

## **APPENDIX 3:**

### **SERVICE PHILOSOPHY AND KEY PRINCIPLES FOR PROJECT IMPLEMENTATION**

It is essential that traditional and non-traditional services available to youth and young adults incorporate key principles and philosophies into project design and implementation to enhance accessibility and relevancy of support available to YYA. Below is a brief overview of core concepts that have guided our planning work and which all funded projects will be expected to incorporate into service provision.

#### **Housing-First Approach**

Core principles of a housing first approach for youth include:

- i. A Right to Housing with No Preconditions**
- ii. Youth Choice, Youth Voice and Self-Determination**
- iii. Positive Youth Development/ Youth Thrive (PYD/ YT) and a Wellness Orientation**  
**Including:**
  - **Trauma Informed Care**
  - **Harm Reduction**
  - **Family Engagement**
- iv. Individualize, Client-Driven Supports**
- v. Social Inclusion and Community Integration<sup>1</sup>**

VT YHDP funded projects will need to define how they are incorporating these principles into project design. Further discussion of these principles is below.

#### **i. A Right to Housing with No Preconditions:**

A fundamental aspect of the Housing First model is the paradigm that housing is a right and youth should be provided housing without first having to prove they are “ready” (often through abstaining from substance use, engaging in treatment or counseling programs, or having a certain level of income to be able to contribute to housing costs). Everyone is ready for a home. Service plans can include building independent living skills and gaining employment, or other goals as appropriate for each youth, but obtainment of those goals should not be a barrier to housing.

#### **ii. Youth Choice, Youth Voice and Self-Determination:**

Choice means young people have a say in their housing and supports. Youth voice means young people with lived experience have an input in how services they use are designed, there should

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<sup>1</sup> Homeless Hub, This is Housing First for Youth: a Program Model Guide, <https://www.homelesshub.ca/HF4Y>

be adequate means to provide feedback. Self-determination means the young person is supported in setting their own goals, with timelines that are developmentally appropriate.<sup>2</sup>

### iii. Positive Youth Development/ Youth Thrive (PYD/ YT) and a Wellness Orientation

According to Youth.gov:

*Positive Youth Development (PYD) is an intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.*<sup>3</sup>

Positive Youth Development favors client driven leadership and skill-building opportunities under the guidance of caring supporters. It looks at young people as assets to be developed and gives them the means to build successful futures. Some of the elements that can protect young people and put them on the path to success include family support, caring adults, positive peer groups, a strong sense of self and self-esteem, and involvement at school and in the community.<sup>4</sup>

In Vermont, YYA serving agencies have begun to adopt the Youth Thrive (YT) framework.<sup>5</sup> There are trainers in each community that can support agencies adopting YT. Youth Thrive is a research-informed model that combines that most current science about adolescent brain development, trauma, resilience, and the importance of social connections into one framework to ensure young people in our care thrive as evidenced by: physical and emotional health; success in school and workplace; ability to form and sustain caring, committee relationships; hopefulness and optimism; compassion and curiosity; and service to community, school, or society.

These outcomes are achieved through ensuring programs:

- Build protective factors that support youth resilience
- Create opportunities for social connections that help youth find meaning in their lives
- Train staff in adolescent development
- Provide concrete supports in times of need
- Support YYA in developing cognitive and social-emotional competence.

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<sup>2</sup> Report of the study session organised by FEANTSA Youth in Cooperation with the European Youth Centre of the Council of Europe, <https://rm.coe.int/feantsa-youth-final-report-study-session-2017/16807724c9>

<sup>3</sup> Interagency Working Group on Youth Programs, January 2019, <https://youth.gov/youth-topics/positive-youth-development>

<sup>4</sup> <https://www.acf.hhs.gov/fysb/positive-youth-development>

<sup>5</sup> Center for the Study of Social Policy, <https://cssp.org/our-work/project/youth-thrive/>

Youth serving projects should be intentional about how programs and interventions will build in opportunities for youth to strengthen protective and promotive factors and reduce risks, and include youth in the planning process for such interventions. Projects will be strengthened when they involve and engage youth as equal partners. *A list of Youth Thrive protective and promotive factors is included in this appendix.*

In addition to building services centered around these frameworks, an over-all wellness approach should be integrated into services. Working in partnership with local service agencies, housing providers should ensure availability of individual and peer counseling, substance use treatment, health care, mental health care, dental care, and other wellness services to ensure client needs are addressed holistically. All services available for youth should be delivered through Trauma-Informed Care and Harm Reduction models. And whenever possible and in the best interest of the client, work should be done to engage a client's family.

- **Trauma-informed Care (TIC)**

The Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a working definition of trauma:

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.<sup>6</sup>*

Ensuring that care is trauma-informed requires youth care workers to recognize the impacts that traumatic experiences can have on youth, as well as how that trauma may present (such as through feelings of shame, guilt, rage, isolation, or disconnection).

VT YHDP funded projects need to tailor their services and interventions to each individual youth's needs and include strategies for building social supports and relationship building. Youth care workers need to be regularly trained to recognize the presence of trauma symptoms and to consider the unknown history of each youth during interactions, in addition to their known trauma points and triggers.

TIC in action looks like making sure a client is informed of their choices in a way they understand, given power and support to make those choices, and instilled with a sense that they have control over their own life. TIC practitioners make sure they are helping a youth see what next steps are ahead and help identify potential consequences and outcomes of different choices, but they do not make those choices for youth. They work with youth to avoid triggers by ensuring a youth knows what to expect out of meetings together, and help youth prepare for other community partner meetings through support for strategically sharing their stories without having to risk their sense of safety in doing so.

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<sup>6</sup> Substance Abuse and Mental Health Services Administration (SAMHSA), 2012

Trauma-informed practitioners can help the youth:

- Understand and frame their prior experiences
- Build resilience and positive beliefs about the future
- Address developmental strengths and deficits related to trauma and continue to develop along a health trajectory
- Transform maladaptive coping methods into healthy and productive strategies
- Develop protective factors, such as a sense of belonging and personal value
- Give youth power, choice and control over their own lives

- **Harm-Reduction**

Harm-reduction methods support positive changes in youth by helping them recognize harmful situations and working with them to build transparent plans for how to reduce their risk through more informed decision-making. It neither condones nor condemns any behavior. According to the National Health Care for the Homeless Council, “a basic assumption in this approach is that clients want to make positive changes and the skilled clinician uses motivational strategies to help clients move along the change continuum as far as possible.”<sup>7</sup>

Harm-reduction takes the place of abstinence-only policies and procedures. Examples of harm-reduction procedures include:

2. Distributing sleeping bags and warm clothing to youth who choose not to enter shelter
3. Reviewing policies and procedures to determine if they create unnecessary consequences and barriers or place judgments on youth accessing supports due to substance use
4. Providing condoms, information about STD/HIV prevention and treatment, and supports for communicating sexual boundaries to youth who are engaging in risky sexual behaviors

Balancing harm-reduction approaches with safety of all participants in youth settings can be challenging, but creating programs that transparently address behaviors and consequences with youth and young adults builds respect, trust and dignity for YYA into service provision.

- **Family Engagement**

For youth and young adults for which it is safe, family engagement should be a priority part of programming, even for youth who are over 18. Family engagement is the systematic inclusion of families in activities and programs that promote youth’s development and wellness. Just as youth voice should be central to case management, so should families. Families can also be key partners in design and development of projects designed to support youth and young adults.

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<sup>7</sup> [https://www.nhchc.org/wp-content/uploads/2011/09/harmreductionFS\\_Apr10.pdf](https://www.nhchc.org/wp-content/uploads/2011/09/harmreductionFS_Apr10.pdf)

#### **iv. Individualize, Client-Driven Supports**

Young people are unique, and so are their needs. Housing services should realize that young people's needs evolve and develop over time. How we support them will therefore change and needs to be flexible. Supporting vulnerable youth in the transition to adulthood requires time to build a trusting relationship, and acceptance from the support worker that what the young person may want is not what they themselves would want.<sup>8</sup>

#### **v. Social Inclusion and Community Integration**

Community Integration and social inclusion is the opportunity to live in the community and be valued for one's uniqueness and abilities, like everyone else.<sup>9</sup> Through integration, we reduce the stigmatization of YYA experiencing precarious housing and homelessness and normalize their lives. Integration also provides opportunities to increase social connections and strengthen YYA's connections to people who care about them and can help when needed.

Community integration and inclusion creates opportunities for YYA to connect with peers and caring adults, develop their skills, and use those skills to contribute to their community. Community integration offers programs an opportunity to not just focus on the problems a young person might be facing, but shift towards a strength-based approach that encourages and affirms their sense of value.

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<sup>8</sup> Report of the study session organised by FEANTSA Youth in Cooperation with the European Youth Centre of the Council of Europe, <https://rm.coe.int/feantsa-youth-final-report-study-session-2017/16807724c9>

<sup>9</sup> Salzer, M.S. (2006). Introduction. In M.S. Salzer (ed.), *Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook*. Columbia, MD.: United States Psychiatric Rehabilitation Association.