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ARIZONA STATE UNIVERSITY

HOUSING HOMELESS YOUTH:

Challenges and Consequences

By Bill Hart and Kendra L. Smith

They are no longer children, but not exactly adults. They've escaped troubled families, but are left to find a family on the streets. The Valley's thousands of homeless youth form a highly needy but largely overlooked population of young men and women especially vulnerable to assault, theft, injury, illness and sexual exploitation. Multiple research studies report that some of these youth have fled abusive homes or been expelled. Others have "aged-out" of foster care. Still others struggle with addictions, physical and mental disabilities, a lack of education and employable skills, or juvenile offense records.

In Arizona and elsewhere, the issue of homelessness is usually addressed in terms of adults, who are the majority of homeless individuals. But sound public policy demands that the Valley also assist its homeless youth – who are at high risk of becoming chronically homeless – work through their grief and trauma. Their young age and adaptability give them better odds of emerging as stable, productive citizens. But their window of opportunity closes quickly. The moral argument for helping homeless youth is a familiar one. But the economic argument is equally compelling: These young men and women are facing life with little of the knowledge, skills and emotional stability needed to lead healthy and successful lives, at home and in the workforce. If they fail, everybody pays.

Efforts to help homeless youth are hampered by the inherent difficulties of dealing with individuals who have no fixed address. This is why scholars and social-service practitioners in the Valley and elsewhere emphasize the central importance of housing as a stabilizing platform for both safety and therapeutic services.

I. The Numbers
By their nature, homeless populations are extremely hard to count. Stakeholders and researchers are limited to working with rough estimates based on partial, and sometimes questionable, data. It is generally believed, however, that most population estimates are likely to be undercounts.

In the Valley, there are two commonly used and related sources for estimates of the number of homeless individuals and families. One is the annual "point-in-time" count (PIT), coordinated by the Maricopa Association of Governments; the other consists of year-long data from the Homeless Management Information System (Culhane, 2008). Both have their shortcomings. The annual "point-in-time" counts, for example, generally tend to include the chronically homeless but not homeless youth, who experience more episodic bouts of homelessness (Ringwalt et al., 1998).

PIT Data
The PIT count sends volunteers around the county on a given January morning to count the number of families and individuals they encounter on the street. These "unsheltered" data are added to HMIS data for that same date. The 2016 count recorded 5,702 homeless people of all ages in the county, with 1,646 of them reported to be sleeping on the street. The count included 304 unaccompanied youth, 200 of them sheltered and 104 unsheltered. Results from this year's measure, conducted January 24, are not yet available. (See Appendix)

HMIS Data
HMIS data come from an unduplicated count of "sheltered homeless," homeless people who – over a given year -- have been served by Valley shelters, outreach efforts, transitional housing providers, and Safe Haven. The 2016 figures report a total of more than 30,000 individuals of all ages served; the count for youth aged 18 to 24 was 2,198. The youth were nearly evenly split between males and females, and most were non-Hispanic Whites; 480 were listed as mentally or physically disabled (See Appendix).

Counting homeless youth is much more problematic than counting homeless adults and families (Raleigh-DuRoff, 2004). Homeless youth have fewer shelters available (Wilder, 2005) and are likely to dodge counters for fear that the counters could victimize them or turn them over to law enforcement. Further, Culhane (2008) asserts that most systems such as healthcare, law enforcement, and other social services tend not to report homelessness when reporting treatment, arrests, and other services.

It is difficult to draw firm conclusions from the available homelessness estimates. Clearly, the Valley does have a substantial population of homeless individuals; the federal Annual Homeless Assessment Report (AHAR) for 2016 cited the Phoenix area as reporting the 10th largest population of homeless people of all ages among the nation's major metro areas. One noteworthy finding in the Valley HMIS data, however, is the disproportionate presence of African American and disabled youth. It also should be noted that the estimates presented here do not include homeless children under 18, youth living with one or more parents or youth who are themselves parents.

II. Drivers of Youth Homelessness

Youth homelessness is characterized by turmoil -- disorder, disturbance and confusion that drive youth from whatever home and family they have. Specific contributing factors include poverty, histories of abuse in the home, two or more foster-care placements and family conflict (Aratani, 2009; U.S. Conference of Mayors, 2007). Homeless youth are exposed at a young age to high rates of trauma prior to becoming homeless, as well as on the streets (McManus and Thompson, 2008; Gaetz, 2004; Whitbeck and Hoyt, 1999).

Within their familial home, youth could have experienced parental unemployment, evictions, job vulnerability, single-parent households and homelessness as a family. Economic insecurity can be exacerbated by other familial issues, experiencing violence through witnessing abuse or by being abused (Covenant Housing Institute, 2009). The risk of youth homelessness also correlates with the crossing over into other government systems, such as foster care, child welfare or juvenile justice (Culhane, 2008; Burt et al., 2001). For instance, foster care offers an example of this correlation. Children who have been placed in foster care because they were neglected, abused or caught in family conflict experience homelessness in greater numbers, especially after they exit the foster care system at age 18 (Shah et al., 2015; Dworsky and Courtney, 2010).

Herz et al. (2010) found that "crossover youth" – those involved with both the social-service and criminal justice systems -- had substantial amounts of family history of criminal behavior, substance abuse, domestic violence, mental illness and a variety of out-of-home placements. Of 204 crossover youth studied in Arizona, all had a history of at least one out-of-home placement, 40 percent had been placed with a relative, 14 percent had been in foster care placement, and 90 percent had been placed in a group home.

One population especially affected by family conflict resulting in homelessness are lesbian, gay, bisexual and transgender (LGBT) youth. LGBT individuals make up a disproportionate share of homeless youth (Durso and Gates, 2012). For instance, in Massachusetts public high schools, over one-third of the homeless student

population is either LBGT or questioning their sexuality (Corliss et al., 2011). The most commonly cited reason for such high LGBT youth homelessness is family conflict (Durso and Gates, 2012). Other common reasons include aging out of foster care and running away from the foster-care system where harassment and violence are prevalent (Keuroghlian et al., 2014; Ray, 2007; Durso and Gates, 2012).

III. Impacts on Youth

Research shows that the stressors and privations of homelessness can take a severe and lasting toll on youth, whose brains are in critical stages of development (Giedd, 2008; Farah et al., 2006; Noble et al., 2007). Youth brain development is already a complex and crucial process; the addition of stressors such as abuse, substance use, poor nutrition, mental illness, and chronic neglect can edge the youth to a tipping point where these stressor become "toxic" and modify how the brain develops. Past a certain threshold, as Harvard professor of psychiatry and founder of The National Center on Family Homelessness Dr. Ellen Bassuk put it, "in a way, you're sort of doomed." (Radcliffe, 2014).

To survive, homeless youth engage in such activities as begging, stealing, selling drugs or trading sex to stay safe and fulfill basic physical and emotional needs. These youth are at heightened risk for a number of health and social problems, including drug addiction, mental illness, HIV, and sexually transmitted infections, violence and involvement in "survival sex" (Marshall et al., 2009; Boivin et al., 2005; Nyamathi et el., 2005; Tyler et al., 2007; Stewart et al., 2004; Krüsi et al., 2010).

The term "survival sex" refers to using or selling of sex to meet subsistence needs (Greene et al., 1999). Its negative impacts on youth make it one of the most damaging elements of homelessness (Kipke et al., 1995; Pfeifer and Oliver, 1997; Roy et al., 2003; Ennett et al., 1999; Hayley et al., 2004; Walls and Bell, 2010). Even if most youth do not engage in such behavior prior to homelessness, every additional episode of homelessness raises the likelihood of survival sex as a subsistence strategy (McCarthy and Hagan, 1991; Milburn et al., 2006; Tyler et al., 2001; Whitbeck et al., 2004; Walls and Bell, 2011).

Research on the sexual behavior of homeless youth finds that most street-involved youth are sexually active and are likely to have multiple recent sexual partners (Moon et al., 2000; Montgomery et al., 2002). In a 2007 study, 70 percent of 180 homeless youth reported that they had unprotected sex in the past three months (Slesnick et al., 2008). Housing again plays a role: One factor in determining participation in risky sex is whether youth are sheltered or live on the street.

IV. What Works

Youth homelessness has multiple sources and multiple consequences of inaction that range beyond the well-being of the individuals themselves. Homelessness among youth has been shown to damage the broader community by denying it the contributions of a healthy, educated and productive population and imposing long-running costs for public services required to deal with crime, mental illness, substance abuse and other ills.

Conversely, reducing youth homelessness has been shown to reduce such shared costs in the short and long term. It also lowers the likelihood of the youth entering into chronic homelessness. Once youth join the ranks of chronic homelessness, they find themselves lost in a lifestyle that is difficult to emerge from intact. What occurs next is a loss of productive functioning in their personal life and a loss to society in terms of productive citizenship, tax revenue, and workforce capacity.

To combat this scenario, a growing consensus among scholars and practitioners is to focus on housing as perhaps the most critical factor in battling youth homelessness. Some of the most vulnerable youth are not able to access the support systems they require while they remain on the streets. Housing that goes beyond the pattern of inconsistent shelter and support is key to providing the safety and stability youth need to begin salvaging their lives.

Extended-stay housing, for example, provides shelter, programming, and support for up to 24 months to facilitate independent living. In addition to housing, it commonly provides life skills training, employment and education assistance, and mental and physical healthcare (Brown and Wilderson, 2010). Different forms of extended-stay housing are designed to fit specific populations in addition to youth, such as families, individuals, veterans and survivors of domestic violence.

Research shows that extended-stay housing can help create communities of support. These are networks of individuals who assist one another in reaching their goals. They are similar to groups of fellow students, co-workers, Alcoholics Anonymous members, sports teams – groups that build each member up through peer support. They facilitate healthy human development in such forms as friendship, companionship and mentorship. This provides a greater opportunity for youth to "bounce back" from homelessness.

Most shelter services are emergency or short-term, usually able to help only during crisis periods (Robertson and Toro, 1999); extended-stay housing does not wait for an emergency to occur. But on the national level, extended-stay (or "transitional") housing is facing a severe loss of governmental support. In 2016, the U.S. Department of Housing and Urban Development cut support to nonprofits and faith-based organizations that provide transitional housing and shelters. The cut reflects a national policy shift in priority towards permanent housing.

This shift has left many extended-stay housing providers scrambling for money to keep their facilities open, forcing cuts to programs and reductions in numbers of beds. The need for services, however, has not diminished. Homeless youth who are unable to obtain assistance resort to couch surfing, or moving from shelter to shelter, or remaining on the street.

Conclusion
With the right support youth have an opportunity to exit homelessness and lead productive lives as citizens, neighbors, parents, workers, and consumers who contribute to the general prosperity of society. As research has repeatedly shown, interventions in young people's troubled lives can make the difference between success and failure, hope and despair. Research also shows that stable housing and supportive programming are essential to the success of such interventions, and thus of the youth themselves.

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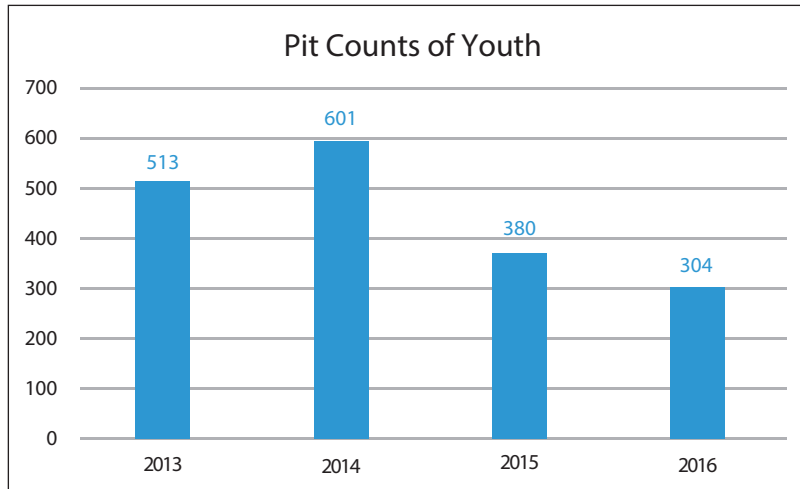
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The 2016 PIT data on unaccompanied youth by shelter type

Shelter Type:	Emergency	Transitional	Unsheltered	Total
Number of Youth:	113	87	104	304

PIT data on unaccompanied youth shows a decline since a high point in 2014

Pit Counts of Youth

Year	Count
2013	513
2014	601
2015	380
2016	304

HMIS Data on Unaccompanied Youth Served, 2016

Gender:	Female	Male
	817	1024
Transgender:	Female to Male	Male to Female
	6	16
Ethnicity:	Hispanic/Latino	Non-Hispanic/Non-Latino
	485	1365
Primary Race:	American Indian or Alaska Native	Asian
	114	15
	Black or African American	Native Hawaiian or Other Pacific Islander
	610	18
	White	
	1,088	
Disabling Condition: (mental and physical)	No 1255 Yes 501	Client doesn't know 18

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