

Support Intervention for Homeless Youths

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Purpose and Goals

Homelessness is a significant problem among youths in major urban centres. It is associated with alcohol and drug use, violence, and gangs (Baron, 1999), crime (by both victims and perpetrators) (Gaetz, 2004), decreased physical and mental health (Commander, Davis, McCabe, & Stanyer, 2002), and sexual assault (Baron, 1997). Despite the reported beneficial effects of social support in decreasing depressive symptoms (Commander et al.) and enhancing mental health (Votta & Manion, 2004), most service agencies offer structural support (i.e., shelter and food) at the expense of emotional, affirmational, and informational support. There is a paucity of data on the provision of social support for homeless youths through peer and group mentoring, both in Canada and globally, and limited understanding of how to design and implement mentoring interventions to reduce negative outcomes for youths at risk (Bellamy, Springer, Sale, & Espiritu, 2004).

The purpose of this study by a team of nurse researchers was to (1) assess the support needs and support intervention preferences of homeless youths; and (2) pilot test a comprehensive support-education intervention for homeless adolescents that optimizes peer influence, reduces isolation, and enhances functioning.

In Phase I of the study, we assessed support needs and support intervention preferences from the perspective of homeless youths and personnel from various community agencies that serve homeless youths in Edmonton, Alberta, Canada. The 2006 homeless count in Edmonton revealed 2,618 homeless persons, 21% of whom were under the age of 30 (Homeless Count Committee, 2006). We conducted in-depth individual interviews with 19 homeless youths and 18 service providers, to elicit perceptions of coping strategies (e.g., support seeking) for managing stressful situations, services/supports available and accessed, experiences with support programs, priority support needs, and preferred support interventions, including intervention level (e.g., dyad or group), mode (e.g., face-to-face), and agents (e.g., peers, professionals). These interviews revealed that resources were needed to provide all forms of support — emotional, affirmational, instrumental (practical), and informational.

Follow-up group interviews were conducted with service providers ($n = 9$), homeless youths ($n = 14$), and previously homeless youths who had made the transition from homelessness ($n = 3$), to elicit feedback on the relevancy of the proposed intervention, including format and logistical issues. Qualitative data from the follow-up interviews affirmed that the most beneficial type of support intervention would include group support with the opportunity for one-on-one support.

Perceived support needs and support preferences elicited during Phase I interviews guided the development of the Phase II support intervention program. Fifty-six homeless youths between the ages of 16 and 24 who either were experiencing homelessness or were in transition from homelessness participated in the support intervention. The intervention consisted of weekly sessions of approximately 2 to 3 hours over a period of 26 to 31 weeks. Time was allotted for one-to-one interaction between youths and mentor(s) during each group session, which was centred on a recreational group activity. Intervention agents (i.e., group facilitators, mentors) included both peers (former homeless youths) and professionals (social service or health professionals who had expertise working with street youths). The peer mentors built relationships with the youths based on their similar life experiences, and the community and professional mentors were able to connect with the youths through role modelling, provision of information, encouragement, and understanding. It was hypothesized that, following the support intervention, homeless youths would report decreased support needs, increased support satisfaction, decreased loneliness, increased support-seeking coping, and decreased high-risk health-related behaviours. At pre-, mid-, and post-intervention points, we collected qualitative data on the impact of the intervention, support intervention processes, satisfaction with the intervention, and suggestions for improvements; and quantitative data on coping strategies, healthy behaviours, perceived self-worth, feelings of loneliness and isolation, and increase in and satisfaction with social support.

Partners

Partnerships were developed with 14 agencies/organizations at the local ($n = 11$), provincial ($n = 1$), and national level ($n = 2$) (see Appendix 1). These partner agencies provided input on recruitment, screening, and training strategies for intervention agents (peer and professional mentors); strategies for recruiting youth participants; and methods for addressing logistical issues (e.g., transportation, volunteer insurance, program location). The three community partners provided space for the intervention and professional mentors. A Community Advisory Committee was set up to guide the implementation of the intervention (see Appendix 1).

Stage of the Project

Qualitative data revealed enhanced emotional and mental well-being, diminished stress, increased sense of equality and esteem, and decreased sense of loneliness following the support intervention. The quantitative data reinforced the finding of a significant decrease in loneliness over time and, although not statistically significant, an increase in size of social network following the support intervention. These homeless youths also reported an expanded repertoire of coping skills. Some youths reciprocated by offering support to other support-group participants. The youths reaped benefits from the intervention through social learning and social comparison because they could relate to other youths who had similar experiences and goals. The youths recommended that funding be provided for similar support interventions. The intervention fostered research capacity through (a) recruitment, screening, and training tools developed for intervention agents; (b) opportunities for peer and professional mentors to gain experience working with at-risk populations and increase their knowledge of homeless youths and available resources; (c) opportunities for peer/professional mentors and partner agencies to become involved in research and expand their capacity and skill development within a participatory action approach; and (d) opportunities for partner agencies to adopt a pilot-tested program. This study provides knowledge critical for designing effective mentoring support interventions for homeless youths/youths at risk. The study also provides insights into the challenges encountered in research with this highly vulnerable population.

Dissemination of the findings included a report to the funder; presentations at local, regional, national, and international forums; and preparation of papers.

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Appendix 1 *Community Partners and Community Advisory Committee*

Community Partners

Boyle Street Co-op

Old Strathcona Youth Co-op

Edmonton City Centre Church Corporation's Kids in the Hall program

Community Advisory Committee

Edmonton City Centre Church Corporation
(Crossroads, Kids in the Hall)

Catholic Social Services

Youth Coalition Against Poverty

Boyle Street Co-op

Government of Canada – Human Resources Development Canada

City of Edmonton Community Services

Edmonton Inner City Youth Housing Project

Association for Youth-in-Care – Edmonton

Youth Emergency Shelter Society

Alberta Mentoring Partnership

Old Strathcona Youth Co-op

Big Brothers Big Sisters