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BrainGain@PEC provides brief summaries of research or publications on family homelessness and related issues. Previous issues of BrainGain@PEC can be found at <http://bit.ly/1JQKdYw>.

Final Report - Street Outreach Program Data Collection Study

Published: April 12, 2016 by the Department of Health and Human Services' Administration for Children and Families (ACF).

Philadelphia embarking on several efforts to confront the growing surge of youth who are experiencing homelessness. This summary of a new report will help leaders consider successful strategies and make decisions about resource reallocation.

Much of this summary is verbatim from the report. It is not inclusive; readers are encouraged to review the entire document.

The aim of the ACF study was to obtain information on service utilization and needs from a subset of homeless street youth being served by a cohort of street outreach program grantees funded in fiscal year 2010 (data collection occurred in 2013). You can read the full report at <http://1.usa.gov/2315v9L>.

Summary:

1. More than half of homeless youth become homeless for the first time because they are asked to leave home by a parent or caregiver, and more than half say they have tried to stay at a shelter but it was full.
2. The average youth spent nearly two years living on the streets.
3. More than 60 percent were raped, beaten up, robbed, or otherwise assaulted.
4. Nearly 30 percent of participants identified as gay, lesbian or bisexual, and nearly 7 percent identified as transgender.
5. About half of youth had been in foster care and youth with a foster care history had been homeless for much longer (27.5 months on average) compared to youth who had never been in foster care (19.3 months, on average).

Key Findings:

1. The majority of the SOP Data Collection Study sample (69.7%) is slightly older, between 19 and 21 years of age.
2. Two-fifths of the sample (41.1%) identified as Black or African American, and one-third (33.3%) identified as White only.
3. Just over one-fifth of participants (21.7%) identified as being two or more races.
4. Approximately one-quarter of the participants (25.7%) identified as being Hispanic or Latino/Latina.
5. The sample was 54.4 percent male, 45.6 percent female, with 6.8 percent of participants

identifying as transgender, which is 3 times the percentage of transgender youth found in a recent national study of runaway and homeless youth served by street outreach programs (Durso & Gates, 2012).

6. Consistent with other studies, two-thirds of the sample identified as heterosexual, 20 percent identified as bisexual, 9.9 percent identified as gay or lesbian, and 4.1 percent identified as “something else.”
7. More than half of the SOP sample (50.6%) reported having stayed in a foster home or group home.
8. At the time of the interview, 14.2 percent of the participants reported caring for children, and 9.0 percent reported being currently pregnant.

Homeless History

1. The most commonly reported reason for becoming homeless the first time was being asked to leave by a parent or caregiver (51.2%), followed by being unable to find a job (24.7%), being physically abused or beaten (23.8%), or problems in the home due to a caretaker’s drug or alcohol abuse (22.6%).
2. Only 29.5 percent of participants reported they had the option of returning home.
3. On average, participants had been homeless for a total lifetime rate of 23.4 months and reported first becoming homeless at age 15.
4. While homeless, 78.6 percent of participants had slept in an emergency shelter or transitional living program.
5. More than half of participants had slept or rested outside on a street, in a park, or on a bench (51.8%). A little less than half of the participants had slept or rested in a hotel or motel paid by someone else (45.8%) or that they paid for themselves (40.9%).
6. Less than half (40.3%) had slept or rested in a car, and 33.1 percent had slept or rested in a bus station, airport, subway station, or train station.
7. Some of the other locations where participants had spent the night included a homeless camp or tent city (18.7%) or a public restroom (14.9%).

Sex, Sexual Health, and Pregnancy

1. Almost one-quarter of participants (24.1%) said that they had “agreed to be sexual” with someone in exchange for money, and 27.5 percent had “agreed to be sexual” with someone in exchange for a place to spend the night.
2. One-fifth (20.3%) of the participants reported having a sexually transmitted infection at some point in their lives.
3. Of those who were sexually active, 29.8 percent reported using a condom “all of the time” during the past year when they had vaginal sex, and 39.3 percent reported using a condom “all of the time” during the past year when they had anal sex.
4. Lifetime pregnancy rates were 46.5 percent for females and 25.8 percent for males (impregnating a female). The lifetime pregnancy rate of the sample is slightly higher than that found in other samples of homeless girls, which range from 27 percent to 44 percent (Greene & Ringwalt, 1998; Solorio, Milburn, Weiss, & Batterham, 2006). Slightly more than 14 percent of males were unsure if someone had been pregnant with their child.

Victimization

1. Victimization while homeless was a common occurrence—14.5 percent of participants had

been sexually assaulted or raped, 32.3 percent had been beaten up, 18.3 percent had been assaulted with a weapon, 40.5 percent had been threatened with a weapon, and 40.8 percent had been robbed.

2. Almost two-thirds (60.8%) had experienced at least one of these types of victimization. For every additional month spent homeless, the likelihood of being victimized while homeless increased by 3 percent.
3. Lesbian, gay, bisexual, and transgender (LGBT) youth and youth who had formerly been in foster care reported higher levels of victimization both prior to and after becoming homeless, compared with the rest of the sample.

Mental Health and Substance Abuse

1. Almost two-thirds of participants (61.8%) reported symptoms associated with depression and were at risk for experiencing clinical depression.
2. Consistent with their victimization histories, 71.7 percent of participants reported having experienced major trauma, such as physical or sexual abuse or witnessing or being a victim of violence, at some point in their lives.
3. In addition, 79.5 percent reported they had experienced symptoms of post-traumatic stress for more than 1 month.
4. Rates of substance use for the previous 12 months by the study participants were consistent with those found in other homeless youth studies.
5. Almost three-quarters of participants (73.2%) reported use of alcohol, 64.6 percent reported use of marijuana, and 37.5 percent reported use of hard drugs (intravenous drugs, inhalants, cocaine, and methamphetamine) in the previous 12 months.
6. Rates were lower for past month use at 59.1 percent for alcohol, 55.1 percent for marijuana, and 13.2 percent for hard drugs.

Social Support and Relationships

1. Street youth also reported having strengths and resources.
2. Eighty-three percent of the sample reported having healthy self-esteem.
3. Additionally, study participants said that there are a number of people in their lives they can turn to for support (e.g., money, food, or a place to stay). Those individuals most likely to give the youth aid without asking for anything in return were a parent, other relatives, and friends. Just under half the youth (45.4%) indicated they currently had a romantic partner.

Services

1. The types of service needs youth identified focused on meeting basic needs—access and challenges related to safe shelter (55.3%), education (54.6%), and employment (71.3%)—and basic supports like transportation (66.6%), clothing (60.4%), and laundry facilities (54.0%).
2. When asked about things that had prevented them from accessing shelter, 52.6 percent of participants said that they were unable to access a shelter because it was full, 51.8 percent didn't know where to go, and 42.6 percent didn't have transportation to shelter.
3. Focus group participants discussed the need for more flexible shelter policies related to age restrictions, better training for shelter and drop-in center staff around being more welcoming and engaging to youth, characteristics of desirable and helpful staff, and help navigating bureaucracy to obtain personal records and proof of identity.

Intensive Case Management Street

1. Intensive case management includes careful assessment and treatment planning, linkage to a full range of needed community services, crisis counseling, flexible use of funds to support youth, small caseloads, and open-ended service provision
2. Outreach programs serve a vital role in a coordinated system of services for all homeless youth. Services are limited and focused on getting youth off the streets and providing some basic living essentials and service referrals.
3. Street youth may also use drop-in centers and emergency shelters.
4. All of these programs provide opportunities to further engage street youth in needed services as well as a gateway to intensive case management.

PRACTICE IMPLICATIONS

The report includes numerous recommendations. Some of the recommendations are:

1. **Need for More Shelter:** Study results suggest too few emergency shelter programs are available to meet the existing need.
2. A larger investment is required to prevent youth from sleeping on the streets.
3. More flexibility in shelter response would allow access for youth who have been turned away because they've reached the maximum stay or exceeded age restrictions.
4. Communities may also want to consider innovative alternatives to emergency shelter, such as host homes.
5. A larger investment is also needed to reunify youth with their families when possible.

Limitations

Although these findings provide valuable knowledge about a particularly vulnerable population of street youth, several study limitations must be considered.

First, the sample of youth for the participant interviews and the focus groups is **not a nationally representative one**, and caution should be used in generalizing the findings.

Second, homeless street youth are a transient and hard-to-reach population, which can lead to sample bias in studies. **Respondent-Driven Sampling (RDS)** was employed in this study to overcome this bias, but in the majority of cities, RDS was only moderately effective and did not yield as many participants as originally designed. Although initial "seed" recruitment was timely, referral "seeds" were not. Therefore, a **convenience sampling approach** was employed to supplement the RDS approach and to obtain a focus group sample. Because this survey **did not use a random sample**, the **results are not generalizable to all homeless street youth**. However, because of the large sample size and the number of cities involved in the study, **this study is likely more representative than other studies of street youth**.

The **People's Emergency Center's mission** is to nurture families, strengthen neighborhoods and drive change in West Philadelphia. Through a community of more than 240 housing units and five educational centers offering job training, parenting and early childhood education, financial education and planning, life skills and technology coursework, PEC seeks to change the life trajectory for the women and children who seek its services and inspire them to aspire to new heights. This BrainGain was written by PEC's Rashni Stanford and Joe Willard. All inquires can be sent to policy@pec-cares.org.