

Evidence Summary

Outreach Interventions for Youth Homelessness

October 2019

Highlights

- ▶ **Very little research** examines the effectiveness of outreach services intended to engage young people who experience homelessness and connect them to services and supports.
- ▶ The three studies included in this review all examined **strengths-based outreach and advocacy**.

Overview

The **Voices of Youth Count** initiative's systematic evidence review is the most comprehensive synthesis of evaluation evidence on programs and practices related to youth homelessness to date.¹ Here, we summarize evaluations of outreach interventions for youth experiencing homelessness. The evidence here includes only impact evaluations designed to assess measurable changes in outcomes due to specific programs and practices. Other kinds of evaluation, including assessments of program implementation, processes, or participant experiences, will be summarized and reported elsewhere.

Outreach is a set of activities in which service providers send staff or volunteers directly into the community—often to the streets—to engage individuals who might not otherwise access supports and services. Outreach is a key component of the service continuum for youth experiencing homelessness. Models and approaches involve providing youth with basic supplies, information, and skills, often oriented toward harm reduction, and connecting them with related supports to help them find shelter or housing and exit homelessness. Despite the prominence of outreach interventions in community-level youth homelessness efforts, we found

very few impact evaluations of outreach interventions. Of the 62 studies of 51 programs included in this evidence review, three studies, all part of one broader evaluation, evaluated two variations of a single outreach program.

Evidence Summary

The three studies in our review each compared advocacy-based street outreach intended to connect youth experiencing homelessness to youth drop-in centers or (primarily adult) homeless shelters. Findings indicate that youth receiving the service linkage to a drop-in center versus crisis shelter had a higher number of service linkages overall and greater improvements in some substance use and HIV-related outcomes. Youth preferred drop-in centers over crisis shelters. Participants in outreach programs, irrespective of the connection, reported decreased substance use and depression along with increased self-efficacy and general physical and mental health. These overall gains imply benefits related to strength-based outreach and advocacy irrespective of the type of service connection. However, because these studies lacked a control group we cannot rule out the possibility that these improvements were due to factors other than the intervention.

1. For detailed information about our evidence review methods and findings, please refer to Morton, M.H., Kugley, S., Epstein, R.A., & Farrell, A.F. (2019). *Missed Opportunities: Evidence on Interventions for Addressing Youth Homelessness*. Chicago, IL: Chapin Hall at the University of Chicago.

Included Studies of Outreach Interventions

Description	Study design*	Results
Strengths-based outreach and advocacy (SBOA) plus youth drop-in linkage (Slesnick et al., 2016; 2017; Guo & Slesnick 2017)		
Six months of advocacy within a strengths-based outreach program designed to assist youth experiencing homelessness (14-24) to access needed services. Linkages were made to a youth drop-in center.	Randomized evaluation comparing two types of service linkages; effectively a pre-post evaluation with no service-as-usual comparison for the assessment of the outreach intervention (n=79)*	Improved substance use, social-emotional well-being, and service connection outcomes.
Strengths-based outreach and advocacy (SBOA) plus shelter linkage (Slesnick et al., 2016; 2017; Guo & Slesnick 2017)		
Six months of advocacy within a strengths-based outreach designed to assist youth experiencing homelessness (14-24) to access needed services. Linkages were made to a youth drop-in center.	Randomized evaluation comparing two types of service linkages; effectively a pre-post evaluation with no service-as-usual comparison for the assessment of the outreach intervention (n=79)*	Improved substance use and social-emotional well-being outcomes, but improvements were generally greater with the drop-in linkage group (above).

* All evaluations, even the most rigorous, have some risk of bias. Bias is especially likely when an evaluation lacks a credible comparison group to assess what would have happened without the intervention. Without such a comparison group, we can't know if changes occur (for example) because youth got older, they were already motivated to improve, or due to other influences in the young person's life. We indicate evaluations as "high risk of bias" if they lack a "usual services" comparison or control group, or if the group was created without specific efforts (like statistical matching) to create comparable groups. Without similar comparison groups, findings are interpreted with additional caution. In some cases, it is necessary to rely on less rigorous studies to inform interventions while we await additional evidence.

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