National Alliance to
END HOMELESSNESS

Ending Youth Homelessness Before It Begins:
Prevention and Early Intervention Services for Older Adolescents

Introduction

Family conflict and abuse are consistently identified by unaccompanied homeless youth as the primary reasons for their homelessness. A system aimed at ending youth homelessness must include prevention and early intervention services that address underlying abuse and family dysfunction and achieve family reunification. Within this framework, prevention services are those that improve family functioning and prevent the abuse and conflict that lead to runaway and throwaway scenarios. Early intervention services are programs designed to respond to the early stages of a youth's homelessness with re-housing through family reunification, guardianship, or placement in youth housing programs.

This issue brief identifies proven interventions from the fields of child welfare, community mental health, and juvenile justice, and it promotes their use as a model for youth homelessness prevention and early intervention. It is directed at community planners and youth advocates, who should view these services as critical components of a service and housing spectrum that can end youth homelessness.

Homeless Youth

Homeless youth are typically defined as unaccompanied youth ages 12 and older (up to age 17, 21, or 24) who are without family support and who are living in shelters, on the streets, in places not meant for human habitation (e.g. cars, abandoned buildings), or in others' homes for short periods under highly unstable circumstances (also known as "couch surfing"). Youth homelessness is largely a reflection of family breakdown, and youth often flee homes due to abuse, neglect, severe conflict, and crisis.[1] The number of homeless youth is difficult to count for definitional and methodological reasons, but estimates indicate that as many as 2 million youth will experience at least one night of homelessness each year.[2]

Research reveals several key observations about homeless youth. First, abuse, neglect, and family conflict are often identified as precursors to youth homelessness. Research finds that 40 to 60 percent of all homeless youth have experienced physical abuse, and between 17 and 35 percent have experienced sexual abuse.[3] Youth often identify severe family conflict as the primary reason for their homelessness.[4] Some youth may be rejected and abandoned by their parents due to their pregnancy, sexual orientation, or gender identity.[5] Surveys of homeless youth often indicate that mental health and substance abuse disorders of parents or youth can contribute to escalating abuse and conflict to propel youth out of their homes.[6] It is important to acknowledge that abuse, neglect, and rejection are not solely responsible for youth homelessness. Poverty, lack of affordable housing, inaccessible health care, and systemic racism are other factors.

Beyond Reunification

Unfortunately, for a significant minority of the homeless youth population, family reunification is not a realistic option. Some youth do not have immediate or known extended family able to take them in. For others, the risk of re-abuse is too great, and a non-family placement is indicated. One longitudinal study of 249 homeless youth in Detroit, ages 13 to 17 years, found that family reunification was a natural outcome for only one-third of the homeless youth.[1] Another group for whom reunification may not be realistically achievable is youth who have aged out of the foster care system or who have been discharged from the juvenile justice system. While some of these so-called "systems youth" are discharged to secure family placements, many do not have stable family environments to which to return. Finally, youth who have been homeless for long periods of time in street environments will likely not be successfully reintegrated into family housing.

The systems youth and other youth who are unable to be reunified require secure housing options with opportunities for positive youth development.[1] Because of the repeated loss and trauma they have experienced and their lack of employment skills, these youth will require extensive educational, psychosocial, and vocational training.

A second key observation regarding homeless youth is that, for a majority, the experience will be brief. In studies of runaway youth, about half return home within a few days, and up to 75 to 80 percent return home within a week.[7,8] Of the homeless youth accessing shelter services in 2007, 73 percent were discharged to their parents or a family member,[9] and the average length of stay was only 19 days.[10]

These key observations inform the recommendations contained in this brief: (a) that prevention and early intervention services should be employed quickly to avoid long-term and street homelessness; and (b) that with proper counseling and resources, families may improve their level of support and care for youth to prevent further displacement.

Of course, no homeless youth should be returned to parents or guardians if doing so would pose a risk of physical abuse, sexual abuse, neglect, or abandonment. See the sidebar, *Beyond Reunification*, for a brief discussion of the minority of homeless youth for whom reunification is not possible

Importance of Early Intervention and Prevention

In many urban communities, the youth homelessness system consists of programs to assist youth only *after* they become homeless. The vast majority of nonprofit services for homeless youth focus on street outreach, shelter, and transitional housing. Few regions have options for prevention or early intervention services to help older adolescents remain in family housing and avoid homelessness (although they may have them for younger children).

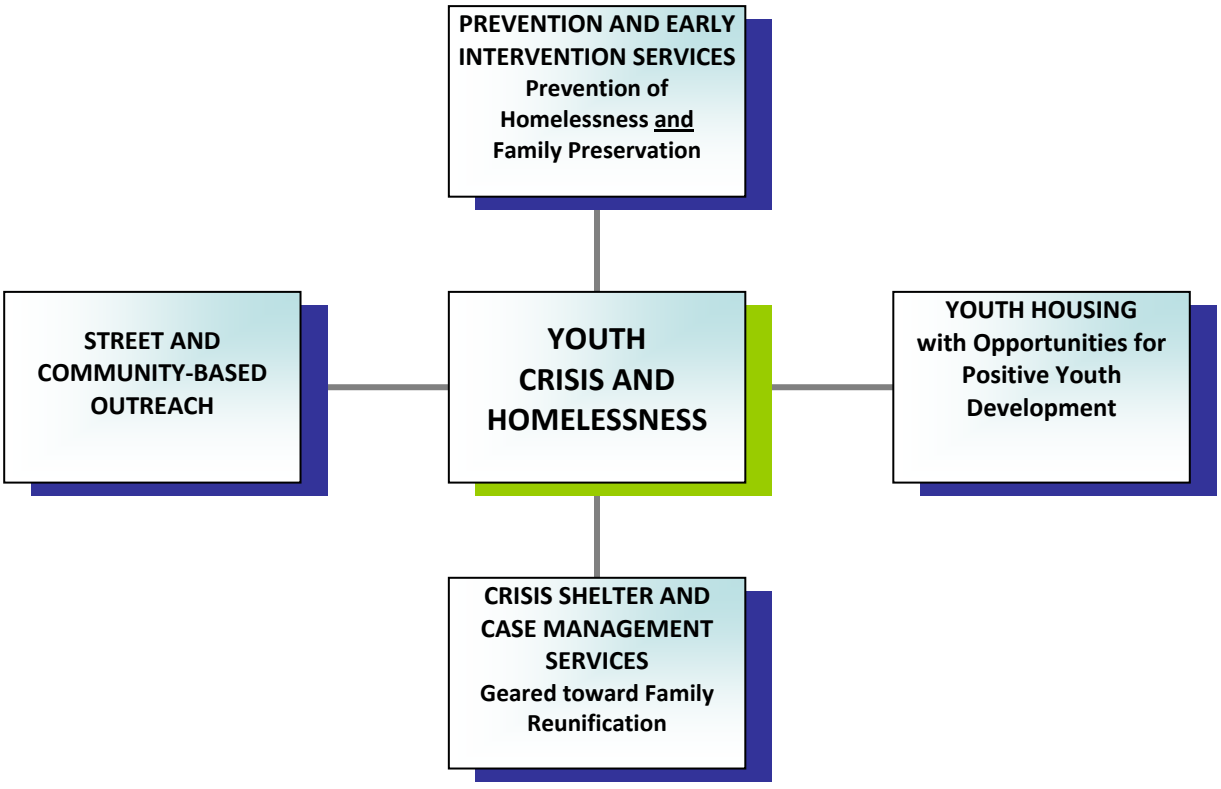
The current federal funding structure is one of the primary reasons for this focus on crisis intervention. The Federal Runaway and Homeless Youth Act[11] supports family reunification activities, primarily through street outreach and emergency shelter programs. Another reason is that most jurisdictions struggle to appropriately define the different roles and responsibilities of local child welfare systems and private nonprofit agencies in providing family preservation services to older adolescents. Far too often, youth become homeless because neither the

public child welfare system nor the private, nonprofit agencies offer early intervention or prevention. This creates a gap through which many at-risk youth fall, creating avoidable episodes of homelessness.

The high cost of providing out-of-home placements in youth housing programs can be an incentive for housing placement through family reunification and family preservation. Typically, transitional housing for youth would require funding for capital, operating, and supportive service costs. Costs vary by program, but on average are more than $20,000 per unit of housing annually. As a result, transitional housing is provided to fewer than 4,000 of the 2 million youth who experience homelessness each year.

Recognizing the need for crisis intervention and prevention activities, the National Alliance to End Homelessness encourages community planners and youth services agencies to develop and implement a service spectrum (Figure 1) with the following components:

- Street and community-based outreach to link youth with appropriate services;
- Prevention and early intervention services geared toward family preservation;
- Crisis emergency shelters with case managers seeking family reunification; and
- Youth housing with positive youth development services.



This brief is focused on those services that that can be provided as prevention and early intervention strategies for youth who have a reasonable possibility of being safely reunified with their families.

Targeting Prevention and Early Intervention Services

Targeting prevention and early intervention services takes place in two arenas: targeting the services to the youth who are at highest risk of homelessness; and targeting programs where such youth can be found.

Public officials and community planners should be aware of the multiple risk factors for homelessness among youth, so that they can properly target their interventions. These risk factors include:

- Severe housing burden (cost of rent compared to income);
- Mental health or substance abuse issues;
- Homeless in the past 12 months;
- Young parent under age 25;
- Past involvement in child welfare or juvenile delinquency systems;
- Extremely low income;
- High overcrowding in current housing;
- Past institutional care (jail, hospital, or residential treatment);
- Recent traumatic life event;
- No high school diploma or GED;
- History of physical or sexual abuse as a child;
- Lack of rental history; and
- Age discrimination in the housing market.

Youth who exhibit these risk factors can be found in youth servicing organizations, which can be specially targeted for outreach. Prevention services may be embedded in schools and youth recreation centers where youth congregate. They may also be embedded in family programs, child welfare agencies, mental health clinics, juvenile justice programs, or any program where youth are in transition or discharged from treatment.

Promising Prevention and Early Intervention Practices

The following interventions are identified as promising homelessness prevention practices because of their effectiveness at improving family functioning, decreasing the risk of abuse and neglect, and avoiding out-of-home placement. While all are considered evidence-based practices in their respective juvenile justice, child welfare, and community mental health communities, they have not been evaluated as homelessness prevention interventions.

Multisystemic Therapy

Multisystemic Therapy (MST) is an intensive family- and community-based treatment that addresses multiple aspects of serious antisocial behavior in adolescents and attempts to encourage behavior changes by building on strengths in various areas of the youth's life. This treatment model, characterized by frequent visits by a team of clinicians in the client's home and community over the course of three to six months, acknowledges the importance of the external systems impacting youth behavior – family, peers, school, and neighborhoods – and provides services in these contexts. It has been utilized extensively with juvenile justice-

involved youth. One of the features of MST is the heavy involvement of family members. The treatment plan is designed in collaboration with family members and is, therefore, family-driven, rather than therapist-driven.

Published evaluations of MST have typically been conducted through the lens of reducing juvenile delinquency. The evidence shows that MST can achieve decreases in recidivism and re-arrests; reductions in adolescent alcohol and drug use; improvements in family functioning; and decreases in behavioral and mental health and problems for youth.[12]

Intensive Family Preservation Services

Very similar to MST, Intensive Family Preservation Services (IFPS) are short-term, intensive, family–based, and implemented by child welfare systems. They are designed to reunite families when an out-of-home placement or a runaway situation is imminent. The explicit goal of the intervention is the preservation of the family. The services are characterized by rapid (within 72 hours) and intensive attention from caseworkers who provide most or all of the services in the client's home. When removal from the client's home is necessary, alternative relative placement is sought. Compared to MST, IFPS has less of a focus on fidelity to a specific treatment protocol. Instead, caseworkers provide access to a wide range of financial, therapeutic, and other resources intended to help youth preserve family placement.

Because the ultimate goal of family preservation is avoiding out-of-home placement, evaluation of IFPS has focused primarily on that outcome. Research has shown that IFPS is effective in maintaining children safely in their families of origin or with relatives. [13,14] Various studies indicate a foster care placement rate of 19 to 56 percent following delivery of IFPS, while typical child protection supportive services experience a foster care placement rate of 36 to 90 percent.[15]

Functional Family Therapy

Like MST, Functional Family Therapy (FFT) aims to help youth stop antisocial or unhealthy behaviors. As the name implies, the intervention also aims to motivate other members of the family toward change. It has generally been applied to juvenile justice-involved adolescents (and those whose behaviors place them at risk of involvement) and their families. FFT involves 8-30 one-hour sessions conducted in outpatient clinics or in the client's home. FFT is a multisystemic prevention program that first works to develop family members' psychosocial strengths and then works to empower them to improve their situation incrementally. At the middle and later stages, more extensive behavioral change is promoted and maintained.

Research on FFT has typically centered on its ability to decrease delinquency and has demonstrated that FFT can prevent delinquent behaviors and reduce recidivism of juvenile justice-involved adolescents. FFT has also been shown to be a cost-effective solution for maintaining youth in their family homes.[16] To the extent that FFT services maintain youth in

their homes with good mental health outcomes, they are a relevant option for prevention services dedicated to youth and their families.

Family Group Conferencing or Family Group Decision Making

Family Group Conferencing (FGC) or Family Group Decision Making (FGDM) is a child welfare intervention that aims to achieve better decision-making regarding a child's well-being by involving the child's broader family group in the decision-making process. During the process, immediate family, extended family, and other important people in the life of the youth come together to develop and implement a plan for the continued safety, development, and permanency of the youth. Older youth are empowered to participate in the decision-making process. The services are typically arranged and facilitated by a child welfare social worker or case manager. Usually conducted on a single day, the intervention is characterized by its focus on identifying the best living arrangement for the child at that time.

Research on FGC/FGDM has shown that the process can achieve reductions in re-abuse rates, increases in relative care, greater chances for reunification, improved family functioning, and increased involvement of fathers and paternal relatives.[17]

Other Promising Prevention and Early Intervention Models for Homeless Youth

In addition to the evidence-based practices reviewed above, several other service models show promise in preventing youth from running away and in improving family functioning. While not rigorously evaluated, promising models of prevention and early intervention services include:

- Intensive case management services where youth build trusting relationships one-to-one with a case manager that may act as an advocate for housing stabilization;[18]
- Mediation service programs that help to resolve conflict between parents and youth to ensure continued housing stability;[19]
- Emergency financial assistance to homeless youth delivered through community-based outreach and focused on rapid re-housing;[20] and
- Youth-oriented outpatient mental health and chemical health counseling to address behaviors which lead to housing instability.

Determining the Role of Child Welfare Systems in Prevention and Early Intervention

Child welfare agencies could play an expanded role in the provision of prevention and early intervention services to prevent homelessness. The child welfare system has historically responded to child abuse and neglect by implementing early intervention and prevention services (in order to avoid out-of-home placements) through an array of programs: in-home counseling, parenting skill courses, group counseling, chemical or alcohol addiction out-patient treatment, and family preservation services. Child welfare systems should assess whether their family preservation services are easily accessible to families with teenagers and whether they are able to competently serve older adolescents. To improve their assistance to these older youth, they may also consider partnerships with nonprofit organizations to deliver services. Ideally, community-based services that could provide accessible family preservation counseling and services coupled with youth housing programs would be offered to unaccompanied homeless youth (when family reunification is not an option).

Conclusion

Communities often lack the prevention and early intervention programs needed to prevent family conflict and abuse from leading to youth homelessness. As a result, opportunities to prevent or end youth homelessness are lost, and many homeless youth end up in foster care, group homes, youth shelters, or on the streets. Community planners and homeless youth advocates should seek the delivery of programs that have demonstrated the ability to improve family functioning and to achieve either family reunification or avoid non-family placement. Promising programmatic approaches in prevention and early intervention include Multisystemic Therapy, Functional Family Therapy, Intensive Family Preservation Services, and Family Group Conferencing. While the entire spectrum is not necessary in any particular region, elements are necessary when crafting a comprehensive system to address and end youth homelessness.

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