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ABSTRACT

This document is intended to be a guide for action for people concerned about the youths who live alone on the streets of America without the nurturing, protection, and supervision of caring adults. It describes the varied activities, knowledge, and skills and outreach program needs to provide services to these youth who are living on the streets. Specific topics include discussions about life on the streets and why youth become runaways, street subcultures and hierarchy, and the underlying principles of streetwork and two streetwork programs. The bulk of the document covers outreach program development; the creation of an outreach team, including staff development and training needs; program implementation and the rules to be followed to aid success; and the various services, both direct and ancillary, that are needed. The final chapters examine the cultural diversity that can be found among homeless persons, and Alaska's response to the homeless youth problem. Appendices, comprising 25 percent of the document, include guidelines for program development and for counseling gay youth, and a list of additional street outreach programs for homeless and runaway youth. (Contains 106 references.) (GLR)

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ERRATA

Please add the following programs to the Resource List on p. 118 in Appendix 2 and delete them from pps. 147-149 in Appendix 6.

p. 147

Alaska Youth Initiative
Child and Adolescent Mental Health
Division of Mental Health/
Developmental Disabilities
Box H-04
Juneau, AL 99811

p. 148

Garfield Youth Services
902 Taughenbaugh, Suite 302
Rifle, CO 81650
303-625-3141

Washington Institute For
Employment Training
3224 16th Street, N.W.
Washington, DC 20010
202-265-2626

Wave, Inc.
501 School Street, S.W.
Suite 600
Washington, DC 20024
202-484-0103

Youth Crisis Center
P.O. Box 16567
Jacksonville, FL 32245
904-725-6852

Kaleidoscope
1279 N. Milwaukee
Suite 250
Chicago, IL 60622
312-278-7200

p. 148 cont.

YWCA Runaway
17 Harriet Street
Springfield, MA 01107
413-731-9737

p. 149

Covenant House
14 Williams Street
Newark, NJ 07102
212-613-0300

Crossroads
P.O. Box 321
Lumberton, NJ 08048
609-261-5400

The Children's Health Fund
317 East 64th Street
New York, NY 10021
212-535-9400

Planned Parenthood of
New York City
Street Beat Program
349 East 149th Street, Room 601
Bronx, NY 10451
718-274-7223

National Resource Center For
Youth Services
The Univesity of Oklahoma
202 West Eight Street
Tulsa, OK 74119-1419
918-592-1841

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THE STREETWORK OUTREACH TRAINING MANUAL

Trudee Able-Peterson

June Bucy

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
Division of Demonstration Programs
Child and Adolescent Service System Program (CASSP)

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FOREWORD

The Child and Adolescent Service System Program (CASSP) within the Center for Mental Health Services, has emphasized, in working with the States, the development of the infrastructure necessary for system improvement and for the development of an array of services in communities for children and youth with, or at risk of, serious emotional disturbance. The definition of at risk of serious emotional, behavioral, or mental disorders include children and youth, but are not limited to those who are homeless, either as part of a family unit or alone; those living with parents who are unable to provide adequate care and nurturance, including drug-addicted parents; those who have been victims of violence; those who abuse alcohol and/or other drugs; those who are HIV infected; those with a family history of psychiatric illness and those with multiple out-of-home placements. Children and youth who are living on the streets, in abandoned buildings, and in parks are clearly members of that population CASSP is targeting. Streetwork is a critical component in a comprehensive service system which is, like a seamless garment, without gaps or holes.

Jean Garrison-Athey, formerly of NIMH-CASSP, supported June Bucy, founder of the National Network of Runaway and Youth Services, in developing this training document on street work and outreach to homeless and runaway youth. She shared June's conviction that there was a technology that needed to be understood, documented, and then transferred to other communities. June diligently interviewed countless people in programs across the country, carefully documenting all the information they shared with her and communicating it in a straightforward, nonthreatening way. Her life-long commitment to, and knowledge of, these children and youth shines through.

Trudee Able-Peterson was asked to contribute the perspective of someone who developed and nurtured a streetwork program in one of the most intimidating cities in America, in a neighborhood deluged with hustlers preying on children, youth, and other vulnerable human beings. Trudee has walked the cold, threatening streets; rocked the raped, beaten, crying child to sleep; comforted the shocked, grieving streetworker over the suicide of one of the kids; educated a bewildered 12-year-old about HIV/AIDS; buried a teenager who died of AIDS; knocked on doors to ask for money to keep the program alive; pleaded

with politicians to develop laws to protect children; shared her vision with hospital workers, police officers, lawyers, and church groups, of a society that does not exploit and harm children but one that embraces them, halts the injustices against them, recognizes their talents and their dreams, and builds on them.

Finally, we used the youths own words whenever possible. However, with more time and greater resources we would have included them in the creation and production of this manual. They will be so involved next time.

Diane M. Doherty
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Children and Youth At-Risk Program
Georgetown University Child Development Center
CASSP Technical Assistance Center

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Child, Adolescent and Family Branch
Division of Demonstration Programs
Center for Mental Heath Services

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PREFACE

This manual, developed under a contract with the Center on Mental Health Services, Substance Abuse and Mental Health Services Administration, is intended as a guide for action for people concerned about the youths who live alone on the streets of America without the nurture, protection, and supervision of caring adults. The number of these youth is unknown, but conservative estimates indicate that each year 100,000 to 300,000 adolescents become separated from their families and their homes. However, the National Network of Runaway and Youth Services[1] estimates that each year, 1 million to 1.3 million youth run away from their homes as the result of abuse, violence, and family conflict.

In a small number of communities, individuals, religious or civic groups, or public or private agencies have reached out to help. One response has been to go where the kids are—out into the streets—to listen and learn. Having listened, creative and committed people have devised strategies and programs that offer respect to the young people and support for positive changes the youth can make. Most of the material in this manual is derived from the experience of such providers.

Streetworkers respect for young people and their enthusiasm for empowering youth to make changes in their lives are tempered by their acquaintance with the pain and isolation experienced by many of the youth on the street. Their innovative techniques are firmly rooted in sociological and psychological theory and sophisticated strategies that are often obscured by the ease with which they wear their "street clothes" and hang out in unobtrusive ways. Their language shifts easily between pithy street vernacular and professional jargon.

One characteristic they seem to share is an openness, almost an eagerness, for questions, critiques, and thoughtful dialog about their work. They know they are inventing a technology that is a powerful force in bringing hope, health, and safety, not only to youth forced to

[1] The National Network of Runaway and Youth Services. *To Whom Do They Belong? Runaway, Homeless, and Other Youth in High-Risk Situations in the 1990s.* Washington, DC: the Network, 1991.

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a homeless street existence, but to millions of American youth who are at risk of becoming homeless.

We have talked with most of the people mentioned in this manual and visited many of the programs. We have thereby become inheritors of the oral tradition that has built this new service model. Some 25 program providers struggled with a survey instrument (appendix 1) to describe their work and their learning. Many of them have shared with us, and thus with you, their own documents, data. training materials, reports, and stories of young lives with an unselfishness that we find amazing. We owe each of them a debt of gratitude. Participating programs are listed in appendix 2.

All of the people who shared their learning expressed concern about the not-yet developed techniques and unanswered questions. Each stressed the uniqueness of each community and the necessity of staying attuned to changes. These youth service pioneers know that they are a knowledge bridge over which information and experiences with homeless youth will come into the consciousness of people who can create a climate of public understanding. They believe that eventually this understanding will lead to public forums and policy decisions that will address not only the individual suffering of young people but the costs to our national strength of throwing youth away.

This manual attempts to describe the varied activities, knowledge, and skills an outreach program needs to provide services to these youth who are living on our streeets. It is not a complete guide, particularly in the areas of counseling techniques, substance abuse prevention, and fundraising, where more indepth information is readily available.

We have become increasingly concerned that homeless youth are falling through the cracks, not only of public agencies and traditional services, but of agencies that once prided themselves on responding to the needs of children most at risk. Americans have become aware of the large population of people who are homeless. Some citizens and policymakers even recognize that families, most often mothers and their young children, are the fastest growing segment of the homeless population. As a Nation we have not yet, however, managed to realize that thousands of adolescents roam our streets, disconnected from families, from health and mental health care, education, employment, housing, and a sense of belonging to our society. This manual is dedicated to those youth in the hope that they will soon be welcomed back into our communities of concern.

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ACKNOWLEDGMENTS

I would like to thank Marsha Day and Victims' Services Agency for their vision and creation of The Streetwork Project of N.Y.C.; Beatriz Ruiz, because you are the young person who took a chance to believe in yourself and you taught me that the program could succeed; Ilene Freund-Ford. my first partner in streetwork—I am so grateful you were there with me. I would also like to thank Diane Doherty, Diane Sondheimer, Helene Lauffer, Margo Hirsch, Lutz Kratzschmer, Jerry Fest, the Center for Mental Health Services, and Hamburger Stiftung Zur Forderung Von Wissenschaft Und Kultur for their assistance and support throughout the writing of this manual and the streetwork programs that contributed to the manual.

Trudee Able-Peterson

Most of the material in this manual is derived from the experiences of providers. I would like to thank all of the people who shared their learning with me and expressed concern about the not-yet developed techniques for working with homeless youth and the unanswered questions about streetwork. All stressed the uniqueness of their communities and the necessity of staying attuned to changes.

To me, however, the most remarkable insight is that every respondent and program emphasized the same message—the young people matter, they must not be forgotten, and we can make a difference.

June Bucy

CONTENTS

	Page
FOREWORD	iii
PREFACE	v
ACKNOWLEDGMENTS	vii
Chapter 1—THE NATURE OF THE PROBLEM	1
Life on the Streets	1
The Scope of the Problem	2
Why They Run	4
The Street Subculture	9
The Street Hierarchy	10
Why They Stay	12
References	13
Chapter 2—ADDRESSING THE PROBLEM	15
The Roots of Streetwork	15
Underlying Principles of Streetwork	18
The Role of a Streetworker	18
Nonjudgmental Engagement	18
Developing Relationships of Trust	19
Advocacy and Access	20
Counseling and Client Education	20
Referral Resources and Assessing Youths' Needs	21
A Look at Two Streetwork Programs	22
References	26
Chapter 3—PLANNING A STREETWORK PROGRAM	27
Community Assessment	27
Community Planning	31
Problems to Anticipate	33
Is Now the Time To Start?	34
Is This the Right Group?	36
Funding	39
Potential Sources of Funding	40
Evaluation	40
Forms for Data	42
References	43

EDRS

Page

Chapter 4—THE OUTREACH TEAM 45
Staff Qualifications 45
Staff Credentials and Recruitment 46
Staff Training 47
Supervision Issues 50
Sustaining Motivation 51
Burnout 52
References 52

Chapter 5—GOING TO THE STREETS 53
Getting Started 53
Choosing the Area 54
Engaging Homeless Youth 55
Rule #1 55
Rule #2 55
Rule #3 56
Rule #4 58
The Next Steps 58
Services 59
Law Enforcement 60
Success Through Structure 60

Chapter 6—DIRECT SERVICES ON THE STREET 61
Hunger 61
Crisis as Opportunity 62
Substance Abuse 64
Drugs 65
Alcohol 65
Treatment Services 66
Help on the Streets 67
Sexual Exploitation 68
Rape 69
Pimps 70
HIV Infection 70
Support Groups 70
Medical Care and Health Education 71
HIV Prevention 73
Pregnant Teens Who Are Homeless 75
How One County Responds 76
References 77

Chapter 7—ANCILLARY SERVICES 79
Drop-In Center 79
Shelter and Transitional Living 79
Counseling and Therapy Techniques 81
Educational and Job Readiness Services 84
References 86

Page

Chapter 8—CULTURAL DIVERSITY 87
Cultural Competence 87
Undocumented Youth 93
Gay and Lesbian Youth 94
References 96
Additional Reading 98

Chapter 9—HOW ONE STATE RESPONDS 101

Appendix 1—SURVEY INSTRUMENT 105

Appendix 2—CONTRIBUTORS 117

Appendix 3—PROJECT STREET BEAT FACT SHEET 119

Appendix 4—PROGRAM GUIDELINES 121
The New Children and Youths Welfare Act of 1992 (Kinder-und Jugendhilfegesetz in the FR of Germany) 121
Boundary Guidelines for Counselors of the Streetwork Project 123
The Streetwork Project Substance Abuse Prevention Program Harm Reduction Model 126
Criteria for Safe Choices Program 130
Attitudes/Strategies for Responding to Runaway and Homeless Youth About AIDS and HIV 132
Training Recommendations 134

Appendix 5—GUIDELINES FOR COUNSELING GAY YOUTH 137
Suggested Reading for Lesbian and Gay Youth and Their Families 139
General Fiction 139
Autobiography 144
Nonfiction 145

Appendix 6—ADDITIONAL STREET OUTREACH PROGRAMS FOR HOMELESS AND RUNAWAY YOUTH 147

EDRS

Chapter 1—THE NATURE OF THE PROBLEM

Life on the Streets

It is 7:00 a.m. in New York City. Masses of commuters swirl around the bus terminal, rushing to catch their local trains to jobs and futures in the grand scheme of their individual lives. The commuters step gingerly over two young bodies curled up on a top ramp where buses arrive. The cardboard boxes, flattened to make a bed, are dirty and stained, perhaps soiled by other people who slept on them before the kids found them. Ragged coats and a quilt of multicolored filth cover the young bodies. A commuter complains, and two policemen come over and wake up the young sleepers. "Move along, c'mon, lets go!" they yell.

The exhausted and confused children sit up, gather their wits, and scurry away before they are arrested. They go up to the parking roof where two friends are supposed to be sleeping but cannot find them. They check the cars parked on the roof to see if anyone left them unlocked. They have no luck but find a quiet corner on the roof roped off for future construction, crawl in, and lay down on the cold cement. Huddled together for warmth, they fall back into a nightmare that is less frightening than their waking experiences.

Street kids start their day in the afternoon. Some of their friends were lucky enough to have the $2.99 to get into the all-night theater down the block and are still sleeping there on the sticky floors. When the noises of the daytime life most of us lead finally penetrates their drug/alcohol/streetlife consciousness, they shiver, stretch, and head for the commuter bathrooms to relieve themselves. They wish they had some shampoo because their hair looks and feels so dirty, it makes them feel disgusting.

In the early afternoon, they meet their friends in one of the fast food places where kids who are homeless congregate and beg quarters and food. Soon the hanging out begins in earnest, the big radios appear, and the music for the soul, in place of breakfast, brings courage to face another day.

If they have spent all the money they made from prostitution or begging or stealing to buy crack, or speed, or pot, or downs, or crystal, they are broke and need another pipe, or needle, or pill, or joint. They go back to the stroll. Customers and opportunities are slow in the afternoon, but maybe they score a few bucks and can get high. Eating is not important anymore. In the evening, they are back at the anchoring hole to see who's around, what's up. The drugs wear off, run out; it's back to the stroll.

The action picks up in the dark, where men wander and they can turn more tricks, or dance in a peep show, or make a porno movie, or steal some clothes and sell them, or hold out their hand to strangers who do not care. Some of the tricks "turn on" with the kids. One of the kids has a room that a regular trick rented for the night. Several of his friends sneak into the sleazy hotel, where children sell their bodies, no questions asked. By now, it's 3:30 am and nobody has slept in a bed or even on a warm floor for a week. The crack pipe is lit again, clothing is shed, and youngsters reach out to friends and lovers because they need to be loved and because the drugs drive them. Nobody wanted to, or remembered to, use condoms. As their minds gratefully embrace sleep, they forget that they did not eat again today.

The Scope of the Problem

Who are these American children living out scenarios that seem to be like some bizarre Fellini movie shot in Bombay? To date, no national study has been conducted on youth who are homeless and separated from their families, and the research on adolescents and older youth living on the streets is sparse. The Department of Health and Human Services (HHS), Administration for Children and Families, which administers programs funded by the Runaway Youth Act (Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), reported that approximately 1 million youth are away from home in the course of a year; shelter staff describe 21 percent of these youth as homeless. The Office of Juvenile Justice and Delinquency Prevention (OJJDP), which commissioned a study on missing children, reported 450,700 total runaways from their homes and juvenile facilities in 1988. The study did not include data on long-term runaways or youth who are homeless (Finkelhor et al. 1990), nor does this include the estimated 429,000 children and youth residing in foster care on a given day in 1991 (Tatara 1992).

Most data come from service agencies, and many youth appear at more than one program, while others never contact services that document the homeless. The age range for services differs also, so data from a program working with young people up to the age of 21 are not always considered in statistical information about youth who are homeless. The Streetwork Project of Victims Services Agency in New York City's Times Square meets 4,000 new youth each year in its outreach efforts.

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The Bridge Over Troubled Waters in Boston serves an average of 4,000 youth annually.

None of these figures includes the children who go unreported. Any juvenile police officer can tell you stories of attempting to return runaway youth to parents.

> "I had a kid recently who came to New York City from Philadelphia on his bicycle. When I called the father, he didn't want him back. 'The kid is giving me problems,' the father said. Here's a 14-year-old boy and nobody wants him!" (Sergeant Bernie Paggioli, Director of Youth Services, Port Authority Police Department). The boy had been missing for 3 days and had not been reported as missing by his family. Sergeant Paggioli made an official report of neglect against the boy's father to Child Protective Services in Pennsylvania.

Another difficulty in getting accurate numbers comes from differences in categorizing these young people. Says Sargent Paggioli,

> It isn't just the parents saying, 'I don't want them back,' it's also the classifications. For instance, in New York State, a youth between 16 and 18 years old who leaves home is not classified as a runaway, while that same youth is classified as a runaway in New Jersey. It's also institutions that don't report kids as runaways. When they get a kid, they want to keep the kid to get funding, so they may not be reporting that they're a runaway. Another situation is when kids appear at Emergency Children's Services, and they can't find a bed for the kid, so they send the kid to a runaway shelter; sometimes the kid just never gets there.

While youth who are homeless can be living in shelters with their parents, they can also be thrown out of homes, on the street, with no family. A homeless or runaway youth could be using runaway youth shelters or basic centers or could be on the street receiving no services. The definitions used in the Runaway Youth Act differ considerably from the definition of homeless in the Stewart B. McKinney Act.[1] None of the programs under the McKinney Act specifically addresses the problem of homelessness among runaway youth. The definition used

[1] The Stewart B. McKinney Act was passed in 1987 in order to respond to the emergency of homelessness, thus providing temporary relief. The definition of a person who is homeless and eligible for relief under the Act includes a person who (1) lacks a fixed, regular, and adequate nighttime residence, or (2) lives in (a) a shelter, (b) an institution other than a prison, or (c) a place not designed for or ordinarily used as a sleeping accommodation for human beings. Put succinctly, the purpose of the McKinney Act is "to meet the culturally urgent needs of the Nation's homeless, with special emphasis on elderly persons, handicapped persons, families with children, Native Americans, and veterans" (Hombs 1990).

in the Act defines homelessness as an individual lacking a permanent fixed address.

Working definitions have been suggested by the National Network of Runaway and Youth Services (Bucy and Mathis 1985).

- *Runaways* have left home at least overnight without permission of parents or guardian. Most of these youngsters probably return home without seeking services, while others are reunited with their families with the assistance of runaway centers. Many are repeat runners who eventually lose contact with their families and become homeless.

- *Homeless youth* have no parental, substitute foster, or institutional home to which they can return. Often they have left with the full knowledge or approval of their legal guardians even though they may have no place to stay.

- *Street kids* are long-term runaway or homeless youth who have become adept at fending for themselves, often by illegal or dangerous activities.

- *Systems kids* are children who for their own protection have been removed from their homes by the courts and have been in a series of unsuccessful foster and group homes providing few opportunities to develop nurturing ties with any adult. They drop out of school and leave their substitute homes to live on their own.

There is a myth that these alienated youth leave their home communities and seek out large metropolitan areas. No research has substantiated that belief, with the exception of Los Angeles (Yates 1990) and perhaps San Francisco, which have a disproportionate number of homeless youth. A major study of youth appearing at shelters in New York City found that 88 percent of the boys and 92 percent of the girls were born in a borough of New York City (Schaffer and Caton 1984). Fike (1989) reported an increasing number of homeless youth in South Florida. The Children's Action Alliance (1989) documented 4,268 adolescents without homes who are 17 and underserved by runaway centers in Arizona; and Behrens (1990) estimated that 21,000 youth under 21 are homeless in Illinois.

Why They Run

Kids who flee to the streets, or who begin to flirt with life on the street, are the ones who are not going to "take it" any longer, whether "it" is sexual or physical abuse or severe psychological and emotional neglect and abuse. Their escape from dangerous and even life-threatening conditions is actually a healthy response to intolerable situations. Janus et al. (1987) indicated that the violence and alienation they

experience on the streets may be less than they endured in their families or as wards of the State.

Unfortunately, there are not enough successful early interventions to identify and assist these children in the early stages of flight. The devolution of kids from home to street does not usually happen in one swift move, but is a gradual process that takes place over a period of time.

> I started hanging out later and later in my neighborhood, and would stay with friends whenever their mother would let me. But sometimes their mom would ask too many questions and I'd have to leave. There was a park by my house and that's where I first started hanging out with older kids who used crack and stuff. I knew it wasn't good for me but I just had to forget what was going down in my house, like every time I went home my mother's boyfriend would start with me. First it was a lot of teasing me about developing and stuff, it was really embarrassing, but not as bad as when he started touching me. It was like, I knew my mother knew, but like, anything to keep him happy, you know? He raped me, and my mother didn't even care, she didn't even believe me. I started staying in the streets all the time then, cutting school and using crack and drinking with some older kids. One of the guys I liked a lot told me we could make a lot of money selling crack downtown, so I went with him. Then we always stayed downtown after that—I hardly ever went home. My mother really didn't care, I guess. I miss my little brother and sister a lot though. I got arrested for selling [drugs] though, and when they found out I was only 15 they sent me to this juvenile place. When I got out they put me in a group home, but I split right away and went back downtown to find my boyfriend. I don't know, I guess I felt like this is where I belonged.
>
> *Marcy, age 17*

Marcy reported the rape to friends and also to one of her aunts. Nothing happened. Her friends gave her some comfort and her aunt was very understanding, but it wasn't enough. There was no community center for youth or adults in Marcy's neighborhood for her to turn to, and no social worker in her school since the school budget cuts. The clinic where Marcy went when she contracted gonorrhea from her stepfather did not ask the right questions. She did not receive rape counseling, because nobody there ever knew she had been raped. We can speculate what an early intervention could have meant to her, but we will never know for sure.

Marcy's mother had been an incest victim also. Raised in extreme poverty after her father abandoned the family, Marcy's mother was terrified of living without the support of her com-

> mon-law husband. She thought sexual abuse was just part of being female, something you had to "put up with."

Young children are usually unable to escape the chaos and dysfunction in their families, but when they enter the preadolescent period around age 12 or 13, they become bolder about escaping their abusers. Leaving home begins in subtle ways, like Marcy who began staying overnight often with friends and relatives and talking to a trusted family member. Some children may give hints to a teacher about the abuse. It may be difficult to identify sexual abuse because of the language children use. One seventh grade boy told a teacher about the "games" he played with his dad and little brother. "We play Monopoly and Go Fish and Pat Pat and Animal Rummy and Yahtzee, but my little brother can't play that, and we go fishing at the lake sometimes and I help him work on the car." This astute teacher let the boy talk on for a while and eventually came back to the games and said, "I've never heard of Pat Pat, how do you play that?" "Well," the boy said a little hesitantly, "it's where you pat each others butt and legs and stuff." The teacher learned that the father had been molesting and using his children as masturbatory objects for many years. This information could easily have been lost on overworked, overburdened, and responsible people who work with children.

If children do not get an appropriate response to sharing information, a pattern of chronic running can begin to appear. When their welcome at the homes of friends begins to wear out or a friend's parent begins asking embarrassing questions, they start hanging out more on their neighborhood streets, or with older youth who may be cutting school and experimenting with drugs and alcohol. At this time, a parent's response may be to ask the courts to intervene and put the child in foster care placement. The problems of the family have now been projected onto the child, and the child becomes completely isolated and alienated. Often, families under severe stress live in denial and do not enter the family counseling process that could effect positive changes because counseling is unavailable to them, they are unaware of it, or they are too embarrassed to seek help. The child begins to run for longer periods of time and eventually adopts the street subculture as a new "family."

> When my mother threw me out, I didn't know where to go. I stayed with my friend a few days till his mom got mad. Then my friend gave me a few blankets and I lived on the roof for about 6 weeks. My friend brought me food or sometimes I made some money working at the grocery store. Then I started going downtown with this guy, we used to sneak in the movies and sleep overnight. It was getting cold by then. Finally I went to a shelter, but they wanted me to go home. My mom would say yes to them but when I got there, she'd usually be drinking again and just throw me out when she got mad, which was all the time. One

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> time the shelter called social services, and they put me in a group home. An older kid there picked on me all the time, it was as bad as at home. I was afraid to tell cause he always threatened me. I got caught stealing once when I was running, and they put me in this juvenile hall place, that's when I got raped.
>
> *Jon, age 17*

An alarmingly large percentage of young people living on the streets have a history of growing up in a series of "placements," that euphemistic word that describes the experience of losing ones "place" in a family and being turned over to foster care systems who then "place" a child in an alternate system, (foster home, group home, institution). One girl who had run away from New Jersey had been sexually abused by her adoptive father; she reported it to a teacher and was then removed from the home and separated from her two brothers. She reported 50 placements in a period of 3 years. Abandoned by her natural family, then abused and rejected by her adopted family, then placed again and again, she could not help but feel that she was the problem. One is not surprised to learn that she became a prostitute at age 13. Although 50 placements is a bit unusual, multiple placements are not.

Placing a child in an "alternate to family" setting is complicated. Many factors contribute to multiple placements:

- *Availability of space.* In many cities, there are more children than available placements.

- *Appropriate placement.* In New York city, for example, foster parents are unwilling to take children over age 9 or 10 because they are afraid the child has been exposed to too much violence and is too volatile, thus a risk to the other children in the family, both natural and foster.

- *Lack of adequate training and history available for potential foster parents.* Foster parents often do not know, because of the issue of confidentiality, what kinds of abuse the children they are taking in have suffered. A Wisconsin foster mother said she sent back a 15-year-old girl because the girl's behavior was extremely provocative with the foster father, and neither of the foster parents knew how to handle the situation. The girl had a long history of sexual abuse and was acting it out with the foster father. This youngster had received no specialized therapy for survivors of sexual abuse nor had the foster parents received training around issues of sexual abuse.

- *Training for staff of group homes has been inadequate.* Similar to foster parents, staff who work in group homes across the

Nation frequently lack the information and knowledge to cope with the behaviors of troubled youngsters. Generally, nurturing people who make positive role models for youth take jobs at group homes. However, they are not therapists, and they often lack the professional training to address difficult counseling issues such as sexual abuse, severe neglect, abandonment, and physical abuse. Pay scales for these workers are very low, because funding for services for these children is low, making it impossible to hire masters-level counselors who have more specialized training and education. A group home needs to have an intense level of therapy, individual and group, to help young people in their care during the healing process. If the counseling staff has not had sufficient training in counseling techniques and working with children and youth with special needs, then professionals qualified in these areas should be engaged as staff or consultants. This rarely happens because of the lack of funding.

Children often begin a cycle of chronic running from placements because their most severe counseling issues are not addressed, or not addressed adequately. They also run back to abusive families because that is what they know. A girl who had multiple scars on her face from her mother burning her with cigarettes ran back home every chance she got. She kept thinking, "This time it won't happen, this time my mother will be good to me."

During this chronic running, children spend more and more time unsupervised and begin to meet other young people who are living outside the mainstream of American youth, with no family, no school, and no connection to adult nurture and supervision. They also begin to meet adults and older youth who exploit them. Young people who are on the run hide out in places that they learn about from other youth—abandoned buildings, "crash pads" (apartments or homes of well-meaning adults who cannot provide the real help they need or homes of adults who exploit them), or truck stop and hitchiker routes or they migrate to large cities where they get swallowed up in street subcultures.

Whether a child is on the run from a foster, group, or family home, once outside these environments, they clearly face elements and environments where they lack experience and sophistication. Like Marcy, they quickly fall prey to the street economy. Having already perceived themselves as "in trouble" and "at fault," and even labeled juvenile delinquents, they begin a life "outside the law." When they already suffer from low self-esteem and self-worth, the disintegration of socially acceptable values and mores that comes from exposure to street life seems inevitable.

Although some youth do make it successfully through the social services, no governmental child care system can ever replicate a loving family. It is time to critically reassess our response to young people living outside the home. We might learn from models being used in other countries. In Germany, group homes are structured with youth from different age groups, resembling a natural family, and adequate therapy is available. If our systems are not working, we should look for other answers and be willing to rethink and restructure the systems to better address children's emotional, educational, and social needs.

The Street Subculture

Familial abuse, untreated drug and alcohol problems, unresolved family conflicts, poverty (including a lack of housing), and failed interventions by social service systems are some of the reasons we have a population of homeless street youth. The other contributing factors are the people on the streets waiting to exploit youth: drug dealers, pimps, con artists, pornography makers, and the consumers/customers of street kids involved in survival sex.

Once on the street, kids find a lively scene where other kids have established the turf. They perceive themselves as free to run their own lives. There are people to hang out with, and the "beat of the street" is infectious. Something is always happening: running from one location to another, some scam is about to go down, someone just made some money, or some romance is beginning—it feels exciting to teenagers. The hectic activity pushes away the hurts of the past, and the uncertainties of the future become shadows around the edges of this new life. Street life can feel good to a young person who has experienced neglect, rejection, failure, and depression. Kids feel acceptance belonging, and approval, and other street youth teach them the ways of the streets.

These young people typically form alliances with others on the street, creating a tribal lifestyle to gain the feeling of family and belonging. In the early stage of living on the street, these kids are most vulnerable to approaches by pimps and other adults who want to exploit them. Youngsters from rural and suburban lifestyles may be more likely to become involved with streetlife perpetrators and become their victims. Urban youth have been exposed to street activity and warned by family members to be more suspicious of the motives of strangers. Inner city youth tend to form groups or street couples for resistance and protection from older, stronger adults.

The number of births to teenagers has been increasing for more than a decade (Child Trends 1992), with almost 518,000 babies born to teenaged girls in the United States in 1989, reflecting an increase of approximately 46,000 over 1986. The birth rate among teenagers increased to 58.1 births per 1,000 girls aged 15 to 19 in 1989, an

increase of 7.5 births per 1,000 since 1986 (U.S. DHHS 1991). Adolescents are becoming sexually active at an early age. In 1988, 42 percent of females and 58 percent of males reported that they had had sex by the age of 17 (Trussell and Vaughn 1991). Another indicator of the number of adolescents who are sexually active is that 25 percent of the cases of sexually transmitted diseases every year are among teenagers (Child Trends 1992). For homeless youth who had been sexually abused within their homes, sexual exploitation continues on the streets. Kids on the street have sex with their peers for excitement and comfort, or sometimes the drug they are on drives them. They begin to have sex with "tricks/johns/dates" because others coerce them or to get money for food, lodging, clothing, and the drugs they take to forget the pain they feel.

Survival sex for boys is as much a reality as it is for girls. The cultural double standard about prostitution in this country says to women, "you're bad if you do it, but *somebody* has to do it." This standard allows men sexual access to women without commitment or responsibility, and on some level, it is acceptable for women to provide this "service" to men. Male prostitution, however, raises the issue of homophobia, and only recently has society been willing to look at sexual abuse/exploitation of boys.

For boys or girls who are without family, skills, experience, money, or adult helpers, prostitution becomes a way to survive. Jackie, a 14-year-old runaway, told of the first time she had sex for money. "I was standing on the street looking in a restaurant window, crying, looking at the food. I had been on the street for 3 days and hadn't eaten anything. I just stood there and pressed my face against the window like I could get closer to or smell the food. Then this guy comes up and offers me 20 dollars for sex, and I turned to him and said, I'll do anything if you'll feed me." When Jackie's counselor asked her how it felt that first time, she said, "At least it's not my father."

Although all children do not become involved in the sex industry, thousands of children without homes across the Nation do. The need for sustenance is the strongest urge of our species. When children do not have food, it is not surprising that a girl like Jackie, already violated and exploited by a trusted family member, would turn to selling her body to meet this most basic human need.

The Street Hierarchy

Although life on the streets looks and feels disorganized, with no one in charge, a hierarchy with its own rules and mores does exist. This may vary widely from city to city and from urban to rural areas. On city streets, the most powerful people are the ones who control the prostitution and drug trade—the ones who have the money. Sometimes this is organized crime, bars, peep shows, book stores, and houses of prostitution.

If youth did not use drugs before they moved to the streets, they often start using once they are on the streets. Drugs become an anesthetic that eases the agony and confusion arising from families that have rejected them and systems that have labeled and then failed them. The pain of remembering is temporarily eased or relieved. Drugs may be controlled by a group or gang who originate from the country the drug comes from, like Andean gangs who deal in cocaine. Youth who get involved in drug dealing, often to support their own habits, or in the sex industry are likely to be controlled by, and then in danger from, these groups.

When youth are addicted to the drugs they are selling, they often use too much and then have drug dealers hunting them down for money owed. Drug dealers beat up and even murder kids who owe them money. Karen, a 16-year-old runaway from upstate New York witnessed a murder in a brothel. She fled the scene and later found out two men were pursuing her. This young girl came to New York to get lost in the crowd. She got involved in street life but later sought shelter and protection at a shelter for runaway youth.

The sex industry controllers fall into two distinct categories. The pimp/sex-industry men own and control the peep shows, bars, sleazy hotels, and brothels. These men are often considered respectable men with "business holdings" in the community. They do not live in the areas where children are exploited and abused; they live in suburbs, and their children go to private schools. They might belong to the local country clubs and rarely have a finger pointed at them as contributors to child sexual exploitation.

The street pimps, on the other hand, are usually men of color, at least in this country, and have grown up seeing the pimp as the most successful man in their neighborhood/ghetto. This disadvantage, poverty, and lack of role models does not make these men any less dangerous or abusive to youngsters on the run.

The pornography industry can also be controlling in a young person's life. Once young people enter this world, they are controlled by the money, shame, degradation, and those who bankroll the films, who often distribute drugs as well, thus addicting/supplying the kids.

The other controllers are men who form emotional relationships with the young and inexperienced. Even while kids are running from abusive adults and authoritarian situations, they are still used to adults telling them what to do. Therefore, when they enter relationships with adults, they seldom have the upper hand.

From the local drug supplier who controls all those involved in a city or neighborhood, to the older street male having a sexual/emotional relationship with a street kid who describes him as her "boyfriend",

young people on the run, in trouble, or afraid of being caught, killed, or sent back to an abusive home are not in control of their own lives, even if they perceive themselves as being free. Even those youth who are too streetwise to become involved with these exploiters, those youngsters who form tribal groups or families for comfort and protection, are not free from the drugs that they become addicted to, the sex industry they need for income, the degrading pan-handling and rejection, the arrest and incarceration cycle, or deadly exposure to the AIDS virus.

Why They Stay

Homeless youth caught in these lifestyles have a lot of fear about "coming in" off the street. Leaving the streets means taking risks about being accepted, being able to cope with other people's agendas, and leaving friends. Once youth have spent some time on the streets and adopted the street subculture, they lose the normal values of home, family, school, dating, appropriate peer relationships, freedom from untoward pressures, and healthy experimentation with safe parameters. School never worked well for them; many kids have been in and out of schools because they moved from family to foster care to family to residential to group homes, never spending more than 3–6 months in any school system. Frequently, these youth have learning disabilities because of emotional and physical chaos in their lives that go undiagnosed and treated.

> After about the 15th run and I'd been hustling and all that shit I went home and tried it again and went back to school, but a couple of kids found out I'd been on the street for a while. It was worse than even being out there, cause kids called me a whore and stuff. Like little Susie and Johnny were holding hands and shit and I'd been sleeping with guys old enough to be my father or grandfather. I didn't belong in no high school no more. I just went back to the street.
>
> *Debbie, age 14 ½*

In the streets, nobody makes fun of you if you cannot read. After all, you are successful at selling drugs and making money. Nobody is rejected because they are too fat or have acne. There is always a market for young flesh. Also, if you're having sex, *at least* it's not with family members.

How do we find and help these children who seem lost and forgotten? Where do we look, and what approach do we take to reach them? Because many of them have been involved in social service systems prior to life on the street and have negative feelings about those systems, reaching out to these youngsters poses a special challenge. We can and must offer opportunities for them to reclaim power over their lives and find the means to offer them dignity and hope.

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Chapter 2—ADDRESSING THE PROBLEM

A new agenda is taking shape for the 1990s. A small birth cohort is reaching maturity at a time when international competition demands a highly trained work force to operate high technology systems and equipment. Employers, whose interest in youth is centered in their commercial and productive potential, are bringing their pressure to bear on public decisions about education and health. In a time when juvenile justice facilities, foster care, group homes, and residential facilities have become growth industries that threaten to send States into bankruptcy, decisionmakers are listening anew to people who claim to have effective solutions.

A growing number of civic leaders and professionals are dedicated to the development of a political agenda that recognizes that:

- Children and youth are inherently our most valuable resource;
- Their welfare, protection, healthy development, and positive role in society are essential to the Nation;
- Such children and youth deserve love, respect, and guidance as well as good health, shelter, food, education, productive work, and preparation for responsible participation in community life;
- Such children and youth should have increasing opportunities to participate in the decisions that affect their lives;
- The family is the primary caregiver and the source of social learning and must be supported and strengthened;
- When families, however, are unable to ensure the satisfaction of these needs, it is society's responsibility to assist them.

Preamble to The Young Americans Act, Enacted by Congress, 1990

The Roots of Streetwork

Outreach can be broadly defined as sending social services or health delivery personnel away from a facility into the arena where people

live or congregate. Its American roots lie in the settlement house movement in Chicago. Jane Adams deployed staff from Hull House into the streets and homes of the community. The words "settlement house" connoted that the facilities were settled in the neighborhood.

Jane Adams questioned whether it would be best for her staff and volunteers to live in one place or "to scatter through the neighborhood and to live in separate tenements." She guarded against any tendency that workers "lose themselves in the cave of their own companionship." Jane Adams also believed that the welfare of the helper is inextricably tied to the welfare of the person being helped and that the need to respond to individuals and to work for social reform are inextricably connected. Living among the people convinced these early outreach workers that poverty was not primarily a result of personal or ethnic inadequacies or pathology. They came to believe what was then a radical idea—that poverty was rooted in the structure and laws of society and in environmental conditions that overwhelmed many slum residents. (Southwick 1990).

Sociologists at the University of Chicago built on the work of the early activists and provided research and theoretical constructs that undergirded the continued action in Chicago neighborhoods. An ecological approach recognized the indigenous institutions and structures of social organizations in neighborhoods as potential strengths for directed social change.

The alternative youth services movement, beginning in the 1960s as part of the cultural upheaval of those times, contributed new insights and methods to working with troubled youth. Rejecting theories of individual deviance, which they felt demeaned young people, the alternative programs developed around the needs of young people for acceptance, respect, and assistance with taking charge of their lives and solving, or at least coping with, problems of substance abuse, maltreatment by their families, and fragmented service systems.

The focus was on the empowerment of youth by giving them knowledge about the dangers of drugs and alcohol and helping them build interpersonal skills that would enable them to cope with family or school problems. Groups were designed to offer therapeutic intervention along with affective support from their peers and the adults in leadership roles. Often these adults resembled the youth in attire and attitude. Programs tended to be informal with no rigid entry requirements, operational patterns, or even recordkeeping. Management systems tended to be simplistic.

Volunteers worked beside professionals—indeed, many volunteers were well trained and credentialed professionals whose motivations and experiences had been shaped by the Peace Corps, VISTA, and antipoverty programs that flourished at the time. They strove for

caring relationships with the youth—relationships that were expected to endure past any client-professional interaction. In typical programs, the word "client" was spurned as focusing on the weakness or needs of the young person and reflecting the medical model of problems that could be cured or fixed by an expert.

Alternative programs sought to build not only on the strengths of the youth, but to accord individual young people the right to set goals and make decisions for themselves—decisions that might differ from those expected by their families or demanded by traditional systems such as schools, departments of social welfare or mental health, or the courts.

Within these agencies, high value was placed on open and easy access to service. Twenty-four-hour intake into programs located in areas which youth frequented was a norm. Genuine efforts were made to have democratic and often consensus decisionmaking in a milieu of equality.

Alternative programs attracted numbers of intelligent, energetic, risk-taking, nonconformist staff and board members. They targeted a significant percentage of their energies to creating changes in public policy. Their advocacy organizations succeeded. State legislatures and Congress have passed significant legislation legitimizing and providing funds for alternative programs.

The Juvenile Justice and Delinquency Prevention Act of 1974 (JJDPA) ranks as a major achievement. Its emphasis on deinstitutionalization, jail removal, and community planning and operation of programs set the stage for innovation and reform in many States. Title III of the JJDPA is the Runaway and Homeless Youth Act. This legislation, which has been adopted by several States, provides standards and funds for centers where runaway and homeless youth can receive help with crisis situations while they are sheltered, fed, provided counseling, assisted with family reunification, or referred to other services.

As needs were better understood and the technology progressed, networks of advocates have successfully lobbied Congress for substance abuse prevention, work with gangs, and opportunities for longer term care in facilities designed to assist homeless young people make the transition to healthy, safe, and productive adult lives.

Alternative agencies increased in number and developed into multicomponent youth and family service agencies. Early challenges to the methods of traditional agencies have often resulted in State agencies becoming more flexible and relying more on community resources. State agencies have contracted with alternative programs for hotlines, residential care, counseling, case management, and work readiness training for troubled young people.

Reduction in funding by both Federal and State governments, however, have often eliminated creative prevention projects. At the same time, troubled youth have been perceived as dangerous, violent offenders from whom the community needs protection. Competition for funds and for community acceptance in a more conservative climate have caused some programs to adopt judgmental approaches or even to fold.

Other agencies have responded to the challenge by better management, data collection, and evaluation procedures that establish the effectiveness of less restrictive services. They reject approaching the youth with a crisis mentality and responding exclusively to the most serious and obvious problems. There has emerged from their work new concepts of a continuum of care that begins with prevention and extends to those children whose situation and behavior seem hopeless. Street outreach work has, thereby, again come into its own as an affirmation of the value of all young people and the ability of adults to respond creatively to those most alienated and most in need.

In cities like Boston, San Francisco, New York, and Chicago, with significant, easily observed numbers of homeless youth, streetwork began several years ago. Only recently have smaller cities begun to look at their homeless youth population.

Underlying Principles of Streetwork

The Role of a Streetworker

Streetworkers are on the streets as helping professionals in the lives of homeless youth. They must not think they can, or feel they have to, save young people. If a young person is not able to or chooses not to leave the streets, a streetwork counselor must be able to accept this. By providing a positive role model, friendship, counseling, guidance, and patience, streetworkers open the doors for kids to save themselves.

A streetwork program should, whenever possible, have staff who reflect the population they serve in gender, ethnicity, and sexual preference. By providing a variety of workers who both reflect and add diversity to agency staff, youth have an opportunity to interact with many different role models. A streetworker is the bridge that can connect kids to services, self-esteem, and dignity, but the youth themselves do the work of rebuilding their lives.

Nonjudgmental Engagement

Youth on the street have been judged and labeled many times already in their short lives. They are the girls whose male family members violated them and then called them names; they are the boys who were called faggots when the kids in class and their families found out they were gay, the youngsters who were sent to remedial learning classes and labeled in the education system, the ones who did not fit in with their peers, the ones arrested and considered juvenile delinquents, the

girls the other kids called "easy" because of the way they dressed or because they developed early, the kids who lived with alcoholism and drug abuse in homes that did not provide nurturing and safety. They are the ones who have finally judged themselves as worthless.

Streetworkers never give kids the message that they deserve to be living on dirty streets, turning tricks, wasting away on drugs/alcohol, stealing to survive, or begging in the street for their sustenance. They also never react in a judgmental manner when engaging and working with them. Streetworkers respect the rules of the young people's "turf." They understand that their workspace is where the youth live, work, and play.

Streetwork does not intrude on this space, but quietly slips in and maintains a presence there. When a streetworker sees that kids are working—panhandling, hustling, dealing—they say Hi or nod, make eye contact, and move on. They know they will have another opportunity to engage the youth. They treat youth in a respectful and dignified manner, knowing that this eventually will help youth begin to respect themselves. They know that these children, invisible in our society except to the exploiters who use them, are worthwhile.

Developing Relationships of Trust

Because those adults who should have nurtured and protected the youth in their care have not done so, street kids do not trust adults. Often abused and violated in families, then in systems, they are once again exploited by adults while on the streets. *There is no reason to trust adults*. In fact, getting away from these adults is often a healthy response to situations that are dangerous.

Streetworkers must go slowly to help youth develop the trust it takes for them to begin to be guided by positive adults. This process takes time. It begins by offering help and services to youth who are homeless, no questions asked and with no expectations. You feed children because they are hungry, you access medical care for them because they are sick, you give them a shower and clean clothes because they are dirty, not because you expect them to reciprocate by keeping their appointments with you, leaving the street, or stopping illegal behavior—a reward for the "good" counselor.

By caring for their most basic needs, the needs that were not always met in their lives, and by treating youth in a caring way—because the streetworkers do care about them—young people begin to feel valued and will begin to trust. Through this relationship of trust that streetworkers develop with kids, a healing process begins. Only after this trust emerges will kids begin to keep appointments and take steps to change negative behaviors that will lead them out of this dangerous subculture.

Advocacy and Access

No one speaks for youth who are homeless. No one explains who they are, why are they there, and what they need. These young people do not vote, so politicians are not listening to their pleas. They are cut off from the systems that did not meet their needs, and they long ago lost hope that their families would change and give them comfort and safety or even food and shelter. Streetworkers must take on the task of educating others in order to access the services that these kids must get in order to make changes in their lives.

Advocacy must happen on many different levels. A girl living on the streets was raped and taken to a metropolitan hospital for treatment. The triage nurse in the emergency room said, "She can't be raped, she's a prostitute, she's from the streets." In such a situation, it is important for a streetworker to maintain a professional posture and to advocate for the youth as well as to educate the provider. The name of the person should be taken and reported to the supervisor, and a letter sent to the hospital administrator. This is a good opportunity to offer inservice training on youth living on the street to staff of the hospital, particularly if this hospital regularly treats youth who are homeless.

Whether it is medical care, shelter/transitional living, working with the local welfare office, or speaking before a Congressional committee about youth who are homeless, streetworkers understand this population well. It is extremely important that they share this information with other providers and with those who write the laws and fund the programs. Funding is limited and services scanty, and without an understanding of the population, they will remain so.

Young people who have not yet learned to care about themselves are not able to negotiate difficult systems that are bureaucratic, often resistant, and complicated and whose staff may not understand the issues that contributed to the breakdown of these children's lives. Streetwork staff can give trainings, lectures, workshops, and interviews to educate others. Youth on the street often need escorts to help them through these processes. Local newspapers and magazines provide good opportunities to publish articles to educate the general population.

Counseling and Client Education

The counseling relationship with youth from the street is the streetwork process. It begins with initial contacts in the street and graduates to indepth counseling. Youth may tell their life story upon initial contact or tell nothing or spin a fabrication woven with part truth and part fantasy. Whatever they disclose to streetworkers, they do not need confrontation in the early stages of the relationship. They need someone to just listen.

Often, these youth give false names and ages at first contact. They may suspect that youth workers are connected with the police and will

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send them home; they may have a warrant out on them and be worried about incarceration. In time, one will learn their real names, where they came from, what agencies have served them, and what has happened to them.

The counseling relationship deepens as the worker begins to meet their needs. If they are fed, clothed, respected, helped through the many crises they face, and genuinely cared about, they begin to trust and expect help in dealing with the issues and circumstances that brought them to the street. Kids who are homeless do not know what services they can utilize. Educating youth about entitlements, youth programs, and services is crucial to helping them begin to put in place the services and assistance they need to leave the streets.

One-on-one counseling and group counseling are powerful tools to effect change in the lives of youth on the street. Counselors can assess the youth they are working with to determine when they might benefit from therapy and where to access a professional therapist. The counselor can work with the therapist by sharing information, if the youth signs a release of information. It is critical that a counselor be able to recognize when youths need traditional therapeutic help and to work with them to recognize and prepare for this process.

Referral Resources and Assessing Youths' Needs

Knowing what resources are available in a community and neighboring areas is essential for a streetwork program, but knowing when a youth is ready for a referral is even more important. Youth who have had little or no acknowledged success in their lives often sabotage the referral that has been made. Kids will sometimes agree to accept referrals before they are ready. This could be because they believe they are ready or because they want their counselor to be proud of them.

Streetwork counselors need to carefully assess the needs of youths living on the street. They must get to know them and what has gone on in their lives. Certainly, kids on the street need food, access to good hygiene, a place to sleep, and a chance for a future. What factors contributed to their street lifestyle? What has been tried before? Do the youths have a history of mental disability? Are they at high risk to contract the AIDS virus? What is their general health condition? Have they been in a revolving door pattern through the available systems? Are they really able to break the addiction of street life? Where are they in terms of drug/alcohol dependency? Do they need a drug rehabilitation facility? If so, what model would work best for them? Have they been in a shelter, group home, or transitional living program before? What was that experience like for them? Can they make the adjustment to house rules? What kind of setting would be best for them? Would independent living be possible for them?

To assess the growth and strengths of youth on the street, counselors must look at their "measurements of success." If a kid keeps a medical appointment after 6 months of trying to get her to see a doctor, that is a success. When a kid comes to the drop-in center for the first time, that is a success. When kids ask for condoms, that is a success. When a kid comes to a group counseling session 2 weeks in a row, that is truly a success. Measuring these youth by other standards of success will not work. It can create frustration or a sense of failure among staff. Helping youth on the street realize realistic goals requires patience, restraint, and stamina. For kids who have lived alone, unsupervised, and have been damaged at the hands of many adults, it is a great success when they begin to trust and be guided by adults.

When youth have experienced years of street existence, they need as much or even more help in their adjustment to life off the streets. This is not the time to terminate or graduate the young person. The support from a trusted counselor/friend may be the turning point in living off the streets successfully.

A Look at Two Streetwork Programs

Victim Services Agency's Streetwork Project, New York, NY

Victim Services Agency's Streetwork Project was created in 1984 to reach out to youth in the Times Square area of New York City. Subways converge here, and the Port Authority Bus Terminal and Penn and Grand Central Stations are all within a few blocks. This area, long associated with the bright lights of Broadway and the big ball that drops on New Year's Eve, is also known for peep shows, adult book stores, prostitution, and drugs and has been a mecca for youth who are homeless or have run away.

In conjunction with its streetwork outreach component, the program runs a drop-in center in the area providing individual and group counseling, food, showers, clean clothing, medical care, referral services, and an AIDS and substance abuse component. In 1991, The Streetwork Project made 11,000 contacts on the street with 4,500 individual youth. The drop-in center serves approximately 200 youth each month.

A study conducted by Victim Services Agency and the Vera Institute of Justice over a 2-year period, 1987–88, found that 70 percent of the homeless youth were from New York City. The remainder were primarily from commuter communities surrounding the city. The ethnic breakdown was 38 percent Latino, 35 percent African American, and 25 percent Caucasian; 53 percent were male. Looking at other characteristics, 29 percent were parents, 87 percent reported involvement with drugs, and 73 percent were or had been engaged in prostitution; 33 percent had a psychiatric history, 42 percent were lesbian, gay, or bisexual, 47 percent reported sexual abuse, and 79 percent had been

incarcerated. Although the program did not conduct a formal survey of the economic background of the families, information from family profiles showed that almost all of the kids came from pockets of poverty.

Streetwork counselors work in teams of two in Times Square and surrounding areas, engaging youth in a friendly, warm, and nonjudgmental manner. Being nonjudgmental with youth who are participating in a variety of destructive behaviors requires that counselors communicate that they distinguish between what the kids do and who they are. Work with clients is based on the understanding that each individual is unique, with specific needs as well as special gifts. Street youth survive deprivation, displacement, and numerous abusive experiences and still possess humor and hope, and still give love and need to receive it.

The approach to counseling at Streetwork considers the age, gender, ethnicity, sexual preference, mental health, and child victimization history of the youth. Group work is an integral part of the counseling services. The five groups running at Streetwork at the time of writing included HIV-positive youth, Young Women's Group, Young Men's Group, AIDS Peer Education Group, and Friday's Child, dealing with substance abuse. This reflects the issues that clients bring to the group most often, such as health, HIV status, childhood sexual victimization, childhood physical abuse, battering relationships, teen parenting, substance abuse, isolation, loneliness, rape, prostitution, alienation and loss of family, and concerns for the future. These same issues are prevalent in individual counseling sessions.

The Streetwork Project staff believe that patience and stamina are two of the most important aspects of their work. Their expectations of a youth's progress are realistic for youth who have histories of dysfunction and abuse and have then experienced years of street life.

Clearly, the social/emotional needs of adolescents on the street bring a complex set of issues into their relationships with staff. Counselors must be familiar with the psychological/medical history of each youth, have an intimate understanding of street life, and be sensitive and knowledgeable about the cultural diversity and values of the community they serve. Above all, the Streetwork Project believes in the value of young people, and their commitment to this population of homeless youth guides the growth and development of their project.

The Bridge Over Troubled Waters, Boston, MA

The Bridge Over Troubled Waters was founded in 1970 to serve runaway and other youth on the streets who had nowhere to turn. Since then, Bridge has evolved into a multiservice agency serving an

average of 4,000 youngsters annually. (See Pires and Tolmach-Silber 1991 for an indepth description of Bridge.)

The core of Bridge's services to youth is its streetwork team. Streetworkers spend the majority of their time in the areas of the city where such youth congregate: the Boston common, Combat Zone (an area of strip bars and adult book stores), Park Square, Kenmore Square, and Harvard Square. Streetworkers are trained to approach young people in these areas, to initiate contact with them, to build relationships, to assess their needs, and to provide them with whatever referrals are necessary. According to Virginia Price, clinical director of the Bridge, youth on the street in Boston are beginning to get lost in the adult shelter programs. It has become necessary for streetworkers to regularly visit adult shelters and seek those youth who are living there and not receiving appropriate services for youth.

The Bridge provides outreach service to over 3,000 youth through its streetwork program and Free Medical Van Component. Of their clients, 60 percent are Caucasian, 30 percent African American, and 10 percent Latino; 60 percent are from the Boston area and 30 percent from other areas in Massachusetts. Only 10 percent are from other States. This is a typical distribution of youth contacted in streetwork programs, except in Los Angeles and San Francisco where larger percentages of youth come from other States.

The socioeconomic background of the youth are varied: 19 percent state that one or both of their parents are professionals, while 24 percent report public assistance as a major means of support for the family. Less than one-quarter of these youth come from intact, two-parent families. The adults in their lives have had multiple marriages, and the youth have an array of stepsiblings and half-siblings. Approximately 25 percent of the youth state that their parents have problems with substance abuse; the program counselors, however, find that 65 percent of the parents and an even higher percentage of stepparents and older siblings are substance abusers.

Youth appear to deny the substance abuse problems in their families and to accept alcoholism and drug addiction as normal because they have witnessed this behavior all or most of their lives. Physical abuse is reported by 65 percent of the youth; 30 percent chose not to answer the inquiries about abuse, and only 5 percent stated clearly that there was no abuse in their homes.

With little or no hope in the future, the lives of these youth are directed to immediate gratification. According to Virginia Price, "Depression is prevalent; high-risk situations with a danger of death are appealing, and street youth die of murder, drug overdose, AIDS, and bizarre accidents."

Sister Barbara Scanlon, a founder of the Bridge program, is very concrete about what young people are seeking. "They need food, medical care, a shelter, and when they are ready, they will respond to programs of ng technical training, GED certification, and jobs." While many young people need mental health care, substance abuse treatment, and other services, they do not at first recognize those needs or respond to them when first offered. Through the years, The Bridge has developed a multiservice agency that can address the continuum of needs of youth as they begin to evolve out of street life.

Excerpts from Bridge materials:

1. *Streetwork Outreach* intervenes in lives of runaway, homeless, and other youth on the streets to offer alternatives to street life and substance abuse dependency. Each weekday afternoon and evening, streetworkers visit areas where these youth gather to develop trusting relationships with youth, explain services offered at Bridge, maintain contact with those who enter counseling, and refer youth to appropriate services.

2. *Medical and Dental Services* are provided to street youth, runaways, and throwaways. The Bridge program coordinates the Free Medical Van, which travels the streets of Boston with regular stops for services to street youth. Volunteer medical personnel offer emergency care, medications, and referral for longer term treatment. The medical service is invaluable in itself and provides a good entry point for other services.

3. *Runaway Services* involve attempts to reconcile families of runaway youth or those at risk by facilitating stronger family relationships through counseling and other appropriate services and by encouraging stable living situations for all youth. The program also arranges alternative stable living situations when family reunification is not an option.

4. *Counseling Services* begin with simply initiating and maintaining positive relationships with youth on the street. When trust is established, services include long-term counseling, basic survival services, and referrals. The goals are to empower street youth to change their lives, become independent of street life, and move toward productive lifestyles.

5. *Family Life Center* provides pregnant and parenting teens with information, support, advocacy, and counseling to promote successful parenting skills. It includes workshops in prenatal care, child development nutrition, and well-baby care. The Center encourages mothers to earn their GED

diplomas through the Bridge GED Program and provides child care when mothers attend class and helps with housing needs and enrolling children in suitable day care.

6. *Education/Preemployment Program* provides education, preemployment guidance, and job development services necessary for youth to enter and advance in jobs, training programs, or higher education for students with very limited reading skills. It offers a word processing training program to high school graduates/GED recipients.

7. *Residential Component* houses 34 residents in Bridge houses to provide homeless adolescents, young adults, and single parents with affordable supportive housing as well as weekly group counseling, individual counseling, independent living skills education, stress and time management, and experience working at a paying job or completing a high school education. The Bridge Apartments provide 15 clients who have been through one of the Bridge Houses with an additional year of informal supervision, individual and group counseling, and other support services in their own apartments. HIV symptomatic youth are also able to use the transitional living programs. Less than 20 percent of the youth who reside in the highly structured Independent Living Program return to the street.

As youth begin to use Bridge service components, in combination with services at other agencies, to address their needs, counselors gradually shift their focus to the issues that led the youth to the street. With a healthy support network, these adolescents can muster the courage to begin to face the pain they have carried since childhood, to come to terms with their victimization, and to develop a sense of mastery of both themselves and their environment. This often requires years of sustained effort. A lifetime of trauma is not reversed overnight.

For these adolescents, plagued with scars from childhood and from the streets, change is not only a slow, but often a stumbling process. Though they may leave the streets, any crisis can bring them back. Lengthy followup and support must accompany these youth long after formal treatment has been completed. They often return to Bridge after years have passed, both in times of crisis and in times of success, looking to Bridge to replace the sense of connection to families they have irretrievably lost.

References

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Chapter 3—PLANNING A STREETWORK PROGRAM

Persons interested in initiating a streetwork outreach program should begin by contacting others who share their concerns. One person can be a beginning. This person may be a counselor or program director in the runaway center who sees what few resources are available for street youth. It could just as easily be someone from the juvenile justice system or a concerned citizen.

While the insight of one person can start the process, the decision to begin a streetwork program and the resources needed for the effort must be the result of many people's concern and effort. Recognizing and getting all the key players involved early cannot be overemphasized.

Persuading and enlisting people to work on the project may be the hardest part of the process. To be effective, those initially concerned about the problem need to gather the facts: how many homeless youth might be served, what types of services they need, and the availability of those services. This is an essential step in gaining community understanding and support for the projected program.

Community Assessment

One of the reasons homeless youth receive so few services is their relative invisibility. Demographers have difficulty designing assessment instruments to determine the incidence of homelessness among youth, so there are few reliable data from which to project local numbers. Typically, these youth dress like their peers and hang out in malls or on street corners that are frequented by youth who have homes. Even in a bustling area like Times Square, many youth congregate to play games in arcades or go to one of the many movie theaters. Only close observation reveals differences in the length of time and hours of day and night the two groups hang out. It is too easy to assume, especially in the suburbs, smaller cities, and rural areas, that there are no homeless youth.

In most communities, program developers will have to discover the size of the local problem directly. A knowledge of community dynamics

will determine which agencies and organizations could help in collecting information. University students might be approached about interviewing or data gathering. A structured interview schedule could be developed so the information would be in consistent form, but too much structure at this stage could overlook valuable insights and feelings that would surface in a more open discussion.

List people in the community who could be contacted to help determine the number of youth who are homeless. This might include youth service agency representatives; owners and managers of businesses where youth hang out; school personnel such as teachers, principals, or guidance counselors; mental health professionals; emergency room hospital staff; and police officers.

All the people on the list should be asked what they know about youth who presently have little or no contact with systems or who are hanging out in areas that seem to have become gathering places. For instance, police should be asked about areas where arrests take place and about youth whose parents do not show up if the young person is taken into custody. Police often know where prostitution and drug activity are conducted and if juveniles visit these areas. Often, police are frustrated because taking these youth into custody seldom results in changed behavior or safe places for them to live. Informed newspaper or TV reporters also know a lot about what goes on after dark in smaller communities.

School counselors may have information about young people who come to school while living in places other than their own homes. Most likely, they will be aware of young people who have dropped out or have been suspended from school. *Do not ask for names. That is confidential information and will not be given to you. Rather, ask for direction.*

Each of these contacts may be able to point the interviewer to other persons or data that will prove valuable. Ask all informants who else they think should be interviewed. Often, informants can also point to sources of data that are collected by some official department. Records of juvenile arrest and the areas in which they occur can be analyzed to determine if there are discernible patterns. Parks and recreational services people will know whether young people are camping out in areas designated for recreation. A local crisis hotline can give you ideas about where youth go in the area and what problems they are reporting. Youth centers have information about the numbers being served, how many youth use their service, and how many youth leave without receiving service.

Young people living on the street are the best source of information about the number of kids on the street, what they need, and how they are meeting their needs. To locate them, interviewers must go to the streets and to areas where youth congregate and become acquainted

with the young people and the activities unaccompanied/unsupervised youth are engaging in. Go to bus and train terminals, fast food restaurants and diners late at night, arcades, bars, abandoned buildings, and dry places under highways and bridges.

Include adult shelters. The U.S. Conference of Mayors Report on Hunger and Homelessness in American Cities in 1991 reported an increase in the numbers of homeless/runaway youth in the adult shelters and found that 3 percent of the homeless population is unaccompanied youth; this has also been noted by The Bridge in Boston. Youth who are using the shelter know where other youth congregate and are an excellent resource for information on the location of kids.

Young people are hesitant to give strangers much information and are even more hesitant to provide information about themselves, but they will eventually engage in conversations with people who are patient and willing to fit into the scene and approach them without judgmental attitudes. It is important upon first contact to be clear about one's intentions. Often food is used to engage kids. Growing adolescents are always hungry, and these kids rarely get enough food. If you feed them, ask for nothing in return, and do not probe too deeply during these first contacts, they will begin to respond. At first, they may discuss what is going on by telling the listener about "other kids." Youth often share their observations about the number of youth who are homeless, what they need when trouble strikes (as it does repeatedly), and what help they need in terms of these "other kids."

Most runaway programs have a cutoff age for intake of 18 years old. The 18- to 21-year-olds are not considered runaways and are too often left without planning, development, and funding for services. In fact, these "aging out" youth constitute the largest number of homeless youth. They have usually been on the streets the longest, and services have failed or eluded them. Unfortunately, they are now considered legal adults, perceived as liking and choosing this lifestyle.

Nothing magical happens when kids on the street turn 18—or 21, for that matter. Although chronologically they are now legal adults, they are often stuck emotionally and developmentally at age 5 or 7, when the abuse began. An example is a girl who left home at age 14, after her mom's successive boyfriends sexually abused her. After 4 years of prostitution, drug addiction, and surviving in the street, she asked her counselor from The Streetwork Project to buy her a coloring book and crayons for her 18th birthday.

It is extremely important for providers who are considering starting a street outreach project to plan for older youth they encounter. Fewer services, such as job training and GED programs, are available for older youth, and when the programs are there, they do not provide a

place to sleep, shower, or eat. The number of transitional housing programs is completely inadequate for the number of youth who desperately need this long-term housing option.

> There are kids living in abandoned railroad boxcars and under the bridge leading into town. The other reality is that adolescents leave their family and end up living in "adolescent families." This is a group of older adolescents who live in trailers or low-income housing where one or more members of that adolescent family works part-time jobs to scrape up the rent. These families become the focal point for drug dealing, drug use, and prostitution in smaller communities.
>
> *Joe Walker, Director, Catholic Charities of Delaware and Otsego County, speaking of Oneonta, New York, population 20,000*

We need to rethink our concepts of what constitutes youth. One thing has become clear—when we cut them off at 18 or 21 and they are forced into the adult homeless service milieu, they will often become the homeless adults of the next decades. Youth from healthy homes, free of abuse or neglect, usually have support systems from infancy through college graduation at age 22 or 23. These youth have had the benefits of stability, nurture, and encouragement in their lives. It should be obvious that abused and disadvantaged youth need at least an opportunity: an offer of help, for the same length of time and not be written off before we have tried to reach them.

> When we went to the streets we found so many young people in their 20s who were desperate for help, we couldn't ignore the problem; they had to have services.
>
> *Elizabeth Russo and Danial Zayas of Planned Parenthood's Street Beat program in the South Bronx, New York (see appendix 3)*

Other countries are dealing with similar issues in their work with street youth. In Germany in 1992 a new Children and Youths Welfare Act was passed. This Act identifies and responds to the issues surrounding older youth (see appendix 4).

A community must also consider whether it has, or is willing to develop, sufficient ancillary referral services to offer options to adolescents who are homeless. Gathering information on the available community services and the level of use by such youth adds to the data base on the numbers of youth in the target population, the problems they face, and their specific needs. Most communities have a variety of agencies that provide assistance to families; many of them have services for young people. Those agencies that are not serving youth might add youth services if the need for these services were documented.

Youth who are homeless, exposed to the elements, sexually transmitted diseases (STDs), poor nutrition, drug use, psychological stress, and sleep deprivation have numerous medical emergencies. Hospital emergency rooms are often the entry point into health systems for young people who cannot access private care or who do not know how to locate other medical care. Clinics that provide health care for adults and families that are homeless, for example, may be providing services to adolescents who are also homeless and not even be aware of it. Meet with local health care professionals working in these areas.

Help with community assessment and program development is available from local, State, and national organizations that work with homeless youth (see appendix 6 for a list of youth organizations). Many also provide training and networking for agencies working with homeless youth. They may have expertise on their staff to assist in developing program models. Advocates also function as allies in pinpointing and securing resources for new programs.

Community Planning

Once a community is known to have youth who need streetwork services, several questions need to be considered. Is the community ready to address the needs of these youth? Is there sufficient interest to sustain an effort that requires time, patience, and resources?

In many areas, streetwork will spring naturally out of existing youth services as a response to a growing need in the community. In these instances, support for the project is easy to garner. However, for those communities without services for youth who are homeless/runaway or with no one willing to take on a new program, it might be wise to organize a core group of people to do further program development.

This group might include local members of runaway, homeless youth advisory boards, local youth program directors, parents or family members who have had children who left, youth who might use the service, and influential people in the community who can fund, support, and help to plan services. People who are already operating youth services in the area can probably suggest names of community leaders who would be receptive to new programs for youth. The purpose of the first meetings with this group is to accomplish the following:

- Share local data about youth who are homeless with policymakers and decisionmakers, potential funders, youth service providers, young people who might use the service, and other interested citizens.

- Explore the possibilities for developing new services for youth who are homeless.

- Provide information about community-based programs in other communities which have outreach services for these youth.

- Identify potential leaders and funders for the new service.

The goals of the project will determine the agenda and will help to determine who should participate. The following guidelines have been suggested by experienced agencies with streetwork programs.

- Invite local law enforcement, school, court, and medical and mental health personnel, those representing local religious communities or groups, and sympathetic community members to create a diverse group with different skills and ideas for programs targeting youth in high-risk situations.

- Make sure the agenda includes enough information to convince participants that there is a real and urgent need for a streetwork outreach effort for youth who are homeless.

- Allow homeless youth an opportunity to describe what they want for their future and the specific services they think would enable them to prepare for a productive life.

- Young people, or the testimony of young people, parents, and family members who have experienced street life is valuable. As participants in the meeting, they will be able to clarify for the adults the barriers and problems youth in the street face in deciding to use services.

- Have realistic, but not detailed, budgets available.

- Give participants the opportunity and adequate time to process all of the new information, ask questions, share strategies, and develop a sense of ownership.

- Let youth service providers, particularly those in ancillary agencies, describe their own services and indicate any restraints and barriers that would restrict homeless youth from these services.

- An outside speaker who has experience in streetwork can confirm that this type of outreach works for the young people and the community and will be realistic in suggesting goals and timetables.

This small group will be the first to struggle with the data and the recommendations from the community assessment. Program planners will have to organize their findings so that the other members of the group can understand what problems youth are having in the commu-

nity and what resources may be available to address these problems. Enthusiasm and compassion are helpful; good data and a skillful presentation of the data may be more persuasive.

At this early stage, it is not necessary to make decisions; the value of the meetings is in clarifying ideas and options. The structure should enable people who have been collecting data to present their facts and recommendations and get feedback. The agenda needs enough flexibility and openness to allow questions to surface and be answered or recorded for research to get the answers.

Problems to Anticipate

Enlisting the support of the community in developing a streetwork program is not always easy. The concept of dealing nonjudgmentally with youth on the streets in their natural setting calls into question many of the patterns that community officials and social service providers have developed in their interactions with more "acceptable" youth. Children's reasons for choosing the streets as their least dangerous alternative clearly challenge fondly held notions about families and communities. Myths abound about why youth are on the streets and who is to blame.

The destructive lifestyles of youth on the street make it easy for some to blame them for their situation, while others may exonerate the young people completely. The prevailing view may be that these youth are not worth the effort or that the cost of the program is prohibitive. The uninitiated may have difficulty believing that youth who are homeless want or will accept help. They may find it incomprehensible that the most effective intervention is to build on the strengths that youth have already tested in the streets.

Experience has shown that successful innovators of new programs resist the temptation to "go around" an individual or an organization that is reluctant or critical. Certainly, no individual or small group should have veto power over community planning for needed services. On the other hand, experienced program planners strongly suggest that the human barriers be taken into account and not dismissed with the fond hope they will come around. Remain in contact with critics and keep up constructive dialog and negotiation with them. Gather information about other programs that have been successful to share with detractors. Invite other streetwork staff in to share their successes. Take detractors out to meet and talk to some of the kids. When people see the human faces of these kids, the desperation of their lives becomes a reality. Action strategies should be devised to eliminate barriers and increase support from those people who are initially cooperative. The professionalism and stamina of streetwork program staff will be seen by those who are unsure and will be effective in gaining support from doubters.

Streetwork administrators need to recognize the legal mandates and barriers within which agencies must operate. This is particularly relevant for government services. Although the Stewart B. McKinney Act guarantees school enrollment for all children, it can often be difficult to actually get kids enrolled. Legal mandates can be used as an advocacy tool to "encourage" schools to include homeless youth in programs for which they are eligible.

Child Protective Services are generally not available unless children have been abused or neglected by their families and a report has been made. When advocating for youth, be prepared for a defensive response when gaps in service delivery of an agency are identified. Such defensiveness is predictable and normal. Even those who know that their organization is insufficiently funded or is experiencing systems overload, find themselves protecting their turf when challenged.

Is Now the Time To Start?

This is not an easy question to answer. There was absolute agreement among all the streetwork programs interviewed for this manual that this service is difficult to provide. The right staff are hard to recruit, and training for a new program takes time. Once begun, there will be long months before the streetworkers will have earned their place in the "social structures" of the streets, and there are no easy or readily perceived indicators of success.

Program planners need to be prepared for that long period when it may be difficult to sustain their effort. They need to recognize, moreover, that, rather than having problems solved as the service is implemented, they will discover more problems with more elusive solutions. Frequently, funders are not happy with incremental and hard to measure goals. Often people will ask, "How many kids have you gotten off the streets?" when the program is only a few months old. They do not realize that you simply do not go to the streets and tell children who have had years of damage in families or placements, then years of abuse in the streets, and now identify themselves as part of this subculture, "Here I am now, come with me." It does not work like that.

Streetwork is a process, and it can begin at any point on the continuum of that process and at different points with different youth. When workers are able to intervene early in young people's street life, they may leave the street quickly. It might depend upon the severity of the abuse in their life and their experiences with the street subculture. If they have begun to form bonds or get involved in a romance in the street, a quick intervention may be more difficult. On the other hand, youth who have been on the street for a long time would be expected to take a long time to leave the street and break the habits and patterns

of the street, but they may be so exhausted from street life or so ill that they leave the streets very quickly.

Rather than getting pushed into a corner about numbers, try to explain the process of streetwork and the wide spectrum of changes that are always occurring. Talk about individual lives and stories. Help them understand the courage, hope, value, and beauty of these young lives.

Another important question is, are services in place? Will there be a place for youth in the community once they decide to leave the streets? Youth agencies often feel they cannot start streetwork without a complete array of ancillary services in place. Although streetworkers do not diminish the need for shelter. long-term residential care, and access to health, legal, and educational services, they believe the need for adults to be present on the street is critical even when few or no services are ready for youth. The important thing is to begin, because it takes a long process of relationship building and counseling before these youth will begin to trust others and believe in themselves. They do not leave the street just because someone goes out there and offers the opportunity to leave. There is time to build on any existing ancillary services. Several streetwork program providers stated that the major function of streetwork is to "be there for the youth" and to enter into trusting relationships with them. The Streetwork Project in New York City feels that "you cannot wait. The kids are there, the pain is there now, and we must respond."

Even if streetworkers begin on a small scale by going out for a few hours twice a week, as long as their presence and hours worked out in the community are consistent, smaller communities can begin to address the problems.

> The importance of streetwork is illustrated well in the case of a 15-year-old lesbian who was found crawling up the steps to the Streetwork Project's office. She had been brutally raped and beaten by three male assailants. The streetwork counselors carried her in and held her, rocking back and forth on the floor of their office. They went through the hospital process, the police process, and attended the girl through the rape crisis service, but at the end of it all, the girl refused shelter, and ultimately, it was her choice. The counselors were worried and felt they had not done enough for the girl. Marsha Day, Founder/Administrator of The Streetwork Project, supervised the counselors involved after the rape incident and summed up so well this responsibility and the importance of streetwork counselors in the lives of these children. She said to the counselors, "You were there, weren't you? You listened and she had your time. *Don't ever diminish your worth to a child when you are there lending dignity, care, and love.* You were there and that matters most of all."

> Put in this light, one can see the importance of the critical timing and response to this girl's desperate situation and condition and can imagine what she would have gone through without the care, advocacy, and comfort of her streetwork counselors. "Being there" created a relationship of trust between the counselors and the girl. She was later able to begin coming to the Streetwork Project on a regular basis and eventually accepted shelter and the counseling needed to leave the streets.

The Streetwork Project now networks with all appropriate youth services in New York City, but being there with little to offer except one's presence is perceived by the program to be "valuable for the emotional growth of young people who have known no adults who do not rip them off in the swirl of violence and exploitation they find on the streets."

These young people have almost no skills for social conversation, no memories of normal social living, no expectation that anyone will befriend them. We cannot say it is too early, too late, too few beds, not enough medical care. We must say, "You are worth more than this. I am here now, and I care," and let the process begin.

Is This the Right Group?

Reaching out to youth outside the formal service delivery of traditional programs is a challenge. Serious thought must be given to the required energy, resources, time, and reciprocal commitments from a network of community services. When the program planners have determined that streetwork services are needed and potential backup services are in place, or the group feels a strong enough commitment to begin and hope to fill in the continuum of services later, issues such as organizational structure and staff supervision for the new program should be addressed.

There is no standard formula for developing a streetworks project. Separate agencies have been established to provide streetwork, new components have been added to the array of services an agency provides, and new community consortiums have been constructed. Programs using each of these methods have been successful. The "right" way is most likely a function of the stage of development of youth services in a given community at the time the streetwork efforts are launched.

Identifying and attempting to provide services to a target population that society has chosen to ignore, and whose needs can be overwhelming, can strain any agency or consortium of agencies. Streetworkers need a responsive setting, and the host organization must be capable of adapting to the addition of a new and demanding program and the ripple effects it may have throughout the agency.

Helpful agency traits are a high level of flexibility in communication, coordination, decisionmaking, and the definition of work roles. Flexibility is not lax management. It is the ability to test structures and make necessary changes without stressing portions of the program that are functioning well.

Bill Southwick, Executive Director of Youth Outreach Service in Chicago, has struggled with the organizational changes brought about by being responsive to the holistic needs of youth. Streetwork began in Chicago in the early 1960s with programs in the community. As the years passed, the agency adapted to changes in the community and to the tendency of cooperating agencies to put major emphasis on working with clients with professional counselors in their own facilities. Realizing that the most troubled youth did not come into offices, Youth Outreach sought and received funds to provide substance abuse prevention services on the streets. Mr. Southwick is writing a manual that will cover the principles of the program he founded. The following is a paraphrase of his description.

1. An agency must not feel that it is more important than the community it serves. To be effective, services must be readily available and individualized and within the area of competency of the staff. No social agency is the center of community life. Agencies are systems interacting with other systems (e.g., families, education, law enforcement, politics) that meet the needs of the people. The onus of communication and relevancy falls on the people who work in agencies, not the client.

2. The agency must overtly demonstrate reciprocity with the community it serves. The program must recognize and acknowledge that it needs the community as much as it is needed by the community. It must, in its structure and behavior, demonstrate that its relevance depends upon the extent to which it respects and values the community. It must aggressively and continually develop mechanisms by which it can be critiqued and shaped by the community.

3. The agency must understand and respect what is normal for the culture of the community or group. This does not imply a suspension of judgment nor the acceptance of what is normal as being healthy or constructive. It does require that people who share community values should be regarded as normal and that the consequences of change should be understood in the context of that value system. For example, it is not considered abnormal to display prejudice in a neighborhood that fosters racism. A community member who adopts a less racist language or behavior may face consequences unanticipated by the professional helper. Those

consequences, not the attitudes of the helping agency, constitute reality in that community.

4. All services must be provided in a way that ensures maximum access for the people being served. It may be convenient for staff to work from 9 to 5, but life on the streets occurs at less advantageous hours, and children get abused after hours and on weekends.

5. Services must be provided in a nonstigmatizing manner. When a young person drops out of school because the faculty is inept or the curriculum is irrelevant or the parents put the family's need for income ahead of education, who has the problem? Our system of categorical planning and funding for social services sets up a need to identify and isolate "problems" such as substance abuse or delinquency. The resulting scapegoating and blaming attitudes toward youth and their families further exacerbate the individual's sense of isolation and alienation. Agencies should develop a comprehensive approach, seek a generic stance of services, and resist narrow admission criteria that restrict their ability to deal with the young person in the context of the family, community, and culture.

6. Services must be provided in the least restrictive manner possible. The needs of the individual youths and their families should drive the services rather than an agency attempting to fit all clients into one model. Since success often comes after many attempts, eligibility for assistance should not be denied due to previous failures. This is particularly true for young people who have become deeply involved in street survival.

7. Communication is the primary responsibility of the agency. Unless an agency assumes primary responsibility for engaging young people and addressing their need to continue to work toward leaving the street, it will not be adequately impelled to review and assess its own strengths and weaknesses. This does not mean that the streetworker continually confronts young people about their lifestyle or even leaving the street; on the contrary, it means that the streetworker continues to seek out and understand young people and be available to them.

8. Change is productive, risk taking is necessary, and conflict is essential. On an agency as well as a client level, rather than trying to avoid or dismiss trouble, troublesome situations should be viewed as a sign that the right people are working together. The event can be productive because it

provides a learning experience. We would all like our agency to be a safe house in the middle of a changing world. But, like persons, agencies must undergo pain and conflict in order to grow. Those staff who are best able to deal with change by redeeming the pain and engaging the conflict are the most effective and important people in the organization.

Funding

Securing resources for street outreach for homeless youth is essential to begin a program. The technology is new and has not yet become a widely recognized category of social service, so there is no specific source of funds. Most agencies who have ongoing programs have put together a variety of funding sources. This approach is wise for two reasons. First, it cushions the program from disaster if one funding source dries up, and, second, it allows more flexibility and creativity than a single source of funds usually provides.

Successful program administrators must develop the skill to present their program well. They cannot make the plight of the youth appear so desperate that funders will view the program goals as unrealistic. On the other hand, they must acquaint potential funders with the complex problems and long-term treatment that will be necessary to restore the young people to well-functioning members of the community. They must find the balance between projecting the value of these young people as producers in a competitive economy if they receive assistance versus the drain and cost to society if they are not helped. Most important—the attempts to secure funds must never be exploitative of the youth they are intended to help.

Good fundraising techniques are described in available training courses and manuals (see Pires and Tolmach-Silber 1991; Siemon 1990). When approaching sources for funding, be prepared to answer three questions.

- What will be done with the money? The answer needs to be clear and concrete.

- How much will the program cost? Funders avoid programs that promise "a miracle for a dime." If the budget is too small, the funder will end up being embarrassed or having to supply more money. Also, people who are not realistic about the budget will be perceived as lacking the necessary fiscal skills.

- Does the program staff have enough skills to organize and succeed in this project? A case must be made by a credible person who thoroughly understands the program. The mission, goals, methods, and budgets should be well presented. The management procedures and evaluation process must be effective if funding is to continue.

Potential Sources of Funding

Public agencies at the local, State, and national level are potential funders. Health departments are interested in HIV prevention; law enforcement agencies are interested in substance abuse prevention, street gangs, and crime control. Social services departments have responsibilities for young people needing protection, and schools may be interested in programs that enable them to decrease dropout rates or reach youth who will not return to traditional educational settings.

Each State has Federal funds to assist young people who meet the guidelines in learning independent living skills. A small amount of Federal money for transitional living programs for adolescents who are homeless is available in competitive grants from the Administration for Children, Youth, and Families. The Center for Substance Abuse Prevention makes community grants.

Private foundations may offer assistance in designing and starting a program or adding a new component to a well-functioning service. Most foundations do not make ongoing grants to the same agencies. Corporations may provide funds to communities where they have offices. Corporate grants are usually smaller than those from foundations, but they may become annual gifts and, over the long term, can stabilize programs. Religious institutions at both the local and larger judicatory level should be considered as sources of support (see National Network 1988).

The United Way may be responsive. Community groups such as the Junior League, civic clubs, and youth organizations have provided assistance in some communities. Each group will have its own guidelines that need to be understood before requests are made. They will often provide volunteers or put on fundraising events for causes they support. Volunteer centers and universities are also good sources of volunteers and interns. Although operating capital is necessary, in-kind donations are helpful. Hygiene supplies, condoms, clothing, art supplies, recreational equipment, furniture, baby items, and gift items for birthdays, holidays, and other special events can be donated by interested parties.

Resource development begins with the community assessment and planning the first community meeting. If the outreach program is to survive, community understanding and support will need to be nurtured, and a stable funding base must be in place.

Evaluation

Evaluation—the process of determining if the planned tasks were completed, the projected clients served, and the desired outcomes of that service achieved—is an important part of service delivery. Evaluation is crucial to refinement and redirection of programs and is usually necessary for refunding. *The procedures for evaluation must be part of the initial planning.*

The goals and objectives should be stated so they can be measured. Numbers of youth served and contacts with youth, characteristics and demographics of youth, program services and processes, reasonable timeframes, and outcomes of the total program are the basic data upon which evaluation is based. The data should be gathered in a systematic fashion and be as objective as possible. If quantitative measures are not possible (that is, if the information sought cannot be reduced to numbers), the program planners must devise some qualitative standards of measurement and be clear about how they will collect the subjective data needed to determine if those standards have been achieved. Indicators of change can often be developed that will provide standardized information for issues that cannot be quantified and measured.

The activities to be evaluated will change once the program begins and adjustments are made to realities that had not been anticipated. A variety of data and systems of measurements will be needed as the program matures. Early on, the evaluation will focus on the capability of the agency to provide the proposed services—are staff hired, trained, and supervised as planned; is the recordkeeping system in place; have visits been made to businesses in the community; do the police know what areas staff will be working in; have linkages been made with local youth agencies; are referral services aware of a new client population; and is the budget realistic?

Procedures for collecting and compiling these data need to be developed and continued throughout the project. When the streetworkers have begun to contact youth, they will begin to collect data about their contacts (where, when, what time, how often), about the young people (age, sex, ethnicity, education level, presenting problems, family structure, family composition and abuse or neglect of youth, street living situations, requests for assistance, geographic origin), and about the types and units of services they were able to provide or secure for the youth.

It is extremely important to document requests for which there are no available services. These gaps in services pinpoint the areas to which new energies and programs should be directed—not necessarily by the streetwork agency. The data will be valuable to whatever agency or system may begin to fill the gaps.

All of these data are important and, if properly collected and understood, can guide changes in service delivery. *However, the emphasis should be on outcome data—what changes have the clients made, and what changes have occurred in the area/community?* Appropriate measures of outcome are difficult to conceptualize, to track, and to understand. If the number of clients is increasing, are they being attracted by the services or are they being created by the services—that is, is the program luring young people to the demographic area.

If there are fewer youth, the question becomes, is the outreach work helping youth get off the streets or have they changed their turf and the workers have not followed to the new location?

Forms for Data

In order to get the information suggested above, programs will need to develop forms to collect and process data on the services provided. They will need information about the individual youth—unduplicated counts of youth contacted and services provided. Service units must be conceptualized and defined by type, time expended, and perhaps, costs, so that the data can be collected and manipulated easily and maintain its original meaning. Each service will need to be categorized in measurable units, such as hours of counseling, number of materials distributed, or visits to a clinic. Persons collecting the data should be thoroughly trained so that definitions and processes are clear. It will not be sufficient to let this information be passed along informally; when this is done, the data become flawed, and reliable aggregates are not possible.

Anecdotal data about the changing nature of the streets, the characteristics of the youth in specific locations, and the special needs for services may be collected in a program log. At regular intervals, these data need to be summarized and the questions generated need to be considered by the streetworkers and supervisors so that program adjustments are made.

It is wise to involve administrators, board members, and other community providers in discussions about changes in program design. Wider perspectives provide balance and keep the stakeholders interested. Good communication avoids awkward surprises.

Outcome and results can be tracked for the young people and the community. The desired outcomes should be expressed in the goals of the program; the data collected are then used to assess the level of goal achievement. Staff must struggle with and come to some agreement on measures of outcome. Often the measures must be incremental steps, and case records will be incomplete as young people disappear. None of these problems are excuses for neglecting to track results and client response. It is difficult to track individual young people for an extended period of time. If they become engaged with streetworkers, begin keeping appointments with medical services, enroll in training programs, opt for permanent housing, introduce or point out new kids to the streetworkers, or participate in group sessions, these steps can be charted. When they ask for condoms or bleach and say they are using them for HIV protection, steps toward a desired outcome have been made, even if the use is not yet consistent.

Staff trained in more formal settings may feel that the fragmented data collection process is not professional. Supervisors need to care-

fully monitor recordkeeping and provide positive affirmations for each effort, thereby helping workers see the program impact.

Program planners need to be clear about goals and think through the evaluation process *at the beginning of the program*. They should make adjustments as warranted. Trying to collect more data than are needed or will be used is as wasteful as coming to the end of the year and having no specific information about program activities, much less outcomes. From such neglect is frustration brewed and funders lost!

References

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Chapter 4—THE OUTREACH TEAM

The major tool of street outreach workers is the power of their own personalities and their ability to use their presence to demonstrate their respect for the youth they contact. As they build trusting relationships, they are able to communicate and work with the young people. Staff need to thoroughly understand that their most effective intervention is to empower youth to turn the respect they receive from their peers and from streetworkers into a powerful tool to help them struggle free of their despair. Adolescents need strength, not a saviour mentality from adult helpers. Young people endure on the streets by quickly learning to assess the danger presented by any adult. The Streetwork Project in New York believes that workers must be able to work through conflicting information from youth. No outreach worker can fake a relationship or a motive in helping; it has to be for the kids, not for making themselves feel good.

Staff Qualifications

When asked what abilities they look for when hiring staff, program directors stated that streetworkers must be able to gain the trust of youth and empower those youth to make their own decisions. One way of doing this is by providing a role model to which the youth can relate. Outreach workers need to think quickly and stay calm in emergencies. Flexibility, alertness, and the ability to work in an unorthodox setting are also necessary.

Streetworkers must have skills that will enable them to work with medical, law enforcement, and business people in the area and to be supportive and trustworthy team members with their partners on the streets and in the agencies. They have to keep statistical records and case files and to write reports and therefore need adequate writing and language skills. It is important that a regular public relations effort be maintained, and some agencies expect their outreach workers to have public speaking and community organizing skills or to learn how to interact with the media.

Staff may vary from teenaged peer counselors to adults who relate well to youth; the average age for streetworkers ranges from 25 to 35 years.

Most agencies provide roles for peer counselors in the drop-in center or shelter, where their work can be closely supervised and they are not at risk from random street violence. An exception may be in AIDS peer education, where youth are disseminating educational information and giving out condoms, not entering counseling relationships.

Some agencies seek to have one or more staff who are in recovery from addictions. Having worked through their issues, they are able to relate to youth who see them as role models for change and hope. These recovering people should participate regularly in a support group. Streetwork is too stressful for some recovering persons, and supervisors need to be aware when the street element has become too reminiscent or tempting for staff in recovery.

One respondent said that the best streetworkers need to be able to face daily risks and have creative responses for situations as they arise. This may mean that the best streetworkers are not the best staff people about paper work and fitting in with the expectations of a multi-component agency. All providers agree that the ability, energy, and commitment to streetwork demands very special people.

Good streetworkers have been described as team players, upbeat, open and friendly, committed to this group of youth, confident, honest with self and others, willing to face and work on their own bias against any child or group, and able to adjust to the unusual work space. Some agencies use entry-level youth workers or recent college graduates and provide them with extensive training and supervision. Counselors who have worked with this population in other settings, such as group homes, transitional living facilities, or shelters, can be ideal candidates.

Staff Credentials and Recruitment

Few agencies have absolute requirements about academic preparation or credentials for streetworkers. Academia has not yet developed or included streetwork counseling as a discipline. Directors prefer master's or bachelor's degrees and/or extensive experience working with young people. Although this is not always the case, program directors tend to have master's degrees in social work, psychology, sociology, public administration, or a related field. Credentials in alcohol or drug abuse counseling are valuable.

Streetworkers are recruited by word of mouth and from volunteers, university interns, college placement bureaus, newspaper ads, and agency networking contacts. Many programs try to promote from within the agency so that streetworkers have a career ladder. Skills needed on the streets, however, may differ from the skills needed by therapists or administrators.

Going from streetworker to in-house counselor in the drop-in center can b extremely successful in the continuity of relationships with youtl After spending time as a streetworker, the counselor truly knows what the youth faced on the street. This type of job change also provides program stability and enables directors to retain staff much longer. Streetwork is very exacting, and staff may only be able to do it for a few years; a job change to in-house counselor can be a perfect move for all concerned.

Streetworkers should never be made to feel that they are the low people on the totem pole in the agency and, therefore, are expected to work up to more exalted and honored positions. Streetwork must be valued in its own right. Salary scales are a major factor in enlisting and retaining qualified staff. Low salaries are not a good money-saving device!

Staff Training

Before staff go to the streets, they need to be thoroughly invested in the philosophy of "unconditional caring and respect" for the youth. They also need specific information and skills from the outset, while other skills and information will come through experience and inservice training as they grow in their ability to work with the youth and the community.

. aining should provide an understanding of the outreach program mission, goals, and techniques and how the program fits into the agency and community. It should also provide an opportunity to learn and practice skills that will be needed by the outreach worker in engaging young people and helping them accept assistance in bringing hope, some sense of direction, and reasonable goals into their lives. Communication and negotiation skills for everything from obtaining entitlements, jobs, reentering school, housing interviews, or medical care to relationships and sexuality, including safe sex practices to prevent pregnancy and STDs, particularly HIV transmission, are extremely important for these young people to learn.

Staff need to be oriented to the community and to the resources available for the youth. Specific information about potential referral agencies needs to be available in written form in a referral resource book. The information should include program eligibility requirements, for example, payment or insurance (medicaid), age, specific barriers such as drug addiction, or residency requirements. The names of contact people within each agency who can make things happen are helpful. These names should be updated regularly as staff turnover is frequent. Someone might be designated among staff to visit and network with referral resources so that advocacy and understanding of youth who are homeless are ongoing and the referral agencies have a clear concept of the issues they will need to be aware of when accepting the client.

Topics To Be Covered in Preplacement Orientation/Training

- ☐ Agency history, mission, goals, program components, and basic philosophy and street outreach mission and goals.
- ☐ Organizational issues such as personnel policies, staff supervision, evaluation, reporting, and organizational structure.
- ☐ Specific program rules such as confidentiality policies and release of records, rules related to the use of vans or other equipment, and accounting procedures for petty cash. These should be presented in writing.
- ☐ Orientation on key providers and services available for youth in the community and information about how to make referrals.
- ☐ Exploration of staff member's own adolescence, boundary issues, and team-building capacities.
- ☐ Training designed to provide ability to work comfortably with lesbian and gay youth and those still struggling with their sexual preferences or identity.
- ☐ Purposes, techniques, and limitation of crisis intervention counseling.
- ☐ Training on assessment of suicidal tendencies and suicide prevention.
- ☐ Understanding of HIV and the ability to educate and support young people in risk-reductive behavior.
- ☐ Knowledge of first aid, cardiopulmonary resuscitation, and the ability to determine when medical resources should be accessed.
- ☐ Exploration of cultural knowledge of client population and training in providing culturally competent services.
- ☐ Preparation for and policy around emergency and critical and dangerous situations, such as how to get in touch with a supervisor or administrator and what hospital emergency room the program uses regularly and where it is located.

What the Inservice Training Schedule Should Provide

- ☐ More about the agency history, mission, goals, components, and organizational structure.
- ☐ More sophisticated understanding of the street outreach mission, goals, and possibilities.
- ☐ Community and turf orientation (what goes on out there, where does it happen, who is involved, how do we know).
- ☐ Orientation to drugs (street names, results from ingestion, polydrug use and likely combinations of substances, referral sources for drug overdose, local treatment resources, and prevention techniques).
- ☐ Skill development in cultural competence and how to work with ethnic and racial groups and sexual minorities.
- ☐ Thorough knowledge of community referral process and patterns.
- ☐ Information about how to report child abuse/neglect.
- ☐ Knowledge of the State/local mental health commitment laws and procedures.
- ☐ Training in conflict resolution techniques.
- ☐ Training in family mediation skills and policy on contacting family members.
- ☐ HIV issues from the perspective of street youth, including an awareness of myths or inaccurate information youth have and ability to relate street psychology to HIV prevention efforts.
- ☐ Training in street vernacular and familiarity in counseling youth in a language they can relate to and understand.

The first training session for a new streetworker might include discussion with a program developer of streetwork or a streetworker from another community who can bring experience, vision, and competence. This person can answer questions, warn of pitfalls, and demonstrate effective techniques.

This manual provides information that can be used for training staff. Agencies described in the preceding chapters as well as those listed in the appendix can be contacted for other training ideas and materials. The checklists given here were compiled from program directors and are provided as guides for training topics.

Supervision Issues

Most programs use a team of two workers together on the street, preferably one man and one woman. The team approach is safer and enables more than one person to have contact and knowledge about each young person who is engaged. Directors try to form teams that are congenial, enjoy working together, and provide some diversity in race, language ability, sexual preference, and personal style. Teams usually work together over long periods of time, but the team approach is also a good way to provide on-the-street experience to new workers. Teams may be composed of people from different agencies who share concerns and values in working with these youth and the issues that surround them.

Accountability is crucial, even in the smallest programs. Each streetworker should work with a supervisor who will provide support and encouragement as well as clinical and critical analysis of the work being done. The schedule is usually set by an earlier needs assessment, experimentation, and knowledge of time patterns of the youth, but some teams may plan their own schedules. The supervisor should then be able to go to planned sites and find the staff at work. The supervisor must monitor case management and referrals to other agencies so that youth receive the best possible services. This also enables the supervisor to evaluate the response of other service providers.

Streetwork technology is still being "invented," and innovation and spontaneity are needed in response to new challenges. Perhaps an even greater need is for reflection on what is going on and which responses seem to be most effective. Some of this sharing and reflection may take place between worker and supervisor or in staff meetings, as all members participate and help to develop new responses. This will create a sense of ownership and responsibility for the program and utilize all skills among staff. Regular weekly or biweekly supervisory conferences are essential to help providers with casework, job difficulties, stress related to work, and staff differences. They can be held individually or in group supervision. Agencies report up to 20 percent of line staff time being invested in supervision conferences.

Programs must keep accurate records, and all staff need strong supervision that provides structure and support for their paper work. One way to achieve better recordkeeping is to make the process as simple, clear, and easy to do as possible. Keep in mind, though, that funders have their own requirements for recordkeeping. If informational requirements are unrealistic, funding sources might be approached to redesign their statistical/records instrument.

> One obstacle to successful monitoring is that many people trained/working in social service areas have not been trained to make systematic, objective records of client progress. Unlike nurses, for instance, who take pride in the updated charts at the end of each patient's bed, many social service providers consider recordkeeping at best a bothersome and/or necessary part of social service employment. Without careful training in how to compile and maintain data records and without the enthusiastic support and/or demand for accurate records by professional role models in the immediate environment, the possibility exists that data will be recorded only casually and/or fabricated as necessary to comply with reporting requirements.
>
> *Former Alaska Youth Initiative Program Coordinator John VanDenBerg:*

AYI has developed indicator tools to track youth behavior that are simple and easy to complete. Each agency will need to devise its own forms and use them consistently. Feedback from cumulative records reinforce staff efforts, especially if the data are discussed by outreach workers and used to cast light on trends or new phenomena.

One task of supervisors is to evaluate the progress and work of individual staff. The intense relationships and challenges that characterize streetwork can make it difficult to know if a staff person is functioning at a high level of competence. Regular probationary periods and timetables, a good evaluation instrument, and reasonable formality in the evaluation process should enable a supervisor to ensure quality control or take decisive action. A probationary period of 3 to 6 months is not unusual in most social service agencies.

Sustaining Motivation

Sustaining motivation and a sense of hope in staff requires an investment of time and energy on the part of program administrators. The Streetwork Project in New York struggled in the early stages with staff pressures and finally decided to close down the program every Wednesday. This gives staff the time to interact with each other and release the tensions that build up from the violence of the streets and the traumas that occur each hour. This "time out" has proved to be a very good use of staff time and has strengthened the ability of the workers to meet the needs of the young people. Weekly staff meetings are held and alternate case conferences, group meetings with a volunteer psychologist, trainings, and social events have become a valuable and integral part of the program. Directors feel that this policy has been important in retaining and developing staff.

Notes of appreciation, attention to birthdays, work anniversary celebrations, recreational outings, and retreats for planning and addressing special needs such as bereavement issues are all used as team-building and program-strengthening activities. Program rituals

and affirmation of personal worth and achievements become valued parts of the daily routine for workers. Workers thrive on recognition for good work and empowerment to make decisions and try new techniques. These demonstrations of approval provide ongoing energy to cope with the extreme deprivation faced by the youth and the paucity of resources for meeting the basic needs of the young people.

Directors agree that the program operation must model the supportive and caring relationships the staff are building with the young people. Staff, however, despite their close relationships, are not family or clients. Streetworkers need an accountability system, and administrators must take necessary steps to see that all actions are professional and appropriate.

Burnout

Staff burnout occurs when people get too invested in the problems of the youth and begin to work too many hours without drawing back to relieve their fatigue and get a new perspective. Burnout makes it hard for workers to stay focused, to rejoice in the small victories of the youth, to remain objective about the youth, to work well with others on the team, and to make good decisions. Stress can often be relieved by schedule adjustments or a new set of responsibilities. Opportunities for relaxed, fun occasions shared by staff may help. Burnout can often be prevented by structuring expectations and activities that maintain good health and providing affective support for all staff. Supervisors must be alert to burnout even if it involves confrontation with staff who do not recognize their own predicament.

The Streetwork Project's regular staff sessions with a psychologist who helps everyone vent and work toward solving issues that develop between staff are invaluable. The project also tries to provide for training at conferences that give staff the opportunity to gain fresh perspective from interacting with other service providers and advocates. Conversely, opportunities for presenting information about the program at conference workshops is shared by staff.

As other streetwork programs developed in New York City, a consortium also developed among the programs The streetwork consortium meets once a month and shares information about the streets, client trends, program changes, and developments and lends support to streetwork staff. United Action for Youth (Pires and Tolmach-Silber 1991) in Iowa, whose staff turnover is low, carefully monitors the hours staff work and builds 4 hours per week "mental health time" into assignments. Other agencies seek a balance for each person between direct service and other tasks.

References

Pires, S., and Tolmach-Silber, J. *On Their Own: Runaway and Homeless Youth and Programs That Serve Them*. Washington, DC: CASSP TA Center, 1991.

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Chapter 5—GOING TO THE STREETS

Getting Started

Life on the street is a transient and shifting scene. Before a program is initiated, the "turf" should be explored so that workers will know who frequents each area they intend to serve. Workers also need to check safety levels. For example, they may be working in an area that has "crack houses" or "shooting galleries" (apartments or abandoned buildings where drugs are being consumed). For reasons of safety, workers may not want to enter these dwellings but work the streets around them.

Two-person teams are ideal for streetwork. They create a partnership experience where workers feel much less isolation in this very difficult and potentially dangerous job. However, in some cities, streetworkers work alone because funding is limited or the population served is small.

The streets become the workers' workspace, and they should seek to blend into the street life. They will have several immediate goals and tasks. Among them will be to gather extensive data on who frequents their area at all times of the day and night. Streetworkers should experiment by working at different times of the day or night at first. As soon as possible, they should start working their area on a regular basis; this is the first step to becoming part of the scene.

Streetworkers must listen to the youth. With time, they will learn what they need to know without probing, questioning stories, or digging into the past. This does not mean believing all they hear, but it does mean listening. It is important for the worker to observe the taboos of the streets and not do things that are unacceptable in the street culture. These taboos differ from city to city and even from one area to another in the same city. The worker must learn by watching and listening. The goal is to acclimate to the street style without becoming a street person.

The observant team can begin to recognize those people who appear frequently and can begin to pick up on the dynamics and energy of the street. They need to understand what social structure has developed among the street youth. Youth on the street, like the rest of society, have a tendency to share characteristics. Documentation of contacts

should include demographic information so that changes in groups from one area to another can be anticipated and tracked.

Choosing the Area

Selecting an area in which to begin sending out workers is important. The information obtained in the community assessment should indicate which areas are frequented by homeless youth. In some communities, homeless youth are almost invisible and indistinguishable, at first glance, from other teenagers hanging out or passing through malls, arcades, or other gathering places. The dress code, music, and way of relating to one another can make one group of young people seem indistinguishable from others. However, when this group is observed and assessed by educated eyes, it soon becomes evident which of these youth are homeless or at-risk of becoming homeless. The ones who are still there when the rest go home; the ones who, if you look closely, have very dirty fingernails, clothes that look lived in, and hair that has not been washed recently.

In city neighborhoods, streetwork could begin by visiting the local youth gathering areas—parks, street corners, school yards, restaurants where youth hang out, and any abandoned buildings in the area. Youth may also gravitate to areas suspected of illicit and dangerous activity. Youth may hang out around bus or train terminals in the area because they tend to be open late for arrivals and departures. They also have public rest rooms that kids need to access. Fast food restaurants in these areas also have late night or all night hours and have food kids like and are more likely to afford, if they have any money. Peep shows and bars in these areas should be checked to see if they have minors working in them or are serving them. Transient hotels and rooming houses with weekly rooms to rent in these areas are also possibilities. These areas are ideal for streetwork to begin.

In suburban neighborhoods, a first step would be to talk to kids in local schools and make them aware of the project. Barbara Jaklitch, who started an early streetwork project in Silver Spring, Maryland, began by working the lunchrooms in local schools. Just as in city neighborhoods, talk to kids in school yards, cruise fast food restaurants late at night, and check local parks and remote areas where kids might hide out. Bars known for bad reputations and drug dealing could also be serving minors. Once you establish a relationship with the youth in the area, you will learn which kids live in homes with little or no supervision where other kids may gather.

In rural areas, you must become more inventive, although local schools are a beginning. Rural youth may gather at convenience store parking lots or any fast food restaurants in the area. Perhaps police know where local drug dealers or suspected drug dealers live. It really takes getting to know the kids—they usually know which of their peers are having problems with home or school. If there is a runaway program

in a small community serving the area, talk to staff and kids from there. Also, check truck stops near highway exits; this is often how youth exit a rural area.

Engaging Homeless Youth

Rule #1

Learn their names. Young people feel important when you have taken the time to connect them to their names. Repeat your name to them every time you see them, so that they get used to hearing and using yours. A person is not a stranger if you are using first names on a daily basis. In their world, a stranger may be an undercover narcotics officer, a dealer, an evangelist from a religious cult, or a "trick" looking for a sexual encounter. The new person will be scrutinized carefully. Use whatever name they give you—youth use nicknames regularly—and do not press for their real names in the early stages of developing a relationship.

Rule #2

It is important for streetworkers to state very simply who they are, with whom they are connected, and what they are about. Many streetworkers carry business cards describing what services are offered and a telephone number the youth can call in emergencies or for verification. This should never come across as an attempt to earn instant credibility. The description needs to be very clear and consistent over time and consistent with the actions of the streetworkers, which will be carefully monitored by the street kids.

> "Hi, my name is Trudee and I'm a counselor with The Streetwork Project." At this point, I hand the youth a business card with the name of the project, a 24-hour hotline number, and the services listed at the drop-in center a few blocks away—food, showers, clothing, counseling, AIDS education, and so forth. "I noticed you hanging around here, and its kind of dangerous in the area. Is everything all right?" Usually by now the kid is reading and looking at the card. "This is my partner Ilene. We come out in the area and talk to kids, just to make sure they're okay, or need anything. What's your name?" In a nonjudgmental way, streetworkers slip into the lives of young people. "Did you have anything to eat today? Are you still living at home?" Intersperse these questions throughout this first contact as though they were the most natural questions in the world, in a quiet, calm voice. Keep your body language respectful of their space. Offer a hand shake, but no other touching in this early stage. If you are offering a drop-in center or van/office services, tell them the locations, hours, and services available. Stress food, clothing and showers. They are always hungry in these rapid growth years and are often experiencing malnutrition. A shower and clean clothes offers them a bit of dignity in a world where they're often stripped of it. If you offer to buy them food immediately, let them

suggest their favorite fast food restaurant nearby. They will be less wary on known turf. A meal for one or two kids may be an opportunity to have a longer conversation. If they seem reluctant, buy them the meal, tell them to be careful tonight, let them know you'll be around again, and *repeat your name and theirs* when you say good bye.

The Streetwork Project

Rule #3

Be patient and consistent. It takes a long time and is difficult for a "helper" to be recognized as such by youth on the street who have experienced rejection and violence in their families and broken promises and more rejection from workers and caretakers in their downward spiral through placements to the degradation of the streets and the assaults of street predators.

When I met Nancy, she had been on the streets for 2 years. She left home at age 13 after she was raped by her stepfather. She was addicted to street drugs—angel dust, speed, downs, and alcohol. Every time I spoke to her, she would snarl back at me, and even when some of her girlfriends began responding to me, she totally ignored me. I said hello to her every night anyway. I kept my voice open and friendly, and told her to "be careful tonight Nancy." After I knew her for about 6 months, I realized she was pregnant. A few months later, she disappeared from the streets when she began to get heavy in her pregnancy. The other kids were vague about what had happened to her. One day, sitting at my desk in the Streetwork Project office, I heard someone call my name. When I looked up, there was Nancy. Her head was hanging as if in shame and embarrassment. I stood to greet her and said how glad I was to see her, noticing that she was no longer pregnant. "My baby died and it was my fault," she mumbled as she began to cry. Her baby, born defective, had died a few hours after birth. Nancy felt responsible because of drugs and street life.

After so many months of trying to reach Nancy and being rebuffed constantly, she finally turned to me for help. She was able to do this because I was never judgmental with her in the many approaches I made in the early months. We worked together for the next 2 years. Nancy has been living off the streets now for many years. I was there when she had her daughter some years later, a perfect, beautiful baby girl. It had taken almost a year for her to begin to trust me, but she was well worth the patience and certainly frustration I felt many times. She's a wonderful young woman, and she certainly taught me a lot.

The Streetwork Project.

Young people strong enough to survive traumas and calamities value what they perceive to be control over their own lives. They have learned

wariness and gained the ability to get all they can without offering any more than is necessary in the harsh exchange of the street economy. They do not turn trustfully to unknown adults. Hunger, emotional pain, loneliness, or illness may finally prompt a youth to seek assistance, but asking for food does not signify an openness for further exchange.

For many, the ability to trust and enter into reciprocal or enduring relationships with adults has been eroded by the harsh reality of street life and their own histories of child abuse. Kids on the streets have all had experiences with adults who hurt them; most have been sexually exploited by predators who prey on their vulnerability. They believe that everyone wants something, and overtures of friendship or efforts to get acquainted come laden with later requests for a favor in which the stakes are too high for lost and broken kids to pay.

Streetworkers must be sure to clarify that an offer of food or friendship comes with no strings attached. If they are keeping statistics, they should wait until they have walked away to write down information. Even if they are not keeping statistics, writing down the name and location of the youth will help streetworkers remember where to look for them the next night or next time out. If kids do not give a name, write down identifying information such as Hispanic, male, red sweatshirt. The same kid may turn up in the same shirt 3 days later, and this itself will be telling—no clean clothes, no place to wash or change. If the young person is on the street, he will appear again—tomorrow night, 3 days later, or next week.

Although the young person's situation is often desperate and urgent, the streetworker must not be in a hurry. Patience and restraint are extremely important.

> When young people trust you, they'll let you know when they want your help during a crises. The next time you see a kid you've made a former contact with, go up to him and say, "Hi Jim, I met you last week, remember? I'm Trudee and I'm a counselor with the Streetwork Project, how've you been? Boy, it's really freezing out here tonight, I'm surprised so many people are out. So, what's been happening?" You need to aim for a light dialog style with informational query injected casually into the conversation. If a kid is wary or frightened, say, "Okay Jim, take it easy, be careful out here, see you later," and move on. *No pressure*. You will see him again.
>
> *The Streetwork Project*

Although trust is developed very slowly, there is a loose, seemingly easy camaraderie on the streets. By the time a worker has bumped into the same kids three or four times, they begin to get used to the worker's presence and may begin to loosen up a bit. Food is an excellent

resource for Streetworkers to use. Even a bowl of soup on a cold night or a cold soda in sweltering weather is therapy for body and soul. Lost, lonely, damaged, and confused, these youngsters have a right to food and so much more.

Rule #4

Trust the process. The streetworker should not feel a need to short circuit the process by pressure to report successful encounters and changes in the behavior of young people. The trust must develop slowly and be tested in ways that spring from the experiences and needs of the youth.

> From the first time a contact is made with a youth over the next few contacts—the first cup of hot chocolate on a cold night to the first real conversation, the first hospital visit, the first time buying them a gift for a birthday too long gone uncelebrated—to indepth counseling to participation in group work and watching them become a peer counselor with their own apartment is a long road. There are no short cuts, but it is a journey worth enormous rewards for all of us.
>
> *The Streetw -k Project*

The Next Steps

When the faces in the swirling masses on the streets begin to look familiar, and streetworkers can attach names to them, the important first step has been taken. When streetworkers are known to the young people, and the youth are friendly to them, the work has begun. In the early stages, young people sit down and talk, share a meal, or ask for something—a transportation token or a condom. After a few months, kids should begin to appear at the drop-in center asking for the streetworkers they have met. Then Project Directors know that streetwork outreach has been effective.

Streetwork teams need concrete services to offer when the time comes. The first request will probably be for food, clothing, condoms, transportation, shelter, or crisis management. Most streetworkers carry petty cash for food, minor emergencies, and transportation to clinics or other appropriate destinations for the youth.

Youth on the street have had many promises made to them only to be broken. *It is extremely important not to promise what cannot be delivered.* If a streetworker is trying to find shelter for a young man, he should be told, "I will try to find a shelter that has a vacancy." Not, I will find you a bed. Remember, kids on the street have often burned bridges by leaving shelters before shelter staff could develop plans for them, and shelter staff may feel frustrated about the young person you are working with. It may take a counselor longer than anticipated to locate shelter or advocate for the youth.

If a kid is told, "I'll see you tomorrow," then the streetwork counselor should be there tomorrow. Help youth learn trust by keeping to a

promised schedule. Often, streetworkers must escort young people to a clinic or hospital emergency room; they should be prepared for a long wait. If sick kids are left to wait alone, they feel abandoned, and unless they are so ill they are immobile, they often do not have the patience for a long wait.

Streetworkers need to know kids' patterns and their "anchoring places" (places where the young person touches base and expects to meet friends and contacts on a regular basis). When they are looking for particular young people, they will probably find them in that place or will be able to get information from the other young people about their location. This is extremely important for keeping the contact flowing and crucial when young people must be found to give them information such as followup to medical tests.

Services

Streetworkers need to stay updated on changes in services provided by their own and other agencies so that information about the services available and the ways to access them will be accurate. As programs open and close with regularity, it is important to keep a referral resources book updated at all times and to develop contacts at different agencies.

Advocacy and case management begin on the streets or in the drop-in center when young people begin to ask for further services. An escort to clinics, HIV testing appointments, and entitlement screening appointments (for applying for public benefits such as disability, welfare payments, medicaid, unemployment, and other services) ensure that the young person gets to the desired resource. Forms to be filled out often contain questions that youths cannot read, feel are intrusive, or do not know how to answer. Their behavior, noise, talking back, disheveled clothes, and general untidiness may cause the intake worker to refuse service or to challenge their right to the service. Hours of streetworkers' time is spent negotiating and advocating for the services the youth need. An incredible amount of patience is required.

Do not expect other providers to have the same sensitivity as streetworker counselors toward youth on the street. Experience with some services can be quite daunting. For example, a young person on the street was brought to a local hospital after she was raped. The worker in the hospital emergency room said to the Streetwork Project counselor, "She couldn't have been raped, she's a prostitute." The counselor had to maintain a professional posture and advocate for the youth as well as educate the provider. In this case, the counselor took the name of the ER worker, reported it to the supervisor at Streetwork, and then sent a letter to the hospital administrator. This was a good opportunity to offer inservice training on youth on the street to staff of the hospital, especially as the project director expected to be working with this hospital on a regular basis.

Law Enforcement

In some communities, people living on the street are treated harshly by law enforcement officials. Streetwork programs should always attempt to establish good working relationships with the precinct police. Streetworkers are also at isk of arrest in police sweeps that can take place in areas where youth gather. One idea is for streetworkers to carry letters that identify and sanction their work with youth in the area. A streetworker should always carry an agency identification and have access to a supervisor in case of *any* emergency, police or otherwise.

If a youth is mistreated by a police official, streetworkers should not get involved at the time of the incident. Instead, the badge number of the officer should be noted and a formal complaint made. Also, youth should be advised to do the same. *It is important that young people do not believe the counselors are on the side of the police.* The police are there for law enforcement; streetworkers are there to provide social services. It is also important that streetwork administrators work with the community, including the police, by attending community board meetings and so forth. Some programs offer inservice training at police roll calls.

Success Through Structure

Streetworkers have found that appearing fairly regularly at specific places on the street begins to put some structure into the young people's lives in addition to advertising the outreach efforts. The most effective way to let young people know about a worker is through the street grapevine or word of mouth. More formal efforts include posters in strategic areas where youth gather, presentations at schools, brochures left in school counselor's offices, and regular communication with other youth service professionals with feedback when referrals have been made.

Experienced streetworkers have noted that, when workers have earned their spurs by "being there" for kids on a regular and scheduled basis, they will have become a trusted part of the fabric of the lives of street youth. When kids begin to point out new arrivals on the street and urge the worker to "Get her out of here before she gets hurt. She's too young (or too innocent or too naive) to make it out here," the streetworkers can legitimately claim to have earned the trust of the youth.

When new arrivals leave the streets through early and quick interventions, streetworkers do not have an opportunity to develop enduring and reciprocal relationships. These kids may fade in memory and recollections, but they are the ones most likely to appear in the statistical columns labeled immediate success. They are the ones for whom readily available backup services of shelters and foster care are necessary.

EDRS

Chapter 6—DIRECT SERVICES ON THE STREET

A 24-hour day, 7-day week (24/7 in street lingo) spent "hanging out" can get really boring. While waiting for action, youth move from group to group, place to place. When the streetworker has been accepted, hours can be spent problem solving with the youth. Much of the street "as you go counseling" will fall somewhere between casual conversation, AIDS education, relationship and skill building, and therapy. Rachel Olney of the Homeless Children Mental Health Project, Portland, Maine, relates that the youth have a way of seeking out the streetworker or team of workers they can best relate to and who can provide what they need—crisis intervention with a street problem, medical information, help with substance abuse, listening to the hurts. Youth seem to know who will respond to them most effectively.

Hunger

Robertson (1989) found that 57 percent of the youth she interviewed had experienced at least 1 day in the past month with no food; 9 percent had not eaten in the past 24 hours. Streetworkers need to know the hours and the regulations of feeding programs that may be available to youth.

Most young people do not like to go to the soup kitchens used by adults, but they will go when necessary. They are more likely to go in groups, and the streetworker may facilitate the process. The streetwork program may have at least one meal per day available. Volunteers from churches bring lunch, with enough leftovers for dinner, for 40 youth each day at Orion Drop-In Center, a program of YouthCare in Seattle. Streetwork staff in New York carry petty cash or food vouchers they can use to purchase food for the youth. They keep expenditure records and are reimbursed when their advance has been used.

Occasionally, opportunities arise to talk about nutrition. The diets of youth on the street are usually composed of what food they can scrounge and junk food when they have money. The diets are particularly deficient for pregnant teens, who not only have limited access to food, but also limited knowledge of how important the mother's diet is to the baby.

Crisis as Opportunity

A crisis period is an opportunity for youths to learn and to change direction. Streetworkers use this opportunity to provide helpful information about resources or available options. A trusted counselor can be a source of strength in assisting the young person to take positive steps to develop a sense of control, learn new coping skills, and regain hope.

Many youth remain on the streets because they have adjusted to its perils and have internalized images of themselves as unable to make it in more structured and restricted environments. These youth need ongoing personal support from counselors who know them by name, seek them out in their accustomed places, and use their emerging trust to assist whenever they can with problems encountered on the street.

Young people who are homeless may not experience any sustained motivation for change. Life can be exhilarating and exciting when you are living for the moment with little sense of having to deal with the results of present actions or tomorrows problems. A crisis can precipitate a desire for change and can release the energies needed to sustain change.

Experienced counselors have learned how to use the crisis event to nurture motivation for a safer and more constructive life style. This takes skill, and usually young people have to get off the streets into a situation where self-destructive survival strategies and crises no longer control their lives before they can make fundamental changes in direction. The energy created by a crisis can begin that process.

A crisis comes from an external or internal event that is perceived as a threat, creates anxiety, and destabilizes the routine equilibrium of familiar patterns. A medical crisis can often be used to guide youth to make better choices in their lives. A pregnancy is an opportunity to help a young girl leave the street. A beating by a pimp that terrorizes a youngster provides a chance to address issues of childhood abuse, the current battering, and referral to a safe space.

Crises on the streets are often precipitated by accidents, injuries, violence, or betrayed relationships. Regular police, narcotics, vice, or juvenile enforcement officers often take youth into custody. Being deprived of freedom constitutes a threat to some youth who consider freedom as essential to survival. These events affect the other youth who realize that they, too, are in jeopardy. The young person in crisis may feel helpless and unable to pull in available resources to solve the stressful problem.

Another possible reaction to incarceration that is even more problematic occurs with youth who, after living on the street over a period of years, are so weary of street life they view incarceration as a chance to rest, eat regular food, recover from drug abuse, escape from dealers they owe money to, or simply get out of the "scene" for a while.

A counselor can help young people, through individual and group counseling, to clarify feelings, thoughts, and choices as they place the crisis in perspective. To reduce the sense of panic the youth feels about the crisis situation, the counselor can help individuals take the time to clarify their feelings and to identify the choices they have and how they can lay out a series of concrete steps to alleviate their anxiety. Young people need to explore alternatives, weigh the consequences of each, and make choices. The support of a counselor in this process not only assists with the present crisis, but can help the young person learn problem-solving skills.

It is vital that the counselor seek to understand the crisis from the perspective of youth. The intervention should not diminish the sense of self-worth that youth have developed in order to survive with their network of peers in a harsh environment. The support and guidance offered by the counselor must build on the strengths of the youth and, at the same time, teach them how to negotiate life events. The counselor should seek to empower them to deal with reality. Their options are most likely limited, and socially acceptable ones are extremely circumscribed. Within that context, the street counselor can exercise skill in reducing the confusion and anxiety of the young people and bring information about how to access community services.

It is very difficult for a streetworker to face the personal agony of witnessing the destruction of young lives through drugs, prostitution, incarceration, and HIV risk. Yet individuals need to he accepted for who they are, with no implied agenda of the streetwork counselor that they will be deemed worthy of respect and affection only when they change. The young people's willingness to change cannot be the measure of respect and affection they merit from the streetworker.

It can be difficult for a helping professional to maintain a positive outlook when the measures for assessing a successful intervention are so limited. When asked what personal characteristics a streetworker needed, Donna Weaver of the Gay and Lesbian Community Service Center in Los Angeles replied, "The ability to endure frustration in seeing the same faces over and over."

> Jon began leaving home at 13. His parents were physically abusive and also severely neglected their three children. Jon remembers when he was 8 and used to take his little sister by the hand and go out into the neighborhood streets hoping to find a meal for them. Alcohol and drug consumption was the only thing his parents seemed to be concerned with. Neighbors used to buy them food.
>
> At 13, with no way to support himself on the street, he began to use prostitution to support himself on his longer runs from home. The Streetwork Project met Jon when he was 15. He was

living on a rooftop in Brooklyn and still attending school. I eventually became Jon's counselor at Streetwork. "I think it was just being with him on the streets through those first few years. It gave his life some consistency, and he learned to trust Streetwork. Those early times with Jon, he only could take baby steps and we had to go real slow. We first worked toward just getting him to come in to the center, then to come to the center on a regular basis. When he really began to trust the counselors, he was able to talk about the issues that brought him to the street.

Jon lived with crises on the street, but some of them were more severe than others, like when he became seriously ill and had to be hospitalized. When he got out of the hospital, we were able to utilize the relationship that Jon had with us to nudge him toward more positive choices and build some self-esteem. When he turned 18, he joined one of the groups I facilitated at the drop-in center. Through the group process, Jon began to realize his own potential. The group uses recreation along with counseling for therapy and esteem building. We take the kids bowling or to a concert or out to dinner in a restaurant to have social experiences the kids have never had. When we went to the circus, Jon cried because as a small child, he had never had experiences that felt innocent.

These kids need positive memories, like sitting over dinner in a restaurant talking about normal things, being treated with dignity and not as a sexual object. They build on these experiences, and think, 'look at me, I can do things just like everybody else, I'm not some worthless freak.' Jon left the streets over a year ago, shortly after he joined the group. He is living in a single room occupancy hotel and will have an apartment soon. He works as a AIDS Peer Education counselor, is a youth advisor on the Board of Planned Parenthood, and has been doing public speaking about homeless youth. He has become a cofacilitator of one of the groups at Streetwork and has contributed many ideas which have been implemented in the program for the group.

By providing opportunities for youth that lead to feelings of self-worth, kids are able to feel they have value. Jon has begun to love himself and that has made change in his life possible. He's come a long way from waking up on rooftops, street survival, and prostitution.

Paula Santiago, The Streetwork Project

Substance Abuse

Researchers and service providers agree that substance abuse is an ever present and pervasive component of street life. It is a form of self-medicating in order to escape both the painful memories of the

past and the current experiences youth suffer through. The drugs of choice differ from city to city, and kids switch from drug to drug as new ones appear, or ones previously used become more expensive. Bridge Over Troubled Waters in Boston reports that street youth consider alcohol and marijuana a part of normal life, as many of them have parents who use alcohol and marijuana. These youth reserve the word drugs for substances perceived as less socially acceptable and sometimes more expensive. Abstinence from or occasional use is considered deviant (Price 1990).

Medical records of Larkin Street Youth Center in San Francisco reveal "100 percent report alcohol use, and 80–85 percent report marijuana use. Crack use is reported by 60 percent and intravenous drug use (mostly methamphetamine, although heroin is making a comeback) by 50 percent (Larkin Street 1990).

Drugs

Bonds are created among young people when they use drugs together, and they develop norms around their use. These rituals provide meaning amidst the wasteland of loneliness. Shared needless, unsafe sex—any sense of danger from HIV—is lost in the spirit of a group that encompasses friendship, acceptance, and adventure. No lecture on danger or good health has the power to combat this bonding when a young person is in its hold.

A counselor at Larkin Street estimated that 2 out of 10 kids in their program were chemically addicted as babies, and a majority had begun substance abuse by the age of 10. They remember substance-abusing parents or friends who frequented the household.

Drug abuse prevention in this population is a challenge! Denial of the dangers will be the first line of resistance. Arguments about the dangers of drugs fall on deaf ears when a youth is addicted or is using drugs to cope with anxiety, despair, or other psychic pain. Seeking to overcome denial, encouraging incremental steps toward freedom from drugs, and connecting youth with appropriate treatment programs are steps that can be taken on the streets.

Alcohol

Alcohol is used extensively on the streets and is often used in combination with other drugs. Robertson (1989) reported that alcohol abuse rates for youth who were homeless were six to eight times greater than the abuse rates for peers who were not homeless. About one-quarter of the homeless youth reported that their parents' or stepparents' abuse of alcohol had resulted in arguments and physical violence against the young person. Frequently, this violence was the reason the young people left home. The patterns of alcohol abuse and codependency that characterized their families became part of their adaptation to street life. They seek solace in alcohol and may not know how to focus on positive steps that would change their situation. Denial is

very strong. Half of the homeless adolescents who meet the criteria for alcohol abuse or dependence did not perceive their drinking to be excessive. Only 7.5 percent had inpatient treatment, and only 14 percent had received any treatment in the past year. Treatment sources cited most frequently were self-help groups like Alcoholics Anonymous.

Treatment Services

Most shelters and many other services exclude anyone who is high or drunk. They are seen as a danger to themselves and others and disruptive to programs. Very few detoxification or substance abuse treatment programs are open to adolescents unless they have insurance or medicaid. Although the substance abuse treatment industry has begun to address the needs of adolescents recently, many of these treatment centers are expensive, and families must have private insurance to cover the cost. For instance, the cost for a private 28-day adolescent facility in New York State is approximately $20,500. If both parents have insurance, youths can have 45 days of treatment.

Most medicaid facilities only provide 14–21 days of coverage. Private treatment centers are generally 28- to 45-day programs, making it impossible for medicaid clients to avail themselves of more intensive rehabilitation. Even for average parents with insurance, it is often impossible to pay for the aftercare treatment, which insurance does not cover. One aftercare facility in Florida charges $48,000 for a 3-month program. It is unusual for kids on the streets, who are disconnected from families, to have access to private insurance. Not-for-profit treatment facilities that have adolescent services often have long waiting periods and do not take adolescents under 16.

The biggest problem for street youth may be the timing and availability of treatment. Services designed for this population must be readily available; waiting lists and intake entrance requirements that require parental permission and support or medical insurance exclude youth who are homeless. Ron Williams, director of streetwork programs for Covenant House in New Jersey, says that drug treatment can start no later than 12 hours after the youth has expressed willingness to "detox." Later is too late. Youth who are exhausted and coming down from a drug spree or who have just had a frightening experience with drugs or alcohol may beg for help now. An appointment 3 days later for detoxification in order to get into a long-term treatment program, when the kids do not know how to get to the hospital or cannot remember where they are supposed to go, will not work. In fact, these youngsters do not know where, or *if*, they will wake up at all 3 days from now!

More technology and new program models are needed for shelters as well as for longer term transitional living programs that target substance abusers. Diane Flannery, Director of Larkin Street Youth

Services in San Francisco, feels that herding youth into residential programs "to get them out of the way" will not work, because youth who have internalized street values will have no commitment to change. Their desire to change is more likely to develop in a situation where they have some power over their own lives and decisions. This ability to maintain motivation for change, however, requires a supportive, drug free environment. Drug treatment programs, sometimes referred to as therapeutic communities, do not always have expertise in working with adolescents nor are their programs designed to address problems of youth who are homeless. New modalities are beginning to be designed for youth, particularly for those with private insurance.

The shortage of drug treatment programs nationwide for the young homeless population is even more severe for pregnant girls and addicted youth who also suffer from mental illness. Facilities for pregnant girls and their children are sorely lacking. As a result, girls who are addicted usually lose their babies to the already overcrowded foster care system. This is a critical time, when girls on the street are often the most vulnerable to making changes in their lifestyle. If they keep their babies with them, they are much more likely to accept treatment.

Youth who have a psychiatric history and are now drug dependent are also often left out of service planning. These kids cannot make it in traditional drug treatment facilities. Specialized care must be provided, with a wide range of psychiatric services available along with substance abuse treatment.

Help on the Streets

Addiction is reportedly the most frustrating problem streetworkers must confront, and resources are certainly limited. However, unlike shelters and housing programs, streetworkers can continue relationships with young people who are struggling with addiction, because they do not have to worry about them "disrupting" the streets. Streetworkers know you cannot have counseling sessions when kids are high, but eventually they come down and sober up, and this can be a good opportunity for counseling about drugs and alcohol. Another aspect of streetwork is that by being on the turf when kids get high, counselors will often be there when someone overdoses and can help their clients get critical medical care.

Young people often come to a turning point with drug use when they just cannot take any more and will seek support or treatment programs to quit. This usually occurs when they have been on the streets for several years, feel worn out, and are afraid that they will still be homeless when they are old. This critical time can provide a window of opportunity for streetwork counselors to use the relationships they have built to assist youths in making changes. The Streetwork Project

in New York has developed a "harm reduction" model of substance abuse treatment that it uses to engage youth in the group process (see appendix 4).

If the goals of the streetwork program are for addicted youth to leave the streets, the program must have well trained staff able to work through the denial that alcohol and drug abusers have erected as a protective barrier against the pain they must eventually work through.

Sexual Exploitation

There is a common misconception that if young people live on the streets for even a short period, they will resort to prostitution to survive. This choice is not inevitable, however. Among youths serviced by streetwork programs, Robertson (1989) reported that 30 percent of teens in her area were involved in prostitution; Yates (1988) found 26 percent, and Shaffer and Caton (1984) reported only 10 percent. Figures seem to vary greatly depending on the norm on the streets.

It is important to look carefully at the kinds of street sex that youth engage in and not make assumptions. The phrase, "survival sex" (trading sex for food, shelter, or drugs) is now used by many streetwork counselors to describe the different kinds of sexual exploitation of youth. Often, girls will say they stayed with this guy or that guy, or somebody is their boyfriend or lover, and a counselor may not view these casual sleepovers and relationships as prostitution experiences. Yet, after trust has been developed and the streetworker begins to listen closely as these experiences are related, the picture changes. Learning that the guy she "slept over at his house" or the 2-week boyfriend was really a sexual exchange for a bed to sleep in or a meal is not unusual *once the young person trusts the counselor enough to share this information. This kind of information is not usually given out casually to researchers.*

The longer young people participate in sexual trades, the less likely they are to seek services. For these kids, integration into mainstream society feels like an impossible leap. Service providers generally agree that most street youth who engage in prostitution were sexually victimized as children. They come from families that did not protect them from incest or did not provide a lifestyle safe from the assault of outside sex offenders.

Young people feel the indignity and degradation of sex for pay, and the lonely isolation it brings.

> "I just can't take it anymore." He began to weep. "You know, they lay the thirty dollars on the dresser and walk away and never hold you or give you any affection. It's so cold and lonely. Is it too much to ask, just to be held for a minute? And you can't have

> a relationship with anybody. If I wasn't young, they wouldn't want me anyway. You know, some of the tricks have actually told me I'm too old! Wow, washed up before I'm seventeen!"
>
> *Marty, a 17-year-old gay male involved in prostitution (Able-Peterson 1981)*

The prostitution experience creates fragmented feelings. At first, youths may handle their feelings by denial or drugs. They "separate out" from the experience, pretending that it is not happening, or that the date/trick is famous, or that they are not "being in their bodies" while the encounter takes place. After repeated encounters, they may become hardened to the indignity and view prostitution as a business. The street lore does not include the medical complications, including pregnancy, sexually transmitted diseases (STDs), and HIV, that may result.

Streetworkers regard exploitative sex as a virulent form of child abuse and attempt to provide alternative means of securing housing, food, and safety. Long-term therapy is needed to address the deep erosion of self-esteem that sexual exploitation creates.

Rape

Rape on the street is a common occurrence, and youth, including those raped during prostitution, have little legal recourse because of two attitudes predominant in our culture and legal systems. One is that rape is the victim's fault; the second is that these youth are to blame because they have chosen to live on the streets. When this mode of thinking changes, perhaps children raped in the streets will have legal recourse, and we will leave a much better heritage for all children.

Streetworkers are there to help injured youth negotiate the medical system to receive care. The lengthy wait in the emergency room, and at the police station if the youth chooses to report the crime, can be used to help the young person begin the process of working through the rage, fear, and helplessness that rape produces. Providing a shower, food, and a place to be safe that night can strengthen the bond between client and counselor. Youngsters may refuse the offer, but it empowers them to have the choice. In any event, counselors should remain with youths who have been violated until they have been given information about other helping systems or they are already being seen.

A streetworker should always have access to a supervisor for assistance in making decisions about providing the best care for the youth in crisis. The agency should work with the local or area rape crisis centers to alert them to the special needs of youth who are homeless and the limited access to medical and legal services that they have when raped. Relationships between the agencies and joint training opportunities will prove valuable to both.

Pimps

No streetwork program interviewed has devised an effective way of working with pimps to release their hold on young women. (Young males in the street are rarely attached to pimps, but work alone, relying on other males for camaraderie and protection.) The pimp assures a girl that he cares for her. She is usually vulnerable from patterns of abuse from males in early childhood and believes, despite and even because of his abuse, that he cares for her.

Pimps often keep the girls they are controlling on drugs and are also the source of their addiction. Attempting to leave a pimp can be a dangerous act, because they threaten or actually hurt girls who try to get away and are extremely persistent in pursuing them. They can also be violent with anyone who attempts to persuade or assist a girl in leaving them. Streetworkers, therefore, agree that they are better off assisting a young woman when the pimp is not present.

Streetworkers also usually refrain from interfering when they see clients and their pimps interacting on the street. Contacts can be made quietly when pimps are not around, and girls will turn to a streetwork counselor for help if they decide to leave. Then they will need help to get away from the street to a safe place that is unknown to the pimp. Creating linkages with a battered woman's shelter that will accept a young woman from the streets, and perhaps her child, will be crucial, because counselors usually need to move very quickly. Girls living on the street, even quite young ones, often have children. Pimps may hold infants and small children to force girls to return to them; legal counsel and police intervention will then be needed. As the young woman has been living "on the other side" of these systems, she will need support in accessing and working with them.

HIV Infection

HIV transmission is an ever present danger with unsafe sex, which is practiced regularly in street life. Although all streetwork programs provide AIDS education, including risk reduction, few youth feel empowered enough or have learned the skills to negotiate safe sex with their tricks/dates or with each other. Their customers sometimes pressure them with offers of extra money not to use condoms, and when they have relationships with each other, using condoms is felt to be an invasion of their intimacy. Relationships with one another provide their only nurturing or comfort, and their intimacy is the only thing they control. When kids on the street begin to regain their dignity and self-esteem, they start to ask for the condoms that might save their lives.

Support Groups

Young people on the street begin to form alliances that they regard as family. The youth provide companionship, information, and some level of protection to each other. While these families have their benefits, they may often encourage prostitution among their members by sharing the drugs, food, shelter, and so forth that can be purchased by the money earned from a trick. The feeling of providing something that

the group values is another way to ameliorate the degradation associated with selling sex.

These natural support groups can be used by streetworkers to reinforce positive behavior. Opportunities for group as well as individual therapy is essential for these youth if they are to develop a new self-image and the resulting self-discipline that will enable them to resist the lure of tricks for income.

Medical Care and Health Education

Living on the streets puts the health of youth at constant risk. In addition to the life-threatening plagues of HIV infection, substance addiction, knifings, and gun shot wounds, young street dwellers often suffer from upper respiratory infections, body lice, burns, injuries, dermatological problems, STDs, and mental health problems. Extremes of temperature, irregular sleep in exposed places, poor nutrition, and lack of soap and the opportunity for regular showers exacerbate the medical problems.

Premier among the pioneers in the field of health services to youth on the street is Robert Deisher, M.D., now the Emeritus Director of the Division of Adolescent Medicine at the University of Washington in Seattle. Dr. Deisher has sustained a passion for the care of youth on the street over the past 20 years. He has treated hundreds of them in clinics he and volunteer doctors, nurses, medical students, and nursing students have set up in areas accessible to young people. The clinic facilities are borrowed for evening hours. A hospital donates laboratory work at 90-percent discount. Drug companies donate most of the medicine provided the youth.

While others are saying it cannot be done, or are waiting for financial resources to enable them to establish medical treatment programs for young people, Bob Deisher has become an intentional role model and demonstrated the power of one dedicated and resourceful person. His dream is that more health departments and medical schools link with street outreach programs to provide services to youth and training opportunities for students.

Dr. Deisher began his contact with street youth by doing research. He continues to collect and analyze data about their illnesses and about their lifestyles and choices. He finds that kids on the street today have more emotional problems and suffer from more violence than 20 years ago. During 1990, the number of young male prostitutes dropped dramatically in Seattle (although not in other cities). Deisher believes that the aggressive HIV prevention work carried out by Youth Care is responsible for fewer johns seeking young men to prostitute and for the unwillingness of young men to participate in unsafe sex. A "Dear John" campaign that publishes the car license and phone numbers of men observed prostituting youth has been quite effective.

Another pioneering effort for providing medical care to adolescents on the streets is the Free Medical Van that Bridge Over Troubled Waters uses in Boston each week night. A pool of 17 doctors and 41 nurses volunteer an average of 1 night per month. The use of volunteers provides a powerful message that these professionals care about the young people and are reaching out to them. Their training stresses that the way they interact with the youth may be more important than the medical services. Social workers are available on the van, and dental care is available at the Bridge's main facility. The van, a converted mobile home, has a waiting area stocked with HIV and drug abuse educational materials, two examination rooms, and a small pharmacy that carries no medicine with a potential for abuse.

Some 3,000 medical visits are made annually to the van by 800 youth; 2,000 youth come to the van to have a sandwich and coffee while talking with a counselor. Bridge offers an in-house Nurse Clinic for physicals and HIV testing. This approach helps to coordinate medical services for young people with HIV infection. The van and clinics have been the opening wedge into gaining the trust of street youth in Boston.

Other communities have learned from Bridge how to use medical vans, and several are in operation or being planned. One of the most innovative medical vans was prepared to serve the welfare hotels where homeless families were housed in New York City. The van was purchased and equipped by the musician, Paul Simon. The president of the Children's Health Fund and a strong advocate, Irwin Redlener, M.D., has computer-based medical records which can be accessed on the van as children move from one welfare hotel to another or appear at other city clinics. This van was made available to Streetworks, aiding youth who are homeless and saving countless hours of time for the counselors who no longer have to spend endless hours in hospital waiting rooms with their young people.

Another important player in the provision of medical services is the Division of Special Populations of the U.S. Public Health Service. The 1988 reauthorization of the Runaway and Homeless Youth Act included a new mandate that the Secretary of Health and Human Services coordinate the activities of health agencies within HHS with the activities of entities that are eligible to receive grants under the Runaway and Homeless Youth legislation. Using funds provided by the Stewart B. McKinney Act's Health Care for the Homeless Projects (HCHP), preceptorships for medical students were set up in 1989 under a contract with the American Medical Student Association (AMSA). Students are assigned for 2 months to a shelter in a community that has a local HCHP. Their role is to create an active linkage between the medical school, the clinic, and the shelter, thereby assuring ongoing health services to the young people in care. During the preceptorship, students assess the health care needs of the shelter

residents, provide health education and staff development seminars, and serve as role models for the adolescents. The students have an opportunity to be oriented to mental health service models and to learn to integrate medical care providers and services into programs for youth who are homeless.

Among the innovative projects carried out by the first cohort of medical students were efforts designed to—

- Organize and instruct first aid and CPR classes for staff of the shelters and of other community agencies.
- Prepare and conduct 30-minute education sessions using effective aids, such as a preserved human brain obtained from the medical school to explain the effects of smoking on the brain.
- Compile a handbook of lesson plans on a variety of health issues to be used by the agency staff in the future.
- Develop an English/Spanish physical intake assessment form to identify protocols to improve health care services to homeless youth.
- Identify additional health professional students to continue to provide staff training on adolescent health issues and to continue outreach development.

HIV Prevention

The Safe Choices Project in Washington, DC, is the National Network of Runaway and Youth Service's (NNRY) comprehensive prevention, education, and training effort on AIDS and HIV infection. The focus of Safe Choices is prevention through education for youth who are homeless, runaway, and living on the streets, particularly those engaging in high-risk behaviors. Until a cure for HIV infection is discovered, education for prevention is the only solution for stopping its spread. Youth must comprehend that AIDS is an equal opportunity disease—the virus has no respect for the age, sex, social status, or sexual orientation of its victims.

The cornerstone of the project is the development of the "Safe Choices Guide: AIDS and HIV Policies and Prevention Programs for High-Risk Youth." The Guide is designed to assist programs serving homeless and runaway youth to develop policies and provide comprehensive and effective HIV services. Training and technical assistance are provided to help participants learn about organizational policies, training for staff and youth, and integrating HIV prevention messages into existing counseling, street outreach, hotline, and foster care programs.

Project staff are able to provide information on funding sources; new brochures, videos, and training materials; model programs; and emerging trends in the epidemic via a variety of communication mechanisms including publications, YOUTHNET—a computerized telecommunications system, and a toll free AIDS technical assistance hotline: 800–878–AIDS. The program criteria and training strategies are included in appendix 4 along with a recommendation for additions to the training information.

Larkin Street Youth Center in San Francisco has aggressively attacked the HIV threat to street youth. Its program has developed over several years and, because others were frequently requesting the information, the Center has written a manual "HIV and Homeless Youth: Meeting the Challenges" that provides background information about the special challenges of HIV prevention education, counseling, testing, and treatment for youth on the street exposed to the virus. This manual provides an excellent survey of the legal, ethical, and financial issues that will be faced by the board of an agency seeking to meet the needs of youth whose behavior puts them at high risk.

Detailed attention is given to the specific content of counseling related to testing to determine if one is seropositive. Youth who test positive are at risk for suicide, impulsive and destructive behavior toward others, and losing contact with the program. An increased feeling of immunity and invulnerability is likely to result if the test is negative. The manual stresses the importance of HIV prevention work being built on strong relationships between responsible adults and youth. It states:

> Part of the reason for the effectiveness of LSYC's HIV program is that we make a conscious effort to work on the adolescents' agenda, not on ours. We try at all times to look at things from the youths' point of view, and base our strategies on that viewpoint. We remain flexible, do not try to push harder than is appropriate, and continually monitor our progress, trying new techniques to see which ones seem to elicit the most positive responses from our clients.
>
> Staying on an adolescent's agenda can be difficult when the youth tests HIV positive. Then, counselors often feel an added sense of urgency which may be communicated indirectly to the kids. It is important not to push kids too hard toward new behaviors at this point; it simply does not work. Even if youths test positive, as long as they are healthy and asymptomatic, they may not be inclined to change their behavior and lifestyle. Any panic-based efforts on the part of counselors to force a change of lifestyle at this point will not likely succeed and may chase the youth away and into even more destructive behaviors.
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> *Larkin Street 1989*

Larkin Street also connects a strong sense of social responsibility to HIV prevention. Given families where there is a history of violence and/or abuse, overloaded systems of care, and lack of resources for youth who are victims of such institutional dysfunction, they state:

> At this point, relatively few adolescents are infected with HIV. This provides us with an incredible opportunity to halt the spread of the disease through increasing social services for adolescents, particularly for those high-risk adolescents, such as the homeless, who are in greatest danger of contracting and spreading AIDS. We will not have this opportunity for long; while the number of infected youths is still relatively small, it is multiplying at a frightening rate. If we are to halt the disease in its tracks, we must take action now.
>
> *Larkin Street 1989*

Pregnant Teens Who Are Homeless

Pregnant teens who are homeless find their problems magnified. The tragedy is further compounded when the young mothers take their babies with them to the streets. They have virtually no knowledge about, nor social or economic resources for, caring for these children. Nevertheless, providers know of homeless youth who use extra cocaine to start their labor at the beginning of a weekend so they can be dismissed from the hospital before a social worker can question their ability to provide food and shelter for the baby.

In followup studies of these young mothers, Dr. Deisher found that one-third had their babies taken from them by child protective services when they were born; another third had the children removed within the first year of their lives, and the remaining third kept the babies. The mothers seldom abused their children, but their boyfriends often physically assaulted them. The mothers knew little about the child's or their own nutritional and psychological needs. The children are at risk for serious malnutrition and potentially irreversible brain damage resulting from under nourishment.

Janet Shalwitz, M.D., who works with youth who are homeless and troubled in San Francisco, targets pregnant teens who are homeless for reality counseling on child development and the baby's need for appropriate levels of protein in the diet, opportunities for sleep, and cleanliness—none of which young women can provide on the streets or in temporary alliances with men who provide limited support. After persistent attempts to get them off the streets and into housing, Dr. Shalwitz persuades most mothers to place their children in substitute care or release them for adoption.

The Capable Adolescent Mothers Program, a component of Crossroads in Lumberton, New Jersey, has data to confirm the efficacy of their approach to providing residential care, education, and personal sup-

port to pregnant teens and continuing with the young mothers and their children in a residential program until their skills enable them to be self-sufficient. Dolores Martel, Executive Director of Crossroads, stressed that individual and group therapy is essential for these youth in addition to the opportunity to stabilize their living situation and begin to restructure their self-image.

How One County Responds

The Division of Adolescent Medicine, Children's Hospital of Los Angeles, has provided leadership to improve the welfare of homeless youth by comprehensive data collection, planning, and services. The effort was launched in 1982 with funding from the Robert Wood Johnson Foundation as part of a national program to pilot consolidated health services for homeless people. The High Risk Youth Program works through more than 23 local agencies, with each agency providing the service it does most effectively. The resources of these agencies were enhanced and gaps in the continuum were filled by new services developed with funds from the Homeless Youth Act passed by the California Legislature in 1985. Under the sponsorship of Children's Hospital, new funding sources have been secured and subcontracts are made to participating agencies.

A unique and extremely valuable part of the effort has been a common data collection system employed by each of the participating agencies. Outreach, drop-in, shelter, transitional living, clinics, and counseling programs are included. Youth are assessed at intake according to a seven-category typology. Demographic data about individual clients is processed using these categories so that a picture emerges of the client numbers, characteristics, services requested, and the ability of the system to respond. Numbers of youth denied services and the reasons for the denial provide data for planning additional services at the most functional locations. Project data have been widely used in advocacy work at the local, State, and national level. Articles in medical journals provide further legitimation to the joint effort.

The participating agencies differ widely in their size, history, admission criteria, level of sophistication, and program philosophies. The glue that holds the system together is the multilevel meetings of executive directors and managers (quarterly meetings) and direct service providers (monthly meetings) and extensive joint training opportunities for staff at each level. Training in the data collection process is carefully monitored; reinforcement comes in the additional resources that are garnered on the basis of the data. Team building and staff nurturing are priorities, and core staff have remained with the project over several years. Other community service providers such as medical personnel, police officers, and State social service programs are invited to specialized training. These experiences, along with the service data, provide the forums and the energy for joint planning, new programs, and renewed resources.

From October 1, 1988 to September 30, 1989, the High Risk Youth Program provided Outreach/Drop-In services to 7,69[illegible] youth 12-23 years old; 92.1 percent were 16 years old or older, 75.4 percent were male, and 74.6 percent were homeless; 808 were denied service principally because the streetworkers ran out of food and bus tokens. Shelter was provided to 3,107 young people of whom 35.3 percent were 15 years old or younger, 48.7 percent were male, and 32 percent were homeless. The lack of shelter beds resulted in 1,928 youth being denied services, clearly demonstrating the need for more shelter beds.

The differences between youth seeking shelter and those contacting outreach workers is pronounced, leading to the conclusion that these services need to be examined to see why they attract specific youth and what can be done to bring older youth into safe living arrangements. The data undergird the feeling by streetworkers that outreach in the street does not necessarily result in overloaded shelters, since many of the street youth will not "come in."

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Chapter 7—ANCILLARY SERVICES

Streetwork counselors need to be linked to a variety of ancillary services that, combined, will meet the most pressing needs of youth who are homeless. These services may be provided by the agency or a consortium of agencies who administer the street outreach or they may be provided by referral. The following are the most crucial services for helping young people leave the street.

Drop-In Center

The drop-in center provides a transition between streetwork and residential, educational, and longer term counseling services. It gives outreach workers a place to invite young people and build relationships. The following description of the Larkin Street Drop-In Center shows the kind of work that can occur there.

> The Drop-In Center is open 12 hours a day to provide a safe, drug-free environment for kids aged 12 to 17. The program provides a home off the street where kids can rest, eat, telephone home, store their personal belongings, and feel safe from the dangers of the streets. Daytime educational and recreational activities are offered.
>
> In 1990, a total of 739 youth were involved in 471 recreational, educational, and therapy groups. An average of 35 kids dropped in each day. Recreational activities such as holiday parties, volleyball, swimming, cooking, poetry writing, and art classes are led by volunteers and staff. Alcoholics Anonymous and Narcotics Anonymous groups, a girls' support group, and AIDS, STD, and pregnancy groups are also available. The Center is staffed by 3 full-time workers and 29 community volunteers.

Shelter and Transitional Living

Many shelters for people who are homeless have opened in the last decade in America's urban areas. Most are designed for adults or families who are homeless and some for crisis intervention with youth who have run away, but very few shelters or transitional living facilities are available for adolescents who are homeless, especially young females.

Homeless adolescents often avoid soup kitchens or other services designed for adults because they do not want to be identified with older people who are homeless. They fear becoming one of them. Yet, sometimes, when they are afraid of the street violence or are very hungry and cold, they turn to the adult shelters. In order to get in, youth under 18, or 21 in some cases, must lie about their age, because minors cannot be sheltered in adult facilities.

When they spend a night in the shelter, they may leave in the morning without being helped to address their needs for a place to live or health care, much less for an opportunity to gain job skills or help with emotional trauma. Adult shelters simply do not provide the age-appropriate services they need, and they get lost in this larger system. Virginia Price (1990), from Bridge Over Troubled Waters, expressed concern that teens and young adults who spend long periods of time in adult shelters become dependent on these systems and are less motivated to learn skills that would enable them to take responsibility for their own lives.

Many outreach efforts have grown out of shelter programs designed to deal with runaways or youth in crisis. Runaway services were first developed to meet the needs of youth who had begun to cluster in well-known watering holes. Early providers not only invented and tested methods to engage youth and their families, they became advocates for programs incorporating the models they had tested. Their techniques and values were included in the Runaway and Homeless Youth Act as program performance standards. One of the standards is a 14-day maximum for sheltering a young person. These methodologies have permeated the field and been adopted by several States as funding criteria.

Family reunification as the major goal of runaway programs was set by Congress in 1974. This was based partially on the belief that families are the most appropriate setting for children to grow and thrive. This shows how limited the data were in the early 1970s and how poorly people understood the reasons why young people fled their homes or were removed from them by court authorities. There was also limited understanding of the interrelatedness of economic stress, substance abuse, marital problems, and inadequate parenting skills that characterized the families of runaways. These families were unable to deal with the youngster who was acting out, and the youth was often scapegoated as "the problem" in the family. Runaway Centers developed strategies for these families and are successful in a high percentage of cases where the parents are willing to work with the agency on reunification.

It is important to realize, however, that crisis intervention and residential care for young people whose separation from their family will become permanent is different from crisis intervention and shelter care for the first-time runner from a family with the desire and ability to learn new coping skills. If both groups are to be provided crisis

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shelter, where possible, individual host homes may be a better solution than a temporary shelter for the younger, less streetwise youth.

Several agencies have tackled the challenges of developing short-term residential care and treatment programs for youth who have become streetwise. Among the most ambitious is a program set up by the State of California to deal with sexual exploitation of young people on the streets. Program planners saw sexual exploitation of minors as a severe and complex form of child abuse and designed programs with a comprehensive approach to working with all aspects of the problems these youth were facing. Three communities were funded by the State of California Office of Criminal Justice Planning through its Child Sexual Exploitation Intervention Program. They are San Diego Youth and Community Service (SDYCS), The Storefront; Central City Hospitality House, Project Turnaround, in San Francisco; and the Children's Hospital of Los Angeles, Division of Adolescent Medicine, Project PACE. An evaluation of these projects has been prepared under a separate contract awarded SDYCS. The resulting manual (as yet unnamed and unpublished) will be an excellent guide to planning and implementing services for sexually exploited youth (see box).

In addition to the program requirements, eligibility criteria have been set for paid staff and volunteers. These include a criminal records check on each person before contact with the youth is allowed and a minimum of 40 hours of formal training on child sexual exploitation, crisis intervention, and child abuse reporting laws. All volunteers must be supervised by paid staff of the project.

Counseling and Therapy Techniques

Programs for youth on the street recognize the severity of mental health problems among their clients. The need for care, treatment, and accurate assessment is a continuous challenge for streetwork staff. Shaffer and Canton (1984) studied all intakes at the youth shelters of New York City within a 3-week period in 1983 and found the following:

> Therapy with youth who have internalized street values presents special problems. It has become almost an axiom of counselors to say that the professional should not be judgmental about the clients encountered. The counselor's role is to help clients frame their problems, consider options, assist in setting realistic goals, and begin working toward them. The counselor is to remain supportive and neutral while helping clients take control of their own lives.
>
> At the same time, counselors have their own value systems which most likely include some notions of what is appropriate behavior for children. They also share basic cultural assumptions that health, abiding by the law, and not intruding into nor diminishing the welfare of others are values to be upheld.

State of California
Child Sexual Exploitation Intervention Program Guidelines
Required Services
Office of Criminal Justice Planning, October 1987

- In-person counseling and referral services must be provided during normal business hours and at late night hours, as appropriate to the project locale.

- Clients must have access to a 24-hour, 7-day-a-week, telephone hotline to provide immediate telephone crisis intervention and response. The purpose of the hotline is to provide crisis intervention services and to receive referrals from law enforcement, social service, and other community agencies. The hotline must be staffed at all times by crisis line workers who are trained to provide services and referral information to clients in crisis. Availability of an answering machine or service is not considered full coverage.

- Individual, followup, group, and drug counseling must be provided for juvenile prostitutes after the initial contact. Projects must use qualified staff and/or trained supervised volunteers to provide treatment services to children.

- Temporary safe shelters must be provided for juvenile prostitutes. These services can include foster care or home networks specifically trained to take prostitution-involved youth or medium to long-term shelter facilities which provide more structure and independent living arrangements such as subsidized apartments and transitional housing.

- An active publicity campaign must be implemented through print, radio, and television media to advise child victims of the available services. The campaign is to include notices of service availability in places where juvenile prostitutes are known to congregate.

- Outreach services must be provided by counselors to juvenile prostitutes who are living on the street, especially during evening hours.

- Training must be provided on independent living and survival skills to prepare the juvenile prostitute for a lifestyle free from contact with whose who exploit them. This must include:

  - Employment training and vocational rehabilitation, job counseling, and job referral

  - Educational and tutorial services to aid clients in receiving a high school diploma or GED certificate

  - Household management skills

  - Personal health education to include AIDS education and prevention, sexually transmitted diseases, pregnancy counseling, and use of intravenous drugs

  - Parenting skills for clients with children

- The project must arrange for referral and transportation to medical and dental services. Clients must receive assistance through the project in securing personal identification cards and Medi-Cal cards.

- The project must coordinate services and referral mechanisms with law enforcement and social service agencies. This includes, at a minimum, the police department, sheriff's department, court personnel, and the city and county service departments.

- Accompaniment services will be provided to juvenile prostitutes seeking services from criminal justice and social service agencies.

- Training must be provided to juvenile and criminal justice system professionals regarding the special needs and problems of juvenile prostitutes.

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> Kids on the streets share many of our society's core values about individual freedom, the legitimacy of personal goals for pleasure and profit, and the yearning to have possessions that provide status. They typically will express their desires, even their intentions, to get an education and live what they perceive to be regular, comfortable lives. Their experiences and life choices, however, have blunted their concerns about the welfare of people they do not know or who have exploited them. They do not always consider the legality of their choices and are often afraid to think about the future or even about their own health in that future.
>
> A variety of approaches and techniques are employed by therapists to empower their clients to set goals and choose options that will enable them to reach those goals. Most of the techniques rest on assumptions that the clients wish to change or at least wish to minimize the pain and stress that they are experiencing. Some clients may indeed choose therapy as the less odious of their options. For example, clients who are incarcerated in a prison or mental hospital or who have been directed into therapy by a judge as an alternative to incarceration have the pressure of wanting a larger degree of freedom.
>
> Therapy is hard work. No young person is likely to sustain the energy to face the predictable results of present actions and make the necessary changes when the daily routine consists mostly of finding food and shelter and drugs for the next 24 hours. Very little can be done about treating mental illness until basic necessities are provided. A young person in treatment needs a place to live, nutritious food to eat, attention to physical health problems, and sufficient time for diagnosis and treatment. Resources for this basic care need to be addressed by an outreach program that intends to work to ameliorate the illnesses they will surely encounter.
>
> Experienced providers realize that, first, steps must be taken to get the youth off the streets and make the often painful adjustment to life without drugs and with restrictions and rules. Crisis management and the opportunity to process the changes in one's life may be all that a therapist can provide in this first stage. Later, treatment for the results of early childhood sexual victimization and exploitation or other violence directed toward the individual as a child will be necessary. The young person must come to terms with drug and alcohol abuse and the part these chemicals play in creating barriers for change. There are indications that neurological damage, psychosis, and other severe maladies affect a significant percentage of homeless youth and adults.
>
> *Shaffer and Canton 1984*

Victims of sexual exploitation require particular sensitivity in treatment. Child sexual abuse and exploitation was a taboo subject until

the 1970s, although the reports of adult survivors substantiate that "between a fourth and a third of all girls and about one in six boys will be sexually abused by age eighteen" (Berliner 1990). Only now are therapists beginning to understand the long-term effects and damage caused by these abusive experiences and to develop strategies for relieving and healing the shame, pain, and rage. Many therapists feel sexual abuse victims suffer from posttraumatic stress disorder and learned behaviors such as helplessness and self-victimization.

Clinical experience and research have shown that child sexual abuse victims suffer from a broad range of emotional and behavioral problems that often increase as they get older. They may be afraid and anxious; have feelings of guilt, shame, and anger; or begin to exploit themselves in sexual and other ways. Adolescents who are sexually promiscuous, are victims of prostitution, or have had their emotional reactions to intimacy numbed by earlier experiences may still be dealing with the untreated effects of sexual victimization.

Parents and siblings also have psychological distress when they learn that a child in the family has been sexually assaulted, particularly if the abuser is a family member or friend of the family. If the family is supportive of the young person, the effects of the abuse are ameliorated. If the family denies the abuse or blames the victim, the isolation experienced by the child leads to a mistrust of others, a sense of helplessness, and loss of self-esteem. The development of a healthy ego and intact coping mechanisms is usually arrested.

Individual or group therapy techniques have been developed for treating sexual abuse. In supportive environments, victims are helped to remember the assault and their accompanying emotions of fear, helplessness, and anger. Strategies for handling the anxiety that accompanies the memories and cognitive restructuring in order to renew a sense of self-worth and control of the environment can be learned by adolescents. When the emotional energy they use to block off the pain from the past is released, it becomes available to the young people for coping with present realities more effectively. They need relationships with adults who do not exploit them and treatment from professionals trained in the most advanced techniques in order to begin the healing and recovery process.

Educational and Job Readiness Services

A drug entrepreneur who can earn thousands of dollars on the street is not fascinated by hourly wages. A young person who has learned to make "fast money" with his or her body becomes addicted to this system of income and disdains the legitimate economy. The fact that opportunities for large returns are rare and that the activities are both illegal and short lived has little meaning for a young person whose timeframe is 1 day at a time and whose self-esteem in negligible.

No streetworker can address education and work readiness with youth until the worker faces up to the actualities of the young person's options and can feel the world as the young person experiences it. One of the major societal changes in the last few years, and one that is often overlooked when considering the problems of troubled adolescents, is that academic credentialing or special skills are now required for almost all well-paying jobs. Even Burger King employees need to be able to operate a simple computer. The jobs available to young people with a higher education and special skills do not pay enough to support that young person, much less enough to compete with the highly lucrative street drug or prostitution business.

The minimum wage, even for full-time work, does not enable young people to support themselves, much less a family. Forty hours working full time at McDonalds will net a total salary of approximately $90.00 per week. In urban centers, a single room may cost $50.00 to $100.00 per week. After food, carfare, and shampoo, there's no money for shoes, clothing, or any other essentials. These revolutionary changes in labor economics are rarely appreciated, especially by those people who locate problems in the pathology of individuals. The old tired song, "why don't they just get a job!", is counterproductive to these kids, many of whom have held jobs and periodically try to get and hold jobs even while on the street.

Poor school performance, lack of skills, and poor attitudes are a fundamental fact of life for young people who are homeless. Their intelligence levels and their expectations for the future are normal or perhaps higher than the average adolescent, but their capacity to cope with school settings and their ability to sustain sufficient motivation to accomplish the goals they set is clearly deficient.

The homeless youth's willingness to gain new knowledge and marketable skills will most likely result from a sustaining relationship with someone who believes that change is possible. The relationship can be the cornerstone for enhanced self-esteem and the ability to develop a personal image of achievement.

Self-esteem can be built by training and education in an environment that allows the individual to make incremental steps and weather the frequent failures that characterize a youth's exit from the streets. Personnel at The Storefront and Larkin Street have found that, given those relationships and opportunities, young people will tackle challenging curriculums and work toward educational goals. The Streetwork Project has learned that when young people get off the street, they need as much or more support then when they were on the street. They are not comfortable with success and set themselves up to fail again. Continued relationship/support/counseling can help them through this transitional period so that housing and job success become possible.

Orion Center in Seattle developed an ingenious tutoring program. It links academic studies with a dramatic production presented to the community by homeless youth. The adult in charge, with input from the young people, selects a Broadway play for the group to produce. Candidates for the program begin by going on a 3-day retreat to discuss the play. This experience not only gives them an understanding of the theme and movement of the play, but serves as a team-building exercise and a mechanism for addressing issues that are pressing in their own lives. For example, in preparation for "Man of La Mancha," the young people had to struggle with the role that dreams, aspirations, values, and relationships play in their lives. They also had to face the rejection and failure that staying true to one's dream may bring.

By the end of the retreat, the group has begun to organize themselves into actors and a production crew. For the next 3 months, mornings are spent in school work at the center under the guidance of a teacher who communicates his caring for the youth along with his demand for discipline and progress in their studies. Attendance is required. Afternoons are devoted to rehearsal of the drama, preparation of sets, and marketing the production. Income from the production is used to support the next play. After several successful rounds, Orion Center was awarded a Job Training Partnership Act contract to help support the project.

Some agencies link adolescents who are homeless to educational and work readiness programs in alternative schools, community colleges, technological training programs, and GED courses. A growing body of literature is available on job readiness education and skill building for independent living. At this point, no agency need develop its own curriculum. The National Resource Center for Youth Services and Wave, Inc., are good sources of information about these training materials and projects.

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EDRS

Chapter 8—CULTURAL DIVERSITY

The mosaic of pluralism in America is evident in the richness and diversity of ethnic, cultural, religious, and personal lifestyles of people in our great cities and smaller communities. Along with the treasures and beauty of our pluralistic heritage, however, we have serious problems due to significant stratification of economic resources, political power, and life opportunities. Nowhere are the differences more pronounced than on the streets.

Outreach workers entering into street life as it is experienced by young people find themselves on the edge of difficult questions that plague our society. Among these are questions concerning individual freedoms, the right of minors to make choices, the right of families to govern their children, and the responsibility of the State to intervene when families fail, abuse, or abdicate their responsibility.

Unrestricted freedom can result in children suffering from the neglect or predatory activities of adults. Streetworkers daily touch the values and reality of people who have chosen or been forced to leave the protection of family and community. Street youth bring their differences with them, and the societal pressures related to race, nationality, and sexual orientation continue to reverberate in their lives.

Cultural Competence

The following text is excerpted from Cross et al. 1989:

> If you are an adolescent and Black and you are seriously emotionally disturbed, chances are you will end up in the juvenile justice system rather than in the treatment setting to which your Caucasian counterpart would be referred (Comer and Hill 1985; Hawkins and Salisbury 1983). If you are a Native American child and seriously emotionally disturbed, you will likely go without treatment or be removed legally and geographically from your family and tribe (Berlin 1983; Shore 1978). If you are a child who is Hispanic and seriously emotionally disturbed, you will likely be assessed in a language not your own (Padilla et al.

EDRS

1975). And if you are an Asian child and seriously emotionally disturbed, you will likely never come to the attention of the mental health system (Chin 1983). In short, if you are a racial minority of color, you will probably not get your needs met in the present system. Yet, you are more likely to be diagnosed seriously emotionally disturbed than your Caucasian counterpart. When you do make it into the system, you will experience more restrictive interventions. Cultural traits, behaviors, and beliefs will likely be interpreted as dysfunctions to be overcome. The data are clear: the system of care provides differential treatment to minority children in various service systems (Cummins 1986; Dana 1984; Katz-Leavy et al. 1987; Ortiz and Maldonado-Colon 1986; Stehno 1982).

In a review of available data, Stehno (1982) related a variety of troubling findings concerning differential treatment for minority children. Five patterns were reported: (1) higher rates of out-of-home placement among minority children than among Caucasian children; (2) different, more restrictive patterns of referral and diagnosis for Black youth than for Caucasian youth; (3) disproportionate numbers of Black children in less desirable placements; (4) greater proportions of Black children served in the public sector than in the private sector; and (5) less social service support received by minority parents than by nonminority parents. National Institute of Mental Health data showed that Black youth were more likely than Caucasian youth to enter the mental health system with a diagnosis of schizophrenia and character disorder and less likely than Caucasian youth to receive a diagnosis of depression or adjustment reaction (Stehno 1982). Over recent years, it has become increasingly clear that the system of care cannot afford to neglect the mental health needs of minority children and adolescents.

Culture is an untapped resource for many of these children, and it is hoped the time will come when children and families can feel enriched by their culture and throw off the message that it is only one more handicap.

Here, the model called "cultural competence" is explored. Cultural competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations. The word "culture" is used because it implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social group. The word competence is used because it implies having the capacity to function effectively. A culturally competent system of care acknowledges and incorporates—at all

EDRS

levels—the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

The culturally competent system of care is made up of culturally competent institutions, agencies, and professionals. Five essential elements contribute to a system's, institution's, or agency's ability to become more culturally competent. The culturally competent system values diversity, has the capacity for cultural self-assessment, is conscious of the dynamics inherent when cultures interact, has institutionalized cultural knowledge, and has developed adaptations to diversity. Further, each of these five elements must function at every level of the system. Attitudes, policies, and practices must be congruent within all levels of the system. Practice must be based on accurate perceptions of behavior, policies must be impartial, and attitudes should be unbiased. Unbiased does not mean color blind; rather, it means acceptance of the difference of another.

Valuing Diversity

To value diversity is to see and respect its worth. A system of care is strengthened when it accepts that the people it serves are from very different backgrounds and will make different choices based on culture. While all people share common basic needs, there are vast differences in how people of various cultures go about meeting those needs. These differences are as important as the similarities. Acceptance of the fact that each culture finds some behaviors, interactions, or values more important or desirable than others can help the system of care interact more successfully with differing cultures. In the system of care, awareness and acceptance of differences in communication, life view, and definition of health and family are critical to the successful delivery of services.

Cultural Self-Assessment

The system of care must be able to assess itself and have a sense of its own culture. When planners and administrators understand how that system is shaped by culture, then it is easier for them to assess how the system interfaces with other cultures. System leaders can then choose courses of action that minimize cross-cultural barriers. For example, if "family" refers to nuclear families in one culture and "family" denotes extended family in another culture, then concepts such as "family involvement" will require some adjustment or they simply will not work. Only by knowing the culture of the existing system of care can the complexities of cross-cultural interfacing be understood.

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Dynamics of Difference

What occurs in cross-cultural system interactions might be called the "dynamics of difference." When a system of one culture interacts with a population from another, each may misjudge the other's actions based on learned expectations. Both bring to the relationship unique histories with the other group and the influence of current political relationships between the two groups. Both will bring culturally prescribed patterns of communication, etiquette, and problem solving. Both may bring stereotypes or underlying feelings about serving or being served by someone who is "different." The minority population may exhibit behaviors expressing tension and frustration that make the system uncomfortable. It is important to remember this creative energy, caused by tension, is a natural part of cross-cultural relations, especially when one of the cultures is in a politically dominant position. The system of care must be constantly vigilant over the dynamics of misinterpretation and misjudgment. Historic distrust is one such dynamic that can occur between a helper of the dominant society and a client of a minority community (Lockart 1981; Good Tracks 1973). Part of what they bring to the helping relationship is the history of the relationship between their peoples.

Institutionalization of Cultural Knowledge

The system of care must sanction and in some cases mandate the incorporation of cultural knowledge into the service delivery framework. Every level of the system needs accurate information or access to it. The practitioner must be able to know the client's concepts of health and family as well as be able to effectively communicate. The supervisor must know how to provide cross-cultural supervision. The administrator must know the character of the population the agency serves and how to make services accessible. The board member or bureau head must be able to form links with minority community leaders so as not to plan ill-fated interventions. Mechanisms must be developed within the system to secure the knowledge it requires. The development of knowledge through research and demonstration projects must be made possible. Networks must be built, lines of communication must be opened, and the structure and process of the system must adapt to better respond to the needs of all children. The system must provide cultural knowledge to the practitioner. Information about family systems, values, history, and etiquette are important. However, the avenues to such knowledge are as important as the knowledge itself. Practitioners must have available to them community contacts and consultants to answer their culturally related questions.

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Adaptation to Diversity

Each element in the program builds a context for a cross-culturally competent system of care. The system's approach may be adapted to create a better fit between the needs of minority groups and the services available. Styles of management, definitions of who is included in "family," and service goals are but a few of the things that can be changed to meet cultural needs. Agencies understanding the impact of oppression on mental health can develop empowering interventions. For example, minority children repeatedly receive negative messages from the media about their cultural group. Programs can be developed that incorporate alternative, culturally enriching experiences and that teach origins of stereotypes and prejudices. By creating such programs, the system can begin to institutionalize cultural interventions as a legitimate helping approach. Only as professionals examine their practice and articulate effective helping approaches will practice improve. Agencies engaging in these efforts add to the knowledge base.

Becoming culturally competent is a developmental process for the individual and for the system. It is not something that happens because one reads a book, or attends a workshop, or happens to be a member of a minority group. It is a process born of a commitment to provide quality services to all and a willingness to risk.

A Value Base for Cultural Competence

A system of care that is accessible, acceptable, and available to children of color who are emotionally handicapped must be based on a set of underlying values. The literature reveals several common values. These values might be stated as basic assumptions which, when drawn together, provide a foundation for policy, practice, and attitudinal development. It is assumed that a culturally competent system of care:

- Respects the unique, culturally defined needs of various client populations (Angrosino 1978; Beane et al. 1980; Cingolani 1973; Cross 1986; Fields 1979; Gary 1987; Higginbotham 1984; Kurtz and Powell 1987; McDonald 1987; Red Horse 1980; Sack et al. 1985; VanDenBerg and Minton 1987; Hanley and Barling 1981)
- Acknowledges culture as a predominant force in shaping behaviors, values, and institutions (Campfens 1981; Comer and Hill 1985; Hawkins and Salisbury 1983; Spurlock 1986)

- Views natural systems (family, community, church, healers, etc.) as primary mechanisms of support for minority populations (Flaskerud 1986*b*; Flaskerud and Anh 1988; Campfens 1981; Owan 1982; Kumabe et al. 1985; Tolmach 1985)
- Starts with the "family," as defined by each culture, as the primary and preferred point of intervention (Beane et al. 1980; Cingolani 1973; Cross 1986; Fields 1979; Hale 1980; Red Horse 1980; Nobles et al. 1987)
- Acknowledges that minority people are served in varying degrees by the natural system (Beane et al. 1980; Cingolani 1973; Cross 1986; Fields 1979; Hale 1980; Red Horse 1980)
- Recognizes that the concepts of "family," "community," etc. are different for various cultures and even for subgroups within cultures
- Believes that diversity within cultures is as important as diversity between cultures (Norton 1978; Lum 1986)
- Functions with the awareness that the dignity of the person is not guaranteed unless the dignity of his/her people is preserved
- Understands that minority clients are usually best served by persons who are part of or in tune with their culture (Barrera 1978; Flaskerud 1986*b*; Chin 1983; Ryan 1980; Korchin 1980; Gallegos 1982; Higginbotham 1984; Nuttall et al. 1984; Rueda 1984; Lynch and Stein 1987)
- Acknowledges and accepts that cultural differences exist and have an impact on service delivery (Campfens 1981; Comer and Hill 1985; Hawkins and Salisbury 1983; Spurlock 1986; Munchin et al. 1976)
- Treats clients in the context of their minority status, which creates unique mental health issues for minority individuals, including issues related to self-esteem, identity formation, isolation, and role assumption (Chin 1983; Solomon 1987; Flaskerud 1986*b*; Flaskerud and Anh 1988; Hendricks 1987; Tolmach 1985; Kumabe et al. 1985; Owan 1982; Campfens 1981)
- Advocates for effective services on the basis that the absence of cultural competence anywhere is a threat to competent services everywhere
- Respects the family as indispensable to understanding the individual, because the family provides the context within which the person functions and is the primary

EDRS

support network of its members (Flaskerud 1986*b*; Kenyatta 1980; Red Horse 1980; Higginbotham 1984; Carrasquillo 1986)

- Recognizes that the thought patterns of non-Western European peoples, though different, are equally valid and influence how clients view problems and solutions
- Respects cultural preferences which value process rather than product and harmony or balance within one's life rather than achievement (Angrosino 1978; Beane et al. 1980; Cingolani 1973; Cross 1986; Fields 1979; Hale 1980; Red Horse 1980; Higginbotham 1984)
- Acknowledges that when working with minority clients, process is as important as product
- Recognizes that taking the best of both worlds enhances the capacity of all
- Recognizes that minority people have to be at least bicultural, which in turn creates its own set of mental health issues such as identity conflicts resulting from assimilation, etc.
- Functions with the knowledge that behaviors exist which are adjustments to being different (Chin 1983)
- Understands when values of minority groups are in conflict with dominant society values

These assumptions are the starting point for the cultural competence model. It is a based on the belief that it is okay to be different and that the system of care can be enhanced for everyone by making it more responsive to the needs of minority children.

Cross et al. 1989

Undocumented Youth

Young people in Central America and Mexico are often sent to the United States to earn money for their families. Others come across the border on their own looking for a better life than they could have in their homeland. They may be suffering posttraumatic stress disorder from their experiences in war ravaged areas or be escaping from politically dangerous situations. The myths about the wealth and prosperity of Americans do not prepare them for the difficulties they face. Their undocumented status prevents them from participating in the legitimate economy and from protesting treatment they receive from exploitative employers. They have no legal recourse to address the abuses nor can they access medical care and other needed services.

Language, along with culture, is often a tremendous barrier to these young people's receiving the assistance they need. Thus, when

designing a program in a community where more than one language is spoken, it is crucial to recruit staff who speak the language and reflect the immigrant population.

The streetworker's ability to form relationships based on trust will be an invaluable asset in working with immigrant youth. The program philosophy and nonjudgmental approach to service delivery will need to be reviewed relative to undocumented youth. Each staff person should understand the immigration laws and how these laws affect their clients and should become creative in meeting clients' needs. At a minimum, staff and volunteers need to be able to interpret the law to undocumented youth and help them assess their options.

Gay and Lesbian Youth

A disproportionate number of young people on the streets are gay or lesbian in their sexual orientation. They have fled the rejection and violence from families, peers, and schools. Parents are often shocked, hurt, and angered when they learn that their child is homosexual. The young person may not be taken seriously and may be vehemently assured that the feelings experienced are only a phase and not to worry. Sometimes, parents send kids to therapists expecting them to be counseled out of homosexuality. Many parents panic and order the young person out of the house immediately. The overwhelming impulse is to look for someone to blame, and most often the parents blame themselves or each other. They do not know how to tell—or to keep from telling—relatives and friends, and they wonder how they can face the community. The family and young person's inability to cope with these strong emotions is the impetus behind many of these young people's flight to the streets.

Researchers estimate that more than 10 percent of the population have a homosexual orientation, and perhaps twice that many have experienced feelings causing them to question their sexual preference. In general, our society is homophobic, and this pervasive fear of homosexuals and homosexual tendencies in oneself characterizes the attitude and behavior of many Americans. These feelings may be strongest in minority populations where discrimination makes people especially sensitive to the hazards of being different. Gay and lesbian people of ethnic minorities in America may find themselves rejected not only by their families but by racist attitudes in the gay community itself.

Society is organized around heterosexual arrangements of married partners and their children. The media reinforce the belief that these are normal patterns. Social functions such as school, community, and church activities for young people are designed to provide opportunities for young people to become acquainted and choose partners for their own marriages. These arrangements carry with them unexamined assumptions and expectations about the heterosexual feelings of youth. Homosexual youth, most of whom begin to sense their

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difference by the time they are in elementary school, are left in confused and anxious loneliness.

Any focus on the mental health of gay and lesbian youth should include the social and legal context within which they have been socialized. One student anguished,

> By eighth grade, I realized I was gay. From then on, I was constantly worried that someone would find out. I couldn't concentrate because my energy was spread all over the place. It was like society just didn't agree with who I was. In tenth grade, I attempted suicide. It's only been in the last few months that I can sit down and study and get on with my life.
>
> *Walsh 1990*

High schools are particularly hostile environments for gay and lesbian youth, and they adopt harrying coping mechanisms.

> In high school, there is enormous pressure to be accepted. I played the game, I dated, went to dances, and parties. I slept with some girls to convince myself I was straight. In high school there is no other choice for gay kids but to stay invisible.
>
> *Walsh 1990*

Kids dread explaining to their parents.

> "Given my family, there was no way I could have come out in high school. My family is very liberal," says a bright, attractive young woman, a former student of mine now graduated from an Ivy League college. "I could have brought home any kind of a lover—a hippie, a motorcycle rider, and any color of the rainbow—as long as he was male. In a family where it was totally unacceptable to make racial jokes, I used to hear a homophobic joke once a day.
>
> *Walsh 1990*

According to a recent HHS report on youth suicide, homosexuals between the ages of 15 and 24 are three times more likely to kill themselves than youth who are not gay. Suicide is the leading cause of death among gay youth (Walsh 1990).

Young gays and lesbians may want to focus attention on their sexuality and neglect other adolescent developmental tasks of separation from their families and forming their own identities and skills leading to career choices and opportunities. Programs need to help them develop balanced strengths.

Street outreach programs must provide training and education about homosexuality for staff and volunteers who will come into contact with

the young people, as a significant number of youngsters in the program will be gay and lesbian. Donna Weaver, Gay and Lesbian Community Service Center in Los Angeles, reports that 30 percent of the street youth say they are gay; 80 percent of these are male. These anxiety-ridden youth must have sensitive and nonjudgmental people who will listen, affirm, and provide support as they struggle with their sexual identity.

Programs must also guard against peer discrimination and violence, which can be a devastating trauma for a young person. Victims of peer violence may withdraw, developing serious emotional disturbances as they internalize the hatred, or they may lash out and perpetrate violence against others.

The street outreach programs that shared their expertise for this manual all stated that they sought gay and lesbian staff as models for youth and to help sensitize other staff. Speakers, case management discussions and, above all, the milieu of the agency can foster sensitivity and provide skills to staff and program participants in these areas. Several training exercises, along with a bibliography, are suggested in appendix 5.

Special attention should be paid to the part religion plays in homophobia. There are people who quote scripture to "prove the sinfulness" of homosexual acts. The tremendous guilt experienced by gays and their families is often traced to their religious beliefs. On the other hand, some of the most powerful statements in favor of human freedom and some of the most effective support systems for gay and lesbian people are rooted in churches and religious groups. Counselors should never try to disregard religious teaching that is bringing suffering to a client. They are advised to seek help from those within a supportive religious community to bring assurance of acceptance to young people and their families.

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Chapter 9—HOW ONE STATE RESPONDS

In Alaska, an Interdepartmental Team was formed to develop new approaches for working with severely troubled youth with multiple problems. The remarkable and responsive program that has emerged is called the Alaska Youth Initiative (AYI). John VanDenBerg, former Coordinator, Child and Adolescent Mental Health Services for the State of Alaska, has been a creative force in bringing AYI into being, starting with funding available to the State from the Children and Adolescent Service System Program (CASSP) of the Center for Mental Health Services.

The AYI team has asked the hard questions that propel honest analysis and has *kept the focus of the program on the outcome of healthy youth,* as opposed to conformity to bureaucratic process. The program began in 1986 and is still refining its procedures. Its purposes have not been compromised, and its guiding principles have kept the program on the edge of treatment reform that is being adopted for other children and youth populations and by other States.

The most fundamental principle of AYI is *"unconditional care," never giving up no matter what.* It is perceived to be the responsibility of the adults and professionals to develop a treatment that will engage and make change possible for the youth. A failure means that the program must be adjusted, not that the youth is rejected—ever.

The child's own family and community or a family-like environment is deemed preferable to a large group-living situation. The inclusive intake policy demands an individualized program for any youth referred, regardless of severity of the disability. These principles had been formulated and tested in Kaleidoscope, an agency in Chicago that had been started in 1974 to work with children being returned to Illinois from out-of-state placements. Alaska's statewide replication of these principles required many adjustments and increased sophistication in planning and management.

Positive outcomes are achieved in 67 percent of the cases and marginal success in 14 percent of the others. Indicators of behavior change are

collected on a daily basis and accumulated during the youth's participation. The results are truly impressive. The amount of time the youth spend with their family as opposed to institutional care has dramatically increased. Substance abuse, runaway episodes, assaultive behavior, property damage, and contacts with police have all been significantly reduced. Suicide attempts have almost been eliminated, and school attendance has significantly increased as a result of AYI involvement. Costs of care for each youth have been reduced.

A state or community wishing to consider this approach will need to contact the AYI for materials and technical assistance (see appendix 2). To date, the young people in the Alaska program must be referred from public agencies, who find their local resources unequal to the needs of the troubled young person.

The principles and many of the approaches created by AYI would be applicable to work with homeless adolescents in some communities and could be replicated by providers who have the will to provide "unconditional care" to these youth. Several observations seem particularly pertinent.

Young people who are homeless have often been rejected from their families and systems of care because their multiple problems are too much for any one part of the system—school, mental health, child protection, or juvenile justice. The Alaska experience has demonstrated that it is often to the advantage of the bureaucracies to send kids away rather than program for them in their home communities. Families, politicians, schools, and the wider community think they benefit when the disruptive children are "out of sight and out of mind." Often, fiscal contingencies make sending the child away more "profitable" for a given system. It is a genuine challenge to make the administrative and legislative changes that allow the "money to follow the child."

AYI staff have developed a saying: "If the adults don't agree, the youth fails." Interpersonal friction between the adults in a youth's life leads to inconsistent treatment of the youth and puts the young person at great risk of failure. It appears that trouble results when family members, teachers, or other significant adults cannot grasp the changes made by the young person. They often take some action that challenges rather than reinforces the changes. In such a crisis, the youth may revert to a former habit and fail to maintain progress. In order to prevent these failures, a tracking and monitoring system was implemented by regular and frequent phone calls to each relevant adult to give all of them an opportunity to express their concerns and vent their feelings before the differences in approaches or values reached a crisis point and put pressure on newly learned behavior.

AYI's ability to deal with the most troubled youth is clearly based on their unconditional commitment and the great care with which they

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develop and implement the individualized case plans. They deliberately targeted the most seriously disturbed youth for their first clients so that no one could say, "Yes, it works with those children, but would never work with these really bad ones." Their techniques for making early assessment, developing treatment plans, monitoring behavior, and producing outcome data can be replicated on large or small scales of endeavor. However, the major learning is not the techniques, but the fact that when adults really decide to provide supportive care for a young person, that young person can, indeed, succeed.

For further information about AYI, see Katz-Leavy, J.; Lourie, I.; Stroul, B.; and Zeigler-Dendy, C. *Individualized Services in a System of Care.* Washington, DC: CASSP TA Center, 1992.

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Appendix 1—SURVEY INSTRUMENT

Philosophy and Values for Planning Outreach Services

A. Outreach as Part of a Comprehensive Model of Care Based on Concepts of Inclusiveness, Acceptance, Holistic Services, and Wraparound Services

Good programs stem from good thinking—clear perceptions of need that can be met by resources available to an agency or consortium of agencies. Our society has not developed a recognition that large numbers of homeless young people live on the streets without adult supervision or care. We have, consequently, not developed a sense of obligation to those young people nor any understanding of how expensive it is for our Nation to waste their potential as we allow them to fall into lives of dependency and crime.

My first questions, therefore, have to do with your perception of why homeless youth need outreach services, your philosophy of service, and the conceptualization of this need and philosophy into a mission for your program or agency.

What is your mission statement (or, if no formal statement has been adopted, how do you personally state what you are about) for the street outreach work with homeless youth.

Did you begin with a formal needs assessment? Yes___ No___

Did any other group help with the needs assessment? Who_____

Please check the statements that are true for your agency:

- ☐ Our analysis of our community indicated these youth were receiving fewer services than other groups.
- ☐ We realized that some youth would never come to our agency to request services; therefore, we had to go to them.
- ☐ We realized that earlier intervention could prevent many of the young people from succumbing to the dangers and indignities of street life, and our outreach is designed to divert them.
- ☐ We were able to get money for this project so we "went for it."

My own experience, and what people tell me, is that systems often fail troubled young people. Please check and/or comment on your response to the following as reasons for homeless youth being on the streets.

- ☐ The mental health services needed by these youth were unaccessible to them.
- ☐ Child protective services has extremely limited resources for these youth.
- ☐ Child protective services targets their services to younger children and feels less obligation to adolescents with behavior problems or those neglected by their families.
- ☐ Most of these youth have already exhausted the services offered by Child Protective Service and other community agencies. (Any specific data here about the level of abuse suffered by street youth?)

B. Outreach as Engagement, Including Definition of Engagement and of Outreach. Other Ways To Engage Youth and Special Features of Outreach as an Approach.

Many service providers have struggled with the definition of outreach and its relation to an agency's total services. Of the following definitions of outreach, which best describes your concept of outreach to homeless youth (circle numbers of applicable answers):

1. Public relations for our agency
2. Community education
3. Seeking referrals for our counseling services
4. Seeking referrals for other services we provide (what. . . .
5. A service that has its own organizational integrity and reason for being
6. Any service that is not tied to our major facility
7. The major service of our agency

The distinctive characteristics of outreach are . . .

We consider that we have "engaged a youth when . . .

Evaluation is part of our program design. In order to evaluate our outreach services, we design the evaluation to reflect our success in meeting our mission/goals. Yes_____ No_____

Considerations of evaluation designs and data will come later in this survey.

Methods of Outreach

A. Description of Tasks and Methods of Outreach Workers and Potential Pitfalls of Such Work

Our staff are expected to: (check if applicable)

- ☐ be available to youth for such assistance as they may seek
- ☐ listen/build relationships with street youth
- ☐ provide food, blankets, clothes, other basics
- ☐ engage youth in problem solving dialogs
- ☐ carry condoms (yes no) bleach (yes no)
- ☐ provide crisis intervention counseling on street
- ☐ work with gangs
- ☐ make specific referrals for services
- ☐ distribute printed information about available services
- ☐ other . . .

It is our feeling that the following are most crucial to our work: (check and add to the list)

- ☐ be available to youth for such assistance as they may seek
- ☐ listen/build relationships with street youth
- ☐ provide food, blankets, clothes other basics
- ☐ engage youth in problem solving dialogues
- ☐ carry condoms (yes no) bleach (yes no)
- ☐ provide crisis intervention counseling on street
- ☐ work with gangs
- ☐ make specific referrals for services
- ☐ distribute printed information about available services
- ☐ other . . .

We use the following ways to let youth know of our services:

- ☐ word of mouth/street grapevine
- ☐ posters in strategic areas where youth gather
- ☐ presentations at schools
- ☐ communication with other youth service professionals
- ☐ printed cards describing services/access points/requirements
- ☐ other

B. Description of Outreach With Special Subpopulations, Including Gay/Lesbian, Ethnic Minority, Prostitutes, and Undocumented Youth

Our street workers encounter a significant number of these subpopulations
(circle and add: specific data welcomed!):

gay/lesbian

African American, Hispanic, Asian Other

female prostitutes: girls involved in survival sex
girls seeking adventure on streets

male prostitutes: boys engaged in survival sex
boys seeking gay companionship

undocumented youth: with some members of family
with no adult accompaniment

youth who are members of homeless families:
with their family
separated from their family

runaways: from local community
who traveled more than 50 miles to your streets

We design our services for these populations in the following ways:
(attach more sheets if necessary)

gay/lesbian

African American, Hispanic, Asian Other

female prostitutes: girls involved in survival sex
girls seeking adventure on streets

male prostitutes: boys engaged in survival sex
boys seeking gay companionship

undocumented youth: with some members of family
with no adult accompaniment

youth who are members of homeless families:
with their family
separated from their family

runaways: from local community
who traveled more than 50 miles to your streets

Integration of Outreach Services

A. Description of How Outreach Services Fit Into the Entire Spectrum of Care, Including Team and Supervision Issues

We feel that outreach is a service of its own and a successful outreach program can be maintained without coordination with other community services. Yes __ No ___

We believe that outreach to homeless youth should be a part of a community service system that includes a full range of services. Which of the following do you think should be in an effective service system? (Check/add)

- ☐ opportunity for shelter
- ☐ opportunity for transitional living
- ☐ access to foster care
- ☐ access to food
- ☐ access to counseling
- ☐ substance abuse interventions
- ☐ access to mental health diagnosis
- ☐ access to mental health care (outpatient impatient)
- ☐ access to emergency health care
- ☐ access to medical care for chronic health problems
- ☐ access to health education (reproductive/HIV prevention etc.)
- ☐ access to free legal services (emancipation/child custody/etc.)
- ☐ access to tutorial/educational programs
- ☐ access to skill building for independent living
- ☐ access to job readiness training
- ☐ access to jobs

- ☐ monitoring of work performance by program staff
- ☐ a hotline for referral to local services
- ☐ other

We believe that outreach to homeless youth must be a part of a community service system that *must* include the following. Until these services are available, we would not advise an agency to begin a street outreach service to homeless adolescents. (Check/add/comment)

- ☐ if necessary, outreach can stand alone until other services are developed
- ☐ opportunity for shelter
- ☐ access to transitional living
- ☐ access to foster care
- ☐ access to food
- ☐ access to counseling
- ☐ substance abuse interventions
- ☐ access to mental health diagnosis
- ☐ access to mental health care (outpatient_impatient)
- ☐ access to emergency health care
- ☐ access to medical care for chronic health problems
- ☐ access to health education (reproductive/HIV prevention etc.)
- ☐ access to free legal services (emancipation/child custody/etc.)
- ☐ access to tutorial/educational programs
- ☐ access to skill building for independent living
- ☐ access to job readiness training
- ☐ access to jobs
- ☐ monitoring of work performance by program staff
- ☐ hot line providing referral to local services
- ☐ other

COMMENTS

In order to keep the services of our agency operating as an integrated whole, we have developed the following forms of planning, communication, and supervision: (Check, add, further define)

- ☐ Annual community needs assessment/tracking street trends
- ☐ Annual planning retreat including:
  - ☐ Board and senior staff
  - ☐ Executive staff and program directors
- ☐ Regular intraagency planning and assessment (weekly ____monthly_____3 months____ other _____)
- ☐ Individual staff evaluations at (circle) six month or annual intervals that include issues of coordination
- ☐ Documentation of intraagency referrals
- ☐ Case management of youth using several services of agency

In order for a community of services to work together, we have found the following to be the most effective way(s) to coordinate services: (check and further define if you will)

- ☐ one agency provide all services
- ☐ an umbrella agency provide an organizing/coordinating function
- ☐ a "coordinator" position be established in order for that person to monitor, encourage, promote collaboration between agencies and services
- ☐ a community council of agency executives/youth service program directors be set up to coordinate services
- ☐ a working group of on-line staff be set up to coordinate services and manage individual cases
- ☐ an "inter-agency" forum of board members meet regularly
- ☐ a loose consortium be maintained with quarterly meetings of directors and/or on-line staff
- ☐ agencies contact each other when needed for services to a young person but do not establish any formal relations or agreements
- ☐ agencies provide some joint training and use these occasions for interaction between staff
- ☐ the community of service providers has some informal, social events that draw them together
- ☐ Other . . .

B. Description of 3 to 5 Outreach Programs Which Illustrate Ways in Which Outreach Services Are Integrated Into a Comprehensive System of Care

If you would like your agency to be described in the manual, please provide sufficient information for me to delineate the goals of your services, your manner of operation including number of staff and staffing and supervision patterns, your solution(s) to challenges of integrated services and, if available, pithy quotes from staff and youth to drive home the difficulties and/or necessities of cooperative efforts.

Maintaining an Outreach Team

A. Discussion of Recruitment, Training, Motivation, and Burnout

What requirements do you have for supervisors of street outreach teams?

What characteristics do you look for in recruiting staff for street outreach to homeless youth:

- Education required/preferred
- Experience required/preferred
  - What is your policy about using recovered/recovering alcoholics, addicts or indigenous paraprofessionals?
- Age Range
  - level of maturity (define)
  - do you have peer counselors or workers?
- Philosophy of service/attitude toward youth
- Perceived ability to:
  - gain the trust of youth
  - be flexible
  - think quickly/stay calm in emergencies
  - deal with short-term failures/enjoy long-term results
  - work as a team member with partner and agency
  - work with medical, law enforcement, business people of area
  - do public relations for the agency
  - keep accurate records
  - other

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How do you recruit staff? (check/add)_____within present staff _____ newspaper ads
_____college placement bureaus_____word of mouth OTHER_____

Is recruitment a difficult problem?

Training

What are the goals of your preplacement training program for street outreach workers?

What areas of philosophical orientation to your agency, knowledge and skills do you consider essential to preplacement?

- ☐ agency history, mission, goals, organization
- ☐ street outreach mission, goals
- ☐ community orientation (what goes on out there, where does it happen, who is involved)
- ☐ orientation to drugs (street names, results from ingestion, likely combinations of drugs being tried . . .)
- ☐ working with sexual minorities
- ☐ understanding of the role/rule of pimps
- ☐ community referral resources
- ☐ crisis intervention counseling
- ☐ suicide prevention
- ☐ first aid
- ☐ Other. . .

What areas of philosophical orientation to your agency, knowledge, skills do you consider to be best learned during *in-service training*?

- ☐ agency history, mission, goals, organization
- ☐ street outreach mission, goals
- ☐ community orientation (what goes on out there, where does it happen, who is involved)
- ☐ orientation to drugs (street names. results from ingestion, likely combinations being tried . . .
- ☐ working with sexual minorities
- ☐ understanding of the role/rule of pimps

- ☐ working with gangs
- ☐ community referral resources
- ☐ crisis intervention counseling
- ☐ suicide prevention
- ☐ first aid
- ☐ conflict resolution
- ☐ HIV prevention
- ☐ Other

How do you structure your in-service training, work, and supervision?

percent of time spent in:_____training,_____supervision,_____intraagency team building, _____planning, _____documentation of work,_____work on the street

What team-building activities or events seem to work best for you?

Have you tried joint training with other agencies? Tell me about it, why did you do that, how did it work?

What techniques, activities, methods, etc., do you use to maintain the motivation of staff?

Is staff turn over a problem?____Yes____No How do you address turnover?

How do you detect burnout in your workers?

How do you deal with burnout when it occurs?

B. Description of 3 to 5 Outreach Programs Which Illustrate Ways Outreach Workers Have Been Recruited and Retained, Creative Staff Recruitment, Training, and Support

If you would like your agency described in the manual, please attach information about your staff recruitment, training, and support systems.

Program Evaluation

Discussion of How Outreach Programs Can and Do Measure Success, Both Short Term And Long Term.

How do you measure "success"? How does this relate to your mission and goals?

What measures do you use to determine your progress?

To get the information we need for evaluation we: (Check/add/share data)

Collect data:

- ☐ demographics of youth served
- ☐ trends in the community
- ☐ number of contact hours
- ☐ numbers of youth participating in programs
  - ☐ drop-in centers
  - ☐ group
  - ☐ recreational
  - ☐ clinics
  - ☐ tutoring
- ☐ referrals made to other agencies
- ☐ Subjective/Anecdotal measures of *quality* of services
  - ☐ ability of staff to engage youth
  - ☐ ability of staff to penetrate street culture (become recognized/accepted)
  - ☐ staff become a pivotal part of a youth's decision to get off street or some other positive step
- ☐ Community change
  - ☐ acceptance of outreach program
  - ☐ new services provided by other agencies for youth
  - ☐ crime rates
  - ☐ dropout rates
  - ☐ pregnancy rates
- ☐ Behavior change of youth
  - ☐ reduced drug use
  - ☐ times resorting to survival sex
  - ☐ times resorting to illegal behavior (theft, pushing, etc.)
  - ☐ practice safe sex
  - ☐ enter educational program
  - ☐ complete GED or vocational program
  - ☐ regularity of contact with outreach worker

- ☐ follow up on referrals for:
  - ☐ health care
  - ☐ mental health care
  - ☐ birth control
  - ☐ counseling
  - ☐ HIV testing
  - ☐ other . . .

What timeframes do you employ in your evaluation process?

What forms of evaluation do your funders require?

What forms of evaluation do your funders appreciate?

How do you present your program to a potential funder? Do you find yourself not being able to "tell it like it is" if you are to secure support?

Who are your major funders?

Is resource development a continuing problem?

Do you find that you need to rethink and redefine "success" as your program matures? Tell me about that process.

What problems are out there that we are not facing? Do we need to realize some kids will always stay on the street—but still deserve attention? What new concepts should we be struggling with on behalf of kids?

Resources

Examples of Training Materials, Names, and Telephone Numbers of Programs With Outreach Programs

Please tell me about helpful materials you know about or are using. These could include your own training materials if you would be willing to share them with others. (Tell us how they may get them and any expense involved.)

How shall we list your program? Name, services, staff to contact.

> Wow! was this too bad? I want you to know that I really do appreciate your answering these questions. I hope you have departed from my outline whenever you have a better way of telling your own story. I also hope that the manual resulting from this effort will be of help to agencies doing street work or contemplating a street outreach program. You are pioneers in a very important service, and I hope that this manual will bring you satisfaction and a good measure of appreciation from those who will follow in your footsteps.

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Appendix 3—PROJECT STREET BEAT FACT SHEET

Project Street Beat, operated by Planned Parenthood of New York City (PPNYC), is a unique program specifically targeted to outer borough young people involved in or at risk of becoming involved in prostitution and intravenous drug use. As a major provider of reproductive health care and comprehensive services to youth, women and men, PPNYC recognized that no organization was successful in engaging the highest risk teens and young people residing in the outer boroughs in health and social services. The program started in selected areas of the Bronx in 1988 and was expanded to certain areas of Brooklyn in 1990.

A pro-active, street-based outreach program, Street Beat is designed to intervene with people who are at extremely high risk for unintended pregnancy, contracting and transmitting the human immunodeficiency virus (HIV), and contracting and transmitting sexually transmissible diseases (STDs). Project Street Beat seeks to:

- develop a level of trust among these highest risk individuals by delivering concrete services on the streets where they live;
- build on the trust established to persuade these individuals to accept medical, counseling and other services offered through a fully equipped mobile medical unit which goes directly to where these young people congregate;
- attempt to divert young people from high-risk sexual and drug-related activity by linking them with drug detoxification and treatment programs and ultimately with the alternative vocational, educational and recreation programs offered through PPNYC's Hub Center in the Bronx, or through other Bronx-based and Brooklyn-based social service organizations.

Staffing and Services

Project Street Beat is headed by a program director who supervises a staff of 11 including: a counseling coordinator, a case manager, an

Excerpt from Street Beat Program of Planned Parenthood, Bronx, NY.

outreach field supervisor, five outreach workers, a driver/program aide, a nurse practitioner, and an administrative assistant. Two of the outreach workers are assigned to specific target areas in Brooklyn; the remaining staff are assigned to the Bronx. The Project's main office is currently in the Bronx, with plans to open a small office in Brooklyn late in 1992.

Outreach staff work out of two minivans (one based in the Bronx and one based in Brooklyn) and a mobile medical unit. The medical unit is a 31-foot custom-designed medical and educational facility designed to deliver a variety of health and support services to street youths on their home ground and at night when they are most accessible. The unit is a constant presence in these areas and is recognized by clients as a source of practical, non-judgmental help. The medical unit is equipped to provide:

- practical assistance—showers, food, clean clothes, condoms, bleach kits, dignity packs (which contain soap, tampons, sanitary napkins, towelettes, condoms, etc.), etc.;
- HIV/AIDS prevention education;
- HIV risk assessment and risk reduction;
- HIV testing and counseling;
- diagnosis and treatment of sexually transmitted diseases;
- pregnancy detection and referral for services, as needed;
- screening and immunization for Hepatitis B;
- general health screening and treatment of routine conditions;
- effective referral for other medical care.

The outreach workers operating in the minivans have more flexibility of movement and an ability to reach more sites in the course of an evening. The minivans also act as satellites of the medical unit.

The program's counseling coordinator and case manager provide office-based short-term counseling and support, help clients negotiate entitlements, escort clients to agencies including those offering housing, health care, drug detoxification, and rehabilitation services. Referrals are made to PPNYC's other clinics and programs and to external organizations. Three support groups are held weekly in the project's office, with plans for an additional support group underway. These support groups, led by outreach workers or the counseling staff, give clients an opportunity to discuss issues of importance to them and learn coping skills, as well as information on protecting themselves from HIV/AIDS, STDS, etc.

For further information about Project Street Beat, please contact Elizabeth Russo, Program Director, at 212–585–0300 or Beverly Ader, Deputy Director for Program Services at 212–274–7223.

Appendix 4—PROGRAM GUIDELINES

The New Children and Youths Welfare Act of 1992 (Kinder-und Jugendhilfegesetz in the FR of Germany)

In 1992, a new Children and Youth Welfare Act was enacted in Germany. With this reform, the former law, last amended in 1971, was totally renewed. The present Youth Welfare Act is the legal basis of youth services and social services for the young in Germany, covering the structure of youth work and the responsibilities of the local authorities. The crucial points include:

- enforcement of diverse methods of youth work and welfare work for the young
- improvement of aid to families in difficult life situations (broken homes, teenaged mothers, children in need) to promote and maintain education in the family
- expansion/enforcement of ambulant and partly inpatient education advisory services instead of classical foster care systems
- improvement and expansion of aids to young adults up to 27 years of age

The following description can point to some of the diverse changes that occurred after lengthy (years) discussions among many associations of independent professionals, various youth organizations, and politicians.

This Youth Welfare Act cannot satisfy all of the demands of the critics for fundamental reforms of German Youth Welfare services and the functions they perform; however, there is some progress. The previous Youth Welfare Act extended the right of youths to obtain support or

This material was submitted and translated by Lutz Kratzschmer, Administrator of government-funded social services in the city of Hamburg, Germany.

welfare services. In Germany, a young person is defined under civil law as from 14 to 21 years (10- to 1 year-olds are referred to as juveniles).

With the reformed Youth Welfare Act, the legal claim on support or welfare service is extended for young adults up to age 27 years. What kind of practical changes for social work/youth work will this change in the law bring? One of the big problems for many youth work projects within the last years in West-Germany was the increase of young adults among the population of people in need. This problem especially emerged in bigger cities.

Social work was not supported by social legislation with the necessary emphasis. Compared with the social and psychological support of young adults in need, professional helpers were not prepared to develop the required aids and counseling for this group. It was the more traditional opinion that this group in general had to be integrated into the job market or in the educational system. Thus, for those having difficulties, often only minute chances for professional help was possible.

A huge problem emerged for those youth in foster care or community homes who became 18–21 years old, because age of citizenship was reached at 18 and the possibility of living in community homes was terminated up to 21 years. Therefore, those youth who still needed help were shut out of appropriate services. There is no question that the passing of the new Youth Welfare Act offers better chances to enforce urgent changes for social work or projects in the youth work field. On the basis of the Youth Welfare Act, this may lead to an enforcement/expansion of assistance for this group, such as:

- offering a variety of different (independent and self-governed) housing projects
- support of alternative movements and empowerment among youth and young adults
- developing a variety of different job and educational opportunities
- especially for the population of drug dependent/drug addicted youths and young adults, many diverse opportunities for change and survival have to be offered, including human living possibilities. Drug rehabilitation programs and job programs must be developed and/or improved.

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Boundary Guidelines for Counselors of the Streetwork Project

Purpose: To develop policy for and awareness of potential boundary issues in client/counselor relationships thus ensuring client safety and assisting our counselors in developing appropriate, therapeutic relationships with clients.

1. *Never, ever* have a sexual/romantic relationship with a client or former client of yours (that is, any client who has been/is in your house/program while you are employed as staff). (It is possible that applicants could become involved with former clients before they apply. Explain to staff the legal, ethical, and abusive ramifications here.)

2. *Never, ever* allow a client to sleep with you or in a room with you. If client is a suicide risk, he/she belongs in a hospital or with an awake staff person in a chair outside the door.

3. *Never, ever* supply or use drugs with a current or former client unless prescribed by a physician and/or approved by a written treatment plan. Never supply or use alcohol with a current or former client. Never accept or purchase drugs or alcohol from any current or former client.

4. In general, sharing personal information about yourself in areas such as personal alcohol or drug use, personal sexual relationships, or physical/sexual abuse can be potentially negative for youths in our programs. Be very conservative about sharing *any* personal information and only do so after thoroughly assessing that it is of therapeutic benefit to the client. Generally, employees should consult with their supervisor before making an independent decision. Individual programs may have written guidelines to clarify further. The risks of sharing personal information are:

    a. it will be used against you;

    b. it will divert the client from his/her own issues;

    c. it will recreate a family with problems in functioning in which the client wants to take care of *you*.

5. In conversation with a client, never engage in sexual joking, put-downs, teasing, or sarcasm. Our clients may not understand this type of joking and can get hurt and confused. Mixed messages (sarcasm)

2/19/92 revisions.

are very hurtful. Sexual joking is disrespectful and may give the impression that you want to have a sexual relationship.

6. Do not initiate discussions with clients of a sexual nature, i.e., asking about details of abuse, etc. If a client brings up these issues, staff should evaluate the following:

   - How experienced are you in dealing with this?
   - How well do you know the client?
   - Supervisor's instructions?
   - Motives of client talking about this?
   - Motives for you wanting to know?

   New staff often feel flattered that a client they hardly know is talking to *them* about sexual abuse. They need to understand trust has not been developed—the client may lack boundaries or may be attracted to them.

7. Touching a client in any way is an extremely complex issue and should be approached with a high degree of awareness and caution. Staff are expected to use a high degree of judgment regarding any physical contact and should consult with their supervisor regarding any areas of potential confusion. Do not touch a client without permission unless an emergency safety need exists. Some examples of safe touch include head, shoulders, arm around upper body, sympathetic hand holding. Don't ask client for hugs. Hugs or other forms of supportive touch may be offered in a way in which the client clearly has control over the touch. Hug with bodies apart or sideways. If a youth asks *you*, it is okay to say "No", if:

   a. you don't want to—for any reason (this should be explained clearly to the client); or

   b. you suspect sexual motives or confusion on their part (staff can model to clients that it is okay to say "No").

   Each staff is responsible for respecting the needs of each child/youth in care and for exercising prudent judgment at all times. Supervisors should always be consulted before initiating any touch with a youth.

8. Instruct new staff in awareness of their body language in the presence of clients. For example: sprawling on the couch with legs spread is not okay. Be aware of client's body language. Inform staff that some of our clients, regardless of staff's gender or sexual orientation, will behave in a seductive manner toward them. Create openness among the team to discuss this and log all incidents. Remind staff that we, not our clients, are responsible for keeping boundaries.

EDRS

9. Watch your language. Avoid using words like love and care to clients, even if you *do* love them. These words have been used by people who have been abusive to them. The words may also set up false expectations of the client that you:

    a. want a sexual relationship;

    b. will be there, forever;

    c. want something from them.

    Better to convey caring by consistency and kindness. If you are not sure about what words to use to convey a feeling to a client or if you aren't sure if it is appropriate to convey a feeling to a client, talk to your supervisor first.

10. *Nudity:* Regardless of your own or the client's gender or sexual orientation, do not undress in front of them or allow them to undress in front of you. There may be emergencies that warrant seeing a client undressed—slipping in the shower, for example. Better, if possible, to get a same-sex staff person to deal with the situation. Cover the client as quickly as possible. In a locker-room situation, the policy will differ from program to program, client to client.

11. Entering client rooms: different programs have different policies. Supervisors will inform staff of their program's policy.

12. Contact with a client outside working hours or with an ex-client at any time is inappropriate. Report any unplanned contact in the community to your supervisor

13. Staff phone numbers and addresses are confidential. *Never, ever* give a client staff phone numbers or addresses or list these where a client can get them.

14. Programs differ on their policy on gift exchanges between staff and client. Supervisors will inform staff of their program's policy.

15. No personal financial transactions between employees and clients or client's family is allowed.

16. Verbal abuse will not be tolerated. Verbal abuse is defined as any attack on a person's personality or character, or language used to harass or intimidate.

The Streetwork Project Substance Abuse Prevention Program Harm Reduction Model

The Substance Abuse Prevention Program came into existence in the fall of 1990 through a grant from the Federal Government's Department of Health and Human Services. The goal of the program is to reach as many of our clients as possible with a variety of different educational and therapeutic approaches to substance abuse prevention.

History and Philosophy of the Program

The first year of the program was a year of experimentation and education. Initially, like the culture at large, we embraced the abstinence model of drug use prevention. The only intervention we felt was available to us was to encourage clients toward complete abstinence either through the 12-step programs or through detox followed by residential or day treatment programs.

Over time we learned that this approach does work but only for a tiny percentage of our clients. By setting it up as our house philosophy, we effectively eliminated the majority of our drug-using clients from any kind of effective engagement with our program. We found that most of our drug users are neither interested in nor ready for a program of abstinence. When we present that as their only alternative, they either avoid us, lie to us, or give it a try in order to please us; then they inevitably fail because they are not personally motivated to make abstinence work for them.

Consequently, we've moved to the"Harm Reduction" model of substance abuse prevention, a model which includes abstinence but recognizes it as only one among a variety of harm-reduction objectives. The main principle of harm reduction, like that of outreach, is the principle of engagement. The first step must be to engage drug users in our program and the second step must be to design the program to keep them engaged. If they are neither ready nor willing to abstain from drugs, "the next best step is not to banish them to the black market and the drug subculture, but rather to minimize the harmful consequences of their drug-taking behavior." In other words, we do not require our clients to first give up drugs before we can offer them services. In fact, we recognize that drug use is often an effective defense against the psychologically debilitating pain of our clients' lives; consequently, our initial work must be to give our drug-using clients a sense of connection, consistency, safety, belonging, self-respect, love, and possibility before giving up drugs can even be considered a psychologically healthy choice for them.

Street Outreach

Since most of our active drug-using clients are encountered by street outreach workers on a fairly regular basis on the streets, the outreach

workers become our front line in the process of engagement. Encountering our clients while they're high, or getting high, or dealing or turning tricks to get the money to get high, or coming down off a high, the outreach workers must communicate, along with their awareness of what's going on, that they are approaching the clients in a nonjudgmental, friendly, and welcoming manner. They can offer information, counseling, referrals, encouragement to come to our Center, buttons, palm cards, etc., all with an assessment of the receptivity of the particular client(s) being encountered. The willingness of the outreach workers to keep in regular contact with our drug-using clients week after week is the first step toward engaging them in our program.

In-Office

For many active drug users, the chance to eat, shower and change their clothes is a significant service offered by our program. The resulting change in their sense of well-being and the temporary experience of being relatively sober then gives us a chance to engage them in individual counseling if they're interested. Rather than create a "drug component" which our active users would avoid, we integrate substance abuse counseling into all aspects of our program. A typical client will come to counseling with issues of homelessness, childhood physical and sexual abuse, HIV infection or risk, and drug addiction. *All* our counselors work with *all* these issues rather than isolating any one issue to be dealt with separately. We deal with drug use holistically in the sense that we perceive it be one aspect of a whole complex person in a complex life situation. Our counseling approach addresses the whole picture; therefore, all substance abuse counseling takes place within that context with the recognition that we can't eliminate substance abuse without a change in lifestyle. With the harm reduction approach, we start with the recognition that the most important counseling goal is to establish a bond with the client, a relationship that will be nonjudgmental and will not be broken no matter what. We then engage the client in a process of planning a strategy for themselves, encouraging them to start by reducing the harm that drugs causes them, and working toward mutual goals that are smaller than abstinence. Our hope is that, through their experience of a healthy relationship with a concerned, understanding, and helpful person, they can begin to grow at their own pace toward making choices that are more healing and less harmful to themselves.

Groups

Streetwork approaches substance abuse counseling in a group format in a number of ways:

- Informal street groups may occasionally focus on substance abuse issues when street outreach workers engage two or more clients at the same time.

- "Friday's Child", a recreational/therapeutic group for active drug users based on harm reduction principles, is designed to be a fun, welcoming experience for clients who have remained marginal and street-oriented in relation to Streetwork. This group's main priority is to help these clients feel more comfortable and accepted at Streetwork and give them alternative positive experiences to their usual drug high.
- A drama group for clients at various stages of drug involvement from addiction to recovery is designed to allow clients to experience expressive arts therapy as well as esteem-building alternatives to the drug high.
- Integration of substance abuse issues into our regular weekly groups (The Young Women's Group, the Young Men's Group, the HIV+ Support Group, and the AIDS Education Peer Group) takes place in accordance with the readiness of the clients to respond to such information and discussion. It can be addressed in a number of ways according to the nature of the group and the determination of the group leader (i.e, through educational presentations by an outside xpert, by the group leader, or by a client, through structured group discussion initiated by the group leader, or through spontaneous discussion stimulated by rap groups, movies, art therapy, etc.

Special Events

Offering "alternative highs" is another part of our approach to our drug-using clients. Baseball games, the circus, trips to Bear Mountain, the Gay Pride parade, Halloween and Christmas parties, talent shows, graduation ceremonies, etc., serve to give our clients experiences of fun, comradery, belonging, self-esteem, safety, and well-being—all without drugs.

Referrals and Resources

The staff of the Substance Abuse Component will be responsible for substance abuse referrals and resources: doing site visits and networking with programs, updating the substance abuse section of the referral book and maintaining a library of books, tapes, videos, etc., for staff and clients.

Networking/Advocacy

Educating substance abuse service providers on the particular needs and problems of street youth is the primary focus of much of the advocacy and networking of the Substance Abuse Component staff. Networking with other street outreach programs serves as the basis by which Streetwork can gain a stronger voice to represent our drug-using street youth.

Staff Development

All staff receive basic substance abuse information and counseling training both in-house as a group and offsite for individual specialized trainings.

In addition, the Substance Abuse Component staff will receive further ongoing training in order to be available to the staff for updates, consulting, and backup counseling.

Monthly group clinical supervision for the entire staff will attend to substance abuse counseling issues as they arise in particular cases with which counselors are having difficulties.

Criteria for Safe Choices Program

The National Network of Runaway and Youth Service's Safe Choices Program has been guided by several criteria in developing the Guide and our technical assistance and training programs:

- Materials destined for adolescents must be simple, clear, and factual and must use language and terms that this age group can really understand.
- Rather than delve into the biomedical aspects of the disease, material should emphasize risk reduction behavior, including abstinence from sex and drug use or the use of condoms during sexual intercourse and clean needles ("works") during intravenous drug use.
- The focus throughout should be on high-risk behavior rather than high-risk groups, strongly conveying the fact that anyone who engages in high-risk behavior with an infected partner can become infected with HIV regardless of age, sex, race, ethnicity, or sexual orientation and avoiding finger-pointing that unfairly labels this neglected adolescent population as latter-day "Typhoid Marys."
- Several sessions should be provided to give the target audience multiple opportunities to discuss new information and relate it to personal decisionmaking. A single session, although better than nothing, is not sufficient, since the process of making healthy decisions and internalizing and communicating them to others requires long-term learning.
- Adolescents should be helped to examine and affirm their own values and to develop responsible decisionmaking about sex and drug use; there should be support for a choice of abstinence, without assuming that all students will do so.
- It is important for adults and peer counselors to be honest and to provide information in a straightforward manner. Sexual vocabulary, for example, may be rendered in slang to facilitate communication.
- Information about AIDS and HIV should be presented in the context of other sexually transmitted diseases.
- Adequate training of all staff at every level of intervention is key and should take place prior to instructions in order to ensure that accurate information is correctly conveyed as well as to help staff become comfortable talking about their own sexuality, AIDS, and the related issues of death and dying. This means that a one-afternoon inservice training is not enough.
- It is important that staff be nonthreatening, working to present the material realistically while trying to alleviate anxiety.

- Materials (written and audiovisual) should be sensitive to and appreciative of racial, cultural, ethnic, gender, and sexual orientation differences. For example, particularly in areas of Hispanic concentrations, multilingual instruction and (visually oriented) materials for limited English proficient adolescents should be provided. Likewise, materials for African Americans, Native Americans, and Asians must be adapted for their use. In any case, visually oriented materials are better suited to an out of school population whose television habits predispose them to images, not words.
- Materials developed by shelters should include local resources for those needing additional information or services, and programs should be comprehensive and developed in collaboration with local, community-based AIDS education and service organizations.

Attitudes/Strategies for Responding to Runaway and Homeless Youth About AIDS and HIV

The prevention/education provided should be skill-based and promote behavior change. Providing information is not sufficient. Saying no, while important, is not enough. A skill-based, experiential curriculum for homeless youth must also teach them how to practice saying no, so that abstinence and saying no become real rather than impossible ideals. Counseling in the use of condoms must be coupled with information on where to buy them, how to use them, and their limitations.

In so doing, HIV prevention/education must endeavor to stress a fact often overlooked in our rush to preach about the deadliness of AIDS. It is the truth that human sexuality is a positive force, and that the HIV epidemic can lead us to be sexually responsible, help us choose life, and prevent the spread of the virus.

Our training and programs must help youth who have HIV infection or related illness to cope with the psychosocial issues associated with a debilitating and fatal illness. We must empower HIV-infected young people to live with AIDS and AIDS-related illness and provide them with access to the wide range of treatments available now and in the future.

Adults in runaway and homeless shelters often feel deep anger when they view the problems of youth in crisis. To help them admit and then channel their anger in constructive ways can enhance their effectiveness with youth, prevent burnout, and reinforce the message that there are positive ways to deal with potentially destructive feelings.

There has been a correct insistence on presenting HIV education in the language of facts. But in communicating our message to youth, the language of facts is not enough. Our language must also be sensitive and compassionate. This sensitivity extends not only to the words we use, but to the music behind the words. To learn another language forces us to see things from a different perspective. We learn to put ourselves in another's shoes. If we truly wish to reach out to runaway and homeless youth, we must leave the safe confines of our language and our world and risk entering the world of youth who need, not severe judgments, but our compassion.

Compassion is not pity. It is an honest attempt to enter the world of pain and both empathize and sympathize with the plight of others. The language of compassion, then, must undergird any strategies for dealing

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Developed for the National Network of Runaway and Youth Services Safe Choices Program.

with the HIV epidemic among runaway and homeless youth. For the language of compassion is ultimately the language of hope. If there is one message runaway and homeless youth must hear above all others, it is the message of hope clothed in the language of compassion.

What is the challenge we face in reaching the thousands of hard-to-reach and homeless youth with the facts about HIV prevention/education? It is to educate youth effectively for empowerment. It is to tell them lovingly yet unequivocally, "you do have a choice, and that choice, with our help, lies in your hands."

Training Recommendations

TO: Board of Directors, National Network of Runaway and Youth Services
FROM: Virginia Price, Streetwork Caucus Representative
RE: HIV Seropositive Adolescents
DATE: April 10, 1992

The Streetwork Caucus wishes to present to the Board of Directors its concerns about the lack of national leadership on issues relating to appropriate medical and psychosocial care for HIV seropositive youth and/or youth with AIDS. At present, HIV and AIDS among adolescents is usually viewed as an issue that is best addressed within the context of prevention services. Most literature on the subject notes the small number of AIDS cases among 13- to 19-year-olds nationally, with a sharp rise in numbers among people in their twenties. Typically, it is then noted that these people were probably infected during adolescence. Thus, the problem of AIDS and adolescents is conceptualized as a prevention issue.

However, as providers of services to runaway, homeless and street youth, members of the Streetwork Caucus have worked with many youth who have tested positive for HIV. These youth are isolated, frightened and depressed. They tend to blame themselves for being infected, and they act out their pain with self-destructive behaviors including escalating abuse of alcohol and other drugs, and suicidal behavior. They remain outside the mainstream of most AIDS programs. As service providers working with them, we have had to devise and improvise methods to respond to the multiple issues that arise in attempting to access and/or provide appropriate services for these youth. Undoubtedly, the youth we see represent the tip of an ever growing population of adolescents with HIV infection.

With a national trend toward increased HIV testing, early intervention and treatment, it is probable that increasing numbers of HIV seropositive adolescents will be identified. Given that members of the National Network work with runaway, homeless and street youth, it is likely that high numbers of these seropositive youth will turn to Network members for services and support. There exists within the Network considerable expertise in providing developmentally and culturally appropriate HIV services to youth. However, most programs are working within a vacuum, independently of one another. There is a compelling need for national leadership in identifying appropriate policies and models of service delivery that would enable Network members to become proactive in developing appropriate programming for adolescents with HIV infection. Lacking such leadership, it is likely that increasing numbers of Network members will have to undergo a reactive, learn-as-you-go-along process of developing services and linkages for HIV infected youth.

At present, there is no national organization providing comprehensive leadership on issues related to the care of youth with HIV. The Child Welfare League of America has developed comprehensive guidelines for youth within the child welfare system. However, their primary emphasis is on AIDS and HIV infection among infants and children. Their materials that do address adolescents are focused on youth within the foster care and residential care systems. As providers of services to youth who have either rejected such services and/or aged out of them, we know that these models of care do not meet the needs of our youth.

The Streetwork Caucus commends the Network for the quality of the Safe Choices program and the excellent training on HIV prevention offered to service providers and youth. There is an acute need, however, to broaden the scope of projects, like Safe Choices, to deal with issues relating to young people who are HIV positive and who are living with AIDS. Prevention programs can leave participants with a false sense of security and the impression that comprehensive prevention services and appropriate policies are adequate and sufficient to respond to the crisis of HIV and youth. Our experience has shown that prevention services are only a beginning in developing comprehensive HIV services for adolescents.

The Streetwork Caucus recommends that the National Network consider expanding the Safe Choices program to address the wide range of issues that arise in providing services to adolescents who are HIV seropositive. Topics for an expanded training program could include:

- Age-appropriate pre- and post-test counseling
- Post-test suicidality of youth
- Access to comprehensive health care, including psychiatric resources
- Consent for health care
- Payment for health care, including the use of parental insurance and/or Medicaid
- Confidentiality
- Parental notification
- Access to clinical trials
- Consent to participate in clinical trials
- Transitioning youth from adolescent to adult health care
- Linkages to HIV resources and community services
- Age-appropriate support groups
- Housing
- Family intervention and support
- Developmentally and culturally sensitive substance abuse treatment
- Sexuality
- Gay, lesbian, and bisexual youth

- Staff training needs,including topics of HIV Resources and Case Management, Medical Updates, Normalization of HIV, Grief and Loss, Death and Dying etc.
- Models for staff support
- False reports of seropositivity by youth
- Special populations including adolescent females and youth of color
- Integrating HIV status with other clinical issues of youth (i.e. physical, sexual and emotional abuse, homelessness, substance abuse, depression, violence, unemployment, destructive relationships, reproductive health, STDs, adolescent parenting etc.)

It is imperative that the National Network begins the process of identifying and/or developing policies and models to address these concerns. National data have documented that in 21 percent of all cases of AIDS in the United States, infection occurred during adolescence. In all likelihood there are large numbers of seropositive youth among the youth already receiving services from Network members. Particularly as Network members expand their programs to include more long-term services for youth, (i.e. Transitional Living and/or Streetwork) it is inevitable that programs will be confronted with the crisis of responding to known seropositive youth. Now is the time for leadership from the National Network.

This recommendation was submitted to the National Network at their July 1992 meeting from the Streetwork Caucus, co-chaired by Virginia Price and Trudee Able-Peterson.

Appendix 5—GUIDELINES FOR COUNSELING GAY YOUTH

Do not foreclose any options and do not let adolescents do so.

Do not write off feelings or behavior as "just a phase."

Do not tell youth struggling with homosexual feelings that they "have nothing to worry about."

Do facilitate an examination of feelings and behaviors and their implications. Provide reality feedback.

Do help youth explore their religious background and integrate the new sense of self into that background (where this is an issue).

Do help the unconfused lesbian or gay youth obtain positive lesbian and gay literature, both fiction and nonfiction. Also, help the youth find positive role models and a positive peer group.

When counseling adolescents, workers must constantly maintain a balance between helping them find out who they are and allowing them to be a "work in process." You can help them define themselves only if you realize that the definition will be changing constantly.

Tips for Counseling Families of Gay Youth

Help the families get over the shock of learning about, or openly acknowledging, gayness in the family.

Explore the guilt feelings that arise and those that lurk beneath the surface and become the energy for prolonged anger and depression.

Focus on reintegrating the youth into the family and community through acceptance by all parties rather than by attempting to seek a "cure" for a sick child.

Adapted from notes taken by Bart Church, 1983 D.C. Conference on Sexual Minority Youth.

Help parents deal with the social realities they and their child will face—misunderstanding, shunning from relatives and friends, new relationships with lovers becoming part of the family social experience, no grandchildren, and the other changed dreams and expectations.

Provide support for the family during the coming-out process. Providing knowledge about homosexuality, accepting the struggle of the family and the young person, and becoming part of a parent support group are steps toward a reunited family.

EDRS

Suggested Reading for Lesbian and Gay Youth and Their Families

The following titles are suggested for lesbian and gay youth and for parents who want to educate themselves and their non-gay children. Young lesbian and gay people have very little access, if any, to accurate information about themselves. Our young lesbian and gay adolescents need desperately to know that they are valued and loved individuals who have a special place to fill in the world as they grow older.

General Fiction

SPIDERWOMAN'S GRANDDAUGHTERS: TRADITIONAL TALES AND CONTEMPORARY WRITINGS BY NATIVE AMERICAN WOMEN by Paula Gunn Allen. (Beacon Press, 25 Beacon Street, Boston, MA 02108. 1989.)

OTHER WOMEN by Lisa Alther. (A Signet Books, NAL Penguin Inc., 1633 Broadway, New York, NY 10019. 1984. Available in paperback.)

BORDERLANDS/LA FRONTERA by Gloria Anzaldua. (Spinsters/Aunt Lute Book Co., P.O. Box 410687, San Francisco, CA 94141. 1988. Available in paperback.)

GIOVANNI'S ROOM by James Baldwin. (Dell Publishing, Bantam Doubleday Dell Publishing Group Inc., 666 Fifth Avenue, New York, NY 10103. 1956. Reprinted 1988. Available in paperback.) Love story of two young men, set in Paris.

RUBYFRUIT JUNGLE by Rita Mae Brown. (Bantam Books, 666 Fifth Avenue, New York, NY 10103. 1973. Reprinted 1988. Available in paperback.) A joyous coming out story. One of the first explicit lesbian novels.

JUST HOLD ON by Scott Bunn. (Delacorte, New York, 1982.) The warmth and acceptance of a teenage friendship group is contrasted with the screwed-up families of the two protagonists of this novel.

THE JOURNEY by Anne Cameron. (Avon Books, The Hearst Corp., 959 8th Avenue, New York, NY 10019. 1982. Available in paper.) Two young women brave the Canadian Wild West in the 1800s. They outwit the bad guys, have adventures, and become lovers.

ABENG by Michelle Cliff. (Crossing Press, Trumansburg, NY 14886. 1984. Available in paperback.) Set in Jamaica, with a 12-year-old girl as protagonist.

NO TELEPHONE TO HEAVEN by Michelle Cliff. (Vintage International, Random House, Inc., New York. 1987, 1989. Available in paper-

back. Latest novel by Jamaican-American lesbian author Michelle Cliff. Set in Jamaica.

SOME SOUL TO KEEP by J. California Cooper. (St. Martin's Press, 175 Fifth Avenue, New York, NY 10010. 1987. Available in paperback.)

INDEPENDENCE DAY by B.A. Ecker. (Avon, New York. 1983.) Sixteen-year-old Mike comes out to his family and friends when he realizes he is gay.

ALIVE AND WELL: A LESBIAN HEALTH GUIDE by Cuca Hepburn, Ph.D. with Bonnie Gutierrez, RN, CPNA. (The Crossing Press, Freedom, CA 95019. Available in paperback.) A guide to lesbian health, both mental and physical. Includes chapters on nutrition, stress, relationships, coming out, and a good chapter on lesbian teenagers.

ONE TEENAGER IN TEN: WRITINGS BY GAY AND LESBIAN YOUTH edited by Ann Heron. (Alyson Publications, Inc., 40 Plympton Street, Boston, MA 02118. 1983. Available in paperback.) Writings by 26 gay and lesbian young people. Represented are different ethnicities, religions, class backgrounds, etc.

THIS BRIDGE CALLED MY BACK—WRITINGS BY RADICAL WOMEN OF COLOR edited by Cherrie Moraga and Gloria Anzaldua. (Kitchen Table/Women of Color Press, 1981.

THE ORIGINAL COMING OUT STORIES. Expanded Edition. Edited by Julia Penelope and Susan J. Wolfe. (Crossing Press, Freedom, CA 95019. 1989. Available in paperback.) Forty-six coming out stories, poems, and narratives.

POLITICS OF THE HEART: A LESBIAN PARENTING ANTHOLOGY edited by Sandra Pollack and Jeanne Vaughn. (Firebrand Books, 141 The Commons, Ithaca, NY 14850. 1987. Available in paperback.)

DIFFERENT DAUGHTERS: A BOOK BY MOTHERS OF LESBIANS edited by Louise Rafkin. (Cleis Press, P.O. Box 8933, Pittsburgh, PA 15221 and P.O. Box 14684, San Francisco, CA 94114. 1987.) Twenty-five mothers tell their stories.

COMPANERAS: LATINA LESBIANS. An Anthology. Compiled and edited by Juanita Ramos. (Published by the Latina Lesbian History Project, Latina Women's Educational Resources, P.O. Box 627, Stuyvesant Station, New York, NY 10009. 1987. Available in paperback.) A moving collection of first-person accounts, interviews, and poems by Latina lesbians in the U.S. Includes writings by Argentinians, Brazilians, Chileans, Puerto Ricans, etc. Some pieces are in Spanish.

HOME GIRLS—A BLACK FEMINIST ANTHOLOGY edited by Barbara Smith. (Kitchen Table/ Women of Color Press. 1983.)

OUR RIGHT TO LOVE: A LESBIAN RESOURCE BOOK edited by Ginny Vida. (E.P. Dutton, New York, NY. 1990.) Revised edition of 1978 sourcebook. Over 40 essays, personal testimonies, photographs, and resource list.

ANNIE ON MY MIND by Nancy Garden. (A Sunburst Book, Farrar, Straus & Giroux, New York, NY. 1982. Reprinted 1988. Available in paperback.) Love story of two teenage girls that captures the magic and intensity of first love.

RUBY by Rosa Guy. (Viking, New York. 1976. Available in paperback.) A West Indian family moves to Harlem and the youngest daughter has a romance with an American girl. While their relationship is short-lived, it has an ultimately positive influence on the young girl.

NOTHING HAPPENED by Ebba Haslund. (Seal Press, P.O. Box 13, Seattle, WA 98111. 1948, 1987. Available in paperback.) Translated by Barbara Wilson, this is one of a handful of novels with a lesbian theme ever written in Norway. Set in 1939 Oslo, it explores the love and friendship between three women students.

PALOMINO by Elizabeth Jolley. (Persea Books, 225 Lafayette Street, New York, NY 10012. 1980. Available in paperback.) Elizabeth Jolley, one of Australia's leading novelists, writes about an unconventional relationship between two women.

BREAKING UP by Norma Klein. (Pantheon/Random House, 1980. Available in paperback.) A teenage girl lives in New York City with her mother and mother's lover. The only young adult book available that includes a lesbian mother.

MY LIFE AS A BODY by Norma Klein. (Knopf, New York. 1987.) Charts the course of a group of friends, including a young lesbian woman, through their senior year of high school and into college.

NOW THAT I KNOW by Norma Klein. (Bantam, New York. 1988.) A ninth-grade girl comes to terms with her parents' divorce and her father's gayness.

THE ARIZONA KID by Ron Koertge. (Joy Street/Little, Brown. 1988.) A heterosexual teenager visits his gay uncle in Tucson and their relationship is strengthened as the boy furthers his understanding of stereotyping and sexual identity.

MY DEEP DARK PAIN IS LOVE: A Collection of Latin American Gay Fiction. Edited by Winston I. Published by Gay Sunshine Press, P.O. Box 40397, San Francisco, CA 94140. 1983.)

PATIENCE AND SARAH by Isabel Miller. (A Fawcett Crest Book, Ballantine Books, Random House, Inc. 1969. Reprinted 1985. Available in paperback.) Set in 19th century New England, two women live together and love each other.

THE LOVE OF GOOD WOMEN by Isabel Miller. (Naiad Press, Inc., P.O. Box 10543, Tallahassee, FL 32302. 1986. Available in paperback.) Two women falling in love in World War Two America.

ALL-AMERICAN BOYS by Frank Mosca. (Alyson Press, Boston. 1983.) Seventeen-year-old Neil tells the dramatic story of the first months of his relationship with Paul. Melodrama with a happy ending.

THE WOMEN OF BREWSTER PLACE by Gloria Naylor. (Penguin Books, Viking Penguin Inc., 40 W. 23 Street, New York, NY 10010. 1980. Reprinted 1988. Available in paperback.) The lives of eight Black women in New York City, including a lesbian couple. Now a television movie.

GOOD ENOUGH TO EAT by Leslea Newman. (Firebrand Books, 141 The Commons, Ithaca, NY 14850. 1986. Available in paperback.) A novel about bulimia (bingeing on food and then purging through dieting, fasting, etc.)

SMALL CHANGES by Marge Piercy. (A Fawcett Crest Book, Ballantine Books, Random House, Inc. 1972. Reprinted 1989.) Set in the late 1960s, it describes two women and the choices they make, against the background of the early Women's Movement. One chooses a new world and the love of another woman.

THE MILKMAN'S ON HIS WAY by David Rees. (Gay Men's Press, London. 1982.) Distributed in the U.S. by Alyson Press.

OUT OF THE WINTER GARDENS by David Rees. (Olive Press, London. 1984.) Sixteen-year-old boy visits his long-absent father and the two establish a warm relationship as the son learns about his father's gayness.

THE BEST LITTLE BOY IN THE WORLD by John Reid. (Ballantine Books, NY.)

THE LAST OF THE WINE by Mary Renault. (Vintage Books, Random House, New York, NY. 1956. 1975. Available in paperback.) Story of two young Greek men coming of age during the time of Socrates.

THE FRIENDLY YOUNG LADIES by Mary Renault. (Pantheon Books, Random House, Inc. New York, NY. 1944. Available in paperback.) Two young women in 1930's London live together as more than friends. A romantic comedy.

THE CHARIOTEER by Mary Renault. (Pantheon Books, Random House, Inc., New York, NY. 1959. Available in paperback.) Moving and sensitive portrayal of a gay male relationship, set against the backdrop of the Second World War.

DESERT OF THE HEART by Jane Rule. (Naiad Press, Inc., P.O. Box 10543, Tallahassee FL 32302. 1964. Reprinted 1987. Available in paperback.) Love story of a young woman and an older woman beginning a new life after her divorce. Now a movie, "Desert Hearts."

MRS. STEVENS HEARS THE MERMAIDS SINGING by May Sarton. (W. W. Norton & Co., Inc., 500 Fifth Avenue, New York, NY 10110. 1965. Available in paperback.)

THE EDUCATION OF HARRIET HATFIELD by May Sarton. (W.W. Norton & Co., Inc., 500 Fifth Avenue, New York, NY 10110. 1989. Hardcover.) Starring a 60-year-old lesbian protagonist, Sarton explores a woman's introduction to the disturbing world of homophobia when she opens a women's bookstore in Boston.

TRYING HARD TO HEAR YOU by Sandra Scoppettone. (Harper & Row, New York, 1974.) When high school students Phil and Jeff fall in love in a summer stock theater, they encounter confused and hostile reactions from their friends. Superficial portrayal of Black people and stereotypic ending, but contains positive messages.

HAPPY ENDINGS ARE ALL ALIKE by Sandra Scoppettone. (Harper & Row, New York, 1978.) Two teenage girls confront and surmount the problems of being lesbians in high school.

THE COURSE OF TRUE LOVE NEVER DID RUN SMOOTH by Marilyn Singer. (Harper & Row, New York. 1983.) Teenagers rehearsing for a school play are in the midst of various relationships, both romantic and friendly. Singer does an excellent job of integrating gay and straight teenagers in a believable way.

THE TRUTH ABOUT ALEX (originally titled "Counterplay") by Ann Snyder and Louis Pelletier. (NAL, New York. 1981.) A novel about friendship between two teenage boys, one gay, in the world of high school football.

THE OTHER SIDE OF THE FENCE by Jean Ure. (Delacorte, New York. 1986.) The story of two teenage runaways, Bonny and Richard. Both

eventually return home—Bonny to her lesbian foster parents and Richard to his male lover.

THE COLOR PURPLE by Alice Walker. (Pocket Books, Simon & Schuster, Inc., 1230 Sixth Avenue, New York, NY 10020. 1982. Available in paperback.) This bestseller by Black poet and writer Alice Walker describes a woman's life as she leaves an abuse marriage and has an affair with another woman. Now a movie of the same title.

A BOY'S OWN STORY by Edmund White. (E.P. Dutton, Inc., 2 Park Avenue, New York, NY 10016. 1982. Available in paperback.) Novel by one of America's leading gay male writers about a gay boy's coming of age.

MISS VENEZUELA by Barbara Wilson. (Seal Press, P.O. Box 13, Seattle, WA 98111. 1979. Available in paperback.) Twenty-two short stories by Barbara Wilson.

ORANGES ARE NOT THE ONLY FRUIT by Jeanette Winterson. (Atlantic Monthly Press, Distributed by Little, Brown & Co. Inc. 1985. Available in paperback.) Coming out story of a young British girl in the 1960s.

LOVE, STRUGGLE & CHANGE: STORIES BY WOMEN edited by Irene Zahara. (Crossing Press, Freedom, CA 95019. 1988. Available in paperback.) Twelve short stories by women, including lesbian authors Becky Birtha, Sally Miller Gearhart, and Jewelle L. Gomez, among others.

Autobiography

REFLECTIONS OF A ROCK LOBSTER by Aaron Fricke. (Alyson Publications, Inc., 40 Plympton Street, Boston, MA 02118. 1981. Available in paperback.) Rhode Island high school boy describes coming out in high school in the 1970s and taking his boyfriend to the prom.

ZAMI: A NEW SPELLING OF MY NAME by Audre Lorde. (Crossing Press, Freedom, CA 95019. 1982. Available in paperback.) Autobiography by Caribbean-American writer Audre Lorde, describing her coming-out process.

A RESTRICTED COUNTRY by Joan Nestle. (Firebrand Books, 141 The Commons, Ithaca, NY 14850. 1987. Available in paperback.) The co-founder of New York City's Lesbian Herstory Archives describes her life from the lesbian butch-femme bars of the 1950s to the 1960's Civil Rights Movement to her political activism of today.

Nonfiction

WE ARE EVERYWHERE: WRITINGS BY AND ABOUT LESBIAN PARENTS edited by Harriet Alpert. (Crossing Press, Freedom, CA 95019. 1988. Available in paperback.) Black, white, Hispanic, and Asian women in the U.S. talk about the daily experiences of being lesbian mothers.

YOUNG, GAY AND PROUD edited by Sasha Alyson. (Alyson Publications, Inc. 40 Plympton Street, Boston, MA 02118. 1980, 1985. Available in paperback.) Basic handbook on coming out to parents and friends, gay sexuality and health care, finding support groups, etc.

BRIDGES OF RESPECT: CREATING SUPPORT FOR LESBIAN AND GAY YOUTH A Resource Guide from the American Friends Service Committee. By Katherine Whitlock. Editor: Rachael Kamel. (Printed by American Friends Service Committee, 1501 Cherry Street, Philadelphia, PA 19102. 1988. Available in paperback.) Resource book for youth workers seeking to better serve gay and lesbian youth.

NICE JEWISH GIRLS—A LESBIAN ANTHOLOGY edited by Evelyn T. Beck. (Crossing Press, 1982.)

COUNSELING LESBIAN AND GAY MALE YOUTH edited by Sage Bergstrom, MSW and Lawrence Cruz, MSW. Available from National Network of Runaway and Youth Services, Inc., 1400 I Street, NW, #330, Washington, DC 20005. 202–682–4114. $10 plus $2 postage and handling.

THE RIGHTS OF GAY PEOPLE by E. Carrington Bogan, Marilyn Haft, Charles Lister, John R. Rupp, Thomas Stoddard. 1983 edition. Available from American Civil Liberties Union National Office, Literature Dept., 132 West 43 Street, New York, NY 10036. 212–944–9800. $3.95 plus $1 postage and handling. Handbook covers housing, jobs, relationships, etc.

THE NEW OUR BODIES, OURSELVES. A book by and for women by the Boston Women's Health Collective. (A Touchstone Book, Simon & Schuster, Inc., Simon & Schuster Building, Rockefeller Center, 1230 Sixth Avenue, New York, NY 10020. 1984. Available in paperback.) Complete resource manual on women's health issues, including a lot of information about lesbian health issues and lesbian sexuality.

A GATHERING OF SPIRIT: A COLLECTION OF NORTH AMERICAN INDIAN WOMEN edited by Beth Brant. (Firebrand Books, 141 The Commons, Ithaca, NY 14850. 1984, 1988. Available in paperback.) An anthology put together by North American Indian, lesbian and feminist Beth Brant.

LOVING SOMEONE GAY by Don Clark. (Signet. NAL Penguin, Inc., 1633 Broadway, New York, NY 10019. 1977, 1978. Available in paperback.) A good basic title to give to anyone who knows a gay or lesbian person.

LESBIAN NUNS: BREAKING THE SILENCE edited by Rosemary Curb and Nancy Manahan. (Warner Books, 1986. First printed by Naiad.) Former nuns tell their stories of coming out in the convent.

THE LAVENDER COUCH: A CONSUMER'S GUIDE TO PSYCHOTHERAPY FOR LESBIANS AND GAY MEN by Dr. Marny Hall. (Alyson Publications, Inc., P.O. Box 2783, Boston, MA 02208. 1985. Available in paperback.) First guide for lesbians and gays on how to look for a good, nonhomophobic therapist. Addresses such questions as: What can you realistically expect therapy to accomplish? How can you tell if a prospective therapist will be supportive of you as lesbian/gay? etc.

Appendix 6—ADDITIONAL STREET OUTREACH PROGRAMS FOR HOMELESS AND RUNAWAY YOUTH

ALASKA YOUTH INITIATIVE
Child and Adolescent Mental Health
Division of Mental Health/Developmental Disabilities
Box H–04
Juneau, AK 99811

TUMBLEWEED
915 North Fifth Street
Phoenix, AZ 85004
602–271–9904

BILL WILSON CENTER
1000 Market Street
Santa Clara, CA 95050
408–984–5955

CENTRAL CITY HOSPITALITY HOUSE
146 Leavenworth Street
San Francisco, CA 94102
415–776–2102

COMMUNITY HUMAN SERVICES PROJECT
P.O. Box 3076
Monterey, CA 93942
408–373–3641

REDWOOD REGION YOUTH SERVICE BUREAU
926 G Street
Eureka, CA 95501
707–443–8322

SAN DIEGO YOUTH INVOLVEMENT
7733 Palm Street
Suite 203
Lemon Grove, CA 92045
619–463–7800

SAN JOSE SOCIAL ADVOCATES FOR YOUTH
1072 Saratoga-Sunnyvale Road
Suite A 208
San Jose. CA 95129
408–253–3540

SOCIAL ADVOCATES FOR YOUTH
1303 College Avenue
Santa Rosa, CA 95404–3299
707–544–3299

SOUTH BAY COMMUNITY SERVICES
315 4th Avenue, Suite E
Chula Vista, CA 91910
619–420–3620

YMCA HUMAN DEVELOPMENT SERVICES
7510 Claremont Mesa Boulevard
Suite 204
San Diego, CA 92111
619–270–8213

COMITIS CRISIS CENTER
9840 East 17th Avenue
Aurora, CO 80010
303–341–9180

Product of the National Association of Social Workers (NASW), Runaway and Homeless Youth Project, Deborah Bass, Project Consultant. 1991 with update 1992.

DALE HOUSE PROJECT
821 North Cascade
Colorado Springs, CO 80903
719–471–6042 (AM)
719–634–9227 (PM)

GARFIELD YOUTH SERVICES
902 Taughenbaugh, Suite 302
Rifle, CO 81650
303–625–3141

VOLUNTEERS OF AMERICA
1865 Larimor Street
Denver, CO 80202
303–297–0408

WASHINGTON INSTITUTE FOR EMPLOYMENT TRAINING
3224 16th Street N.W.
Washington, DC 20010
202–265–2626

WAVE, INC.
501 School Street, S.W.
Suite 600
Washington, DC 20024
202–484–0103

ACT CORP.
1220 Willis Avenue
Daytona Beach, FL 32114
904–238–4728

SOMEPLACE ELSE
1315 Linda Ann Drive
Tallahassee, FL 32301
904–877–7993

YOUTH CRISIS CENTER
P.O. Box 16567
Jacksonville, FL 32245
904–725–6852

CHILDREN'S SQUARE USA
P.O. Box 80
Council Bluffs, IA 51502
712–322–3700

KALEIDOSCOPE
1279 N. Milwaukee
Suite 250
Chicago, IL 60622
312–278–7200

TRAVELERS AND IMMIGRANTS AID
327 South LaSalle Street
Suite 1500
Chicago, IL 60604
312–435–4500

NEWTON-WELLESLEY-WESTON-NEEDHAM
1301 Centre Street
Newton, MA 02159
617–244–4802

YWCA RUNAWAY
17 Harriet Street
Springfield, MA 01107
413–731–9737

NEW BEGINNINGS
491 Main Street
Lewiston, ME 04240
207–795–4070

AIN DAH YUNG (OUR HOME) SHELTER
1089 Portland
St. Paul, MN 55104
612–227–4184

CROSSSTREETS PROGRAM
1167 Arcade
St. Paul, MN 55106–2615
612–647–0410

THE BRIDGE
2200 Emerson Avenue South
Minneapolis, MN 55405
612–377–8800

CHILD AND FAMILY SERVICES OF NEW HAMPSHIRE
99 Hanover Street
Box 448
Manchester, NH 03105
603–668–1920

COMMUNITY YOUTH ADVOCATES
36 Tremont Square
Claremont, NH 03743
603–542–4976

SOMERSET HOME FOR TEMPORARILY DISPLACED CHILDREN
49 Brahma Avenue
Bridgewater, NJ 08807
908–526–6605

COVENANT HOUSE
14 Williams Street
Newark, NJ 07102
212–613–0300

CROSSROADS
P.O. Box 321
Lumberton, NJ 08048
609–261–5400

THE CHILDREN'S HEALTH FUND
317 East 64th Street
New York, NY 10021
212–535–9400

PROJECT SAFE
151 Phelps Lane
North Babylon, NY 11703
516–422–7200

SALVATION ARMY
749 South Warren Street
Syracuse, NY 13202
315–475–1688

CENTER FOR YOUTH SERVICES
258 Alexander Street
Rochester, NY 14607
716–473–2464

WESTCHESTER COUNTY YOUTH BUREAU
55 Church Street, Room 403
White Plains, NY 10601
914–949–4909

PLANNED PARENTHOOD OF
NEW YORK CITY
Street Beat Progam
349 East 149th Street, Room 601
Bronx, NY 10451
718–274–7223

DAYBREAK
819 Wayne Avenue
Dayton, OH 45410
513–461–1000

NATIONAL RESOURCE CENTER FOR
YOUTH SERVICES
The University of Oklahoma
202 West Eighth Street
Tulsa, OK 74119–1419
918–592–1841

LOOKING GLASS YOUTH AND
FAMILY SERVICES
44 West Broadway
Suite 501
Eugene, OR 97401
503–686–2688

THE WHALE'S TALE
250 Shady Avenue
Pittsburgh, PA 15206
412–661–1800

MUNICIPALITY OF AQUADILLA
P.O. Box 520
Aquadilla, PR 00605
809–891–3965

OFFICE OF HUMAN DEVELOPMENT
King's Court and Loiza Street
Santurce, PR 00914
809–728–7474

HARRIS COUNTY CHILDREN'S
PROTECTIVE SERVICES
5100 Southwest Freeway
Houston TX 77081
713–626–5701

PROMISE HOUSE
236 West Page Street
Dallas, TX 76208
214–941–8578

RESIDENTIAL YOUTH SERVICES
2701 Cameron Mills Road
Alexandria, VA 22302
703–548–8334

WASHINGTON COUNTY YOUTH
SERVICE BUREAU
P.O. Box 627
38 Elm Street
Montpelier, VT 05660
802–229–9151

COMMUNITY YOUTH SERVICES
824 5th Avenue, SE
Olympia, WA 98501
206–943–0780