strategy 10: Pursue a shared research and data agenda". The subsections of this strategy includes the development of "capacity to support the research and development of promising practices for the homeless youth in Washington state".

A partnership between NW Youth Services and Compass Health is highlighted as a "model practice" exemplar that performs baseline mental health assessments including ACE (Adverse Childhood Experiences) scores (Anda et. al., 2006) to better inform future targeted program interventions for homeless youth. As highlighted elsewhere in this annotated bibliography, a foundation of trauma-informed care is crucial to effectively serving this vulnerable group, and this program can serve as a guide towards that goal.

Office of Homeless Youth, Washington Department of Commerce (2016). *Office of Homeless Youth Prevention & Protection Programs 2016 Report*. Seattle, WA: Department of Commerce.

Defines scope and goals of the Office of Homeless Youth, as well as key organizations that OHY partners with in pursuing its mission. Clearly explains programs and services offered by the OHY. This report most importantly identifies gaps in the current service models in Washington, and puts forth easily digestible recommendations that will better insure success.

The appendices provide overviews of federal definitions of homelessness, and a technical overview of OHY and specific providers. Most importantly, Appendix D is titled "Youth Advocates Recommendations", in which each Mockingbird Society Chapter has created statements specific to their highest priority topic (e.g. "Educational Supports for Students Experiencing Homelessness", and "Comprehensive Sexual Education for Youth In Foster Care").

This report is an important reflection of the specific needs of differing regions of Washington, and also details the data to focus on in order to achieve the program's overarching goals in the coming years.

The recommendation from the "Youth Advocates Ending Homelessness" chapter addresses the need to improve high school graduation rates from homeless and housing-instable youth. Currently, there are 8,800 Washington students facing homelessness in one form or another. Also, homeless youth are 240% more likely to drop out of school. Through the training and implementation of a "point person" in each high school who could identify and individually assist homeless students, grades, test scores and graduation rates of this high-risk group can all improve. The Doorway Project can assist with this goal by possibly serving as a discreet resource center for students and high school-connected youth guides alike.

Pedersen, E. R., Tucker, J. S., & Kovalchik, S. A. (2016). Facilitators and barriers of drop-in center use among homeless youth. *Journal of Adolescent Health*, *59*(2), 144-153.

This research paper from Pedersen et. al. highlights the subject of drop-in centers, providing background to their utilization by homeless youth as a resource hub, as well as factors that make their utilization by this population easier or more difficult. The goal of this paper is to develop a model that addresses the stated federal government need to specifically address the 2013 U.S. Interagency Council on Homelessness call for "better intervention models and outreach efforts", in order to meet the need of homeless youth.

Drop-in centers offer not only the basic services such as food, temporary shelter, clothing and socializing, but also provide access to higher level resources such as mental health counseling, employment training referrals, and sexual health testing. Without access to a drop-in center, homeless youth may not otherwise have access to these higher level resources. The study examined twenty separately published studies that focused on youth utilization of drop-in centers and found common themes in regard to barriers and facilitators. As it relates to this project, the conceptual model the authors built their model off of is the Behavioral Model for Vulnerable Populations (Gelberg et. al., 2000). To see the specific barriers and facilitators to each characteristics of the drop-in model (demographics, staff, structural characteristics), refer to the source report.

Shelton, J. (2015). Transgender youth homelessness: Understanding programmatic barriers through the lens of cisgenderism. *Children and Youth Services Review*, *59*, 10-18.

It is estimated that 20-40% of 1.6 million homeless youth (in the US) are LGBTQ, and this population experiences homelessness at a rate 3x greater than the overall youth population. It is estimated that Trans* youth make up between 5-7% of the overall homeless youth population.

This research paper focused on the experiences and needs of transgender and gender-expansive homeless young people. A current "framework of cisgenderism" negatively impacts these youth, and severely limits their access to crucial services. Through individual interviews, the author found common themes that these young people face when seeking support through youth-serving agencies: Having Trans* affirming programs, the need for more programs to understand trans* people and their unique needs, physical presentation, privacy, and employment-related needs.

Slesnick, N., Glassman, M., Garren, R., Toviessi, P., Bantchevska, D., & Dashora, P. (2008). How to open and sustain a drop-in center for homeless youth. *Children and Youth Services Review*, *30*(7), 727-734.

- Research suggests that in the short-term, case management is helpful for youth to have access to drop-in centers, as well as add-on services such as integrated treatment for substance abuse, mental health and HIV prevention.
- Mixed results were found when add-on services of motivational interventions to address substance abuse. "Motivational interventions" were individual sessions with service providers that included raising the issue of substance abuse, supporting harm reduction and encouraging greater service utilization.
- The principles of "unconditional positive regard" and interagency collaboration must be the foundation of the program philosophy of any successful drop-in center.
- Noted to be successful for homeless youth were "strength-based, single plan of care", typically referred to as "wraparound services".
- Accessibility, both physical and emotional, was identified as an important aspect of success. Youth must be able to identify with the center as being integrated into the community, inviting to them as individuals, while also being easily accessible by foot.
- A successful drop-in also needs to be accessible during more desperate or needy times for youth, such as late nights or early mornings, if possible. This support helps youth make positive and safe decisions during the most vulnerable times of their lives.
- Create space that meets basic needs; i.e. showering, food, relaxation, clothing
- Structuring physical spaces to allow semi-privacy and varied activity
- Create system of consequences that foster success, while also incentivizing and encouraging pro-social activities (e.g. helping clean, cook, do peer outreach etc.)
- Cultural competence for staff is recommend, though I would rather focus on cultural humility concepts. A "cultural humility" approach addresses the need for each person to prioritize emotional self-reflection and continual examination of one's personal and cultural privileges in order to provide better care or service. This is a preferred approach in comparison to "cultural competence", which too-often regards understanding another culture as a static, technical skill.

Townley, G., Pearson, L., Lehrwyn, J. M., Prophet, N. T., & Trauernicht, M. (2016). Utilizing participatory mapping and GIS to examine the activity spaces of homeless youth. *American journal of community psychology*, *57*(3-4), 404-414.

Townley et. al. look to better understand the ways in which homeless youth in Portland, OR. navigate spaces throughout the city. Twenty-eight youth were involved, and given maps to highlight the areas in which they meet their needs physically, socially and spiritually. The youth used participatory GIS mapping which geospatially and mathematically reflected their experience of place and the relationships that lie within, reflecting differences of age and gender. Youth also

were given an opportunity to hand-draw a participatory map of their world that allowed for a qualitative and emotional illustration of their spatial environment. Results found that "size of the youths' activity spaces was not related to self-reported sense of community and well-being". And also, "the total number of activities was significantly related to sense of community and well-being".

United Way of King County, the City of Seattle, and King County. (2016). *Seattle/King County: Homeless System Performance Assessment and Recommendations with Particular Emphasis on Single Adults* (Rep.). Seattle, WA: Focus Strategies.

This performance assessment is dense and packed full of data and analyses of various programs throughout King County and Seattle. As a reference, it is a valuable resource to use when viewing adult homelessness is this metropolis overall. Unfortunately, there are not any sections focusing on youth and young adult homelessness.

What was valuable to understand at this point in time are the detailed appendices, including Appendix 4, which is devoted to a brief overview of many innovative service models throughout the country.

Voices of Youth Count. (2017). *Missed Opportunities: Youth Homelessness in America* (Rep.). Chicago, IL: Chapin Hall at University of Chicago.

- Utilizing very up-to-date national data, this report shows that *each year*, homelessness is experienced by:
    - 700,000 adolescents ages 13-17 (3% of all 13-17 year olds)
    - 3.5 million youth ages 18-25 (10% of all 18-25 year-olds)

- National rates of homelessness for urban and rural youth were similar
- Youth of Color experience homelessness at greater rates than white peers.
- LGBTQ youth were at a 120% higher chance of experiencing homelessness.
- Youth without a high school diploma or GED were 4.5x more likely to be homeless than those who have completed high school.
- 29% of homeless youth surveyed reported having substance abuse problems.
- 69% of homeless youth surveyed reported having mental health problems.