



Electronic case management with homeless youth



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ABSTRACT

Case management, a widely practiced form of service brokerage, is associated with a variety of positive outcomes for homeless youth, but it may be difficult to implement, as youth face logistical barriers to attending in-person meetings. As part of a larger clinical trial, the current study investigates the feasibility of providing electronic case management (ECM) to homeless youth, using cell-phones, texts, email, and Facebook. Youth were given prepaid cell-phones and a case manager who provided four ECM sessions every 2–3 weeks over a 3-month period. Contact logs were used to record how many youth engaged in ECM, how many attempts were necessary to elicit engagement, and youths' preferred technology methods for engaging. Although engagement in the number of ECM sessions varied, the majority of youth (87.5%) engaged in at least one ECM session. Youth (41%) most commonly needed one contact before they engaged in an ECM session, and the majority responded by the third attempt. While youth most commonly answered calls directly, their chosen method of returning calls was texting. The majority of youth (80%) described ECM positively, reporting themes of convenience, connection, and accountability. The use of ECM, particularly of texting, offers promising implications for providing services to homeless youth.

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1. Introduction

Case management, a staple of social services, is wide-ranging in its applicability and ability to adjust to various populations. In its broadest definition, case management may be defined as a system of “outreach, assessment, planning, linkage, monitoring, and advocacy” (de Vet et al., 2013). Case managers are generally understood to be brokers and guides who assist clients dealing with a range of circumstances, who navigate the network of various services available to meet their needs and achieve stability in their lives. Case management services have been adapted to address the needs of many vulnerable populations, and it is a ubiquitous form of service delivery with homeless clients.

Homeless case management services are associated with a number of benefits, including increased service engagement across a variety of services and broader social adjustment. When providing tangible benefits, case management has been shown

to improve homeless youths' social adjustment (Wagner et al., 1994), as operationalized by: improvements in youths' ability to minimize conflict in their interpersonal relationships, decreases in displays of antisocial behaviors, improvements in self-esteem, and greater satisfaction in youths' perceived quality of life. Homeless youth who participate in case management are more likely to acquire and maintain stable housing for greater periods of time (Slesnick, Kang, Bonomi, & Prestopnik, 2008), engage in vocational training and mentorship services (Ferguson, 2007), as well as obtain gainful employment (McGrew & Danner, 2009). Furthermore, case management has been shown to improve homeless youths' social adjustment in a variety of ways. Among homeless adults, engaging in case management services is additionally associated with an increased adherence to HIV treatment (Kushel et al., 2006), as well as an increased likelihood of enrolling and engaging in outpatient addiction treatment (Winn et al., 2013).

Despite the demonstrated benefits of case management, it is not without its challenges, particularly among homeless youth. Research has shown that, for numerous reasons, homeless youth utilize health and social services at low rates (Brooks, Milburn, Rotheram-Borus, & Witkin, 2004; Feldmann & Middleman, 2003; Hudson et al., 2010; Slesnick, Meade, & Tonigan, 2001; Thompson, McManus, Lantry, Windsor, & Flynn, 2006). Some homeless youth report poor coordination and difficulty keeping regular contact

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with service providers as reasons for disengagement (Thompson, Bender, Windsor, Cook, & Williams, 2010), also noting perceptions of service providers as rude, condescending, inaccessible, and overly rigid regarding rules and expectations (Thompson et al., 2006; Tyler, Akinyemi, & Kort-Butler, 2012). Some homeless youth report being generally unmotivated to complete the steps necessary to engage in traditional case management, describing feelings of hopelessness, and unsafe or inconvenient locations of services (Aviles & Helfrich, 2004; Coles, Themessl-Huber, & Freeman, 2012; Thompson et al., 2006). Furthermore, homeless youth may be difficult to engage in case management due to a lack of long-term relationships with service providers that may result from high staff turnover, negative interactions with case managers (Thompson et al., 2006; Tyler et al., 2012), and youths' distrust of others (Aviles & Helfrich, 2004), which may stem from prior experiences of abuse and victimization by adult caregivers (Kurtz, Lindsey, Jarvis, & Nackerud, 2000).

Researchers and practitioners interested in developing methods of better engaging homeless youth in case management to maximize the benefits of these services (Dawson & Jackson, 2013) may turn to technology (Guadagno, Muscanell, & Pollio, 2012). Homeless youth have surprisingly high access to technology. As many as 62% of homeless youth own a cell phone, which they report using at least once per day (Rice, Lee, & Taitt, 2011). Homeless youth access social networking sites similarly to same-aged domiciled college students (Guadagno et al., 2012), with as much as 93% of homeless youth reporting accessing technology on a weekly basis (Pollio, Batey, Bender, Ferguson, & Thompson, 2013).

These findings suggest the digital divide is likely narrowing. Yet, daily internet use through personally owned computers and smart phones is still typically difficult for many homeless youth to afford, and access has been shown to vary by housing status and age (Rice & Barman-Adhikari, 2014). Additionally, even when homeless youth do own phones or computers, they might not be able to use them optimally because they face other logistical issues such as not having a place to charge their phones or computers and dealing with theft (McInnes, Li, & Hogan, 2013) commonly used methods of access to technology by homeless youth, include social service agencies (60%) and libraries (54%), with fewer youth reporting use through internet cafés (14%) and friends' or families' computers (12%) (Pollio et al., 2013).

Despite access to technology via public and private outlets, homeless youth rarely use technology to access services. Currently, homeless youth use technology primarily to stay in touch with relatives and peers (Guadagno et al., 2012). The common use of technology to connect to pro-social/home-based peers (Rice, Milburn, & Monro, 2011) has been associated with buffering youth against mental health struggles (Rice, Kurzban, & Ray, 2012). In contrast, only 17% of homeless youth report using their cell phones to contact case-workers, social workers, or potential and current employers (Rice et al., 2011a,b). Although technology offers great potential, it appears to offer an underutilized tool to access homeless youth for service provision (Eyrich-Garg, 2011; Rice et al., 2011a,b, 2012).

Little research has investigated the utility of technology in service provision with homeless youth. A few technology-oriented practices with homeless youth have been piloted and suggest potential for greater incorporation of technology into comprehensive intervention for homeless youth. In regards to information dissemination, Barman-Adhikari and Rice (2011) found 62% of homeless youth use the Internet for finding answers to health concerns, while 23% reportedly used the internet to locate tangible health service providers, particularly HIV testing centers. Other research has found technology is associated with increased retention in job and housing services (Eyrich-Garg, 2011), as well

as in longitudinal research among homeless youth (Bender, Thompson, Ferguson, Yoder, & DePrince, 2014). These preliminary studies suggest technology may offer methods for increasing access to, and retaining youth in, important social and health services. Further study is necessary to understand how technology may be used to better engage homeless youth in case management.

The current study aimed to move this line of inquiry forward by pilot testing electronic case management with a sample of homeless youth seeking shelter services to answer the research question: how feasible and acceptable is electronic case management to homeless youth? This question investigated what percentage of youth engaged in electronic case management over time, what methods youth used to respond to electronic case managers, how many contacts were necessary before youth responded to these communications, and how youth describe participating in electronic case management.

2. Methods

2.1. Sampling, recruitment, and procedures

As part of a clinical trial for homeless youth, data were collected from youth ages 18–21 ($N = 97$) accessing services in a homeless youth shelter in a mid-sized city in the Southwestern United States. The 40-bed overnight shelter offers dormitories, medical clinic services, mental health assessment, and case management aimed at helping the youth attain family reunification or self-sufficiency. Youth had to be 18–21 years of age and provide written informed consent to participate in the study. Youth were excluded if they were incapable of comprehending the consent form because of cognitive limitations (e.g., psychotic symptoms or developmental delays) or if they were noticeably intoxicated or high at the time of the interview. In the latter case, youth were asked to return at a later time when they could more competently answer interview questions.

Research assistants approached youth staying in the shelter, screened for interest and age 18 or older inclusion criteria, and explained the study procedures. Youth that were interested and willing to sign an informed consent form were invited to participate in the study. Youth were informed that they would be randomly assigned to either receive a curriculum aimed at increasing street safety or electronic case management sessions as well as be invited to take part in four individual interviews: baseline, as well as 1-week, 6-week, and 3-month follow-up interviews. At the 1-week interview, participants were given active cell phones (pre-paid for 3 months with unlimited talk and text), and participants' e-mail and Facebook information were collected. The current study analyzes data from the youth assigned to the electronic case management group ($n = 48$) in an effort to evaluate the feasibility and acceptability of electronic case management with this sample of homeless youth; outcomes of the safety intervention group are not described here.

2.2. Electronic case management intervention

Youth in the electronic case management group (ECM) were offered four ECM sessions provided every 2–3 weeks over a 3-month period following recruitment. In providing ECM, three attempts were made to contact participants. The case manager first contacted youth by cell phone call. If participants did not respond, the case manager then contacted the youth by both cell phone call and text message. If no feedback was received from the participant after the initial cell phone call as well as the combination of cell phone call and text message, the participant was again called, texted, and contacted via e-mail or Facebook as this information was available.

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