



Reviewing the Evidence on Family Interventions for Youth Experiencing or at Risk of Homelessness

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Youth homelessness is often rooted in family conflict, so effective solutions to youth homelessness should be rooted in family intervention. Most programs serving youth experiencing homelessness use some form of family intervention to address conflict and help reconnect youth with families when such an approach is deemed appropriate. This brief summarizes the evidence on family intervention strategies, indicating which have been proven effective and which show promise but have not yet been rigorously evaluated.

This brief summarizes existing evidence on family intervention strategies for youth experiencing or at risk of homelessness gathered through a literature review and conversations with a small set of key informants. It discusses common elements of effective interventions, gaps in the evidence base, research challenges, and recommendations for next steps. It is based on a larger report (Pergamit et al. 2016).

Research has uncovered a few effective family intervention strategies that provide insight into what makes these strategies successful, but more research is needed to evaluate those targeted to youth experiencing or at risk of homelessness and those that are cost-effective. More research is also needed on how to target family interventions to key subgroups, such as youth who are racial and ethnic minorities or lesbian, gay, bisexual, transgender, or questioning (LGBTQ).

Methodology

Literature Review

We conducted a systematic search of websites and databases for articles and reports published after 2000 that focus on family intervention strategies for youth ages 12 to 24 within the runaway and homeless youth (RHY), child welfare, juvenile justice, and education sectors. We also circulated a call for relevant reports to include unpublished research, ultimately considering approximately 1,300 studies. We initially screened them for relevance, resulting in a set of 87 studies describing 54 intervention strategies. From this set, we eliminated five interventions that did not appear to have a positive effect, resulting in 49 interventions.

We rated each study's quality based on the rigor of its design, then classified interventions based on the overall evidence and a set of predetermined criteria. Each intervention was classified as *evidence-based*, *evidence-informed*, *promising*, *emerging*, or *of interest* (table 1). Finally, we grouped interventions in three categories: *prevention*, *reunification*, or *reconnection*. Each intervention was assessed for positive effects, statistical significance, and the quality of the studies estimating those effects. Unlike some reviews, we did not assess the overall effectiveness of the interventions. In particular, we did not examine effect sizes to determine if effects were substantively meaningful, as many studies did not report effect sizes. Furthermore, we did not include having an implementation manual as a criterion for assessing the intervention, as this information was frequently lacking.

Key Informant Discussions

To supplement our literature review, we consulted with a group of key informants comprising advocates, technical assistance providers, researchers, and service providers. We used these conversations to identify proven or encouraging family intervention strategies being used or being evaluated, confirm the findings from our literature review, and better understand lessons on and barriers to implementation of these strategies. We chose key informants who could speak to gaps we saw in the literature related to interventions for LGBTQ youth, strategies for Latino and Native American/Alaskan Native youth, school-based interventions, or adoption by RHY providers of strategies developed in child welfare settings. We organized notes from each discussion into an outline of common themes and used these to augment findings from the literature with lessons from the field.

TABLE 1

Intervention Classification Criteria

| | Criteria |
|-------------------|--|
| Evidence-based | Multiple high-quality randomized controlled trials (RCTs) with consistent findings. At least one study conducted with youth experiencing homelessness. |
| Evidence-informed | Multiple high-quality RCTs with consistent findings. Study population did not include youth experiencing homelessness. Multiple RCTs with consistent findings; no study received high study-quality score. Study population included youth experiencing homelessness. Single high-quality RCT. Study population included youth experiencing homelessness. Multiple high-quality quasi-experimental studies with consistent findings. Study population included youth experiencing homelessness. |
| Promising | Single RCT with moderate study quality; study population included youth experiencing homelessness. Single high-quality RCT or multiple high-quality quasi-experimental studies with consistent findings. Intervention is of theoretical relevance, but study populations did not primarily consist of youth experiencing or at risk of homelessness. |
| Emerging | Multiple RCTs with inconsistent findings. Multiple quasi-experimental studies with inconsistent findings. Single RCT with low study quality. Single quasi-experimental study with moderate study quality. Single case design (pre-post comparison) pilot study. Pre-intervention data must have been collected in advance (i.e., no retrospective pre-post comparisons). |
| Of interest | Interventions that did not meet criteria for any of the categories previously listed but are of theoretical relevance. May include interventions with no outcomes evaluations. |

Overview of Interventions

We reviewed 49 family-focused interventions and classified 34 as targeting the *prevention* of homelessness because they address risk factors for homelessness among youth, such as substance use, family functioning, or mental health. Of the remaining interventions, we classified six as *reunification* strategies, designed to support youth and their families as youth transition back into the family home after a separation. We classified another nine as *reconnection* strategies, focused on improving family relationships after a separation with or without physical reunification. Some interventions were not accompanied by evaluation studies, and we classified them based on available program descriptions.

TABLE 2

Intervention Type by Evidence Level

| | Evidence-based | Evidence-informed | Promising | Emerging | Of interest | Total |
|---------------|----------------|-------------------|-----------|-----------|-------------|-----------|
| Prevention | 0 | 2 | 7 | 13 | 12 | 34 |
| Reunification | 0 | 0 | 0 | 3 | 3 | 6 |
| Reconnection | 2 | 2 | 3 | 0 | 2 | 9 |
| Total | 2 | 4 | 10 | 16 | 17 | 49 |

Findings on Evidence-Based and Evidence-Informed Interventions

Based on the criteria shown in table 1, we classified these six interventions as either evidence-based or evidence-informed. The full report includes more details on each of these interventions (Pergamit et al. 2016, 49–55).

EVIDENCE-BASED INTERVENTIONS

- **Ecologically Based Family Therapy:** Family systems therapy designed to support positive family connections as well as communication and problem-solving skills.
- **Functional Family Therapy:** Therapy designed to change maladaptive patterns within and around the family by enhancing family interactions and communication.

EVIDENCE-INFORMED INTERVENTIONS

- **Multidimensional Family Therapy:** A family-based therapy approach that aims to reduce adolescent substance abuse.
- **Multisystemic Therapy:** An individualized treatment approach for youth demonstrating antisocial behavior that incorporates interventions targeting several areas that may influence problem behaviors.
- **Treatment Foster Care Oregon:** An intensive system of treatment for children and adolescents delivered by trained therapists, foster parents, biological family members, and case managers.
- **Support to Reunite, Involve, and Value Each Other:** A family-based therapy approach for youth who are newly homeless and their families.

Core Components of Evidence-Based and Evidence-Informed Interventions

These six interventions have certain core components in common. All include the following:

- A home-based component in addition to community or clinical settings
- Clinical services and parent training
- Weekly sessions that last between three and six months
- Intervention-specific training to clinicians, who receive supervision from expert therapists (all but one are delivered by master's- or doctoral-level therapists with clinical experience)

Both evidence-based interventions focus on reconnection, while two of the evidence-informed interventions focus on prevention and the other two focus on reconnection. None of the six interventions focus on reunification.

Research Needs

Our review of the literature highlighted several areas where more research is needed to inform policy and practice.

- ***There are few rigorous evaluations of family-focused interventions with youth experiencing homelessness.*** Although most homeless youth providers include family engagement or counseling as part of their service model, we found very few documented interventions designed for youth experiencing homelessness and their families. Of those we found, few have been rigorously evaluated. Most family interventions we encountered were developed for other systems, notably child welfare and juvenile justice.
- ***Few interventions track housing stability or homelessness as an outcome, making it difficult to assess effectiveness.*** Only six interventions focus on housing stability as an outcome. Most interventions, including those that we classified as evidence-based and evidence-informed, focus on behaviors and family interactions that contribute to youth homelessness. To identify interventions that can help end youth homelessness, programs must track housing as an outcome, and evaluations must measure program impacts on homelessness.
- ***Cross-sector learning and collaboration with child welfare and juvenile justice systems could strengthen services for youth experiencing homelessness and their families.*** Of the 49 family-focused interventions identified in this review, nearly half were assessed with youth and families involved in the child welfare system, and several were developed for youth in juvenile justice. We found little evidence that these models have been adopted in RHY settings. RHY, child welfare, and juvenile justice systems would benefit from sharing resources and collaborating to develop programming for youth at risk of or experiencing homelessness, given that many such youth are served by more than one of these systems. Researchers, too, can collaborate to develop common outcomes and test interventions across systems.
- ***Few interventions address the specific needs of LGBTQ youth.*** Research suggests that youth who identify as LGBTQ are overrepresented among youth experiencing homelessness, yet we identified very few interventions that focus on their needs or address family conflict related to sexual orientation. Although program staff may be sensitive to the particular needs of the LGBTQ youth and their families, without formal training or tailored program components, youth may not consistently receive appropriate or adequate support from general youth interventions. Of the six interventions we found that specifically target LGBTQ youth, we classified two as emerging and four as of interest.
- ***Few interventions have been designed for racial and ethnic minority youth.*** Among the interventions identified in this review, only one specifically addresses the needs of minority youth (classified as emerging), and few evaluations examined outcomes for racial and ethnic subgroups. Given that family values and expectations are largely influenced by cultural norms, family-focused interventions must consider the cultural norms of the youth and families they

serve. Most evaluations did not compare results of interventions for different ethnic and racial groups, so the field lacks evidence on the effectiveness of interventions for youth from different backgrounds.

- ***More school-based family interventions need to be developed.*** Schools are a key place to identify at-risk youth who could benefit from family intervention programming. Although schools increasingly recognize the benefit of meeting the broader health and well-being needs of students, we found very few school-based family interventions. Only 7 of the 49 interventions explicitly contain a school-based component, either by including schools in tailoring an intervention plan or helping families engage with schools to support youth education. Although the McKinney-Vento Act requires schools to identify youth experiencing homelessness, we did not find any rigorously evaluated school-based strategies for identifying or serving youth at risk of homelessness specifically through family intervention.
- ***More work is needed on design and assessment of screening tools to determine what type of family intervention is appropriate.*** The field lacks adequate screening tools to select the appropriate intervention for a given youth or family. Validated screening tools could help providers better target interventions. Although some interventions use assessment tools to identify need, target services, and gauge progress, most key informants who served at-risk youth did not use screening tools to triage for appropriate interventions and services, including the appropriate type of family intervention services to provide.

Research Challenges

Addressing the research needs above involves certain challenges identified through our conversations with key informants:

- ***Runaway and homeless youth providers need research on cost-effective interventions.*** Several key informants spoke to the need for research on cost-effective family interventions, including those that could be implemented by intake workers, case managers, or others without formal social work and mental health credentials. Cost-benefit analyses could also be very useful and might show savings from preventative services not only in the RHY system but other youth-serving systems as well.
- ***Limited funding constricts the amount of research conducted.*** Providers and advocates noted several barriers to evaluating family intervention models in RHY settings. Limited funding makes it very hard for providers to spend money on evaluations that could be spent on basic services. Some providers partnered with local universities to conduct research or secured assistance from foundations willing to support research as well as services, but others lacked access to any such resources.
- ***The nature of services affects the ability to conduct rigorous evaluations.*** Ethical concerns present another barrier to research, as providers may be reluctant to randomly assign services to some youth or families and not to others, in order to conduct an RCT. Although quasi-experimental

methods can be used to evaluate the effectiveness of interventions, it is difficult to identify and collect data from a good comparison group. This is one of the main reasons RCTs are considered the gold standard for program evaluation. Furthermore, RCTs can be implemented ethically by assigning scarce resources by lottery, when funding does not permit universal application, or by assigning different, but hypothetically equally effective, programming to different youth.

- ***Studies that attempt to track and engage unstably housed youth over time may require extensive efforts.*** Good evaluation requires data collection over time, but when the population includes homeless, runaway, and unstably housed youth, it is hard to ensure that researchers will be able to reach youth several months later.

What Comes Next?

Given the large number of promising, emerging, and of-interest interventions, the field could benefit substantially from resources targeted toward evaluation of these strategies, including process studies and formative evaluations. The most promising models would have a well-developed theory of change, a means for targeting the intervention to the appropriate youth, outcome measurement, and some existing evidence of program effectiveness. Further, evaluations should focus on interventions that most benefit organizations lacking the resources to implement most evidence-based or evidence-informed interventions. The only two evidence-based interventions we identified, Functional Family Therapy and Ecologically Based Family Therapy, require many lengthy sessions administered by individuals with substantial training, which most service providers cannot afford. The RHY system could benefit from proven interventions administered by frontline staff in a cost-effective manner. Furthermore, screening tools could help the field determine when to offer family intervention services and what strategies are most appropriate. Equipping service providers with screening tools and a set of evidence-based interventions could allow them to assemble the resources needed to effectively target youth and families and help reduce youth homelessness.

In summary, important next steps include

- process studies and formative evaluations to identify RHY family intervention strategies ripe for evaluation, with a focus on programs that explicitly aim to reduce homelessness and those that serve LGBTQ and racial and ethnic minority youth;
- conducting high-quality, rigorous evaluations of these programs;
- facilitating cross-sector learning with RHY, juvenile justice, child welfare, and education providers; and
- developing validated assessments to triage youth's needs and match them to the most appropriate services.

These steps will give service providers the tools they need to work effectively with youth and their families to help prevent and end youth homelessness.

References

Pergamit, Michael, Julia Gelatt, Brandon Stratford, Samuel Beckwith, and Miranda Carver Martin. 2016. *Family Interventions for Youth Experiencing or at Risk of Homelessness*. Washington, DC: Urban Institute.
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