Insights from the street: Perceptions of services and providers by homeless young adults

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Abstract

Homeless young adults characteristically have needs for health and social services, yet often fail to access and frequently underutilize available care. Upon entering homelessness, these young people are faced with a structural existence from which it is difficult to emerge—one often leading to entrenchment in street culture. To develop a better understanding and increase knowledge of barriers and factors that affect service utilization, focus groups were conducted with 60 participants recruited from a drop-in center for young adults who are homeless. Qualitative analyses found participants responded favorably to respectful, empathic, and pet friendly providers who were supportive and encouraging without disregarding their autonomy. Barriers to utilization included unsuitable and unsafe environments, and providers who were disrespectful, rigid, or had unrealistic expectations. Providers can assist these youth and young adults to move into developmentally-appropriate, stable living situations will likely prevent them from becoming part of the adult homeless population.

1. Introduction

Service provision to homeless young people is an increasingly significant issue due in part to the rising rates of homelessness in the United States. Prevalence rates of young homeless populations are extremely difficult to estimate; however, recent approximations suggest that between one and two million youth and young adults experience homelessness each year (Cauce, Paradise, Ginzler, Embry, Morgan and Lohr, 2000; Kidd, 2003; Tenner, Feudo, & Woods, 1998). Although many of these young people successfully transition out of homelessness within a short period of time, approximately one quarter are believed to be chronically homeless. These individuals are without permanent or stable residences and have little contact with their families of origin (Kipke, Unger, O'Connor, Palmer, & LaFrance, 1997).

Many typologies of homeless youth have been developed in an attempt to describe the various ways in which they become homeless (Thompson, Safyer, & Pollio, 2001; Zide & Cherry, 1992). These include runaways (youth who have left home without parental consent), throwaways (youth who have been forced out of their home by parents/guardians), street youth (those living on the street without shelter), sheltered youth (youth living in a youth emergency shelter), and ‘doubly homeless youth’ (youth who have been removed from their homes and taken into state custody and placed into unsuitable or inappropriate settings from which they run away due to intolerable conditions) (Aviles & Helfrich, 2004; Springer, 2001).

Homeless young people living on the street, the focus of this study, tend to be very involved in ‘street’ networks and culture. Their primary communities are comprised of other street-involved young people who get most, if not all, of their needs met through engaging in the street economy, such as eating at soup kitchens, sleeping outdoors, and spare-changing/begging for money. It has been shown that acculturation to the streets and street economy progresses with the length of exposure to homelessness and homeless peers (Auerswald & Eyre, 2002; Gaetz, 2004; Kidd, 2003; Kipke, Unger et al., 1997). ‘The length of time the individual is homeless suggests that homelessness is dangerously close to becoming a way of life for some young people’ (Reid & Klee, 1999, p. 24).

A growing body of research demonstrates the need for services among this highly vulnerable population. Without social service intervention, there is an increased likelihood of repeated exposure to trauma and victimization (Gaetz, 2004;...
Kipke, Simon, Montgomery, Unger, & Iversen, 1997; Tyler, Hoyt, Whitbeck, & Cauce, 2001; Whitbeck & Hoyt, 1999). Thus, agencies providing services to homeless individuals must adopt a proactive approach by contacting and offering assistance to homeless youth early in their homeless experience, before they become entrenched in street culture (Reid & Klee 1999).

Services to homeless youth and young adults must be comprehensive and address the unique needs associated with their high-risk lifestyle and environment (Farrow, Deisher, Brown, Kulig, & Kipke, 1992; Yates, Pennbridge, MacKenzie, & Pearlman, 1990). The first priority is ensuring that they are provided with the basic necessities, such as adequate shelter, food and clothing. Medical services are also a high priority, as many homeless individuals suffer from health-related problems, including risk of HIV and other sexually transmitted diseases. Counseling and other mental health-related services are necessary components of a comprehensive service plan as depression, suicidality, and histories of maltreatment, abuse, and neglect are common among this population (MacLean, Paradise, & Cauce, 1999; Ringwalt, Greene, & Robertson, 1998). Services targeting skill-building, such as vocational training and employment readiness activities designed to further develop independent living skills, are essential (Aviles & Helfrich 2004; Karabanow & Clement, 2004).

Although utilizing services that appropriately address the needs of high-risk youth is of tantamount importance, homeless young people exhibit low rates of health and social service utilization (Brooks, Milburn, Rotheram-Borus, & Witkin, 2004; De Rosa et al., 1999; Kipke, Montgomery, & MacKenzie, 1993; Slesnick, Meade, & Tonigan, 2001). Barriers to appropriate utilization have been reported as: lack of insurance, transportation, and knowledge of the systems of care (Yates et al., 1990). These individuals are often distrustful of formal services and authority figures, as many have been exploited and victimized by adults, including members of their own families (Farrow et al., 1992; Kurtz, Lindsey, Jarvis, & Nackerud, 2000). Many fear they will be reported to the police or child protective services due to status offenses or other outstanding warrants. Outreach services and drop-in centers are the most frequently utilized types of services offered to homeless young adults and often act as a gateway to other services. Young people utilizing these services are significantly more likely to access medical, dental, and mental health services (De Rosa et al., 1999; Mallett, Rosenthal, Myers, Milburn, & Rotheram-Borus, 2004).

Despite the discrepancies between the pressing need for interventions and the lack of service utilization by homeless street youth, surprisingly few studies have examined these young people’s perceptions of service provision and delivery (De Rosa et al., 1999; Kidd, 2003).

Although several studies have focused on understanding service needs of homeless youth (Aviles & Helfrich 2004; De Rosa et al., 1999; de Winter & Noom, 2003; Ensign & Panke, 2002; Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Reid & Klee 1999), few have elicited opinions of these young people concerning services. Authors have argued that appropriate service provision to this population requires incorporating sensitivity to street culture (Fest, 2003) and consultation with members of this population is critical to development of appropriate and useful services (Vogt, King, & King, 2004). To address this gap, this study elicited the perceptions of homeless young people concerning their experiences with services and providers. Utilizing qualitative methods, focus groups were conducted to query homeless youth and young adults’ opinions concerning their use of services and characteristics of these services and providers that are helpful or unhelpful.

2. Methods

2.1. Focus group research design

Focus groups design was chosen as the preferred methodology for the study. Specifically, ‘self-contained’ focus groups (those whose results serve as the primary means of collecting qualitative data) were conducted to discover participants’ experiences and perspectives concerning services and providers. This design was chosen for two major reasons. First, one strength of focus groups is the ability to produce extensive amounts of data on the researcher’s topic of interest in an efficient manner. Second, focus groups inherently include aspects of group interactions that can provide deeper understanding of participants’ perceptions and experiences (Morgan, 1997; Morgan & Krueger, 1993). The process of sharing and comparing among participants’ experiences and attitudes is a valuable source of understanding behaviors and motivations and group interaction promotes reactions and discussion inaccessible in individual interviews (Morgan & Krueger, 1993).

2.2. Setting and sample

Participants were recruited from among homeless young people receiving health and social services from a community drop-in center in a major city in Texas. This convenience sample of homeless youth and young adults, age 16–23 years, utilized services during summer 2004. Drop-in centers are one of the most common sources of services accessed by street youth as they provide greater flexibility, less paperwork, and less necessity to disclose personal information (De Rosa et al., 1999). As these centers typically provide a safe environment during the day for homeless young people and offer showers, laundry facilities, and clothing (Karabanow & Clement 2004), they provided the most likely source of homeless young adults assembling at one location.

Flyers that announced the focus groups were displayed in and around the drop-in center. Shelter staff contacted potential participants from among those using drop-in center services, provided them with a short description of the study, and requested their participation in one of seven focus groups. All focus groups took place in a separate, private room at the center. Before each focus group, the research team detailed the purpose of the project, explained that they could withdraw at
Sixty homeless young people participated in the study across seven focus groups, with a mean of eight participants per group; groups ranged from 5 to 12 participants. This convenience sample included both females ($n=28$, 47%) and males ($n=31$, 52%); one youth self-identified as ‘transgender’. Most were Caucasian ($n=39$, 65%), with the remainder identifying themselves as African American ($n=6$, 9.7%) or Latino/a ($n=14$, 23.3%). Their age ranged from 16 to 24 years (mean = 19.4 years). Groups included nearly equal proportions of males and females, had an average age of 20 years in all but one group (mean = 19), and were all ethnically diverse. Due to IRB requirements and drop-in center restrictions requiring anonymity, individuals were not further identified concerning their length of time on the street, amount of service use, or identification of other high-risk behaviors. However, aggregated data reported by the drop-in center suggests that many of the young people were highly transient and accessed drop-in services for only a few months before disappearing.

2.3. Procedures

Seven open-ended questions were developed and critiqued by a panel of researchers to minimize potential biases introduced by the wording of questions. In addition, a pilot focus group was conducted with eight runaway/homeless youth to evaluate the questions, assess the facilitator’s capability to elicit in-depth information concerning participant’s perception and use of services, and gauge participant’s willingness to discuss the topics. Focus groups were semi-directed through use of questions developed to seek the youth’s perspectives on (1) the types of services they used, (2) how they located the various services, (3) what aspects they found helpful about services and staff members, (4) what aspects they found unhelpful about services and staff members, (5) their own individual strengths, (6) future service needs, and (7) general comments to funders of services they utilize. The focus group facilitators (first two authors—ST and HM) were trained in the use of non-directive methods to probe for information beyond the core semi-structured questions, utilizing key phrase repetition as a primary method to elicit information on specific topics and encourage participants to discuss topics they felt were important (Morgan, 1997). Focus group data were audio-taped, transcribed verbatim into Microsoft Word, and reviewed for accuracy.

2.4. Analytic procedures

The analysis was developed through an iterative process using transcript-based procedures (Krueger, 1994; Miles & Huberman, 1984; Patton, 2001) and involved all members of the research team. First, separate team members examined the complete transcripts to identify major themes arising from the core questions. Major categories were identified and subcategories were developed that more specifically illustrated components of the broad categories. Coders compared categories/sub-categories to reach consensus concerning specific categories and their definitions. Coders then separately examined each transcript and identified all distinct statements (any word, phrase, sentence, or response that pertained to a single concept and stated by one individual); differences in identifying these statements were reconciled through consensus. Statements that simply identified a specific service were used to create a list of services used by the participants; the 389 references to a specific service were not included in the analyses of coded statements, but are included in Table 1.

Once categories/subcategories had been defined and coded, reliability was evaluated. Statements were coded into categories/sub-categories by two coders operating independently and differences resolved by further category definition. Finally, a third coder independently classified each response. Inter-coder agreement was established by examining the proportion of agreement out of the total coded for each category (# agreement/# of statements coded into each category). Differences in coding were then resolved by consensus among the raters. Inter-coder agreement results are shown in Table 2.

Once each statement had been coded into a category/subcategory, NUDIST Version 6 computer software was used to organize the coded statements into nodes containing similar concepts and hierarchies of categories and subcategories. Printed reports of each category and subcategory were then reviewed by the research team and specific statements were identified that provided the ‘typical’ responses of the participants, as suggested by Krueger (1994). Interpretations of the categorized statements were developed from notes concerning the context and interaction of focus group members, coupled with the research team’s personal experience working with homeless young people. As the present study focused on street youths and their perceptions of services and providers, only statements reflecting those categories were included in this analysis; of the original 1050 coded statements, 798 (76%) were used. Table 1 presents the types of services participants had used and the frequency of each. Table 2 shows the major categories with subcategories, frequency and proportion of statements, and inter-coder agreement for each category. The following results are presented by major category and described according to the most frequently discussed sub-categories.
<table>
<thead>
<tr>
<th>Subcategories</th>
<th>Freq (%)</th>
<th>Inter-coder agreement (%)</th>
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<tbody>
<tr>
<td>Context of the street</td>
<td>177 (22.2%)</td>
<td>96</td>
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<tr>
<td>Experiences of ‘life on the street’</td>
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<td>Survival skills</td>
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<td>Perception of society</td>
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<tr>
<td>Perceptions of specific services</td>
<td>207 (25.9%)</td>
<td>86</td>
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<td>Basic services (food, shelter, clothing)</td>
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<td>Medically-oriented services</td>
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<td>Case management/mental health</td>
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<td>Employment and ID services</td>
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<td>Rest and relaxation</td>
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<td>Helpful services/providers</td>
<td>198 (24.8%)</td>
<td>62</td>
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<td>Caring/sensitive to homeless issues</td>
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<td>Encouraging/motivating</td>
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<td>Respectful/trusted</td>
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<tr>
<td>Pet friendly</td>
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<tr>
<td>Unhelpful services/providers</td>
<td>216 (27.1%)</td>
<td>81</td>
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<tr>
<td>Unsuitable/unsafe environment</td>
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<td>Difficult to access/inefficient</td>
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<td>Rigid/unrealistic expectations</td>
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<td>Disrespect</td>
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3. Results

3.1. Context of the street

Homeless young people experience an extraordinarily different existence than most young adults. Although no questions specifically asked them to describe their lives, their experiences of living and surviving ‘on the street’ was a major theme throughout all of the focus groups (22.2% of coded statements). In descriptions of their street experiences, many spoke of the importance to personal autonomy. Living on the street created challenges that required them to accept responsibility for themselves and develop skills to survive on their own. Survival techniques were frequently discussed in connection with attempts to remain safe, often joining with other street youth for companionship and protection. For example, ‘I think it is just easier to camp out with a buddy or with other people… so you can stay safe’. However, survival also meant being cautious of others. Participants’ expressed their limited trust of adults and the need for constant vigilance concerning other street youth, their surroundings, and possessions. One youth described his experience as:

There’s some people out there who will use you up. That’s how you pick your friends on the streets. Some people will share. You share with someone, they’ll share back with you, and there’s other ones who will just stick around and just take everything ‘til you have no more, and then they’ll be gone and come back when you are back at the top again… you just gotta pick people out.

Many participants described and compared their experiences in a wide array of cities across the US. These homeless young people had been in cities from coast to coast and used services in most of them. They noted service differences and similarities: ‘some places were hard core’, ‘pretty awful’, and ‘to be avoided in every shape and form’. Group interactions in discussions of ‘traveling’ exemplified the variety of service options in communities across the country. Participants agreed that once they had been on the street for a while, they could go into any new city and locate whatever services were offered, especially food. They described how they found basic food services when arriving in a new city:

there is a drag in fucking every town. You find out where the like good drag is or whatever—where they have good spanging (pan handling)… and then once you get there if you see like a bunch of homeless people gathered around a truck you know like it’s a feeding—or like a big line of homeless people coming out of a church, you know like there is something free in there—something worth getting.

Participants also discussed their awareness of society’s pejorative view of them and that people saw them as ‘throwing away’ their lives and being unconcerned about their future. They noted that society views homeless people as drug abusers who are ‘just bad people. They’re lazy and they try to do nothing for themselves.’ Another noted that, ‘Everybody sees bums and people like that as the worst part of their city, as like dark and evil and crap’. Although focus group participants recognized the societal stigmatization of homelessness, many participants talked about choosing their life of ‘traveling’ and living on the streets. They described the freedom of the street, with no worries about going to the same job everyday, paying rent or a mortgage, or maintaining a car. Participants expressed aversion for ‘normal’ lifestyles and were drawn to street culture where they were accepted for who they were by similarly situated others.

On the other hand, participants voiced disapproval for other street youth who were unmotivated to improve themselves and attempt to transition off the streets. They were intolerant of those who appeared apathetic, had a negative attitude, or were not engaged in activities aimed at moving into a more stable environment. As one youth stated:

a lot of those kids, for years, they just come here. They’ll sit around every day. They’ll bitch and complain about everything that’s wrong with them, but they won’t get up and do anything. It’s just like, they’re just burning up time and burning up other people’s time and money. They are the people who just stain the spot.
3.2. Types of services

The participants identified a variety of services they had utilized (see Table 1) and described their perceptions of these services (Table 2). Of the services discussed, those providing basic needs, such as food, shelter, clothing, and financial assistance were viewed as most important for street survival. Other services, including medical care, case management, mental health services, employment, and transportation, were accessed less frequently.

3.2.1. Basic needs

Provision of food was identified as one of the most necessary and highly utilized services. These services included, ‘food trucks’ that provided sandwiches, drop-in centers that made canned goods available, and evening meals, often organized by church groups.

If you go hungry in [this city] you are a dumb ass and you deserve it, because there is food everywhere…you just have to find it!

…a lot of people that come here—they are really out on the street and it’s hard for them to scrounge enough money for them to get something to eat…meals are really needed.

Shelters were also described as beneficial and necessary, but only when they were properly maintained. ‘Camping’ was often preferred over shelters, which were used occasionally.

Well if you want to get off the street and stuff, it (the shelter) kinda helps you out—like if you want to go looking for jobs and stuff—it gives you a place to sleep, take showers and stuff, so they won’t notice you getting a little reeky or anything.

The need for clothing was also emphasized. Socks, especially, were highly valued because of ‘boot rot’, a result of constantly wearing damp or infrequently washed socks. One youth described clean socks as ‘gold.’ Clothing could be acquired from drop-in centers and shelters, however, finding the right sizes was often difficult. Personal hygiene items, such as toothbrushes and laundry supplies, were also highly valued.

3.2.2. Physical health

Relatively few comments centered on utilization of medical services; however, when discussed the young people spoke of free clinics that provided supplies aimed at safe sex practices (condoms, lube), medication, free OB/GYN exams, and drug-related services, such as needle exchange programs. Others spoke of their own specific health needs and how these were ameliorated. For example:

Like I have diabetes and they helped me with my prescriptions… I’ve struggled to try to you know to jump emergency rooms to get my insulin… the [insurance] card makes it pretty easy. For most things it’s five bucks a pop, five bucks for syringes, test strips, five bucks for basic doctor visits. Usually you can get [the five bucks] even if you don’t have it. It’s easy to go to, you know, some other place like a church or something and say, ‘I have a [insurance] card, but I don’t have any income right now’… I’d go weeks without testing my blood sugar because I had nowhere to regularly get tested. Now I don’t have to do that.

3.2.3. Case management/mental health services

Case management and mental health counseling were most useful to participants in negotiating social service systems and advocating on their behalf. Case managers were described as those who could speak with the ‘right little catch phrases’ and facilitate the process of referrals and arrangements with various service systems. They provided assistance that reflected the needs of these young people, such as help with finding a job or housing, getting identification (required by some service organizations), and locating emergency supplies. For example:

…having somebody who will like come with you (to appointments with social services)… I have anxiety, and I won’t do things because I get intimidated about it, and I’ll just keep putting it off, but if I have somebody like a case manager that can come with me, kinda pushing me, it helps a lot.

Other youth spoke of more intangible assistance provided by case managers, such as developing goals and identifying strategies to successfully accomplish those goals. Having another individual who was focused on helping them to attain their goals was often necessary to keep them motivated and working toward positive outcomes. Youth noted that having someone help them develop a step-by-step plan and work with them to achieve the goals created feelings of independence and personal achievement.

3.2.4. Employment/transportation/financial assistance

A variety of other services were also mentioned, such as outreach services that offered bus passes, help with obtaining identification cards, and providing access to phones and the internet. Financial assistance was also common in terms of rent, utilities, and school tuition. Employment opportunities were often available, as were clothing vouchers for job interviews and regular employment. Employment opportunities were often described as being instrumental in the youth’s efforts to transition off the streets: ‘They help us get a job and stuff, ID and stuff, help us get on our feet… get us started in stuff to be off the street’.

3.3. Helpful services and providers

Although youth described basic services as most important to street survival, helpful providers offered more intangible assistance. Participants noted the importance of relationships between themselves and providers. They responded favorably to respectful, empathic, and pet friendly providers who were
supportive and encouraging, and who empowered them to help themselves. These young people were drawn to providers that conveyed openness and acceptance, emphasized building trust, and instilled hope. They articulated their need to have service providers express genuine interest in them, work with them to attain the goals they had set for themselves, and believe in their abilities and strengths.

3.3.1. Caring/sensitive to homeless issues

Participants spoke of the importance of staff truly caring about them and not simply working with them ‘for a paycheck’. Caring was described in terms of being welcoming when participants arrived at a service agency, being asked for their opinions, and being perceived as an important person.

They didn’t like you know just ask me how I was doing because they got a check list and that’s what they are supposed to do—I mean they really seem to genuinely care about my welfare.

she’s (staff member) a mother figure for some of those of us who didn’t really have a good mother figure in our lives.

Participants described the importance of staff understanding the cultural environment of the street in which the youth lived. The participants in this study indicated the need for service providers to recognize the unique difficulties inherent in homelessness, have a clear understanding of what it means to be homeless, and grasp issues that must be dealt with on a daily basis. Providers were highly valued if they could enter the world of homelessness to be attuned to the needs, circumstances, and the perils of living on the street. The participants appreciated ‘people who have already been there—who, like, know where you’re coming from’ because these staff could relate to their street experiences, difficulties, and needs. They also appreciated services that accounted for the difficulty of life on the streets and provided resources aimed at surviving on the street.

3.3.2. Encouraging/motivating

Case managers and other staff were identified as sources of encouragement and motivation. Providers that encouraged goal setting and remaining motivated concerning those goals were viewed as especially helpful. The participants appreciated providers for encouraging them to take personal responsibility by facilitating goal setting, planning, and achievement. These young people believed that the internal motivation for change was their ultimate responsibility and choice. They recognized that services were available if they chose to make use of them; however, for those who did not want to leave the streets, no service provider or program could change their desire or outcomes.

For example:

my case manager… she gets stuff rolling… because she’ll keep you going, man, she’ll like make you get stuff done… she will pull you off to the side and she’ll be like you’re going to do this now… she’ll stay on you…Yeah, that’s helpful man, because if I was out here on my own, I would just get lazy, dude. I’d be like fuck it, I’m tired of dealing with all this shit.

…it’s like a kick in the ass—if you’re gonna do this—this is how this is going to help you—and they do help you. I mean it seems like a hassle, but it’s a great thing to have because it’s totally motivating or whatever.

3.3.3. Respectful/trusted

Participants emphasized the importance of providers treating them with dignity and respect. They detested ‘lecturing’ and appreciated staff that ‘treat you like adults and not kids who need to be told what to do’. Optimistic attitudes that conveyed empathy, rather than sympathy, and made them ‘feel welcome’ were highly valued.

…one of the things that are helpful is that they’re really paying attention to people’s safety and respecting you as the person that you are and not asking you to change…

Participants frequently commented on the importance of confidentiality and being able to trust providers. These young people needed to feel they could confide in staff members without worrying that the information would be disclosed to others. The young people were particularly concerned that legal repercussions might develop from divulging information; thus, providers with reputations of honoring confidentiality were highly sought.

This is like a major thing—knowing you’re not going to get in any like legal problems…having someone that you can like confide in and you know there is not like going to be any repercussions.

One youth described the importance of trusting the doctor at the free health clinic concerning issues related to drug use.

…it has always made me feel very comfortable that I know that I can ask…like the first time I did a particular drug, I asked the doctor…‘I’m taking this medication and, if I do this, is it gonna kill me?’ She wasn’t like ‘oh, don’t do that’ because she knows that I’m just going to do it whether or not she said [not to]. The thing is, I would have done it and would have died, you know, if she hadn’t told me ‘well, if you take those two things together it can hurt you’…I think having a place you can come to and comfortably ask questions like that and someone’s not going to lecture you is important because a lot of people run away from home because of those reasons.

3.3.4. Pet friendly

Pets (predominately dogs) were identified as a tremendously important part of the lives of these young people. Participants
who had a pet reported seeking services that were ‘animal friendly’ and sought services that allowed or provided for pets. Although non-homeless people asked them if their dog needed food, many of these young people described feeding their dogs before they would take care of their own nutritional needs. They also described how their pets served as motivation to take better care of themselves and stay out of trouble. One youth described needing to have a dog so that he stayed out of jail because the dog required him to care for it. They spoke of their pets as providing emotional support, love, and safety.

It gives you somebody to talk to—I mean my dog is my home—he keeps me warm when it’s cold and gives me somebody to talk to when I’m walking down the highway.

I sit there and have conversations with her [dog]—she’s actually the only thing that kept me sane on the road.

3.4. Unhelpful services and providers

Youth participants voiced gratitude for available services; however, they also described services and providers that they found impractical, unsupportive, and unhelpful. Criticism encompassed both concrete and intangible characteristics.

3.4.1. Unsuitable/unsafe environment

A great deal of conversation among the youth participants concerned the lack of suitable facilities, particularly in shelters. Their discussions of various drop-in centers and shelters across the country revealed the unsafe conditions and neighborhoods in which they operate. The facilities were often described as located in ‘back alleys’ so that ‘normal people’ would not have to be ‘exposed’ to the homeless young people. Many facilities were dirty, provided poor quality food, required attendance at religious services before meals were served, and required extremely long wait times to access laundry and shower facilities. In locations where shelter services were not available for young people, they were forced into shelters with the adult homeless population where victimization was common.

It’s like it breeds crack addiction. There’s so many hookers...they all be drug addicts over there. There’ll be drunks and there’ll be so many germs. Dirty, nasty, it’s like a dungeon. The bathrooms are scary, nasty, I swear they have cockroaches in there. I don’t even want to go in there. It’s like it just dilapidated, falling apart. Like there’s 8 shower heads in there and today, for instance, only 2 of them work.

3.4.2. Access/inefficiency

Other participants described the cumbersome process of accessing services. They reported that attempting to access services was often so difficult that the process itself discouraged service use. Many felt that if they needed a particular service, they had to ‘jump through hoops’ and complete extensive amounts of paperwork; the effort often resulted in simply giving up. In addition, these young people often felt they had to choose between trying to find a job and eating because many services to the homeless were open or serving food only during regular business hours. Simply recognizing the unique needs of this vulnerable population and increasing the accessibility of services to meet their needs would relieve some of the discomforts of homelessness. One participant described a typical day:

To get cleaned up is like a trek. You wake up, you’re clear across town, you gotta get up, smoke your cigarette, get on the bus, cruise downtown, deal with a whole bunch of obnoxious crack fiend people to take a shower, in a shower I would dare you to put your barefeet on that floor because they’ll be ate apart. And then you gotta, and if you want to do laundry, you gotta fight with a million tramps that all they do is sit around and drink and do drugs all day long. And it’s not a positive experience, and it makes you not want to care, man. It’s just disgusting and you got to sleep with like your shit chained to the bed because somebody’s gonna fuck with it. Like if you don’t bolt it down, it’s moving. I’d rather go sleep under a bridge.

3.4.3. Rigid/unrealistic expectations

Participants suggested that many times providers were inflexible concerning the requirements needed to ‘get something done’, as ‘[providers] were too by the book’. The young people explained that some problems were nearly impossible to overcome on their own due to the transient nature of homelessness and the barriers associated with living on the street. Simply protecting their belongings and maintaining important documents over an extended period of time became extraordinarily difficult when living on the street. As one youth noted,

Expecting somebody who has been on the streets for four or five years—the reason they are here—or even six months—to have just like basic, basic things—like to have an ID—or you know—you get jacked all the time down here—and a fucking social security card—that stuff’s hard to hang onto when you are on the street and you are living out of a backpack you know. It’s not like it’s an easy thing or like we can oh just go down to the DMV and get our ID...because we don’t have the $25 it takes or the proof of who we are or the proof of where we live. I mean it’s ridiculous.

In addition, homeless services are not necessarily found in a confined area of the city. Drop-in services may be miles from the nearest shelter; therefore, it may be necessary for these young people to spend a great deal of time traveling from one location to another to access needed services. Along these same lines, youth resented providers who made acquisition of services contingent upon some arbitrary requirement, such as participation in religious services. It is clear that these challenges result in limited service utilization.
3.4.4. Disrespect

Participants reported feeling providers were often disrespectful, condescending, and rude. They resented being treated as ‘dumb street kids’ who were talked to as though they were younger, less intelligent, and less mature than they actually were. These fiercely independent young people view their ability to survive on the street as an exceptional strength; therefore, little trust was developed with service providers they viewed as treating them improperly. As some participants stated:

I’ve been to a lot of drop-ins and feedings and those sorts of things where the staff...they’re just mean to you—like they think you are a piece of shit because you are a homeless person.

When you go to a church or you go to some place to seek assistance, that’s the last place where someone should treat you that way...someone shouldn’t treat you like shit just because you are asking for help.

In addition, providers were viewed as paternalistic or condescending if these young people felt they disregarded their autonomy and independence. The participants appreciated assistance, but were offended when providers ‘do everything for you and don’t let you try to succeed or do it on your own’.

I’m educated enough to have my own sense of what I’m doing or whatever—please let me do this on my own—that’s the whole point—you’re just there to help—not there to do this for me—you know—God, it’s so frustrating!

4. Conclusions

It is clear that homeless youth and young adults suffer from stigmatization and social isolation as they are a population largely marginalized from society. They are without families, have limited power over much of their environment, and reside in hostile settings where personal safety is often at risk. Living on the street often leads to adoption of survival strategies that further alienate them from societal norms. Services have been developed to meet the needs of these highly vulnerable young people and service providers are in a prime position to offer a vital connection between these young adults and society. Providers can play an important role in assisting them to transition off the streets and develop a more stable lifestyle. However, findings of this study highlight the necessity of these youth’s endorsement and support for services and providers if attaining desired outcomes is possible.

Much of the discussion by the youth and young adult focus group participants supports previous research concerning their level of service utilization. For example, previous research (Brooks et al., 2004; Reid & Klee 1999) has shown the most frequently and widely used services are those targeting subsistence, such as food, shelter, clothing, and financial assistance. This suggests a widespread awareness and need for these services. On the other hand, these young people do not frequently seek medical care. One study found that of 125 homeless youth respondents, 62.5% reported physical health problems such as colds, flu, weight loss, and skin problems due to life on the streets; however, few sought medical treatment for these conditions (Reid & Klee, 1999). Similar to the current study, respondents focused little on health issues and were leery of approaching health care professionals. They see barriers to service use as impractical hours of operation, dirty/unsafe environments, and unrealistic expectations by providers. They want services where they are treated with respect and can trust providers to maintain confidentiality. Therefore, an environment that is flexible, easily accessible, respectful, and clean would likely improve utilization (Rew, Chambers, & Kulkarni, 2002).

Provider characteristics are also an important component of service delivery. Similar to previous studies (Karabanow, 2003; Robertson & Toro, 1998), youth participants voiced the need for independence and control over their own lives. They resist providers who treat them ‘as younger than they are’ and do not respect their fundamental need for autonomy (Kidd, 2003). As many of these youth have escaped home environments marked by violence and hostility and have learned to survive the challenges associated with living on the street, they become accustomed to meeting their own survival needs (Rew & Horner, 2003). As services to homeless youth are totally voluntary; therefore, greater weight must be given to their preferences and needs than is required in other youth-oriented programs (Karabanow & Rains, 1997). Some (Rapp, 1998) suggest that growth takes place when an individual’s strengths are channeled toward goals set by that individual; thus, providers must be careful not to threaten the individuals’ self-sufficiency and develop a relationship of support that meets the needs of these youth as opposed to dictating to them (Blankertz, Cnaan, White, Fox, & Messinger, 1990; Fest, 2003). Thus, successful providers engage the youth in the process of change by recognizing the importance of encouraging active participation with the youth in developing goals and working towards achieving their desired outcomes.

Some of the topics generated by participants in the present study provide new insight into the perceptions of homeless youth and young adults. Much of the literature concerning this youth population describes them as victims; being pushed out or running away from highly dysfunctional and abusive families. Participants, however, voice resentment at being viewed as victims. Many describe a level of choice concerning their entrenchment in street culture, pointing out that their families are not to blame for their choice to live a ‘traveling life’. They want to be free of ‘society’s ties and expectations’, accept responsibility for their choices, and are satisfied with those choices. Fest (2003), a long-time advocate of street-dependent youth, believes that it is often easier for adult helpers to view these youth as victims of circumstances beyond their control. Although this may be true to a large extent, especially during early stages of homelessness, these young people appear to choose an environment where they are free to define their own success. They feel that life on the streets is
their best option for meeting needs. Providers who make judgments and decisions based on their own values and beliefs will likely misjudge situations associated with these youth, resulting in services that do more harm than good (Fest, 2003).

5. Study limitations

Caution is warranted regarding the application of results of this study to other homeless young people in other settings due to several weaknesses. First, focus group methodology was chosen because of the efficiency of data collection and capacity to incorporate group interactions; however, these strengths also create concerns as groups have a tendency to create conformity among some members to group norms. This results in some members not discussing issues that they might in one-on-one interviews. ‘Polarization’ may also occur where some participants express more extreme views in a group situation than they would in individual settings (Sussman, Burton, Dent, Stacy, & Flay, 1991). Finally, the convenience sample was drawn from one city in the US where restrictions were placed on identifying various characteristics; therefore, questions concerning validity of this sample of young people may be questioned. For example, it is unclear how different/similar these homeless young people are concerning their level of transience compared to others across the county. Some research has shown that in San Francisco 78% of homeless youth come from outside the state (Kennedy, 1991), while only 10% of programs in Southeastern states report youth coming from outside the state (Kurtz, Jarvis, & Kurtz, 1991). Thus, further research is needed to corroborate these results among other similarly situated young people in various cities across the country.

6. Lesson learned

The results of this study provide valuable lessons for helping professionals engaging with young people who are homeless. It seems clear that for services and providers to be accepted by this group of youth and young adults, they must be supportive, accommodating, and caring. Developing a strong, trusting relationship with these young people that allows them to remain in control is needed if services are to be effective (Littell, Alexander, & Reynolds, 2001; Rice & Sanoff, 1998; Slesnick, 2001). Service providers must foster a positive working alliance while recognizing the complexities of street survival (Blankertz et al., 1990). When developing services it is crucial to include these fundamental elements in order for the unique needs of these youths to be met. Assisting these young adults to move from the streets into developmentally-appropriate, stable living situations will likely prevent them from becoming part of the adult homeless population (Simons & Whitbeck, 1991).

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