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and Indigenous Affairs



Literature Review:
Effective interventions for working
with young people who are homeless
or at risk of homelessness.

Improving the lives of Australians

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1. Introduction

This literature review was commissioned by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA). The aim of the review is to assess the current state of evidence about what interventions are most effective in working with young people who are homeless or at risk of homelessness. This literature review was produced in order to inform a broader project that identifies the range of interventions and strategies that are applied by Reconnect services and situates these practices within the existing evidence base (see separate report, *Reconnect: working with young people who are homeless or at risk of homelessness*).

Reconnect is a community-based early intervention program for young people who are homeless or at risk of homelessness. It was established in 1998 as an early intervention response to youth homelessness. Reconnect uses early intervention strategies to help young people to stabilise and improve their housing, achieve family reconciliation, and improve their level of engagement with work, education, training and community.

FaHCSIA funds Reconnect services to deliver services to young people aged 12–18 years (newly arrived young people 12–21 years) who are homeless or at risk of homelessness, and their families. Some Reconnect services focus on working with specific population groups, for example: Indigenous young people (Aboriginal or Torres Strait Islander people); young people experiencing mental health issues; and newly arrived young people.

This review is guided by the key research question: ‘what are effective intervention strategies for working with young people who are homeless or at risk of homelessness?’ The literature review begins with a brief overview of youth homelessness as an issue of concern, its identified relevant risk and protective factors, and the relevance of early intervention. It then outlines the strategy for undertaking this literature review and presents the findings of the review.

Youth homelessness

Youth homelessness continues to be a problem in modern Australian society and is emblematic of social inequality and injustice in an otherwise affluent society. Research indicates that youth homelessness is related to a range of risk factors and harms that interact with each other in complex ways. Though the risks and pathways into homelessness are varied and multifaceted, research consistently highlights several, often overlapping, causal factors: family breakdown (including neglect, conflict and abuse); mental health issues; unemployment; poverty; alcohol and other drug issues; and crime (Barker, 2010; Homelessness Taskforce, 2008; National Youth Commission, 2008).

Particular population groups are over-represented in the homeless population and are at increased risk of homelessness, such as young people who have been in state care and protection and young people of Aboriginal and Torres Strait Islander descent (National Youth Commission, 2008). There is increasing evidence that new arrivals to Australia and refugee young people are also at increased risk of homelessness (Association for Services to Torture and Trauma Survivors et al., 2008; Couch, 2011).

Young people who become homeless are exposed to a range of conditions that put them at high risk of developing a host of negative health, social and economic outcomes (National Youth Commission, 2008). Homeless youth have increased susceptibility to substance abuse and dependence (Baer et al., 2003), mental health issues (N. Slesnick & J. Prestopnik, 2005), medical problems (Hudson et al., 2010; Kelly & Caputo, 2007), violence and victimisation (Baron, 2003, 2009). Homeless youth are consistently linked to disengagement with traditional social institutions and forms of support, such as family, school and other prosocial forms of social capital, such as community and peer groups (Heinze, Jozefowicz, & Toro, 2010). The burden of harms linked to youth homelessness can cause significant cost to individuals, families and the community.

The younger someone is when they first become homeless, the more likely they are to remain homeless for a longer period of time. A large proportion of people who go on to become chronically homeless had their initial experience of homelessness before the age of 18 years (Chamberlain & Johnson, 2011). As in many other social problems like child abuse and neglect and youth offending (Hayes, 2004; Landy & Menna, 2006; National Crime Prevention, 1999), early intervention has been identified as important in preventing or reducing youth homelessness (Pawson et al., 2007).

Early intervention

The earlier we intervene, the more likely we are to reduce homelessness and the social, emotional and health problems linked to it. Effective early intervention—which addresses risk factors such as family conflict, mental health issues, unemployment, poverty, alcohol and other drug issues and crime, and builds protective factors such as community connections and healthy family relationships—leads to long-term benefits for young people, families and communities (Sanson et al., 2002).

Early intervention can be early in the life of a child or early in the life of a problem (Little, 1999). Many of the harms associated with homelessness can be prevented or reduced by intervening early, utilising evidence-based strategies such as the Triple P parenting program (Sanders, Cann, & Markie-Dadds, 2003), as they can have their origins in childhood and adolescence. Early intervention is a key strategy for promoting the wellbeing of children, families and communities.

In the context of homelessness, early intervention is based on the notion that it is a process whereby the length of exposure to homelessness increases young people's susceptibility to a range of associated negative outcomes (Johnson & Chamberlain, 2008; Mayock, Corr, & O'Sullivan, 2011). Identifying the factors, processes and experiences that enable successful early intervention is required if services are to respond effectively. One of the key challenges is to determine when and how to intervene effectively. Based on the evidence available, understanding the important role of families in supporting young people is a key to intervening early (Toro, Dworsky, & Fowler, 2007).

Families and youth homelessness

While there is no single trajectory into homelessness, the literature suggests that the breakdown of family support is a central factor that contributes to youth homelessness (Forsyth, 2007; Homelessness Taskforce, 2008:8; National Youth Commission, 2008:85-102). Furthermore, there are numerous 'exit routes' from homelessness. One of the avenues for early intervention is through building and fostering connections and support between the young person and their family. Working with families and young people is an important way to maintain stability and other forms of support (social capital), community engagement and participation.

Even where family disruption and conflict have led to homelessness, the connection to family is still often an important factor in the lives of homeless young people (Barker, 2012; Mayock, et al., 2011). Research indicates that having contact with family members and a competent formal support service are two factors that facilitate progress out of homelessness (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Mallett, Rosenthal, Keys, & Averill, 2009; Milburn et al., 2009). Where possible, it is nearly always positive for young people to remain connected to families. Many homeless young people return to their family of origin (Toro & Janisse, 2004), and research suggests that young people who return to live with their parents have more positive outcomes than those who do not (Thompson, Pollio, & Bitner, 2000). Recent research demonstrates that most newly homeless adolescents return home for significant amounts of time within two years of becoming homeless (Milburn et al., 2007). Having contact with parents, particularly mothers, is seen to increase the likelihood that newly homeless young people will return home and remain home over time (Milburn et al., 2009).



2. Literature Review Strategy

Literature concerning homeless young people has overwhelmingly focused on the reasons, causes and factors associated with this complex phenomenon. Research has examined the personal, familial, social, cultural and structural factors that contribute to homelessness and are a result of, or are exacerbated by, homelessness. However, there is sparse literature regarding systematic analysis of interventions and responses to youth homelessness. The general lack of rigorous evaluations is, in part, due to the transient nature of the population group and the difficulty of developing precision-based outcomes (Karabanow & Clement, 2004; Kidd, 2003; Robertson & Toro, 1999). This review presents the available evidence addressing effective interventions and approaches to improving outcomes for homeless young people and those at risk of homelessness.

Search procedure

An electronic literature review of international and Australian research was conducted. Literature was obtained using government websites, Google scholar, clearing houses, e-journals and databases, including:

- Academic Research Library
- Academic Search Complete
- APAFT
- Australian Academic Press (e-journals)
- Australian Bureau of Statistics (ABS)
- Australian Institute of Health and Welfare
- Family & Society Plus
- Gale Virtual Reference Library
- JSTOR (e-journals)
- Meditext
- NASW Clinical Register Reference
- NetLibrary (e-books)
- Oxford Reference Online

- ▶ Oxford Scholarship Online (e-books)
- ▶ ProQuest Social Science Journals
- ▶ Psychology & Behavioral Sciences Collection
- ▶ PsycINFO (database)
- ▶ PsycheVisual.com
- ▶ SAGE eReference
- ▶ SAGE Journals Online (e-journals)
- ▶ Social Work Abstracts PLUS (database)
- ▶ Youth journals

Initial search strategies were developed using combinations of various terms for the following:

- ▶ homelessness
- ▶ homeless youth
- ▶ interventions
- ▶ programs
- ▶ residential stability
- ▶ evidence based practice
- ▶ homeless pathways
- ▶ young people
- ▶ adolescents
- ▶ family
- ▶ family support
- ▶ early intervention

This strategy yielded a very low number of studies that specifically addressed interventions with homeless youth or those identified as at risk of homelessness. Like meta-analyses and other reviews on this topic, we decided to include studies which focused on interventions with youth affected by risk factors associated with youth homelessness: family conflict and breakdown; mental health issues; disengagement from education or employment; poverty; alcohol and other drug issues; and crime. We also looked at interventions which build relevant protective factors (such as community connections and healthy family relationships). Studies were included that assess interventions with young people (youth) and homelessness more broadly. This yielded a larger number of relevant studies.

Assessing the evidence

A strict hierarchy of evidence based on randomised controlled trials, as the gold standard, leaves the youth sector and many other social program areas with very little research to guide practice (Schorr & Farrow, 2011). Evidence of the impact and outcomes of interventions with homeless young people is limited (Altena, Brilleslijper-Kater, & Wolf, 2010; Donkoh, Underhill, & Montgomery, 2006; Fouche, Elliott, Mundy, Jordan, & Bingham, 2010; Toro, et al., 2007). Few formal evaluations of interventions have been conducted, and those that have been conducted have not used rigorous experimental or quasi-experimental designs (Toro, et al., 2007). Due to the limited availability of evidence-based program evaluations that assess the efficacy of different service models or the strengths and weaknesses of different approaches, the evidence drawn upon in this review varies in its methodological approach. Some of the interventions included in the review have been subject to robust independent evaluation, while others use less sophisticated methods.

This review of effective interventions and approaches to youth homelessness includes the following kinds of research evidence:

- Systematic review of randomised trials;
- Single randomised control trial;
- Systematic review of qualitative and descriptive studies addressing important client outcomes;
- Single qualitative and descriptive studies addressing client outcomes; and
- Systematic reviews of observational studies.

The inclusion of qualitative research provides depth and details on interventions and evidence on how these can be implemented effectively within the context and conditions of working with young people who are homeless or at risk of homelessness.

Limitations

This literature review was constrained by the low number of high quality studies that addressed responses to youth homelessness. In the Australian context, the number of studies is even smaller. Most studies come from North America (US) and the United Kingdom (UK). There are significant gaps in the evidence about specific groups who experience homelessness in Australia, including Indigenous people and newly arrived young people. This review offers insights that can guide service delivery on the ground. However, we must be cautious to avoid what has been referred to as ‘over-reach,’ the over-generalisation of research results (Kertesz & Weiner, 2009). The complex nature of youth homelessness, together with the variety of outcome measures and research methodologies employed, makes it difficult to assert confidently that an intervention that has been demonstrated to be effective with one population group in one setting will be effective with another group of people in another setting.



3. Findings About What Works

This review canvasses interventions that address protective and risk factors associated with trajectories into homelessness. Risk and protective factors may be at the individual level (for example, mental health and substance use); the family level (for example, family conflict or connectedness); or community level (for example, engagement or disengagement from school and employment). Most of these interventions may be used at different levels (for example, narrative therapy, described under family interventions, may also be used with individual young people and in communities). Some of these interventions may have been evaluated with young people at risk of homelessness, and some with populations experiencing the risk factors associated with homelessness. The review also outlines the limited research available about working with homeless young people: the results of the early search strategy. Finally, drawing upon the interventions reviewed, it identifies the key elements of successful practice with young people who are homeless or at risk of homelessness and their families.

Because of its importance, we begin with the practice element of ‘relationship’ before moving into intervention strategies. Research from all helping professions and with a variety of client groups emphasises the centrality of developing a quality relationship with the service user/s (de Boer & Coady, 2007; Horvath, 2001; Howe, 1998; Ruch, 2005). Working with homeless young people or those at risk of homelessness and their families is no different in this respect, and the literature throughout this review highlights this critical practice element.

The centrality of relationship

Engaging and maintaining involvement in interventions is critically important in being able to provide services and can present unique challenges that need to be overcome if interventions are to have an opportunity to lead to positive outcomes (Dembo, Gullede, Robinson, & Winters, 2011).

Establishing rapport and engaging with young people who are homeless or at risk of homelessness is the initial necessary step to effective interventions. This is considered to be of particular significance in dealing with homeless populations, because of their reservations and distrust and the instability of homelessness. Thus, a necessary first step is developing a trusting relationship with service providers (Barry, Ensign, & Lippek, 2002).

The effectiveness of a wide range of supports is contingent on the quality of the relationship between service users and workers (Quilgars, 2000). However, due to the experiences that have led to, or place young people at risk of, homelessness, many lack trust in other people and services (Barker, 2010; Barry, et al., 2002; Ensign & Gittelsohn, 1998; French, Reardon, & Smith, 2003; Karabanow, 2008; Kidd, 2003; Kryda & Compton, 2009; Thompson, McManus, Lantry, Windsor, & Flynn, 2006). Conveying respect and acceptance is an important part of addressing this potential barrier to service provision (Springer, 2001).

When looking at mental health interventions with homeless young people, Cauce et al. (1994) found that developing a strong relationship gradually was crucial for decreasing symptoms of depression, problem behaviour and substance abuse and affecting self-esteem positively (Cauce et al., 1994).

De Rosa et al. (1999) found that services that were perceived to provide assistance that was tailored to their individual needs, were flexible, had rules that were less restrictive and did not require the disclosure of personal information, were more likely to be used by homeless youth. Similarly, 'low-threshold interventions' are suggested by Baer et al. (2004) to improve engagement with homeless people, referring to interventions that do not require consistent, regular attendance, adherence to strict rules and extensive disclosure by the young people (Baer, Peterson, & Wells, 2004). Evidence presented by Lipton et al. (2000) suggests that greater consumer choice and control in regard to the level of engagement can have a positive impact on housing outcomes for 'service resistant' clients (Lipton, Siegel, Hannigan, Samuels, & Baker, 2000).

Recognition of the significance of choice (agency) and independence and a sense of control in the lives of homeless youth is an important part of constructing effective interventions (Barker, 2010; Kidd, 2003; Thompson, McManus, Lantry, et al., 2006). It is important to respect their perceptions and experiences and incorporate this into addressing the issues pertinent to their lives (Thompson, McManus, Lantry, et al., 2006). Client-centred and strength-based approaches address these concerns. In order for homeless young people to engage with services, they must establish rapport and trust in the relationship with the service provided and perceive that the services will lead to positive experiences (Kidd, 2003).

Research investigating the efficacy of street-based youth work highlighted the fact that, to engage socially excluded young people, this work must start 'where the young people are', not be prescriptive and, initially at least, deal with issues that are seen as important to the young person (Crimmens et al., 2004).

Dembo et al. found that successful enrolment and engagement with the families of young people in brief interventions for substance abuse relied heavily on the manner in which the interventionist communicates with families (Dembo, et al., 2011). They suggest the following as contributing to successful program implementation: encouragement, patience, support and non-judgmental acceptance (Dembo, et al., 2011). Flexibility, persistence and patience are considered necessary, as well as working to understand and respond to the concerns of each family (Dembo, et al., 2011). The experiences and perspective of homeless young people are important factors in service delivery, as subjective views are an important contributing factor to whether someone uses or continues to use a service. This is particularly pertinent, as participation in most services related to homelessness is voluntary, and consultation with young people is imperative to developing appropriate, responsive services (Karabanow & Rains, 1997).

Qualitative research which investigated young people's experiences of services and interventions found that, regardless of country of origin or shelter versus street youth, qualitative studies reported similar themes (Slesnick, Dashora, Letcher, Erdem, & Serovich, 2009). Nearly every study reported young people having had negative experiences with helping agencies (Barker, 2010; Darbyshire, Muir Cochrane, Fereday, Jureidini, & Drummond, 2006; Ensign & Gittelsohn, 1998; Kidd, 2003; Thompson, McManus, Lantry, et al., 2006).

Recommendations from the qualitative studies suggested that interventions be strength based, that the needs differ amongst individual homeless youth, and that the services need to cater to the life context and the desires of the youth (Slesnick et al., 2009).

Studies reported that that homeless young people had several needs pertaining to services that aimed to support them:

- ▶ that they could trust the service provider (Barry, et al., 2002; Ensign & Gittelsohn, 1998; French, et al., 2003; Kidd, 2003; Kryda & Compton, 2009; Thompson, McManus, Lantry, et al., 2006)
- ▶ that they felt cared for (Karabanow & Rains, 1997)
- ▶ that they did not feel judged (French et al., 2003)
- ▶ that they were inclusive rather than punitive or exclusionary (Darbyshire et al., 2006).

McCay et al. (2011) evaluated the impact of a pilot study that used a relationship-based intervention with street-involved homeless young people in Toronto, Canada. This evaluation used a quasi-experimental design with a treatment and comparison group. The relationship-based intervention included six sessions and focused on relationships that would 'guide, support, and nurture youth' (McCay et al., 2011). Participants receiving the intervention demonstrated a significant improvement in social connectedness and also demonstrated a trend towards decreased hopelessness. Despite the relatively small sample size (a sample of 15 homeless youth), this study suggests that providing a relationship-based intervention for street-involved homeless young people may strengthen social relationships and mitigate against hopelessness and despair (McCay et al., 2011).

It is clear from both qualitative studies and quantitative evaluations with control groups across a range of population groups, including young people at risk and homeless young people, that a positive relationship between worker and service user which involves the development of trust and the promotion of the young person's choices is a critical component for promoting positive outcomes.

Interventions for addressing multiple and interlinked factors

Homeless youth and those at risk of homelessness often have a range of factors that contribute to the conditions creating adverse outcomes in their lives. These factors are intimately interwoven and interdependent. Given the dynamics of social disadvantage, some consider it necessary to provide a range of supports, including crisis remediation, safe shelter, food, clothing and medical care prior to commencing any therapeutic intervention (de Winter & Noom, 2003; Thompson, McManus, Lantry, et al., 2006). Available evidence indicates that assessment needs to take account of the multiple relevant factors in order to enable the young person, the family and the service provider to identify the most useful areas for change.

The following interventions have much in common with each other and are different approaches to addressing the multiplicity of interlinked factors that face young people who experience homelessness.

Case management

Case management includes a range of approaches, practices and processes that endeavour to coordinate the collaboration between the often diverse and complex roles and responsibilities services have in addressing the needs of their clients. It involves a process of interaction within and between a network of services which ensures that clients receive the support from services that they need (Moore, 2004).

In Australia, case management has been a prominent component of working with people who are experiencing homelessness since 1990 (Gronda, 2009). Comprehensive and intensive case management interventions have been considered to address the multiple and diverse needs of the broader homeless population (Fitzpatrick-Lewis et al., 2011; Gronda, 2009; Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005). Intensive case management has been used successfully with homeless families and adults (Toro et al., 2007). Case management programs are commonly employed by community mental health organisations and are considered important among homeless service providers (Fitzpatrick-Lewis et al., 2011; Hwang, et al., 2005; Sosin & Durkin, 2007; Zerger, 2002). While research is inconclusive about the utility and efficacy of case management with homeless youth, some research suggests that it may be effective (Paradise et al., 2001; Robertson & Toro, 1999).

Cauce et al. (1994) provide a formally assessed case management intervention which randomly selected young people for either regular or intensive case management. Both groups had improved psychological wellbeing and reduced problematic behaviour after the first three months. Although few significant outcomes differed between the groups, the young people that received intensive case management also exhibited less aggression, reduced externalising behaviours and more satisfaction with their quality of life. Two other studies that used adult samples showed similar outcomes (Hurlburt, Hough, & Wood, 1996; Toro et al., 1997).

The study by Cauce et al. (1994) lacked a non-treatment control group in the research design, which limits the ability to draw conclusions regarding the efficacy of the program for homeless youth. Although the results produced in available studies are not compelling, the overall positive results could suggest that case management may be beneficial for homeless youth (Altena et al., 2010).

Slesnick et al. (2009) suggest that case management alone may not be adequate to address the range of issues that contribute to homelessness (Slesnick et al., 2009). Case management appears to be most effective for homeless people when it is embedded in integrated, supportive services and well matched to clients (Fitzpatrick-Lewis et al., 2011). Studies have found that more intensive interventions were more effective when they combined individual therapy and case management (Slesnick, Prestopnik, Meyers, & Glassman, 2007).

A project undertaken by Gronda aimed to provide a rigorous and independent evidence-based view of case management as a response to homelessness (Gronda, 2009). This project defined case management by its ability to increase a person's self-care capacity. A 'realist synthesis' methodology was used, evaluating and integrating quantitative and qualitative evidence to determine what we know works (Gronda, 2009). Fifty-three sources met their criteria for quality and rigour. Gronda found that case management works because of the relationship between the client and a case management team that has the following qualities: persistence, reliability, intimacy and respect, and that delivers comprehensive, practical support (Gronda, 2009). Case management was seen to be time and resource intensive, but controlled studies indicated it is cost effective.

Gronda noted that certain conditions enable a case management relationship to be effective for people experiencing homelessness, including: access to accommodation and specialist supports (such as mental health and substance abuse support); individually determined support durations; and case management staff with advanced assessment, communication and relationship skills and regular practice supervision (Gronda, 2009). Access to housing was shown to be central to enabling a case management relationship to lead to beneficial outcomes with people experiencing homelessness.

Community Reinforcement Approach (CRA)

Two studies have been completed that evaluate the impact of case management and individual therapy through a drop-in centre for homeless youth (Slesnick, Kang, Bonomi, & Prestopnik, 2008; Slesnick et al., 2007). The interventions evaluated included case management and sessions of Community Reinforcement Approach (CRA). CRA (Meyers & Smith, 1995) is an 'empirically based, multifaceted approach that addresses the clinical needs of homeless individuals including substance use, homelessness, and mental health problems' (Slesnick et al., 2008). CRA has a significant overlap with other cognitive-behavioural interventions, and it has been used successfully with housed adolescents (Dennis et al., 2004). CRA is based on the idea that environmental contingencies play a significant role in behavioural change (Slesnick, et al. 2008). Outcomes from this approach have demonstrated improvement in the intervention group. People that received this intervention had a more significant reduction in substance abuse and internalising problems, and increased social stability. The findings from these studies are promising, especially considering that they occurred in a drop-in centre. These studies suggest that, though they may not be as effective as programs that provide housing, positive outcomes can happen in a drop-in setting.

Low numbers of studies address case management, there are varieties of case management models, and there are few studies of case management with homeless young people. However, what evidence is available suggests that it can be effective for people experiencing homelessness when certain conditions are met, including quality assessment and relationship skills and appropriate coordinated resources, including access to therapeutic interventions as indicated.

Wraparound

Wraparound is an approach to service delivery through which the multiple needs of young people are addressed using a model drawing on supports that require numerous resources from more than one source. It is based on the idea of collaboration between and across schools, agencies, and services in an integrated, coordinated support plan. While there are variations in definitions and in practice, there exist fundamental policies in the wraparound literature which need to be adhered to by proponents of the high fidelity wraparound approach (Prakash, 2010).

A rigorous assessment of wraparound outcomes was conducted by Suter and Bruns in (2009). Their meta-analysis examined outcomes for children and youth with emotional and behavioural disorders and included only seven studies, limiting their analysis to studies with control groups (Suter & Bruns, 2009). This meta-analysis found only modest evidence for the efficacy and effectiveness of the wraparound approach (Suter & Bruns, 2009).

Other publications that assess the impact of wraparound without control groups for comparison have suggested that wraparound is effective for young people with mild to moderate needs, though evidence is not positive for young people with more severe emotional and behavioural issues (Cox, Baker, & Wong, 2010; Myaard, Crawford, Jackson, & Alessi, 2000).

Overall, wraparound has been found to be a resource-heavy approach with minimal measurable outcomes.

The literature generally maintains that wraparound results are largely positive for young people with emotional and behavioural problems (not homeless young people specifically). This is despite the evidence base for wraparound being deemed weak or modest, perhaps due to the complications and challenges of capturing evidence (Prakash, 2010).

Interventions at the family level

Conflict between young people and their families is one of the key factors leading to youth homelessness, and it is for this reason that this review highlights family level interventions. Mallet et al. (2009) go so far as to suggest that 'it might be said that family conflict causes youth homelessness'. In their research, this family conflict emerged in both caring and neglectful families and covered a range of issues, including a parent re-partnering, domestic violence, lack of acceptance of a young person's boyfriend/girlfriend and systematic abuse. They also note that the family-level 'causes' of youth homelessness are diverse and complex and are entangled with both individual and social factors' (Mallett et al., 2009).

The literature is in strong agreement that family conflict and family breakdown are significant factors in young people becoming homeless, but there is little research on how best to assist these young people and their families to improve their relationships and, where possible, reconcile. What is clear, however, is that to provide effective assistance to a young person who is homeless, or at risk of becoming homeless, the service must take into account the relationship the young person has with their family. This is, of course, a key principle in the Reconnect Program. Interventions that involve the family that occur before young people become chronically homeless are therefore deemed likely to prove an effective alternative in preventing homelessness (Milburn et al., 2011; Slesnick & Prestopnik, 2005)

Maycock et al. (2011) have just published some of the results from their important research, which they describe as an 'ongoing longitudinal qualitative study of homeless young people in Dublin, Ireland'. Their research reinforces the view that family conflict/breakdown is a significant factor in youth homelessness. Sometimes the issues revolved around the abusive behaviour of a parent, and sometimes around the behaviour of the young person themselves (for example, substance abuse). Their key finding, however, was that family relationships can be improved, and that 'homeless young people benefit from both ongoing and renewed contact with family members and that the support they receive from a parent(s), in particular, can play a role in driving or supporting their transition out of homelessness'. This view is also highlighted in Bender et al. (2007), Nebbitt et al. (2007) and in the study by Mallet et al. (2009) mentioned previously. Family-based approaches addressing youth homelessness are effective at reducing risky behaviours (Milburn et al., 2011).

There are instances where family-focused interventions would be inappropriate—for example, family violence, severe neglect or abuse. Slesnick notes that interventions that unilaterally return homeless young people to their family of origin or other alternative ‘home’ are not viable for a proportion of homeless youth (Slesnick, et al., 2009). However, where it is safe and appropriate, there is strong general evidence to support the view that family work/family therapy is an effective approach. Family interventions can be effective in preventing negative developmental outcomes, such as delinquent behaviour, and have been successfully used with at-risk young people, including those who are suicidal (Rotheram-Borus, Piacentini, Miller, Graae, & Castro-Blanco, 1994), delinquent (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998), or engaged in substance abuse (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2002; Spoth, Kavanagh, & Dishion, 2002; Taylor & Biglan, 1998). Messent recently outlined some of the most promising family-based approaches to common problems exhibited by children and young people, including: ADHD; conduct problems; substance misuse; emotional problems; and eating disorders (Messent, 2011).

Specific family work models

Multisystemic therapy (MST)

MST is a family focused intervention which includes coordination of interventions in other systems, such as school and peers. MST has displayed compelling results that show it can reduce antisocial behaviour among youth offenders (Henggeler et al., 1998).

STRIVE

Milburn et al. (2011) evaluated the efficacy of a short family intervention in reducing sexual risk behaviour, drug use and delinquent behaviour among homeless young people. They conducted a randomised control trial of 151 families in California. The intervention group participated in the STRIVE (Support to Reunite, Involve and Value Each Other) intervention, while the control group received the ‘standard care’ they were receiving from existing agencies that referred them. This intervention was designed for newly homeless young people and based on CBT theories, to improve their problem-solving and conflict resolving skills. The study found that family engagement in homeless young people has significant benefits in reducing risk-taking behaviours over a 12-month period.

Family therapy

Studies evaluating the effectiveness of family therapy for homeless adolescents in drop-in centres with alcohol or other drug (AOD) issues have demonstrated improved outcomes in AOD use (Slesnick & Prestopnik, 2005). The young people showed improvements in other areas, such as family conflict and cohesion and individual functioning. These studies suggest that family therapy can have an impact on AOD use in a drop-in centre. Furthermore, these studies demonstrate that the families of homeless youth can be engaged and maintained in family treatment (Slesnick & Prestopnik, 2009).

Carr (2009) provides a comprehensive review of the ‘evidence’ that demonstrates the effectiveness of family-based approaches in resolving what he terms ‘adult focussed problems’ and ‘child focussed problems’. Russel Crane (2008) also asserts that family-based approaches are not only effective, but cost effective. His view is that the use of family-based approaches actually reduces the extent to which these family members utilise other services. Neither Carr nor Russell-Crane makes a case for any particular approach to family work/family therapy as being better than any other. This view is also mirrored by Slesnick and Prestopnik (Slesnick et al., 2009) who comment that ‘there is little evidence available to suggest that one type of family therapy is superior to another’. They go on to make the key point that ‘family therapies...may be more similar than different in that they share the underlying conceptual framework that individual problems are best understood at the interactional level’. Essentially, family work/family therapy approaches share a common understanding of the family as being a system, and much more than just a collection of individuals. This common element clearly emerges in Walsh and McGraw’s overview of approaches to family therapy (Walsh & McGraw, 1996).

In the Australian context, Elliott et al. (Elliott, Mulroney, & O'Neil, 2000) suggest that the broad key elements to successfully working with families are: 1) starting where the family is at, 2) developing successful relationships, 3) setting goals, 4) helping in practical ways, 5) building networks, and 6) building on strengths.

Larner (2004) argues that, although family therapy resists fitting into the 'gold standard' of RCTs due to the nature of these interventions, family therapy is a 'best practice approach for all therapists where systemic wisdom helps to decide *what to do with whom when*' (Larner, 2004).

Family Mediation

Because family relationship breakdown is a major cause of youth homelessness, mediation is thought to be an effective strategy to reduce or prevent youth homelessness. It has been used primarily in the UK, and there is limited existing evaluation evidence as to its effectiveness.

Pawson (2007) make the point that there are differing perspectives and approaches to mediation as a prevention strategy and conclude that, in the UK context, there is no agreement as to its use as a 'formal technique'. There are two major differences between the way UK homeless prevention and early intervention services and Reconnect in Australia work. The first is that mediation is commonly a compulsory element for young people and their families in the UK. The second difference is that mediation is often provided by a specialist mediator (Ng, 2011).

The limited evidence from the UK and US suggests that family mediation can be effective in reconciling relationships for a significant proportion of young people facing possible homelessness due to disputes with parents or others (Cahn, Schweitzer, Jamieson, & Slevin, 2009; Dore, 2011; Pawson et al., 2007). A UK evaluation found evidence that mediation is best used along with a package of services that focus on the young person's needs. Where reconciliation was not possible, the mediation service was also used to enable young people to re-establish ties with their family at a later date. This is based on the general assumption that family support is essential to ensure that the young person manages to sustain his/her own independent tenancy, thus helping to prevent repeat homelessness (Pawson et al., 2007).

A recent evaluation of a UK Reconnect service found that service users, both parents and young people, felt that the one-to-one sessions and mediation had:

helped them [client] to see things differently and from another person's point of view. [Clients] expressed that the interventions had allowed parents and young people mend broken relationships, prevent young people from leaving the home environment, perform better in education and have more positive regard for themselves and others (Insley, 2011, p 12).

The literature around mediation, both in the homelessness context and in the wider context of family breakdown, calls for sensitive decision-making around the use of mediation, particularly if there are safety issues such as violence or abuse. There is also some evidence that, where external mediators are used, they require specialised training in working with young people and their families for the prevention of homelessness (Ng, 2011).

Narrative Therapy

Narrative therapy is a popular intervention and therapeutic modality. It can be used with individuals, families and groups. However, research on its efficacy is sparse and in its infancy (Etchison & Kleist, 2000). Most pertinent to this review, Besa (1994) assessed the effectiveness of narrative therapy in reducing child-parent conflicts (Besa, 1994). Parent-child conflict was defined as 'defiant behaviour, keeping bad company, abuse of drugs, school problems, and so on' (Besa, 1994). Six families participated with children between the ages of 8 and 17 years. The researchers employed a single case research design. Parents were trained to take baseline measurements of the targeted behaviour and monitor progress, counting the frequency of the behaviours they were hoping to effect. The results were evaluated using three multiple baseline designs. Five of the six families showed improvements in parent-child conflicts, with no improvements where there was no narrative therapy. It was concluded that narrative therapy was the probable cause for these observed changes. Narrative therapy was considered as an effective approach to reducing family conflict.

The focus on working with the young person and their family, where possible and safe, is well supported in the literature. Few approaches have been evaluated with young people at risk of homelessness, the exception being formal family mediation. MST has a strong evidence base for young people in the youth justice system. Various family therapy models, including narrative therapy, whilst lacking randomised control trials (RCTs), have shown some promising results.

Interventions with individual young people

Outreach or street-based youth work

The spectrum of street-based youth work includes what have become known as outreach, detached youth work and everything in between. These different approaches to street-based youth work endeavour to reach population groups that are socially excluded and/or those that are resistant to conventional building-based services. Street-based youth work is predominantly done on the young person's territory (Crimmens, et al., 2004). These services actively pursue clients rather than waiting for them to access the service. Services that undertake street-based youth work tend to engage clients with serious difficulties with housing, employment, crime, poverty and physical and mental health (Crimmens et al., 2004).

Monitoring and evaluating street-based youth work has difficulties added to those for youth work more broadly. It is considered difficult and insensitive to gather too much personal information and place too many demands on clients of street-based youth work, given their reticence and hesitation to engage with services to start with. Street-based youth work does not occur in isolation, which can make it hard to control for the range of factors that impact on the lives of these young people and to separate out the impact of particular interventions.

Crimmens et al. (2004) did a study that investigated the contribution of street-based youth work to socially excluded young people in England and Wales in developing educational, training and vocational opportunities. They used a representative sample of 31 projects for telephone interviews. Eleven of these sites were selected for visits, each visited two times. Follow-up telephone interviews with the 31 services occurred eight to ten months after the original interviews. The social exclusion inventory was administered to 76 young people at two points. Resources and methodological constraints prevented the research team from establishing a control group. Furthermore, the reliance on reporting from the youth workers may limit the reliability of the outcomes.

The data collected suggested that street based youth work had a positive impact on the lives of the socially excluded subjects that were included in the investigation. The street-based youth work was seen to be reaching high need/high risk young people. Three months after the first point of contact, the numbers were small, but positive changes were seen in numbers of those unemployed or not in training/education, those with no income, and school attendance. Antisocial behaviour was reduced by over 75 per cent, and offending by over 25 per cent. Regular attendance at structured youth activities increased by almost a third. The authors themselves note that these conclusions must be viewed cautiously; however, they state that 'street-based youth work with socially excluded young people does work, not always, not everywhere, but probably more effectively than any other method yet devised for reaching socially excluded young people' (Crimmens et al., 2004).

Street based youth work (including outreach and detached youth work) offers one of the few ways to make and sustain contact and work effectively with hard to reach populations that may be disaffected and socially excluded. Effective street based youth work requires ingenuity, flexibility and creativity, which finds itself at odds with the time-limited, resource restricted and audit culture (Crimmens et al., 2004).

Cognitive Behavioural therapy

Cognitive behavioural therapy (CBT) approaches are skill-based treatment interventions that combine techniques from cognitive therapy and behavioural therapy (Andreassen, Armelius, Egelund, & Ogden, 2007). CBT is founded on the notion that cognition is a determinant of behaviour and mood. CBT utilises behavioural and cognitive techniques to identify and change thinking patterns that are considered to be linked to problematic behaviour (Muñoz-Solomando, Kendall, & Whittington, 2008)

In the treatment of children and young people, a systematic review by Muñoz-Solomando et al. (2008) found evidence that CBT is best suited to treating generalised anxiety disorder, depression, obsessive compulsive disorder and attention deficit hyperactivity disorder (Muñoz-Solomando et al., 2008). However, insufficient evidence was found for CBT in the treatment of antisocial behaviour, psychotic and related disorders, eating disorders, substance misuse and self-harm behaviour.

In a Cochrane Review, Armelius and Andreassen found CBT to have little more effect than standard treatment for young people in residential settings in reducing criminal behaviour (Armelius & Andreassen, 2007).

No evaluations or evidence directly related to working with homeless young people were available. However, Thompson et al. (Thompson, McManus, & Voss, 2006) suggest that low-threshold CBT interventions would be best suited to homeless young people, making it accessible and engaging to maximise involvement.

Solution-focused Brief therapy

Solution-focused brief therapy (SFBT) is a strengths-based model that takes a cognitive-behavioural approach to assist clients to conceptualise what could be different in their life and what it would take to make this happen (Bender et al., 2007; Dembo et al., 2011; Franklin, Trepper, McCollum, & Gingerich, 2011; Gingerich & Eisengart, 2000; Trepper et al., 2008). SFBT views the clients as the experts in their lives and endeavours to increase client autonomy (Selekman, 1997). SFBT takes a positive view on the skills of clients, minimising attention to past failings and problems, instead emphasising clients' strengths (Trepper et al., 2008). It focuses on working with clients' understanding of the world and is attentive to finding solutions rather than resolving problems (Gingerich & Eisengart, 2000).

At a broad level, SFBT has been seen to have a small but positive treatment effect (Kim, 2008). These results have to be viewed with caution, due to the limited number of studies available for inclusion in a meta-analysis, which limits generalisability (Kim, 2008). Nonetheless, the available evidence suggests that the results of SFBT are comparable to other social work practice models, especially given the 'real-world setting' as opposed to the clinical settings of other models (Kim, 2008).

One study conducted with adolescent juvenile offenders in custody demonstrated increased optimism regarding the future, greater ability to feel empathy, and decreased levels of AOD use following SFBT (Seagram, 1997).

A review of the outcome literature of SFBT in schools found mixed results but showed promise as a useful approach to working with at-risk young students within a school setting, given the positive outcomes regarding externalising problem behaviours (Kim & Franklin, 2009). However, the authors conclude that they were unable to come to any definitive conclusions about SFBT as an effective intervention. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) rated SFBT as a promising intervention (Kim, Smock, Trepper, McCollum, & Franklin, 2010).

Although SFBT has not been evaluated as an intervention with homeless young people, numerous authors (De Rosa et al., 1999; de Winter & Noom, 2003; Kidd, 2003; Rew, 2002; Thompson, McManus, & Voss, 2006) support the use of this model for this population group, as it is strength based and solution oriented (McManus & Thompson, 2008).

Thompson, McManus and Voss (2006) suggest that SFBT provides a means to develop rapport with homeless young people. Situated within the broader literature on effective interventions, it is best to have medium to long-term support for homeless young people that addresses the complex needs of this populations group. However, establishing rapport and trust is central to creating these longer term relationships. If SFBT presents a short term intervention that can hopefully lead to a more sustainable relationship, then this alone is worthwhile.

Motivational interventions

Several RCTs have examined interventions with homeless young people with AOD issues recruited from drop-in centres and the street (Baer, Garrett, Beadnell, Wells, & Peterson, 2007; Baer et al., 2004; Peterson, Baer, Wells, Ginzler, & Garrett, 2006; Slesnick et al., 2007). Three of these studies evaluated motivational intervention with homeless youth. These studies found limited support for motivational interventions, as the group that received this intervention showed few improvements compared to normal treatment. The study conducted by Baer et al (2007) aimed to strengthen promising results of previous studies by modifying their clinical protocol. However, this study revealed no significant benefits for intervention participants when homeless youths' substance use rates were compared with those of control participants. More intensive therapy combined with case management has been shown to be more effective (Slesnick et al., 2008; Slesnick, et al., 2007).

Although some motivation interventions have been seen to have some positive impact in engaging homeless young people, it has been suggested that homeless people do not benefit from short-term interventions, due to the complexity of factors that contribute to their living conditions (Zerger, 2002).

Interventions with co-occurring mental health and AOD issues

Integrated treatment of co-occurring mental health and AOD issues is increasingly considered more effective than treating each separately (Mueser, 2004; Thompson, McManus, & Voss, 2006). There is a lack of research on homeless young people with both Post Traumatic Stress Disorder (PTSD) and AOD issues. Therefore, there is little direction for treatment of these issues provided by the empirical literature (Thompson, McManus, & Voss, 2006). However, given the prevalence of comorbid PTSD and AOD issues, it is likely that people working with this population group will encounter these co-occurring conditions (McKenzie-Mohr & Coates, 2011; Thompson, McManus, & Voss, 2006; White et al., 2011). Recently, there have been suggested ways forward in addressing these issues, but these are yet to be evaluated (McKenzie-Mohr & Coates, 2011).

Despite the lack of specific treatment studies of homeless young people with PTSD and AOD issues, trauma research has demonstrated that a safe and stable environment is a prerequisite to addressing interpersonal issues and trauma (McManus & Thompson, 2008; Newman, 2000). Approaches that include a strength-based approach are suggested in the light of what is known about this population group (McCay et al., 2010; Selekman, 1993; Thompson, McManus, & Voss, 2006).

Independent living skills training for young people leaving care

Many homeless young people are considered to lack the basic living skills required to acquire and maintain a stable living situation (Aviles & Helfrich, 2004; Barker, 2009). Independent living skills programs endeavour to assist homeless young people to increase their skills, to help them maintain self-sufficient or independent living. Most independent living programs are designed for young people leaving care, in recognition of the increased rates of this population group becoming homeless. These programs offer a wide range of training that includes both personal development and living skills. They are then conducted in group formats. They generally involve social skills training techniques (Donkoh et al., 2006; Montgomery, Donkoh, & Underhill, 2006).

A systematic review was conducted by Montgomery et al (Donkoh et al., 2006; Montgomery et al., 2006) evaluating the effectiveness of independent living skills programs that aimed to improve outcomes for young people leaving care. The reviewers were unable to find any evaluations that meet their inclusion criteria (Donkoh et al., 2006; Montgomery et al., 2006). However, eight non-randomised controlled studies suggest that some independent living skills may have protective effects for young people leaving care. The available evidence suggests that these programs may improve education, employment, housing, health and life skills outcomes for young people leaving care. However, this evidence is considered weak and not necessarily generalisable to homeless young people more broadly. The range of living conditions experienced by homeless young people may make it harder to put into practice the range of skills taught by these programs.

Everson-Hock et al. conducted a systematic review that aimed to synthesis evidence on the effectiveness of transition support services for looked-after young people (LAYP) on adult outcomes (Everson-Hock et al., 2011). Their findings, from the seven studies that were included, suggested that young people who received transition support were, overall, more likely to complete compulsory education, to be in current employment, to be living independently and to be less likely to be young parents (Everson-Hock et al., 2011). There was no reported evidence of the effect on preventing homelessness, criminal behaviour or mental health. The literature reviewed offered no reliable conclusions on the effectiveness of transition support services, due to the limited research available and the quality of the research.

There is a shortage of clear evidence for change-oriented interventions with individual young people at risk of homelessness. However, there is evidence available for the effectiveness of CBT (with anxiety and depressive problems) and limited evidence for SFBT (with externalising behaviour and AOD issues) and for motivational interventions (AOD issues) with young people experiencing issues which may be found in young people at risk of homelessness. The effectiveness of such interventions may be limited by the instability of life conditions amongst those who are already homeless.

Intervening to promote community level protection factors

School-based interventions

Disconnection from high school is a central factor that can reinforce the disengagement of homeless young people from mainstream society (Hyman, Aubry, & Klodawsky, 2011). School contexts provide a potential site for early intervention and engagement with young people at risk of homelessness. Furthermore, school engagement can be a protective factor. There is some evidence that suggests school-based interventions can benefit school age children who are homeless with their parents (Toro et al., 2007).

School programs that target vulnerable young people at risk of homelessness have yet to be evaluated (Toro et al., 2007). School-based initiatives have been shown to be effective in reducing the risk of youth delinquency and substance abuse (Crank & Christensen, 2003) and can provide an avenue for prosocial influences outside the family home. Programs in schools, aimed at supporting students who are at risk of early school leaving, and supportive school cultures can encourage school engagement (Lamb, 2011).

Group work

The use of a group format is considered by some as helpful for social support and validation of 'similarly situated others' (Thompson, McManus, & Voss, 2006). Group work is considered to help normalise the experiences of homeless young people, which can relieve some of the self-blame and other negative affects they often suffer (Najavits, Weiss, & Liese, 1996).

Generally speaking, in group work, the group leader aims to enable group members to engage in collaborative problem solving (Brown, 1991). There are all types of groups, including educational groups, recreational groups, therapeutic groups, task groups and self-help groups. In this context, the focus would be on therapeutic, supportive and recreational group work. Well led and conducted groups allow members to understand, in a safe way, that so many of our experiences are also a part of the experience of others, that we can learn new ways of doing and being from others and in the process, can improve our own view of ourselves (Douglas, 2000). Recreational groups are about having fun, but they also help develop team work skills and self-esteem (Kelk, 1994).

There is a broad literature supporting the use of group work in a range of settings and fields. McDermott (2003), for example, draws on a range of studies to demonstrate that group work is effective in the mental health field but notes that we need to have a better understanding of 'what works for whom'. We found no research specifically related to the effectiveness of group work with homeless young people, but we again acknowledge that group work may well be a useful tool in supporting young people in the Reconnect context.

Many Reconnect services utilise group based approaches in working with the parents of the young people who are their clients. There is broad support in the literature for the effectiveness of group work with parents, both in providing needed support and in leading to positive changes in the relationships these parents have with their adolescent children.

Henricson and Roker (Henricson & Roker, 2000) undertook an extensive review of parent support programs in the US, UK and Australia and argue that parent support groups have a key role to play in assisting parents to cope with the challenges of parenting an adolescent. More specifically, in the context of homelessness, Arnold and Rotheram-Borus (Arnold & Rotheram-Borus, 2009) demonstrate that the use of group work with parents living in shelters assisted in reducing the incidence of both HIV infection and substance abuse among the parents' adolescent children. This happened as a result of the parents' gaining more knowledge of the issues involved and in building better relationships with their children. Beharie et al. (2010) similarly found that group work with homeless parents assisted in reducing the levels of HIV infection and substance abuse in the parents' adolescent children.

The effectiveness of group work approaches with parents is also reinforced by Solomon et al. (2001) in supporting parents who have children with disabilities, by Toumbourou et al. (2001) in group work with parents 'stressed' by adolescent substance abuse and by Thompson and Thorpe (Thomson & Thorpe, 2004) in group work with parents who have had their children placed in care.

Vocational Training

A small sample of homeless youth were recruited to test the feasibility of a social enterprise intervention by Ferguson and Xie (2008). Participants in the intervention received seven months of vocational and small business training and service referrals, compared to a small control sample. The youth who received the intervention reported greater life satisfaction, higher family contact, improved peer support and fewer depressive symptoms. However, the unexpected unfavourable outcome was an increase in high-risk behaviour for the intervention group. These findings suggest that there is potential for social enterprise interventions to improve mental health and social outcomes for homeless youth (Ferguson & Xie, 2008).

Current evidence is that connection to education, work and other community resources is protective for young people. This review identified no specific studies for promoting these connections for young people at risk of homelessness. However, group work programs and supportive programs in schools have been identified as promising for young people at risk of associated harms, for example, mental health problems and early school leaving.

What works with young people already homeless

Housing models

Evidence regarding housing interventions with homeless people is limited (Johnsen & Teixeira, 2010). We are even more limited when looking at homeless young people. As with the research on homelessness more generally, we need to be cautious about the conclusions we come to and their applicability to different contexts.

Four housing models will be outlined, along with the evidence supporting their efficacy: linear housing models; Housing First; supportive housing; and the Foyer model. These models represent the most common found in the UK, USA and Australia (Johnsen & Teixeira, 2010).

Linear housing model

Linear housing model is one of the most common models and includes a range of services based on the idea of homeless people progressing through separate residential services (Johnsen & Teixeira, 2010). These stages usually involve emergency accommodation, transitional housing and supportive housing and work towards independent living (Wong, Park, & Nemon, 2006). This model's most well known incarnations are the 'continuum of care' and 'staircase' system.

The housing interventions that fit within this model envisage clients becoming increasingly ready for the next stage in the process towards independent living. This model is founded on a 'treatment first' philosophy which requires addressing AOD issues, and eventual abstinence, before accessing independent housing (Dordick, 2002; Gulcur, Stefancic, Shinn, Tsemberis, & Fischer, 2003; Johnsen & Teixeira, 2010; Löfstrand, 2010; Padgett, Gulcur, & Tsemberis, 2006). Progression along the continuum of housing is therefore contingent on compliance with support and treatment (Gordon, 2008).

Transitional housing is considered by some as effective for homeless people (Gulcur et al., 2003; Kresky-Wolff, Larson, O'Brien, & McGraw, 2010) and, more specifically, young homeless people (Quilgars, Johnsen, & Pleece, 2008). Some authors suggest that the available evidence indicates that the linear approach works well with service users who are willing to engage with the conditions of the programs on offer and able to cope with the shared housing arrangements (Tainio & Fredriksson, 2009). However, other commentators have noted that the evidence base regarding the efficacy of transitional supported accommodation for homeless people with complex needs is very weak (Caton, Wilkins, & Anderson, 2007; Chilvers, Macdonald, & Hayes, 2008). Furthermore, there have been numerous severe critics of the linear housing models (Gulcur et al., 2003; Kertesz et al., 2007; Pleece, 2005). Kertesz et al. note that homeless people with complex needs often struggle to meet the demands of these models and are unable to progress through the stages according to the services criteria (Kertesz et al., 2007).

Housing first

Housing First model, as the name suggests, is based on the idea of addressing housing as the first need of homeless people. This model marks a shift in thinking from the linear model away from housing contingent on treatment outcomes or successfully transitioning through stages of accommodation. Housing First considers housing as a human right and treatment as voluntary, separating these two aspects of working with homeless people (Padgett et al., 2006).

Housing First initially targeted chronically homeless people with severe mental health issues and has subsequently been used with homeless people with substance abuse problems (Larimer et al., 2009). This model has been replicated in numerous countries with several variations emerging. While the key elements of the Housing First model have been outlined (Padgett et al., 2006; Stefancic & Tsemberis, 2007; Tsemberis & Eisenberg, 2000; Tsemberis, Gulcur, & Nakae, 2004), there has been considerable variation in implementation. These variations make it difficult to draw any firm conclusions regarding the efficacy of these interventions (Johnsen & Teixeira, 2010).

The available evidence addressing Housing First reports positive outcomes regarding housing retention when compared to linear models of housing (Padgett et al., 2006; Tsemberis et al., 2004). It has been suggested that the positive outcomes from evaluations of Housing First challenge assumptions that chronically homeless people with mental health and AOD issues are incapable of maintaining independent living housing (Atherton & Nicholls, 2008; Padgett et al., 2006; Tsemberis & Eisenberg, 2000).

The outcomes relating to substance misuse and mental health are positive but less conclusive (Gulcur et al., 2003; Larimer et al., 2009; Padgett et al., 2006; Tsemberis et al., 2004).

There is a lack of evidence regarding the efficacy of Housing First for particular subgroups (Kertesz & Weiner, 2009). Some authors do support the implementation of a Housing First approach to youth homelessness (Hyman et al., 2011). A study conducted by Hyman et al. (2011) suggests that, once youth have stable housing, they are more likely to participate in school. However, Malone discovered, when assessing housing retention amongst adults with behavioural disorders, that younger age was associated with higher levels of housing failure (Malone, 2009).

Supported accommodation

As noted by Gordon, not all supportive housing uses a Housing First approach, and not all Housing First approaches use supportive housing (Gordon, 2008). The common features of other supported accommodation models include the provision of safe and secure housing that is affordable to people on low incomes and the provision of support by staff with appropriate skills (Gordon, 2008).

One study was found that evaluated the effects of a supportive accommodation program (Kisely et al., 2008). This program aimed to provide permanence, affordability, flexibility, safety, comfort, accessible support services and independence (Kisely et al., 2008). The only difference in support between the control and experimental group was access to stable accommodation. They used a quasi-experimental pilot study. The experimental group reported improved health and lower levels of substance abuse using several survey instruments. This study indicates that supported accommodation contributes to better outcomes. However, the impact of supported accommodation may be underestimated, as the control sample may not be representative of the degree of disadvantage experienced by homeless youth.

Foyer model

The foyer model originally aimed to provide quality, hostel-type accommodation with on-site services to assist young people with low support needs with access to education, training and employment services (Quilgars et al., 2008). The definition of the foyer model as set out by Anderson and Quilgars is an 'integrated approach to meeting the needs of young people during their transition from dependence to independence by linking affordable accommodation to training and employment' (Anderson & Quilgars, 1995). Each foyer is different in terms of its structure and aim and within its unique context (Randolph & Wood, 2005).

At the time of this review, we were unable to find any compelling evaluation evidence examining foyer models. However, the available literature from within the Foyer movement suggests that there have been positive outcomes for homeless young people.

Housing is a key issue to be resolved for those already homeless. While the key elements of the Housing First model are clear, there has been considerable variation in implementation. However, the available evidence addressing Housing First reports positive outcomes regarding housing retention when compared to linear models of housing.

Indigenous homelessness and public place dwellers

Little attention has been given to youth from Indigenous backgrounds within the homelessness literature. Given the disproportionate number of Indigenous young people who are identified as homeless, this is an important oversight. Memmott et al. (2003) addressed the phenomenon of Indigenous homelessness in Australia and examined the definitions and constructs of 'Indigenous homelessness' found in the literature (Memmott, Long, Chambers, & Spring, 2003). Understandings and categories of Indigenous homelessness were seen to inform the responses to their different sets of needs. Three categories of Indigenous homeless were defined: public place dwellers; those at risk of homelessness; and spiritually homeless people. The first two of these categories are divided into subcategories. Memmott et al. also set out to identify good practice response strategies that were being used to address categories of homeless or public place-dwelling Indigenous people (Memmott et al., 2003). They identified 15 categories of responses which described the 73 response types included in the analysis. These responses provide an overview of the different types of response to Indigenous homelessness but do not constitute an evaluation or systematic review.

Numerous outreach models have been created specifically to work with Indigenous people who are homeless or public place dwellers (Memmott, Long, & Spring, 2011). These are often created in response to local contexts and issues by the Indigenous population. They share many features that are in common with other mainstream outreach models but differ in important ways in each context (Phillips, Parsell, Seage, & Memmott, 2011). Memmott et al. (2003) suggest that outreach responses should involve Traditional Owners, housing and appropriate supports for the service, return to country, and the consideration of broader issues of public amenity and alcohol and substance use.

At the time of this review, we were unable to find any evaluations of the approaches to addressing Indigenous homelessness and public place dwellers. However, it is clear from available research that contextual relevance, including involvement of Traditional owners and elders are amongst the important factors that need to be considered in addressing the needs of Indigenous young people who are already homeless.

Important principles of service delivery

The literature reviewed frequently highlights important common elements to effective work with young people experiencing risks related to homelessness and their families. They constitute key principles which underlie effective service delivery.

Relationships

The evidence for the importance of a relationship between worker and service user(s) has been emphasised in this literature review and does not need to be repeated here.

Collaboration

The term collaboration is commonly used to mean 'working together'. The idea of working together or collaborating for a more effective response for young people is not new, and for a while now it has been recognised that collaborative practice between young people, schools, youth work services and families provides better, more sustainable outcomes for young people (Anderson-Butcher & Ashton, 2004). Furthermore, Kang et al. (2005) report that collaboration provides mutually supportive relationships, better responses to complex situations and improved impact and is more cost effective due to a better use of resources.

Many of the reviewed interventions (for example, Wraparound, Multisystemic Therapy, case management approaches) are based upon collaborative work between service users, their families, other support networks and workers and other service providers, including schools and health services. Understanding the life worlds of young people is fundamental if we are to respond effectively to their needs.

In order for services to work effectively with young people, the literature highlights the use of an ecological systems perspective. Bronfenbrenner's 'ecological systems perspective' describes how development occurs through a complex process of interaction within and between young people and the environmental contexts in which they are involved over time (Bronfenbrenner, 1979). Collaboration is not an easy process to engage in, but more and more guidance and literature is becoming available in order to promote collaborative work.

Strengths based

Within the literature, there has been a notable shift towards working with young people using a strengths-based approach (Kurtz & Linnemann, 2006; McLaren, 2002). Proponents of strengths-based work suggest that this approach builds on young people's capacity to address risk factors whilst enhancing resilience. Strength-based approaches 'focus on the strengths already possessed by the client and those found within their environment' (Thompson, McManus, & Voss, 2006). Best practice evidence articulates that this approach enhances the effectiveness of interventions at any level of intervention (Kurtz & Linnemann, 2006; Maton, Schellenbach, Leadbeater, & Solarz, 2004; Tebes et al., 2007).

Both homeless young people and service providers report that brief, strength-based practices that are delivered within the environment and context of young people's lives can be effective ways of working with marginalised young people (Baer et al., 2004; Bender et al., 2007; Cauce et al., 2000; Rew, 2002). Research suggests that homeless young people responded better to client-centred approaches that were strength based, flexible and forgiving and encouraged them to strive towards positive goals despite any setbacks (Cauce et al., 1994; Cauce et al., 2000).

Participation and inclusion

The evidence reviewed highlights that, to be effective in achieving outcomes, including being effective in engaging young people in the first place, interventions need to recognise young people's agency, choice and self-directive capacities (Kidd, 2003; Thompson, McManus, Lantry et al., 2006). Interventions need to start with what the young person sees as important.

A good deal of guidance is now available about how to promote the involvement of children and young people (Cavet & Sloper, 2004) in both public policy decision making as well as decisions regarding their own lives, and there is growing evidence about the benefits of such inclusion and participation. Sinclair (2004) highlights that young people's participation leads to more accurate, relevant and improved decision-making.

The literature identifies that positive youth development is only fully realised when young people are given opportunities to genuinely participate in ways that are meaningful for them (Bell, Vromen, & Collin, 2008; Kirby, Lanyon, Cronin, & Sinclair, 2003; Mason & Urquhart, 2001; McLaren, 2002).

Young people's participation can be for a number of reasons, such as to learn new skills, create positive change to the structures surrounding them or simply to develop relationships (Borden & Serido, 2009). Shen, Campbell, Reed & Sheridan (2006), report that there are particular benefits for young people when they participate and that true participation and empowerment of young people begins by providing young people with the opportunity to gain tangible skills, make real decisions and contribute to their community. Participation provides a greater sense of control over what happens to young people and for young people.

To engage young people effectively at any level, there need to be meaningful opportunities, sufficient resources, well informed staff, friendly spaces and flexibility for young people to participate for varying lengths of time. Participation needs to be relevant, and that means workers need to think about the ways young people would like to participate—such as face to face, online or in groups (Bell et al., 2008).

Individually responsive and flexible

Knowledge of trajectories into homelessness highlights the fact that that young people at risk of homelessness are not a homogenous group for whom one type of intervention will fit all. They are a diverse group with diverse needs.

The research reviewed provides some specific programs and interventions which require program fidelity in order to be effective (for example, Wraparound). However, even these programs include a fundamental principle of providing individually tailored responses to the needs of the service user, the situation and context. Case management approaches which work are predicated on individualised assessments, goal setting and planning.

Capacity Building

Capacity building applies not only to building resilience in young people but also to strengthening the workforce established to support young people. Building resilience is an important goal if we are to strengthen capacity and promote skills that help to reduce young people's vulnerability; developing young people's skill and knowledge to negotiate life transitions and facilitate young people to adapt successfully to change and stressful events. However, to do this effectively, we need a competent, skilled workforce.

Bruce and colleagues (2009) highlight the need to build capacity in terms of the recruitment, training and professional development of youth workers, as this is an essential component in ensuring better outcomes for vulnerable young people. The training of professionals is important for a number of reasons. Firstly, workers need a positive attitude to the programs they are delivering. They need to believe that what they are doing will contribute to beneficial outcomes for young people. Secondly, workers need to be able to evaluate what they are doing and the impact that this has on young people (Shek & Wai, 2008).

Camino and Zeldin (2002) acknowledge that 'we as a society hold extraordinary expectations of youth workers. We expect them to carry out an astonishingly diverse range of functions and to be equipped with an array of skill sets'. However, many organisations have not equipped workers sufficiently with the necessary skill or knowledge to deliver programs as devised or to work with young people who have complex issues. This is partly because there is no overall agreement about what knowledge and skills are needed to work effectively with young people (Huebner, Walker, & McFarland, 2003), but also because there is a lack of investment in the training and support of youth workers.

A lack of investment in training and staff development is not the only characteristic of capacity building that needs to be addressed. Short-term funding cycles, one-off funding and ongoing 'pilot' programs create a lack of uncertainty, both for workers and for young people (Bruce et al., 2009). Cahill et al. (2005) further acknowledge that this issue is not exclusive to youth work. Programs designed to target alcohol and drugs also face such challenges.

In addition to these principles, Bruce and colleagues (2009) suggest that contextual and systematic considerations such as economic, political, social and cultural factors be taken into account.

Continuity of care

For young people to make a transition into 'independence' (or out of homelessness) effectively, they may require involvement with services into their twenties (Crimmens et al., 2004). This may require flexibility and resources to ensure that these young people who need more support, especially if socially excluded and high needs/risk, not 'slip through the net' (Crimmens et al., 2004).

Sustainability

‘Long term sustainable programs and services tend to be community-based, birthed and sourced from within that community...’ (Bruce et al., 2009, p. 26). The concept of place-based services allows responses for vulnerable young people to be developed locally and to be tailored to meet the needs of young people and their families living within particular contexts. NLT Consulting Pty Ltd (2007), in their Victorian based study concerning solutions for addressing the service gaps for young people, highlight the need for local services that are well planned and strategically driven to meet local needs and conditions.

Mechanisms that allow long term sustainable services identified within the literature include:

- Systematic coordination of services;
- Involvement of services, including education, who work with vulnerable young people;
- Collaboration and cooperation between government and community organisations;
- Voluntary partnerships across services;
- Comprehensive protocols for data collection and sharing to inform comprehensive service delivery;
- Identification of preferred outcomes for young people;
- Inclusion and participation of young people in planning and decision making; and
- Investment in workforce development.

Applying the principle of sustainability to any program means that it must be evaluated not only in terms of effectiveness and function but also in its long-term viability (Ife, 2002). Long-term support has been highlighted in both national and international literature as a key element in supporting particularly vulnerable young people (Lemmon, 2008). Lemmon (2008) reports that many of the young people participating in his study only ‘achieved adulthood’ because of the multi-layered, long-term support provided until their early to mid-twenties.



4. Discussion

The needs of young people who are homeless and those at risk of homelessness are complex. They often need access to accommodation, money, food, health care, education and training, employment and support in maintaining, building or rebuilding relationships, including with family. Addressing one of these areas in isolation from the other interconnected needs is unlikely to be as effective as an intervention that addresses the overlapping multiple needs (Slesnick et al., 2009). Fragmented or siloed service provision, with a lack of collaboration between services, is a barrier addressing these multiple needs. Integrated service provision is suggested as a means to provide more effective interventions.

Individualised interventions, responsive to geographic and social contexts, individuals and organisational capacities are indicated by the limited literature currently available about working with these groups. There are clear gaps in our knowledge in this area. Many intervention models and approaches have differing target groups, contexts and service delivery personnel. In particular, the group ‘young people at risk of homelessness’ has received limited attention in the intervention research literature. Therefore, we have looked at approaches for young people with associated risks, for example, family conflict, disengagement and individual mental health issues.

There are two particular gaps that need to be highlighted: interventions with young people from ATSI backgrounds at risk of homelessness; and newly arrived young people. Given the disproportionate number of ATSI young people who are identified as homeless, this is an important gap in our knowledge. Couch (2011) suggests that homelessness experienced by people of a refugee background is ‘profoundly under-recognised’ (Couch, 2011). The minimal literature that exists recognises that the experiences of refugee homeless young people are similar to those of the broader population, but they are at a significant disadvantage due to lives disrupted by their refugee experience and the challenges of re-settlement (Couch, 2011). Research that does exist highlights several areas that need to be given attention when working with this population group, such as: employment and education; physical and mental wellbeing (in particular, due to torture and trauma); family conflict and breakdown; and gender (Association for Services to Torture and Trauma Survivors et al., 2008)

This literature review is part of a broader project that aims to identify the range of interventions and strategies that are applied by Reconnect services and situate these within the existing evidence base. The report (*Reconnect: working with young people who are homeless or at risk of homelessness*) examines the extent to which Reconnect services implement interventions and strategies that directly help them to achieve their intended objectives. The literature review provides the foundations for assessing the interventions used by Reconnect by investigating the strategies and approaches that are most effective for young people who are homeless or at risk of homelessness.



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