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Best Practice Guides for Future Youth Workers

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Best Practice Guides for Future Youth Workers
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Abstract

Transitioning to adulthood is not always easy and can be especially difficult for youth who are vulnerable. Youth can be vulnerable when they are critically ill, homeless and pregnant, or when they are aging out of the foster care system. A best practice guide for working with each of these vulnerable populations was created using Positive Youth Development principles. These guides also include evidence-based information regarding best practices, job requirements, duties, programs and approaches, etc. The best practice guides are meant to help prepare future youth workers to encourage positive youth development in our youth.

Keywords: critically ill youth, foster care youth, homeless and pregnant youth

Introduction

At some point in the lives of adolescents, many may experience a crisis, or find themselves in a vulnerable position. Fernandes-Alcantara (2018) shares that there is no overall definition for what constitutes a "vulnerable" or "at risk" youth and it is believed that these terms should not be used and youth are being misinterpreted when referred to using these terms. It is clear that there is a lack of a proper definition for youth who are in crisis, therefore, it needs to be further investigated. Regarding a report conducted by Fernandes-Alcantara (2018) "youth" are considered those who fall between the ages of 10 to 24. With this definition, there are currently 64.1 million youth in the United States (Fernades-Alcantara, 2018). Though traditional definitions include youth ages 12 to 18, youth often begin puberty early, or are still transitioning to adulthood even in late adolescence; therefore, this definition of youth includes ages 10 to 24 years old.

One of the ways in which youth can experience vulnerability is due to a health condition. McManus et al. (2013) stated that, in 2013, there were an estimated 4.5 million youth ages 12 to 18 who were in need of special health care assistance in the United States and 40% of these youth had received transitional services to adulthood. They further discussed several difficulties these youth experience during their transition to adult services. With the relationships established between the staff, patients and their families, it has been proven to be a difficult transition because youth are leaving those well established relationships they developed as children. It has also proven to be difficult on the patient and the family to trust new people, and leave a very familiar and comfortable place. A second way in which youth can find themselves in a vulnerable situation is if they are homeless. Crawford, Trotter, Sittner Hartshorn, and Whitbeck (2011) shared a skyrocketing number of 1.6 million youth under the age of 18 who are

considered homeless or runaway, and between 6%-22% of those youth are pregnant. Unfortunately, little information and research is conducted on the topic of pregnant homeless/runaway youth and as a consequence, little information is known about the homeless youth's pregnancies, or what happens to their child/children. A third way in which youth are vulnerable is when they age out of the foster care system. In 2014, the U.S Department of Health and Human Services (2015) shared that there were over 24,000 youth who aged out of the foster care system (as cited in Rome & Raskin, 2017, p. 530). Further, because youth aging out of the foster care system are often at risk regarding negative outcomes such as homelessness, health problems, school drop out, unemployment, or poverty, due to lack of assistance and knowledge (Rome & Raskin, 2017). It is important to help with this transition period as much as possible to encourage as much success as possible.

Because there are many ways in which youth can find themselves in vulnerable situations, especially as they transition to adulthood, it is imperative that individuals who want to enter human services or youth work as a career have the information they need to decide which population they would like to support. A creation of best practice guides for potential youth workers who are interested in working with critically ill youth, youth aging out of the foster care system or pregnant homeless youth will be created. Having best practice guides for future youth workers who may be interested in working with any one of these populations or even an overlap between the populations is essential, as they can learn about best practices in each of the respective areas. Undergraduate students, academic advisors, or youth workers who are unsure of what path they want to take are all individuals who could utilize these best practice guides. These guides will ensure that new and future youth workers have basic information before going into their place of work.

Literature Review

Vulnerable youth may experience different risks or situations throughout their lifetime and have a difficult time transitioning to adulthood. According to Zhou, Roberts, Dhaliwal, and Della (2016), there has been a debate regarding when the transition should occur for several different reasons. First, a late transition can lead to poor outcomes due to the late exposure to adult settings and lack of independence. However, an early transition could cause increased risks of psychosocial issues. The transition can be a very anxious, worrisome, and a nerve racking experience that is hard on the individual. While working with vulnerable populations it is important to understand the preparation, awareness, and discussion that goes into helping our youth transition to adulthood.

Fernandes-Alcantara (2018) mentioned that not every vulnerable youth will encounter negative situations or outcomes; however, there are risk factors that can influence a variety of outcomes for the involved vulnerable youth. These risk factors include but are not limited to poverty, family instability and dysfunction, child maltreatment, violence, lack of school and community resources and environments, residential mobility, minority status, and being critically ill. If children experience two or more of these risk factors, then they are especially vulnerable. Specifically, Zocca (2018) mentioned that chronically ill youth are more likely to struggle with risk factors including psychological problems like, depression.

Youth who are in Foster Care

The first topic to address regarding the best practice guides for new youth workers is youth aging out of the foster care system. According to the Fostering Success Foundation (2019), there are approximately 422,000 children under the age of 18 in foster care in the United States. Nationally, over 250,000 of these children and youth exit foster care every single year and 49%

are reunited with family, 24% exit to adoption, 17% live with relatives, and 8% of them age out

of the system. In 2014, over 24,000 youth ages 18 to 22 aged out of the foster care system and

entered into adulthood (Rome & Raskin, 2017).

       Unfortunately, youth who have aged out of the foster care system are often left with no

support or help and are at risk of experiencing negative outcomes as they make this transition to

adulthood on their own (Rome & Raskin, 2017). Research has shown that youth who age out of

foster care are more likely to experience behavioral and academic issues, and struggle with

employment and housing. Youth aging out of the foster care system may experience an

abundance of risk factors just because of the situation they are put in during this difficult

transition. In fact, Rome and Raskin (2017) state that between 12-14% of youth may experience

homelessness within their first few years of aging out of the foster care system and they are more

likely to be involved with crime and suffer from poor mental and physical health. The most

challenging factor was employment, whether it was changes in employment or unemployment,

solely because these youth were not prepared or ready to fully be on their own and have this type

of responsibility.

       In addition, most of the youth in the system have experienced major trauma and neglect

during their childhood which increases the probability of the youth being asked to leave services

and programs that were provided to them, may cause homelessness, could increase substance

issues and the lack of healthy relationships (Manuel et. al., 2018). Unfortunately, some youth

have made specific decisions or gotten involved in risky situations simply to survive their

childhood which has lead to a lot of stress and risk factors. It is important to ensure these youths

are provided with help and assistance when transitioning to adulthood to encourage success and

good decision making skills.

Fortunately, there are different programs that provides services and assistance to youth who are aging out of the foster care system and transitioning to adulthood. One of the programs is the John Chafee Foster Care Independence Program, which is a program that supports foster care youth up until the age of 21 with mentoring and independent living, among other services (Courtney, Valentine, & Skemer, 2019). Another program is the Chafee Education and Training Voucher program which is an education program attempting to help youth who were placed in out of home care and are aging out of the foster care system. Youth are eligible to enroll and apply until the age of 23 (Courtney et al., 2019). There is also the Annie E. Casey Foundation which is an organization that helps children who are disadvantaged and their families. One of the specific programs this foundation has is Success Beyond 18: A Better Path for Young People Transitioning from Foster Care to Adulthood. This program aims to help the youth in foster care to ensure they have better opportunities and helps them succeed in their adult life (Courtney et al., 2019). Amongst other transitioning programs, these are just a few that really help our youth successfully age out with the help of independent living programs, educational programs, and overall adult living programs.

Youth who are Critically Ill

The second topic to address regarding best practice guides for new youth workers is youth who are critically ill. According to Zhou et al. (2016) there are 4.5 million youth ages 12 to 18 who are in need of special health care in the United States and 40% of them receive transitional services to adult health care. The transition process is often difficult and while pediatric providers often ignore the growth of independence as the youth gets older, adult care encourages the patients to care for themselves and take responsibility of their own health. As a

result, these youth often feel lost and confused because they feel the help and attention is decreasing when transitioning to adult health services (Zhou et al., 2016).

Critically ill youth may have different experiences throughout life depending on their illness and the care available to them which can lead to a variety of risk factors. Parvin and Dickinson (2010) found that some critically ill children experience hospitalization at such a young age which can lead into different risk factors. These risk factors may include a lack of treatment and help, underlying illnesses and issues, and poverty. It may also be difficult for the child and their family to understand the illness that the child is experiencing, and the emotional toll the child and family experiences that could possibly cause further issues. According to Cuello-Garcia, Mai, Simpson, Al-Harbi, and Choong (2018), while in the hospital, just leaving the hospital or during recovery, the patients may experience complications that affect the quality of the recovery which can be a risk factor for the youth and the family. For example, these children may be experiencing neurocognitive, physical or psychological diagnoses and as a result, there is a wide-range of interest in rehabilitation interventions in the intensive care unit for children. As stated by Walker and Kudchadkar (2018) adult and pediatric survivors often experience physical, psychological, and cognitive morbidities which then lead to a slower recovery or functional impairment, which can decrease the quality of life.

Thankfully, there is an overarching program that supports critically ill youth in a health care setting, known as Certified Child Life Specialists (CCLS). A Certified Child Life Specialist is educated and trained to help make a positive impact on those who are suffering an illness or an injury (The Association of Child Life Professionals, 2018). The role of a CCLS is to help the patient and their family with the situation they are experiencing. Often the infant, child, or youth may be experiencing a traumatic or difficult illness or injury, and a CCLS is there to help

improve the emotional feelings, difficult understanding of diagnoses or medical terms and the overall experience. The specialists use evidence-based, developmentally and psychologically appropriate methods that include therapeutic play, the prepping of procedures, different coping skills and information that is meant to help reduce pain, fear, and anxiety.

The Child Life profession was developed in the 1920s to help children in healthcare settings (The Association of Child Life Professionals, 2018). In the mid to late 90s, hospitals started establishing programs and a committee was created to start organizations for the care of children in hospitals. These organizations then started a movement and the programs rapidly grew which lead to the creation of the Child Life Council. Due to all the changes and growth in the 90s, a group was established to ensure the profession moved forward in the 21st century. Today, Child Life Specialists work in healthcare and community settings including both in-patient and out-patient facilities and work with infants, children and youth and their families who are experiencing illnesses, injuries, or going through treatments.

Youth who are Homeless and Pregnant

The last topic to address regarding the best practice guides for new youth workers is youth who are pregnant and homeless. Meadows-Oliver (2006) defined homeless youth as those who sleep in a shelter, make a shelter, sleep in a stranger's house, or sleep on the streets. However, this definition does not cover all homeless youth as some homeless youth sleep at friend's houses or with extended family members. You are considered homeless when you enter any of the above places to stay (Meadows-Oliver, 2006).

According to Crawford et al. (2011), homeless youth pregnancy rates are higher in the United States compared to young mothers who are housed. However, there is very little research on pregnant homeless youth because the rates of homelessness are difficult to find since youth

who are homeless are often hiding or on the move. Unfortunately, we know little about the youth's pregnancy and what happens to them and their child. However, a study found that there has been between 6% to 22% of homeless pregnant youth at any given time (U.S. Department of Health and Human Services, 2011 as cited in Crawford et al., 2011). Furthermore, Meadows-Oliver (2006) found that there are two types of homeless youth. The first type is youth who have became pregnant and chose to leave their house, or the second type which are those who were kicked out of their house because they got pregnant. Additionally, Aparicio et al. (2018) notes that half of homeless youth experience pregnancy at some point during their adolescence.

Pregnant homeless youth may experience a variety of risk factors before, during, or after their pregnancy. Dworsky and Meehan (2012) mentioned many of the challenges these young mothers faced. Some of these challenges are stress, being tired, fear, worry, juggling school and being a parent, and lack of financial resources. In regards to the fathers of the children in this study, the mothers did not speak highly of the fathers and the words "often irresponsible" or "no support" were often used to describe them. As aforementioned, young adolescents are leaving home or getting kicked out of their home once they got pregnant. However, the second factor is that youth who are homeless tend to participate in riskier sexual behaviors compared to their peers who live at home, perhaps because they may not have access to contraception due to being homeless. Both of these factors put these young female adolescents at risk. Risk factors are increased with teenage childbearing, especially those who are homeless because homeless pregnant youth may live in unstable or dangerous living situations, it is less likely that they have support, or can provide basic needs for themselves and their children.

Sadly, there are not very many programs that provide information regarding pregnancy prevention or support in general for youth who are pregnant and homeless (Aparicio et al., 2018).

However, the Wahine Talk is a pregnancy prevention and sexual health program that helps fill the missing piece of lack or programs for our youth. The Wahine Talk is a program that intervenes and ensures youth have the support they need and deserve. The Wahine Talk is a drop in center located in Hawaii that includes meetings, discussions, and decision-making skills with the participants. Once relationships are built, services and information is given and a framework is created to help improve the health and well-being of the youth (Aparicio et al., 2018). Another program is the Homeless Teen Pregnancy Project which is a program for girls who meet the criteria of being 18 and under, are pregnant, have a history of street activity, prostitution, or sex to survive, and are homeless. The goal is to provide the girls with health care, supportive networking services, successful living situations and case management help. This project helps the girls by providing them services such as education, treatments, outreach, counseling, and other social service needs (Borgfordparnell, Hope, & Deisher, 1994). Smid, Bourgois, and Auerswald (2011) mentions that social workers, shelter workers, and health services workers play a special role in the lives of these youths but sadly, there is a lack of programs available for this overall population of youth who are pregnant and homeless.

Positive Youth Development

Positive youth development is an important addition to the best practice guides for new youth workers. According to R. Lerner, J. Lerner, and Colleagues (2011), researchers, youth workers, public policy makers, teachers and parents looked at the development of youth in a different perspective compared to how they do today; adolescents were viewed in terms of what they lacked and were always compared to adults, and it was often that they expected far too much from our youth. Further, G. Stanley Hall as cited in R. Lerner, J. Lerner and Colleagues (2011), researched, viewed and defined the youth stage as '"strum und drang" (storm and stress)"

which in other words wrongly characterized adolescence as a time of great trouble. Sadly, assumptions concluded that adolescents were at risk, broken, and caused many problems due to their behaviors. Then, the emerging of the positive youth development perspective occurred and researchers shifted their views on the youth's life stage and looked more positively at their development and focused on the individuals themselves. After some time, researchers were able to lead into a framework known as 'Positive Youth Development' which views youth as "resources to be developed rather than as a problem to be managed" said (Damon, 2004; Larson, 2000; Lerner, 2005 as cited in R. Lerner, J. Lerner & Colleagues, 2011, p. 9).

   According to Damon (2004) positive youth development focuses on children and youth and their strengths, talents, interests and potential. Positive youth development focuses on helping with problems such as learning disabilities, disorders, substance use, triggers, neglect and abuse, or economic issues. A positive youth development approach picks out those developmental challenges and creates ways to help the youth overcome risks in an educational way which provides a vision for the youth and their future. "The positive youth development perspective emphasizes the manifest potentialities rather than the supposed incapacities of young people-including young people from the most disadvantaged backgrounds and those with the most troubled histories" (Damon, 2004, p. 17). However, positive youth development is not just for those in need, it is for everyone. The Federal Interagency Working Group on Youth Programs emphasizes positive youth development as it engages the youth in positive situations and helps them obtain skills, better attitudes and behaviors which will help them become successful as adults at work, with their family and their overall lives (Fernandes-Alcantara, 2018). Positive youth development pushes youth to participate and engage in their communities, organizations, with peers, at schools, and with family in a positive way.

As stated in Witt and Caldwell (2018) supports, opportunities, programs and services (SOPS) are important to understand in regards to youth development and goal reaching. Supports provide reassurance to the youth that they matter and it is a way to help them reach their goals. Youth can learn and grow from opportunities that are given to them in which they can participate in different situations and settings and learn skills and responsibilities. Programs and services are organizations for the youth to get involved with where positive youth development is promoted and provides the youth with a wide variety of domains that helps the youth gain experience and knowledge. It is an important way for the youth to thrive and learn. The majority of the 10 principles of youth development are focused on thriving. For youth to thrive, youth workers will have to adopt a positive perspective, utilize strengths-based models that are intended to support an increase in knowledge, skills, and behaviors. Because thriving is complex, it "takes a village" to encourage and promote our youth to have a voice. Though one size may not fit it all, it is important to develop youth programs by using international design and evaluation and considering the fit, quality, and dosage of SOPS and work towards sustainability (Witt & Caldwell, 2018).

Lastly, an additional component of PYD is the 6 C's, which are utilized when creating and implementing a youth program – the goal is for the program to support the development of as many of the C's as possible. The 5 C's of PYD are competence, confidence, connection, character, caring and compassion and, when all five are present, it leads to a 6th C, contribution. The Five C's focus on the actions of youths, positive self-worth and self-efficacy, the positive bonds between people, learning social and cultural norms and developing a sense of sympathy and empathy for others. The Sixth C is about contribution and being active in decision making within the community or organization.

Methods

To find academic literature and the information regarding the populations, risk factors, programs and organizations for each group of youth, Web of Science was used primarily, along with a few searches in EBSCOHost and Google Scholar. When creating the best practice guides, information was collected from job sites and professional websites such as indeed.com, study.com, and psychologyschoolguide.net. These websites ensured accurate information regarding education and eligibility requirements were included. Information was also gathered from organizational websites such as childlife.org, voicesofyouthcount.org, and youth-thrive.org as well as government websites such as Youth.gov, childwelfare.gov, and ncbi.nlm.nig.gov. Lastly, information was noted and gathered from Web of Science and Google regarding Generation Z and how to best communicate with them.

Results

Youth who are in Foster Care

The Casey Family Programs (2018) shared that youth in foster care may experience higher rates of trauma and may be more likely to be exposed to and experience violence, abuse, or neglect. Therefore, many organizations are developing trauma-informed approaches to help with the health and well-being of youth who have experienced or are experiencing traumatic situations. Ideally, this approach, when used, will result in fewer placements in the foster care system and improve the foster care system overall. The guide for working with youth in foster care (see Appendix A) includes this framework.

A trauma-informed approach is a framework which provides services that should be merged into programs to help improve the way the program is run (Youth.gov, 2013). This approach includes youth and caretakers so future strategies and planning are created for the

recovery of the youth. Further, the Substance Abuse and Mental Health Services Administration (SAMHSA), which is part of the U.S Department of Health and Human Services, focuses on a trauma and justice plan. Therefore, this approach is to be put into health and similar programs to help reduce the negative effects of trauma and violence. The core principles of SAMHSA's trauma-informed care approach are; realizing what the youth has experienced, recognizes the trauma they have gone through, appropriately responding to them to make sure they feel safe, and resisting re-traumatization. SAMHSA also believes that organizations adhere to the six principles that support the framework for understanding and developing the trauma-informed approach. These principles are ensuring the youth feel safe, providing them with trustworthiness and transparency, as well as empowerment, collaboration and mutuality, giving them with a voice and choice, and helping them with culture, historical and gender issues.

Social workers who work in the foster care system need a minimum of a Bachelor's of Social Work or a related field, or a Master's of Social Work as well as a proper state license (Study.com, 2019). Study.com and Indeed.com provided detailed job ads for jobs related to working with youth in foster care that were available between August 7th, 2019 and August 21st, 2019. These job ads were able to provide accurate information and requirements that were expected and preferred for the job. The ads and information provided were extremely helpful for understanding the expectations and what the jobs as a social worker and a caseworker entail. Study.com (2019) shared that social workers employed by foster care agencies help children become adjusted to different foster homes or situations as well as pair them with appropriate families. Social workers interview children and foster parents and run background checks to ensure the foster parents have a clean background and are able to care for the children. Social workers' jobs are very crucial as they are doing what is best for the children in foster care.

Another, similar job is being a caseworker. A caseworker's job is to make sure foster care

parents are licensed and perform home studies which checks medical, financial, and criminal

backgrounds and ensures the living environments are suitable for the potential children and

visitations. Caseworkers help support foster parents with expenses, medical services, surveys,

and home visits with biological parents.

Youth who are Critically Ill

The second guide (see Appendix B) is for those who are interested in becoming a

Certified Child Life Specialist. Child life specialists help minimize the trauma a child is facing.

The American Academy of Pediatrics (2014) stated that child life specialists are "an essential

component of quality pediatric health care" (American Academy of Pediatrics, 2014, p. 1473)

and now they have become a standard in pediatric hospital settings. According to the Association

of Child Life Professionals (2018) child life specialists are educated and trained in the

developmental impact of illness and injury. These professionals help improve the patient and

family experience during their stay while experiencing a medical situation. Their mission is to

help infants, children, youth and families cope with stress and the uncertainty of injury, illness,

and treatments. The specialists use therapeutic play and education which includes evidence-

based practices that are developmentally appropriate and specific to each child which helps

reduce the anxiety, fear and pain that patients and the families may be experiencing. The

profession follows a Code of Ethics and Operating Principles which focus on providing the best

care, assistance, support, and guidance to our youth.

The Association of Child Life Professionals (2018) mentions the education and eligibility

requirements to become a certified child life specialists are a Bachelor's degree in any field of

study (if you did not graduate with a child life degree, then you must complete a list of

coursework and graduate from a child life academic program), complete a 600-hour internship, and pass an exam and become certified. According to the American Academy of Pediatrics (2014) child life specialists are used and needed in emergency settings, imaging, neonatal intensive care, surgery chronic care, pediatric inpatient and outpatient, and treatment areas. There is a great need for these certified specialists in all areas of medical settings that are related to children. Blank Children's Hospital in Des Moines, Iowa (2014) states that inpatient care uses medical and therapeutic play to explain procedures and relief nerves, how to take medicine, vitals, and other treatments at the hospital and have daily check-ins with them during their stay. The American Academy of Pediatrics (2014) shares that outpatient care helps ease the procedure or checkup and uses appropriate play and coping skills. However, the patient does not stay overnight. The Children's Hospital Colorado (2019) mentions that Child Life Specialists working in surgical areas talk about the procedure they are undergoing and what all comes with the preparation, as well as what to expect during the surgery and after the surgery. The UVHealth American Family Children's Hospital (2019) states that the emergency department lowers the stress and anxiety by thoroughly explaining what is going on to the child and the family since the emergency room can be a fast moving environment. Lastly, Webster (2014) states that in adult care units, child life specialists help address emotional needs of children who have parents at the hospital receiving care.

Youth who are Homeless and Pregnant

The third guide (see Appendix C) was created for those who are interested in working with youth who are homeless and pregnant. Information specific to pregnant, homeless youth was very difficult to find, as little research and specific programming has been done on this topic. Crawford et al. (2011) states that rates of homelessness are difficult to find because the

population is often on the move or in hiding. Further, knowing little about their pregnancies or

what happens to the children once they are born, it was stated that there have not been any

studies that have followed this population through their pregnancy and/or afterwards (Crawford

et al., 2011). Therefore, information from homeless youth as well as information about pregnant

youth were combined. Voices of Youth Count (2018) mentions that pregnancy and parenthood

may potentially increase the risk of homelessness and it is common for pregnant youth to

become homeless. Youth experiencing homelessness try to obtain support before, during, and

after they give birth. Importantly enough, youth who are experiencing homelessness are still

growing as a person so programs, organizations, support, and guidance is crucial for this

population.

The Homeless Youth Collaborative on Development Evaluation (2014) share nine

evidence-based principles that help youth overcome homelessness. These principles are journey

oriented and interacting with the youth to help them understand their past, present and future,

ensuring the trauma-informed approach is used with the involved youth, being non-judgmental in

the homeless youths decisions and behaviors, ensuring the reduction of harm occurs, providing

trusting youth-adult relationships, using strength-based methods to work on skills and strengths

with the youth, as well as positive youth development and providing them with opportunities,

being holistic with the youth and their homelessness and recognizes different versions of their

health, as well as collaboration and providing support. They further discuss the importance of

how all homeless youth are unique in their own way and each have a different story. These nine

principles are to help support the homeless youth, therefore the Homeless Youth Collaborative

on Development Evaluation (2014) use a principle-based approach to provide support, guidance,

and direction to help this homeless youth population. Ideally, you would find these principles

implemented into programs to best help homeless youth with their positive youth development. The U.S Department of Health and Human Services (n.d) provided supports and resources for pregnant and parenting teens. These included self-sufficiency skills for the youth transitioning to independent living, housing stability and helping the youth find affordable housing in a safe location, helping the youth with financial stability and educating them on appropriate spending, providing successful and engaged parenting and attachment skills for when they become parents, and encouraging healthy relationships between their family, peers and the community. Further, these supports and resources are created to help prevent and/or delay future pregnancies as well as decrease the amount of sexually transmitted diseases this population may experience. Due to this population being unique and having different needs, youth workers working with this population are encouraged to help address and educate future positive outcomes based on their specific needs. They have created several outcome programs that address self-sufficiency, personal development and relationship outcomes with the goal to focus and educate the youth and reduce the amount of pregnancies.

The Social Work License Map (2019) shared that to be a social worker, a minimum of a Bachelor's degree in social work or a related field or a Master's degree in social work is necessary. In addition, an exam must be passed to obtain licensure. While looking at job listings on Indeed.com August 7th, 2019 through August 21st, 2019, jobs often required a Master's degree, licensure, and previous work experience with preferred specific experiences (for example, experience in pediatrics, or health care atmospheres, or experience in human services, or speaking dual languages). According to Indeed.com (2019) there are different jobs wherein people work with homeless and pregnant youth. These jobs include social workers in foster care

settings, program employees at non-profit organizations, homeless shelter employees, pregnancy prevention employees, and school employees.

Generation Z

Generation Z is the current generation likely to view these best practice guides. Though sources vary on what years the Generation Z'ers were born, Herrando, Jimenez-Martinez, and Martin-DeHoyos (2019) state that Generation Z'ers are between the ages of 15 and 24 today, with some considering Generation Z'ers to be as old as 28. Hence, this generation has never lived without the internet and social media compared to other generations that have lived most of their lives without it. According to Ludmila (2017) and an abundance of blogs, the Generation Z'ers are tech savvy and they prefer to interact through media and obtain information via online and in short context. Specifically, this article stated that Generation Z'ers struggle with reading longer and complicated texts and their attention span is short. In a blog written by Rice (2018), a digital content specialist for Capture Higher ED, this generation revolves around their devices. She noted that this population looks at five screens on a regular basis (their phones, lap tops, tablets, TV, and desktop devices). Therefore, it is important for schools, programs and organizations, or companies to have mobile-friendly websites and access to devices for this generation. This blog goes further into discussing the communication and the importance of grabbing the generations attention quickly, and the ease of reading and navigating online. With that, the best practice guides were made into one-page guides, with the intention they could be put online by whomever would theoretically use them (i.e. organizations, academic advisors) to best reach the Generation Z population.

Conclusion

The best practice guides for youth workers were created to best represent positive youth development as it is an essential framework for youth workers to learn from. Positive youth development focuses on the strengths, interests, talents, and potentials that youth and children have (Damon, 2004). Therefore, the best practice guides are meant to help prepare youth workers to encourage positive youth development in our youth. These guides were also made in effort to let the readers know that a positive youth development orientation would be required for these roles. As aforementioned, programs give youth different opportunities which are helping them developmentally grow and are providing them with new learning skills (Witt & Caldwell, 2018). In order for youth to have these opportunities in different programs or organizations, it is important that there are social workers, case workers, child life specialists, or advocates who utilize a positive youth development framework to help support and guide them along the way.

When youth experience trauma, it is important that programs, organizations, or a system is supporting and healing those youths by using the trauma-informed approach (Youth.gov 2013). Foster care youth is a population that experiences trauma and the trauma-informed approach is used often when helping this population. In the foster care best practice guides (Appendix A), SAMHSA provided core principles to use when youth are experiencing trauma. These principles include realizing the impact of the trauma they have experienced, how to appropriately respond, ensuring signs and symptoms are recognized and then working on resisting of re-traumatization. Further, the guides share ways to understand and develop the approach with youth and how important it is to focus on the safety and support with the youth. This approach truly goes hand in hand with positive youth development because the goal of the approach is to help support and heal those who are affected by trauma. According to the U.S.

Department of Health & Human Services (2019) the goal of positive youth development is to work with youth and strengthen them and provide them with opportunities that will help them transition to adulthood successfully and achieve personal goals. This allows the reader of the guide to see the importance of using the trauma-informed approach, which will ideally help foster care youth feel safe so they can be successful.

Child life specialists value and care for the youth they are helping in medical environments and support the development of some of Positive Youth Development's 5 C's (specifically, confidence and connections). The goal is for the youth to develop these C's despite their chronic illness. Child life specialists follow specific frameworks and evidence-based interventions that help with the well-being of the patients and their families in these difficult situations. Confidence is something these youths will hopefully gain. The youth will be able to be confident in themselves, what is going on with their health, the procedure they may be undergoing or the recovery at home. Building confidence allows the youth and the specialist to build a connection together and become stronger during their stay. Connection is another C that the youth will obtain. Having the youth feel connected with the child life specialists and their team is essential, as a connection allows the specialist and the child and their family really grow and get the best help and support they can possibly get. Building a connection allows them to open up and be honest with their feelings, ask question and really get the best care that is deserved. Parvin and Dickinson (2010) have found that youth may experience a variety of negative factors when hospitalized at such a young age. Due to these factors, confidence is an outcome child life specialists should strive to support for the patients, to make their stay peaceful and comforting as well as personal and helpful. In the best practice guides (Appendix B), information regarding where child life specialists can be found and how they specifically help

the patients and their families are included. This way, they are aware of the different settings and ways they provide help, guidance, support and comfort. This lets the reader of the guide see the importance of these specialists and how they can make such a large difference to those involved.

"Adopting a positive perspective to promote thriving" and "youth voice and choice promote thriving" (Witt & Caldwell, 2018, p. 4) are two of the 10 positive youth development principles that are represented in the best practice guides and that are important for staff who are working with pregnant homeless youth. Often, youth get into trouble because of the changes they are experiencing or the risky behavior in which they may engage (Witt & Caldwell, 2018). However, even the youth who face troubles have positive qualities and deserve to be recognized and rewarded. As youth workers, it is important to pick positives out of situations and reward that good behavior and understand that these youths have potential and supporting them will help them become successful. Secondly, youth workers should encourage youth voice and choice. As youth workers, it is important to work with the youth and involve them in the search to find resources and help. Giving them a choice and listening to their thoughts and opinions is really crucial to make them know they have a voice and youth workers are here to listen to them and guide them in a positive direction. While working with pregnant homeless youth, both of these principles can be used. In the best practice guides, different outcomes and supports and resources are provided for the youth workers. Ensuring youth are able to give their input on where to find living, what doctor to see, etc. will help them become more successful. As previously mentioned, research on this population is very limited. However, this population needs help and guidance from youth workers but could also benefit from getting to use their voice and actually have someone to lean on and someone who will listen. Therefore, these two principles allow for youth to grow, thrive, and use their voice when creating a future plan. In the best practice guides

(Appendix C), information regarding supports and resources and ways to overcome

homelessness were included. This is a way to support this population and encourage their voices

and help them become aware of the best way possible to transition to adulthood successfully.

This allows the reader to see the importance of the youth workers job and how they educate this

population.

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Appendix A

Best Practice Guides for Working with Youth in Foster Care

Fast Facts

- When the trauma-informed approach is used, the system will experience less placements and better foster care
- Youth in foster care experience higher rates of trauma and are more likely to experience violence, abuse, or neglect

Contexts of jobs

- Foster Care agencies as Case Managers or Social Workers
- Foster Care programs and organizations as managers or staff
- Foster Care Advocate – someone who stands up to protect the child's rights and do what is best for them

Typical Job Duties

- Social workers employed by foster care agencies help children become acclimated to foster homes and pair them with suitable families
- These workers interview the children and foster care parents as well as run background checks
- Social Workers' jobs are very important as the well being of the children in the foster care is in their hands
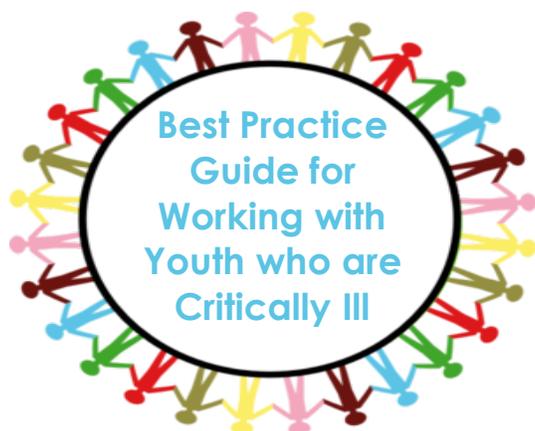
Best Practices

Trauma-Informed Approach
- **Core Principles of a Trauma-Informed Approach** – When youth are experiencing trauma, it is important that programs, organizations, or a system is supporting and healing the involved youth by using the trauma-informed approach. According to SAMHSA, when using the trauma-informed approach, it is based on these four assumptions;
  - **Realizes:** impact of the trauma and understands the path to recovery
  - **Responds:** Integrating the knowledge about trauma into policies, procedures, settings, and practices
  - **Recognizes:** Signs and symptoms of trauma in youth, families, and others involved
  - **Resists re-traumatization:** of youth and staff
- **SAMHSA six principles** – supports this framework and provides an understanding to develop the trauma informed approach;
  - **Safety:** Staff and the youth feel physically & Psychologically safe, the environment and setting is safe and interactions feel safe
  - **Trustworthiness and transparency:** decisions are made with transparency, building trust with youth, families, and others involved in the organization
  - **Collaboration and mutuality:** Leveling of power and ensuring that healing happens; it is important to share power and decision making
  - **Empowerment:** Strengths are recognized, built and validated and new skills are developed
  - **Voice and choice:** Aims to strengthen the experience with the youth, and recognizes everyone's experience is different
  - **Culture, historical and gender issues:** Incorporates policies, protocols, and processes that are responsive to racial, ethnic and cultural needs; gender-responsive and focuses on historical trauma to those served
- This approach should be implemented into programs and creates specific strategies to the youth who are recovering from trauma
- Child traumatic stress is a physical and emotional response of a child in certain events that have threatened their life
- Trauma stems from child maltreatment and detrimental behaviors and relationships

Education & Eligibility Requirements

- For Social Workers working in the foster care system, most states require a Bachelor's degree in Social Work or a related field or a Master's in Social Work
- Pass an exam to become licensed

Best Practice Guide for Working with Youth who are Critically Ill

Contexts of Jobs

- **Inpatient care** – uses medical and therapeutic play to explain procedures, how to take medicine, vitals, and other treatments at the hospital and have daily check-ins with them during their stay
- **Outpatient care** – helps ease the procedure or checkup and uses appropriate play and coping skills however, the patient does not stay overnight
- **Surgical areas** – talk about the procedure they may be undergoing. Often times they will demonstrate the procedure by showing the patient on a doll
- **Emergency department** – lower the stress and anxiety of the child and the family since the emergency room can be a fast moving environment. They help with the explanation and procedure they may experience
- **Adult care units** – to address emotional needs to children who have parents at the hospital receiving care

Typical Job Duties

- Their job looks different everyday as their work changes daily
- They focus on the well-being of the patients and the families by focusing on mental, emotional, and social needs
- Support children and their families and provide them with coping and medical situations
- Develop appropriate strategies for the patients and help them understand the diagnoses by using therapeutic play, education, preparation and activities that promote growth and development
- Assist health care providers

Appendix B

Best Practices

- Child Life Specialists help infants, children, youth and families cope with stress and confusion due to illness, injury, and treatments
- They use evidence-based developmental interventions including therapeutic play, preparation and education to reduce fear, pain and anxiety
- Child Life Specialists value their patients with therapeutic relationships, play, communication, theoretical foundations of practice, professional collaboration and standards of practice as well as research
- **Operating Principles**
  - Collaborate, maintain, & promote philosophies & identity on an international level
  - Maintain the highest standards of professional behaviors & practices
  - Recognize healthcare, diverse communities, & availability to infants, children, youth & families regardless if they can afford it
  - Advocate the rights of infants, children, & youth & support political, legal, and ethical responses to their needs
  - Maintain the child life professional through education & training programs that are diverse, inclusive, continuous & consistent
  - Initiate research to validate methodologies and further practice of child life
  - Maintain meaningful credentials for child life specialists that are knowledgeable & professional
  - Attract highly skilled, diverse, & committed individuals who demonstrate communication skills & provide interventions to patients & help them with coping, stress, and uncertainty of illness, injury, trauma, disability, loss & bereavement

Education & Eligibility Requirements

- Bachelor's degree in any field of study form an academic institution
- Graduation from an ACLP child life program or 10 college courses following specific content areas
- Complete a 600-hour Child Life Clinical Internship
- Verification of successful completion of eligibility requirements
- Pass an exam

Fast Facts

- Child Life Specialists promote optimal development for infants, children, youth and families and minimize the trauma a child is facing. The American Academy of Pediatrics affirms that child life is "an essential component of quality pediatric health care" and now they have become a standard in pediatric hospital settings

Appendix C

Best Practice Guide for Working with Youth who are Homeless and Pregnant
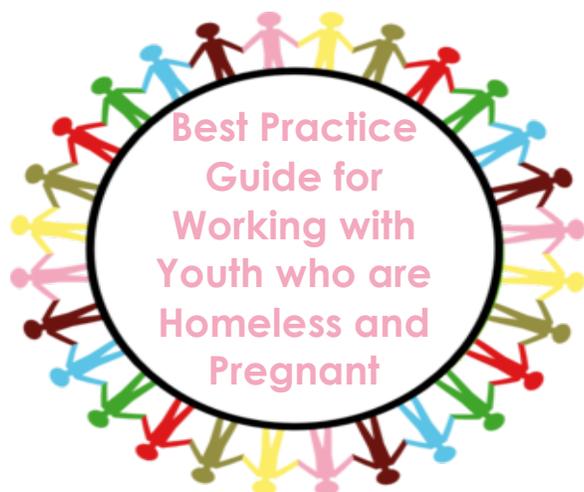
Fast Facts

- Pregnancy and parenthood is common among youth who are homeless
- Youth experiencing homelessness often seek support during pregnancy or after they have given birth
- Few homeless services serve to minor parents
- It can be difficult for young parents experiencing homelessness to continue relationships
- Pregnancy and parenthood may increase the risk of youth homelessness
- Youth experiencing homelessness are still developing and growing

Context of Jobs

- Social Worker in a foster care setting
- Program Employee at non-profit organization
- Homeless Shelter Employee
- Pregnancy Prevention Employee
- School Counselors

Typical Job Duties

- Social Workers often work directly with the youth in helping them with their next steps and accessing services such as permanent housing, benefits, what their next steps are, and policy changes
- They also may assist with mental health & substance abuse counseling and provide support
- May also help with law and policy changes

Best Practices

Nine Evidence-Based Principles to help Youth Overcome Homelessness

- **Journey Oriented:** Interact with youth and help them understand their past, present, and future and help direct them on where to go and how to get there
- **Trauma-Informed:** Most homeless youth have experienced trauma, help them build relationships, and to engage in services available to them
- **Non-Judgmental:** Interact with youth without judging them on their background, choices, behaviors, or experiences
- **Harm Reduction:** Contain risky behavior effects from short-term and reduce the long-term effects
- **Trusting Youth-Adult Relationships:** Build relationships and interact with youth by being honest, dependable, caring, authentic and supportive
- **Strengths-Based:** Work on skills, strengths, and positive characteristics of the youth
- **Positive Youth Development:** Provide opportunities for the youth so they can guild competency, usefulness, belonging and power
- **Holistic:** Engage with the youth in a way that recognizes their mental, spiritual, physical, and social health
- **Collaboration:** Establish principle-based, youth-focused system of support that includes practice, procedures, and services within agencies, systems and policies.

Supports and Resources for Pregnant/Parenting Teens

- **Self-Sufficiency:** Helps develop basic self-sufficiency skills so when you are transitioning to independent living you do not need assistance
- **Housing Stability:** Help find affordable housing in a safe neighborhood
- **Financial Stability:** Helps by providing education and employment at a livable wage
- **Successful and Engaged Parenting & Attachment:** Provide successful and engaged parent's skills
- **Healthy Relationships:** Encourages healthy relationships between peers, family and community

Education & Eligibility Requirements

- For Social Workers, most states require a Bachelor's degree in Social Work or a related field or a Master's in Social Work
- Pass an exam to become licensed