Homeless Youth in the United States: Recent Research Findings and Intervention Approaches

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Abstract

In this paper, the authors cite research indicating that youth may be the single age group most at risk of becoming homeless, yet comparatively little research has been done in the past decade on this vulnerable population. Some important progress has been made, including longitudinal studies on youth "aging out" of foster care. After reviewing the characteristics of homeless youth, the authors review recent research findings on the homeless youth population and interventions developed to address their housing and service needs. These include interventions directed at youth themselves (education, employment, social skills training) as well as family-focused strategies. The authors conclude with future directions for both research and practice.

Introduction

Homelessness among adolescents and young adults is a major social concern in the United States. Robertson and Toro (1999) concluded that youth may be the single age group most at risk of becoming homeless. Nevertheless, most of the research that has been conducted over the last two decades has focused on homeless adults, including those with mental disorders and substance abuse problems. Studies that have examined homelessness among adolescents and young adults as well as other age groups, have often cast the problem as one of individual vulnerabilities rather than as a social phenomenon involving transactions between individuals and their environments (Haber & Toro, 2004; Shinn, 1992; Toro et al., 1991). This research has also been of limited value with respect to the development of public policies or empirically based interventions that either assist youth who are currently homeless or prevent homelessness among adolescents and young adults who are at risk (Shinn & Baumohl, 1999; Toro, Lombardo, & Yapchai, 2002).

These problems notwithstanding, some progress has been made since Robertson and Toro reviewed the literature on homeless youth over eight years ago for the 1998 National Symposium on Homelessness Research. Longitudinal studies, including research on youth "aging out" of foster care, have been an important source of information. Our knowledge about what works when it comes to prevention and programs that target homeless youth has also increased, although significant gaps remain. After briefly discussing some definitional issues and describing the homeless youth population and its constituent subgroups along a number of dimensions, we summarize what has been learned in recent years.

Definitional Issues. We begin with a fundamental question. What does it mean to say that a youth is homeless? Alternatively, who does the population of homeless youth include? The Runaway and Homeless Youth Act (RHYA) defines homeless youth as individuals who are "not more than 21 years of age … for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement." Implicit in this definition is the notion that homeless youth are not accompanied by a parent or guardian (Haber & Toro, 2004). The McKinney-Vento Homeless Assistance Act, the primary piece of federal legislation pertaining to the education of homeless children, provides a somewhat different definition. According to Subtitle B of Title VII of that legislation, youth are homeless if they "lack a fixed, regular, and adequate nighttime residence." In contrast to the RHYA, McKinney-Vento applies not only to unaccompanied youth but also to those who are homeless or doubled up with their families. Because homeless families with children are the focus of another paper in this Symposium, we will adopt a more restrictive definition that excludes youth who are homeless with a parent or other guardian and youth who are wards of the state.

Homeless youth can be distinguished from two other homeless populations: single adults, who are predominantly male and do not have children in their custody; and homeless families, typically comprising a mother and her children.[1] Homeless youth include *runaways*, who have left home without parental permission, *throwaways*, who have been forced to leave home by their parents, and *street youth*, who have spent at least some time living on the streets as well as *systems youth*—i.e., young people who become homeless after aging out of foster care or exiting the juvenile justice system (Farrow, et al., 1992). Although these categories reflect important distinctions among youth with respect to the reasons they are homeless and their experiences while homeless, they are neither static nor mutually exclusive (Hammer, Finkelhor, & Sedlak, 2002), and it can be difficult to determine which label best applies. Youth may perceive themselves as being thrown out by their parents, while parents may perceive their son or daughter as running away. In other cases, youth may be removed from their home by child welfare authorities and then run away from their out-of-home care placement or leave home by mutual agreement with their parents. Street youth often spend significant amounts of time in adult caregivers' homes, shelters, and temporary quarters with friends or other family (Greenblatt & Robertson, 1993). The one thing homeless youth have in common is that they are on their own without the supervision of an adult caretaker (Haber & Toro, 2004). In order to allow review of the full array of relevant literature, the present paper uses a broad definition, including all youth ages 12 to 25 who fit either the RHYA or McKinney-Vento definition (so long as they are "homeless on their own").

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[1]   In the U.S. and other developed nations, relatively few homeless families (12 to 20 percent) include children age 12 or older (Buckner, Bassuk, Weinreb, & Brooks, 1999; Burt et al., 2001), and children under age 12 are rarely found homeless on their own (Robertson & Toro, 1999). In fact, many shelters for homeless families exclude children age 12 or older who shelter staff fear might prey upon the younger ones. As a result, homeless families with older children are often compelled to leave their older children with friends or relatives before entering a shelter.

Homeless Youth: A Brief Summary of the Existing Research Literature

In this section, we briefly review how homeless youth have been studied in the past and what is known about homeless youth from this research (for a more comprehensive review, see Robertson & Toro, 1999).

Haber and Toro (2004) describe four basic approaches used by researchers to sample homeless youth. The first approach is to survey large groups of youth in the general population and identify those with a history of homelessness (e.g., Ringwalt et al., 1998; Windle, 1989). These methods may misrepresent the total homeless youth population because they do not include youth who are currently homeless, who may well have longer histories of homelessness and other negative characteristics. The second draws youth from service settings such as inner-city clinics (Kipke, Montgomery, & MacKenzie, 1993; Yates et al., 1988). Of course, youth seeking services may be different from those who do not seek help. The third approach samples youth from shelters (e.g., McCaskill, Toro, & Wolfe, 1998). Some of the youth these facilities serve have been brought to the shelter by their families or third parties such as the police. Many have never spent a night on the streets. Such youth are often younger and less likely to have extensive histories of homelessness than street youth (Robertson & Toro, 1999). The fourth approach involves sampling from street locations where homeless youth are known to congregate and/or from drop-in centers designed to serve street youth (e.g., Cauce et al., 1994; Kipke, O'Connor, Palmer, & MacKenzie, 1995; Roy et al., 1998). This method often yields a sample biased toward youth who are engaged in a variety of deviant behaviors, especially if the sample includes many youth who are 18 or older. Some recent studies have combined the four methods in an effort to obtain more representative samples (e.g., Heinze, Toro, & Urberg, 2004; Paradise et al., 2001; Toro & Goldstein, 2000; Unger et al., 1998; Whitbeck, Hoyt, & Yoder, 1999; Witken et al., 2005).

Prevalence and Geographical Distribution of Youth Homelessness

Just how many youth are homeless in a given year is difficult to know. Estimates vary widely depending on how "homeless" is defined and the age range that is used. Different sampling and estimation techniques can also yield different results. For example, Ringwalt and colleagues analyzed data collected from a representative U.S. household sample of nearly 6,500 youth, ages 12 to 17, as part of the Youth Risk Behavior Survey (YRBS) and found that approximately 7.6 percent had been homeless for at least one night during the past 12 months (Ringwalt et al., 1998). This would translate into approximately 1.6 million homeless youth each year. Similarly, the Second National Incidence Study of Missing, Abducted, Runaway and Thrownaway Children (NISMART II), which combined data from three different surveys (the National Household Survey of Adult Caretakers, the National Household Survey of Youth, and the Juvenile Facilities Study) estimated that approximately 1.7 million youth experienced a runaway or throwaway episode in 1999 (Hammer, Finkelhor, & Sedlack, 2002). Other studies have looked at the likelihood of ever becoming homeless during adolescence. According to one estimate, 15 percent of youth will become homeless at least once before age 18 (Ringwalt, Greene, & Iachan, 1994).

Homeless youth can be found in urban, suburban, and rural areas throughout the U.S., but tend to be most visible in major cities (Robertson & Toro, 1999). Moreover, although they may be an understudied population, homeless youth in rural areas have proven difficult to recruit (e.g., Heinze, Toro, & Urberg, 2004; Thrane & Yoder, 2000). Nevertheless, few differences have been found when urban, suburban, and rural homeless youth have been compared (Cauce et al., 2000; Thrane & Yoder, 2000). Studies

investigating street youth have generally been based in large metropolitan areas on the east and west coasts (e.g., Los Angeles, San Francisco, Seattle, and New York City), in part because researchers have not found large numbers of homeless street youth under age 18 in most midwestern and southern cities (Robertson & Toro, 1999).

Greenblatt and Robertson (1993) found both episodic and chronic patterns of homelessness among the youth they studied. However, the number of homeless episodes youth have experienced and the length of time they have been homeless seem to depend on whether shelter youth or street youth have been studied. Many youth in shelter samples are homeless for the first time and have not been homeless for very long (McCaskill, Toro, & Wolfe, 1998), whereas street youth tend to experience longer and more frequent episodes of homelessness (Whitbeck, Hoyt, & Yoder, 1999; Witken et al., 2005).

Age, Gender, Race/Ethnicity, Sexual Orientation, and Pregnancy

The vast majority of homeless youth are age 13 or older, although a few studies have identified small numbers of youth who are homeless on their own as young as 9 years old (Clark & Robertson, 1996; Robertson, 1991). Although at least one national survey of youth found that males were significantly more likely than females to report recent homelessness (Ringwalt et al. 1998), the distribution of males and females among homeless youth seems to vary depending on the source and age of the sample. Shelter samples tend to include either equal numbers of males and females or more females (e.g., Heinze, Toro, & Urberg, 2004). Samples of street youth or older homeless youth are disproportionately male (e.g., Cauce et al., 2000). There is also some evidence that during the transition from adolescence to young adulthood the risk of becoming homeless declines for females but rises for males (Boesky, Toro, & Bukowski, 1997).

There have been contradictory findings with respect to race/ethnicity. Neither Ringwalt et al. (1998) nor Hammer et al. (2002) found racial or ethnic differences in rates of homelessness among the youth they studied, and at least some research suggests that homeless youth tend to reflect the racial and ethnic make-up of the surrounding area. However, other studies indicate that racial and ethnic minority youth are over-represented (Cauce et al., 1994; McCaskill, Toro, & Wolfe, 1998; Owen et al., 1998).

Gay, lesbian, bisexual, and transgender (GLBT) youth comprise 6 percent of the homeless youth population according to the National Network of Runaway and Youth Services. However, other prevalence estimates range from 11 to 35 percent (Kruks, 1991; Tenner et al., 1998; Whitbeck et al., 2004). Compared to heterosexual homeless youth, GLBT homeless youth leave home more frequently and are exposed to greater victimization while on the streets (Cochran et al., 2002). In addition, these youth may experience more physical and sexual abuse from caretakers (Whitbeck et al., 2004). GLBT youth may be at particular risk for homelessness due to conflict with their family regarding their sexual orientation (Milburn, Ayala, Rice, Batterham, & Rotheram-Borus, 2006; Remafedi, 1987).

A significant percentage of homeless youth are pregnant or parenting. Greene and Ringwalt (1998) found that 48 percent of street youth and 33 percent of shelter youth had ever been pregnant or impregnated someone, compared to 10 percent of a nationally representative sample of housed youth. Research also suggests that approximately 10 percent of both street and shelter female youth are currently pregnant (Greene & Ringwalt, 1998; Solorio et al., 2006). The high rates of pregnancy in this population may

reflect the fact that many homeless youth engage in risky behaviors, including sex at an early age, survival sex, and inconsistent use of birth control.

Background Characteristics

Regardless of their pathways into homelessness, homeless youth share many background characteristics and experience many of the same psychosocial problems (MacLean, Embry, & Cauce, 1999). For example, they tend to come from low-income communities (McCaskill, Toro, & Wolfe, 1998) and their families are disproportionately poor or working class (Whitbeck et al., 1997). It is also not uncommon for homeless youth to report a history of family disruption. Many grew up in single-parent households or "blended" (i.e., stepparent) families (Boesky, Toro, & Wright, 1995; Greenblatt & Robertson, 1993), and a significant number of these youth have not had any contact with their non-custodial parent (Greenblatt & Robertson, 1993). The families of homeless youth also seem to have experienced far more residential moves than those of their housed peers (Cauce et al., 2000; Toro & Goldstein, 2000). In other words, their homelessness seems to be part of a longer pattern of residential instability.

Difficulties with School

Homeless youth often have a history of academic and school behavior problems. Between 25 and 35 percent of homeless youth report that they had to repeat a grade (Clark & Robertson, 1996; Robertson, 1989; Upshur, 1986; Young et al., 1983), and many have been suspended or expelled (Toro & Goldstein, 2000). Drop-out rates are also high (Thompson, Kost, & Pollio, 2003). Research suggests that at least some of these academic and school behavior problems may be attributable to attention deficit disorder (Cauce et al., 2000) or learning disabilities (Barwick & Siegel, 1996), which may be why homeless youth often report being placed in special education or remedial classes (Clark & Robertson, 1996; Robertson, 1989). Regardless of their cause, these academic and school behavior problems can be a source of family conflict and hence contribute to homelessness.

Family Conflict and Child Maltreatment

Youth consistently identify conflict with their parents as the primary reason for their homelessness (Whitbeck et al., 2002; Robertson & Toro, 1999), and they tend to report more family conflict than their peers who are housed (Toro & Goldstein, 2000; Wolfe, Toro, & McCaskill, 1999). These conflicts tend to reflect longstanding patterns rather than problems that arise just before youth leave home (Smollar, 1999). Conflicts related to step-parent relationships, sexual activity, pregnancy, sexual orientation, school problems, and alcohol or drug use seem to be the most common (Owen et al., 1998; Robertson & Toro, 1999; Whitbeck & Hoyt, 1999).

In addition to family conflict, many homeless youth have experienced child abuse and/or neglect (Boesky, Toro, & Wright, 1995; Molnar et al., 1998; Powers, Eckenrode, & Jacklitsh, 1990; Robertson, 1989; Rotherman-Borus et al., 1996; Rothman & David, 1985; Ryan et al., 2000; Tyler et al., 2001; Unger et al., 1998; Yates et al., 1988). In fact, homeless youth often cite physical or sexual abuse as their reason for leaving home (Robertson, 1989). Although the percentage of homeless youth who report a history of maltreatment varies widely across studies, research using comparison groups has found that homeless youth are more likely to have been abused and/or neglected than their peers who are housed (Wolfe, Toro, & McCaskill, 1999). This may also explain why homeless youth are more likely to have been verbally and physically aggressive toward their parents compared to their housed peers (Toro & Goldstein, 2000).

That is, their aggression may be in response to parental aggression directed at them (Haber & Toro, 2003).

Mental Health and Behavioral Disorders

Homeless youth seem to be at elevated risk for a variety of mental health problems, including mood disorders, suicide attempts, and posttraumatic stress disorder (Cauce et al., 2000; Clark & Robertson, 1996; Feitel et al., 1992; Fronczak & Toro, 2003; Greenblatt & Robertson, 1993; McCaskill, Toro, & Wolfe, 1998; Powers, Eckenrode, & Jaklitsch, 1990; Rew, Thomas, Horner, Resnick, & Beuhring, 2001; Rotheram-Borus, 1993; Robertson, 1989; Stewart et al., 2004; Toro & Goldstein, 2000, Yates et al., 1988). The risk of mental health problems may be particularly high among street youth, who tend to have experienced more stressful events and to exhibit more psychological symptoms than homeless youth who have not spent time on the streets (Robertson & Toro, 1999; Whitbeck & Hoyt, 1999).

Behavioral problems, such as conduct or oppositional defiant disorder, may be even more prevalent than mental health problems (Cauce et al., 2000; McCaskill, Toro, & Wolfe, 1998; Toro & Goldstein, 2000). Homeless youth also exhibit high rates of substance use disorders, including alcohol abuse or dependence and drug abuse or dependence (e.g., Baer, Ginzler, & Peterson, 2003; MacLean, Paradise, & Cauce, 1999; Robertson, 1989; Rotheram-Borus, 1993; Thompson, Sayfer, & Polio, 2001; Thompson, Kost, & Pollio, 2003; Van Leeuwen, 2002; Van Leeuwen et al., 2005; Yates et al., 1988).

Although the prevalence of some diagnoses (e.g., depression) has been consistent across studies, lower rates are found for other disorders (e.g., conduct disorder) when more rigorous assessments are used and when homeless youth are recruited from shelters rather than the streets (Robertson & Toro, 1999). Nevertheless, regardless of the sample or the assessment method used, mental health and behavioral disorders seem to be more prevalent among homeless youth than among matched housed peers or the general adolescent population (McCaskill, Toro, & Wolfe, 1998; Toro & Goldstein, 2000). Unfortunately, the reason for the high prevalence rates observed among homeless youth is far from clear (Robertson, 1992; Robertson & Toro, 1999; Toro, 1998). Mental health and behavioral disorders contribute to family conflict and thus to homelessness. However, causality could also be in the opposite direction (Cauce et al., 1994; MacLean, Embry, & Cauce, 1999). Alternatively, some other factor or combination of factors could be a cause of both.

Risky Behaviors and Victimization

A number of studies have found not only that many homeless youth are sexually active, but also that they engage in sexual behaviors that put them at high risk for both sexually transmitted diseases and pregnancy (Cauce et al., 1994; Kipke et al., 1995; Lombardo & Toro, 2004; Rotheram-Borus, 1991; Rotheram-Borus et al., 1992a, 1992b; Staller & Kirk, 1997; Toro & Goldstein, 2000; Whitbeck & Hoyt, 1999).

Homeless youth also report engaging in delinquent or illegal activities, including stealing, forcibly entering a residence, prostitution, and dealing drugs (Whitbeck, Hoyt, & Ackley, 1997). Youth who engage in these "deviant" behaviors often report that they do so to obtain money, food or shelter (Van Leeuwen, 2002; Van Leeuwen et al., 2005). In other words, these behaviors may be part of a survival strategy (Robertson & Toro, 1999).

Being on their own without adult supervision means not only that homeless youth are likely to behave in ways that are unsafe, but also that they comprise an especially vulnerable group. This is reflected in the high rates of physical and sexual victimization they report (Greenblatt & Robertson, 1993; Tyler et al., 2004). Research has found not only that homeless youth are far more likely to be victimized than their peers who are housed (Stewart et al., 2004; Yates et al., 1988) but that many homeless youth are victimized repeatedly (Whitbeck, Hoyt, & Ackley, 1997).

Service Utilization

Despite extensive demonstration of the needs of homeless adolescents, few studies have explicitly attempted to document the full range of service utilization among this needy group. In a recent study done in Detroit (described in more detail below), a majority of both homeless and matched housed youth failed to receive adequate services given their risks for disturbances in medical and psychosocial functioning (Toro & Goldstein, 2000). Only 2 percent of the homeless youth reported utilizing soup kitchen or outreach services, while 18 percent reported using inpatient or outpatient psychological services (Toro & Goldstein, 2000). Following youths for over two years showed that less than 1 percent reported using services after the initial interview.

New Areas of Research Since 1998

Several new areas of research on homeless youth have emerged since Robertson and Toro completed their review for the 1998 National Symposium on Homelessness Research. These areas include longitudinal studies of homeless youth, research on youth leaving the foster care and juvenile justice systems, and intervention and prevention research. Also there has been some development and evaluation of theoretical models explaining youth homelessness.

Longitudinal Studies

Tracking homeless youth over time can suggest both causes of and possible solutions to the problems they experience. Unfortunately, only a few such studies have been done to date (e.g., Cauce et al., 1994), and few of their findings have yet been published in peer reviewed journals. In part, this paucity of data reflects the fact that data in these longitudinal studies are still being collected. However, it also indicates a general lack of research on homeless youth (as compared to other homeless groups) and a particular lack of longitudinal research on this population.

In any event, we can draw some conclusions based on preliminary results from a study by Toro and his colleagues. A probability sample of 249 homeless youth from throughout the Detroit metropolitan area, plus a matched sample of 149 housed youth, were initially interviewed at ages 13 to 17 and have been followed since at six time-points over a seven-year period. The youth are now aged 20 to 24, and data collection is nearly complete. Most of the adolescents returned fairly quickly to their family of origin. Nearly all (93 percent) of the initially homeless adolescents in the sample were no longer homeless at the 4.5-year follow-up, with one-third living with their parents (33 percent), another third living on their own (34 percent), and still others living with friends or relatives (21 percent). At follow-up, the initially homeless adolescents also reported significantly less conflict with their family and fewer stressful events (Toro & Janisse, 2004). Such trends have also been observed in longitudinal studies of homeless adults (e.g., Toro et al., 1999). People who are sampled because they are currently homeless are often at a

particularly low point in their lives. Over time, many exit homelessness and thus appear to function at least somewhat better at follow-up, even though they often are not fully part of "mainstream society" and are likely to be at risk for future homelessness and/or other poor life outcomes.

Ahmed and Toro (2004) used data from the same longitudinal study to examine the relationship between several dimensions of religiosity and substance abuse outcomes over an 18-month follow-up period. Both cross-sectional and longitudinal analyses found that religiosity "buffered" the potentially harmful impact of stress on the outcomes. At the 4.5- year follow-up, greater spirituality protected African American, but not European American, young adults exposed to high levels of community violence or alcohol and drug abuse (Fowler, Ahmed et al., 2006).

Roy and her colleagues in Montreal have been studying various samples of street youth (age 14 to 25) and have followed one sample to observe various health outcomes, including HIV infection (Roy et al., 2003). They have, for example, found high mortality, with an annual death rate of 1 percent (Roy et al., 2004). The most common cause of death, by far, was suicide. This research group is now conducting another longitudinal study with more general purposes. Longitudinal findings will begin to be available in late 2007.

Milburn and her colleagues have followed homeless youth, aged 12 to 20, in Los Angeles (*N*=498) and in Melbourne, Australia (*N*=398), over a 12-month period (see Milburn, Rotheram-Borus et al., 2006; Witken et al., 2005). The longitudinal findings are just beginning to be reported in the professional literature (e.g., Milburn, Ayala, et al., 2006; Rosenthal et al., 2007).

Homelessness Among Former Foster Youth

Many homeless youth report a history of out-of-home care placement. The percentage who report being placed in foster care or an institutional setting varies across studies, but estimates range between 21 and 53 percent (Cauce et al., 1998; Robertson, 1989, 1991; Toro & Goldstein, 2000). A similar pattern has been observed among homeless adults (Firdion, 2004; Toro, Wolfe et al., 1999).

Of particular concern in this regard is the experience of youth who "age out" of foster care when they turn 18 or, in some states, 21. Although these youth are expected to live independently and support themselves once they leave the child welfare system, they often lack the financial, social, and personal resources needed to do so (Lindblom, 1996). As a result, this population is at high risk of becoming homeless after they age out. In fact, studies conducted in both Hollywood and San Francisco found that more than one-quarter of the street youth who had been discharged from state care spent their first night in a shelter or on the streets (Clark & Robertson, 1996; Robertson, 1989). Findings from several recent studies of youth aging out of foster care also illustrate this link.

The Foster Youth Transitions to Adulthood Study. Courtney et al. (2001) collected baseline survey data from 141 Wisconsin foster youth in 1995. The youth were 17 or 18 years old and had been in care for a minimum of 18 months. Eighty percent, or 113, of these foster youth were re-interviewed 12 to 18 months after they left care. These young adults were similar to the baseline sample with respect to gender, race/ethnicity, and placement region (Milwaukee vs. the balance of the state). Among the outcomes the researchers examined was homelessness. Twelve percent of the follow-up sample reported being homeless for at least one night within 12 months of aging out (Courtney et al., 2001).

Youth Aging Out of Foster Care in Metropolitan Detroit. Fowler, Toro et al. (2006) surveyed 264 youth from the total population of the 867 youth who had aged out over a two-year period from the foster care system in the three largest counties in the metropolitan Detroit area. The 264 youth were interviewed, on average, 3.6 years after exiting from foster care. At follow-up, the sample had an average age of 20.6 years; 52 percent were female; and 78 percent were African American. The follow-up sample of 264 was representative of the population of 867 in terms of demographic characteristics (e.g., gender, age, race/ethnicity) and foster care experiences (e.g., number of placements, age at entry, reason for placement). The purpose of the survey was to assess the functioning of these youth across various life domains since leaving foster care. The domains included housing, education, employment, emotional and behavioral well-being, substance abuse, risky sexual behavior, and victimization.

A total of 17 percent of the youth experienced literal homelessness during the follow-up period, including 3 percent who were literally homeless at the time they were interviewed. By comparison, the national five-year prevalence rate for literal homelessness among all adults in the United States was just 2 percent in 2001 (Tompsett et al., 2006). Those who experienced literal homelessness did so for an average of 61 days; the likelihood of experiencing literal homelessness did not vary by gender or race/ethnicity.

Just because youth were not literally homeless did not mean that they always had a stable place to live. On the contrary, one-third of the youth had spent time doubled up with other families or "couch surfing" among friends and relatives because they could not afford more permanent housing. This includes 12 percent who were precariously housed at the time of their interview. The mean number of times that these youth were precariously housed was 2.8 and the median duration of each episode was 13 months.

Most commonly, youth attributed their precarious housing or homelessness to economic factors such as a lack of employment, lack of affordable housing, termination of public assistance, or eviction. One-quarter of the youth who became homeless attributed their homelessness to problems with their families. In fact, this was the most common reason for becoming homeless immediately following exit from the foster care system.

Significant differences were found among the literally homeless, the precariously housed, and the continuously housed. Literally homeless youth reported significantly more personal victimization and deviant behavior than youth who were either continuously or precariously housed. However, both literally homeless and precariously housed youth experienced higher rates of psychological distress and alcohol or other drug abuse than continuously housed youth. In addition, literally homeless youth were more likely to report engaging in risky sexual behavior as compared to housed youth. Additional analyses suggested that both literal homelessness and precarious housing increased the risk of personal victimization, which in turn, increased the likelihood of other negative outcomes, such as psychological distress, deviant behavior, and marijuana use, even after controlling for age, gender, and race.

There was also some evidence that becoming homeless immediately post-discharge may have particularly negative effects. Youth who experienced homelessness right after they left care reported greater psychological distress, victimization, and deviant behavior than those who did not become homeless until later. The former were also less likely to have a high school diploma or GED and less likely to have received additional schooling since leaving care. What is not clear is whether the youth who became homeless immediately were already more vulnerable at the time they exited, or whether they became more vulnerable as a result of becoming homeless so quickly.

In many cases, the youth who experienced housing problems after exiting foster care did not receive services to address their needs. Less than one-third received services at homeless shelters and only 3 percent received help from outreach services. Although nearly two thirds reported going a whole day without food, just 15 percent received assistance from soup kitchens. Likewise, 70 percent of these youth had clinically significant mental health, substance abuse, or behavioral problems, but only 21 percent received psychological services. In contrast, 88 percent of these precariously housed and homeless youth received medical care since aging out of the system. Many of the youth were able to take advantage of Medicaid eligibility allowed under state foster care policy in order to get medical care.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth. The relationship between homelessness and out-of-home care placement is also being examined by an ongoing three-state longitudinal study that is following a sample of 732 foster youth from Iowa (63 youth), Wisconsin (195), and Illinois (474) as they age out of the child welfare system and transition into adulthood (Courtney et al., 2005). All of these youth had been victims of child maltreatment and entered foster care before age 16. The youth were initially interviewed at age 17 or 18, while they were still state wards, and then again at age 19. Just over half (321) of the 603 foster youth who completed a follow-up interview were no longer in care, and their mean time since leaving care was 14.5 months.

Although few of these youth were currently living on the streets, 14 percent (45) had been homeless for at least one night since they aged out. Homelessness was defined as sleeping "in a place where people weren't meant to sleep," sleeping "in a homeless shelter," or not having "a regular residence in which to sleep." Two-thirds of the ever-homeless group had become homeless within six months of exiting and more than half (54 percent) had experienced more than one homeless episode.

A multivariate analysis using logistic regression showed that the best predictor of becoming homeless after aging out was whether a youth had repeatedly run away from an out-of-home care placement. Running away more than once was associated with an almost ninefold increase in the odds of becoming homeless. There was also a positive relationship between the odds of becoming homeless and the number of delinquent behaviors in which the youth had engaged. By contrast, feeling very close to at least one family member reduced the odds of becoming homeless by nearly 80 percent.

Homelessness Among Youthful Offenders

Every year, approximately 200,000 juveniles and young adults ages 10 to 24 years are released from secure detention or correctional facilities and reenter their communities. Most of these individuals are not high school graduates and most have never held a job. Many have physical, mental health, or substance abuse problems. A recent study of 1,800 arrested and detained youth found that nearly two-thirds of males and nearly three-quarters of females met diagnostic criteria for one or more psychiatric disorders (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). Yet, few youth will have received high quality services while in custody. Moreover, as if their transition back into society were not difficult enough, they are often returning to neighborhoods with high rates of poverty, unemployment, and crime (Mears & Travis, 2004).

Although relatively little is known about the process of reentry among this population, Altschuler and Brash (2004) have identified a number of challenges they are likely to confront, including problems with family and living arrangements. Some youth return to supportive homes; others do not. Still others are

precluded from doing so by policies that prohibit individuals who have been convicted of certain drug offenses and other crimes from living in public or Section 8 housing (Popkin & Cunningham, 2001). Without a positive support network or stable living arrangement to which they can return, these juvenile and young adult offenders are at high risk of becoming homeless after their release. Once homeless, they may find themselves engaging in prostitution, selling or using drugs, or participating in other activities that could lead to their re-arrest.

There are no good estimates of the number of juveniles or young adults who become homeless upon release from detention or incarceration. Covenant House, a shelter for homeless youth in New York City, reports that approximately 30 percent of the youth they serve have been detained or incarcerated (New York City Association, 2005). These data also indicate that 68 percent had been living with family or guardians before incarceration. Eighty percent of the youthful offenders they served had neither completed high school nor obtained a GED, and 41 percent had a history of substance use. Interestingly, 49 percent also had a history of out-of-home care placement. In some instances, their child welfare case had been closed when they were detained or incarcerated and they had nowhere else to go upon release. This is true even if they had not yet turned 18 years of age because child welfare agencies are reluctant to take these youth back into their custody, especially if they have frequently "gone AWOL" or exhibited violent behavior (Riley, 2003; Travis, 2002).

Although most studies of youthful offenders have not included homelessness as an outcome measure, at least some research suggests that they are more likely to be homeless or precariously housed than other youth. Specifically, Feldman and Patterson (2003) compared 209 court-involved youth who participated in Workforce Investment Act (WIA) programs in Seattle–King County, Washington to 419 non-involved youth who participated in the same programs between July 1, 2000 and June 30, 2002. At program entry, the court-involved youth were less likely to be living with their parents and more likely to have no permanent address. Research on homeless adults has also consistently found high rates of prior incarceration, including incarceration while the adults were juveniles (Toro, 1998).

Intervention Research

Much progress has been made in providing services to homeless youth and families since 1987 when the Stuart B. McKinney Homeless Assistance Act (Public Law 100-77) was signed into law. There now exist a vast array of shelters and other emergency services to address the diverse needs of homeless individuals and families, including homeless youth (Toro & Warren, 1999). Increased funding from the federal government as well as other sources has also led to the development of new interventions. Although many of these interventions are designed to help homeless youth become and remain housed, some include other components such as mental health services, alcohol and other drug treatment, or HIV/AIDS risk reduction.

Unfortunately, few of these new interventions have been formally evaluated, and when evaluations have been done, rigorous experimental or quasi-experimental designs have generally not been used. In fact, we are aware of only one rigorous evaluation of a program for homeless youth (Cauce et al., 1998). Below, we describe some of the interventions that have been evaluated, discuss the results of those evaluations, and suggest directions for future research on promising interventions, even if those interventions have yet to be tested among homeless youth.

Case management. Recognizing the multiple and diverse needs of homeless youth, Robertson and Toro (1999) advocated for a comprehensive and intensive case management approach that would address the unique needs of each homeless youth. Such an approach could be implemented in existing shelters and drop-in centers, and the relationship that developed between homeless youth and their case managers could become an important resource for the homeless youth and their families.

Intensive case management has been used successfully with homeless families and adults (Homan et al., 1993; James, Smith, & Mann, 1991; Toro et al., 1997). At least some research suggests that it might also be effective with homeless youth (Paradise et al., 2001). For example, Cauce et al. (1994) evaluated an intensive case management program for homeless youth in King County (Seattle), Washington. Youth were randomly assigned to either intensive or regular case management. Both groups experienced improved psychological well-being and a reduction in problem behaviors after the first three months of the intervention. However, youth who received intensive case management exhibited less aggression, fewer externalizing behaviors, and more satisfaction with their quality of life than youth who received "treatment as usual."

Another promising service model is Urban Peak Denver, which provides overnight shelter as well as a variety of other services to homeless youth between the ages of 15 and 21 years. A case manager conducts a needs assessment and develops a case plan that includes educational and employment goals. Youth can receive shelter for as long as they are moving forward on their case plans, and those who have been discharged are followed for six months. According to Urban Peak's Client Database, which tracks the housing outcomes of youth who receive services, the percentage who experienced a positive housing outcome (e.g., moving into their own apartment, obtaining permanent supportive housing, or returning to their family of origin) ranged from a low of 48 percent in 2000 to a high of 65 percent in 2003 (Burt, Pearson, & Montgomery, 2005).

Family-focused interventions. Although many programs work primarily, if not exclusively, with the youth who are homeless, others have targeted the family. This makes sense given that youth often cite family conflict as the cause of their homelessness (Whitbeck et al., 2002; Robertson & Toro, 1999) and they often end up returning to their families of origin anyway (Toro & Janisse, 2004). Moreover, at least one study found that youth who return home to live with their parents experience more positive outcomes than other youth (Thompson, Pollio, & Bitner, 2000). Of course, this could simply reflect the fact that the youth who are able to reunify are the youth with the fewest problems.

In any event, there is relatively little evidence as to the effectiveness of family-focused interventions. One example that is sometimes cited is a 1998 study by Coco and Courtney. They described a family systems approach for preventing recidivism among runaway females. Unfortunately, their evaluation of the intervention was weak, being based on a single-case design with a simple pre and post assessment of family satisfaction to assess the impact of the intervention.

It should be recognized that there are cases in which a family-focused intervention would not be in a homeless youth's best interest. The most obvious example is a youth who has been severely neglected or abused. Other examples would include youth who have irreconcilable differences with their families, youth who have lost contact with their families, and youth whose families are homeless or precariously housed. In these cases, efforts must be made to find alternatives such as placement in foster care or

independent living. Unfortunately, placement options may be limited, and may not represent an improvement in living situation (e.g., Benedict et al., 1994; Rosenthal, et al., 1991).

Social skills training. In addition to their various service needs, many homeless youth lack what might be considered basic life skills, including meal preparation, household cleaning, time management, and budgeting (Aviles & Helfrich, 2004). Such skills are essential if they are to successfully transition out of homelessness and into successful adult functioning. Teare, Authier, and Peterson (1994) evaluated an intervention that used role-playing and a token economy to teach social skills to homeless youth receiving emergency shelter services. The assumption was that youth with social skills would experience fewer conflicts both during and after their shelter stay. The researchers reported that youth satisfaction with the program was generally high, that only 13 percent of the youth engaged in or expressed an intention to engage in self-destructive behavior, and that 69 percent did not exhibit any behaviors that were considered "out of control" (e.g., verbal or physical aggression). However, the researchers did not examine whether these outcomes reflected a change in behavior and their design did not include a comparison group that would have allowed them to assess the relationship between outcomes and participation.

School-based interventions. School contexts provide an opportunity to assess and address the needs of homeless youth. Although there is some evidence that school-based interventions can benefit school age children who are homeless with their families, we are not aware of any school-based interventions that target unaccompanied homeless youth. However, we believe that such interventions could easily be adapted for homeless youth, most of whom do attend school (even if not consistently). For example, the Empowerment Zone provided a mental health treatment package for low-income and homeless elementary school age children during summer school (Nabors, Proescher, & DeSilva, 2001). Trained teachers and mental health providers administered classroom and small group interventions and individual counseling, and parents were offered parenting classes. Results showed that parents reported a significant decrease in child behavioral problems following the intervention. Another study found favorable results for a classroom behavioral management system in which trained teacher assistants used bracelets to reinforce positive behavior among homeless elementary school age children (Nabors, Hines, & Monnier, 2002). Although these initial findings are promising, the programs need to be expanded and more thoroughly evaluated.

Other intervention research. A number of other studies have also examined the outcomes of homeless youth who received shelter services. Several of these studies have analyzed data from the Runaway and Homeless Youth Management Information System (RHYMIS). RHYMIS includes information about all of the runaway and homeless youth served by the Family and Youth Services Bureau's (FYSB) Basic Center and Transitional Living and Street Outreach programs. RHYMIS includes demographic characteristics, services provided, and status at program exit (Family and Youth Services Bureau, 2006).

For example, Thompson et al. (2002) examined the outcomes of 261 runaway and homeless youth in four Midwestern states who received emergency shelter and crisis services, and compared their outcomes to the outcomes of 47 at-risk youth who received services from longer-term day treatment programs. Demographic information about the runaway and homeless youth was obtained from RHYMIS. Baseline data were collected from both groups at program intake. Follow-up data were collected six weeks post-discharge from the runaway or homeless youth and six weeks after intake from the comparison youth. Both the shelter youth and the day treatment youth experienced positive changes across six domains

(runaway behavior, family relationships, school behavior, employment, sexual behavior, and self-esteem) and there were no significant group differences in the amount of change they experienced. Whether these improved outcomes persisted beyond the six-week observation period was not addressed.

Prevention Research

In addition to research on how to best address the needs of youth who are already homeless, other studies have focused on preventive interventions. This interest in the prevention of homelessness among youth is a relatively recent development (e.g., Lindblom, 1996; Shinn & Baumohl, 1999; Toro, Lombardo, & Yapchai, 2002), and many interventions designed to prevent youth from ever becoming homeless (primary prevention) could just as easily be used to prevent youth who are currently homeless from becoming homeless again (secondary prevention; see Dalton, Elias, & Wandersman, 2007). Below, we discuss a number of issues regarding the prevention of homelessness. We focus on two groups of youth for whom the risk of becoming homeless appears to be particularly high: youth aging out of foster care and juvenile offenders.

Family-focused preventive programs. Given that the youth frequently cite family conflict as the main reason for their homelessness, it should not be surprising that some homelessness prevention programs have focused on family dynamics and their impact on youth development. These programs include support groups for parents, parenting skills classes, and teaching conflict resolution skills. The assumption is that these programs will lead to improved family relationships, and thus prevent youth from becoming homeless.

One example of this approach is Project SAFE, a program operated by Cocoon House in Snohomish County, Washington (National Alliance to End Homelessness, 2002). Project SAFE provides three services to parents and other caretakers who are concerned about a youth's behavior: phone consultation, groups or workshops, and a resource library. Parents or caretakers can call and speak with a master's level therapist who works with parents to develop a plan of action and decide what community resources will be needed to implement the plan. Plans can include steps to help parents deal with personal problems that may be contributing to the conflict with their youth. Parents receive a follow-up call, usually one week later, to check on their situation and provide any additional referrals. Parents can also participate in support groups that focus on cognitive behavioral skills or educational workshops that seek to raise awareness of parental risk factors that contribute to problem behaviors. In both cases, the goal is to promote healthier family functioning and to prevent teen homelessness. In FY 2005–2006, Project SAFE served 194 parents/caretakers. Outcome data showed a significant increase in parents' perceived ability to cope with their youth as well as a significant decrease in parental perception of the youth needing to leave the home (Gagliano, 2006).

Another family-focused intervention that has the potential to reduce youth homelessness is multisystemic therapy (MST). Families are provided with intensive, home-based services. Master's-level therapists empower parents to control their adolescent's behavior by enhancing supervisory and monitoring skills. They also coordinate service provision among parents, individual counselors, teachers, peers, and others with a stake in the youth's future.

Numerous randomized controlled trials have shown that MST can reduce antisocial behavior, even years following the treatment among chronic juvenile delinquents (Henggeler et al., 1997; Henggeler, Pickrel,

& Brondino, 1999). MST clients have significantly fewer out-of-home placements and decreased recidivism (Henggeler et al., 1997; Henggeler, Pickrel, & Brondino, 1999). MST has also been successfully adapted for a wide range of other target groups of youth, including those with mental disorders and chronic health problems (Henggeler, 2006).

Homeless youth and delinquent youth have many similarities, including an absence of adult supervision, a lack of consistent discipline, and association with deviant peers (Whitbeck & Hoyt, 1999). Thus, future research should examine ways to tailor such programs to directly address the needs of youth at risk for homelessness as well as evaluate the efficacy of such programs.

School-based preventive programs. School-based programs have the potential to prevent homelessness in adolescents at risk to run away by providing prosocial niches outside the home where they may be less vulnerable to influences of deviant peers (Johanson, Duffy, & Anthony, 1996). In addition, youth may have more opportunity to develop positive social bonds that discourage deviant behavior often associated with family conflict (Hirschi, 1969). However, programs that target youth at risk for homelessness have yet to be developed or evaluated. In-school and after-school prevention programs have shown to be effective in reducing the risk of youth delinquency and substance abuse (Crank, Crank, & Christensen, 2003; Pierce & Shields, 1998), and thus, may be extended to reductions of homelessness.

Preventing homelessness among youth aging out of foster care. Preventing homelessness among youth aging out of care has long been a goal of federal policy. In fact, it was partly in response to several studies indicating that young adults who had aged out of care were at high risk of becoming homeless that Congress created the Title IV-E Independent Living Program in 1986 (Citizens' Committee for Children of New York City, 1984; New York State Council on Children and Families, 1984; Shaffer & Caton, 1984). For more than a decade, this was the primary source of funding available to states to prepare their foster youth for the transition to young adulthood. States could use their Title IV-E funds to provide housing services such as helping youth find a place to live; however, the law prohibited those funds from being used for transitional housing or independent living subsidies (Allen, Bonner, & Greenan, 1988; Barth, 1990).

The Title IV-E program was replaced when Congress passed the Foster Care Independence Act of 1999 (FCIA). Title I of this legislation established the John H. Chafee Foster Care Independence Program and doubled the federal allotment for state independent living programs that prepare foster youth for the transition to adulthood. These funds can be used to provide youth with a wide range of services, including services to promote education and employment, life skills training, health education, case management, and mentoring (Ansell, 2001). Two provisions, in particular, are relevant to the prevention of homeless among youth aging out of foster care. One allows states to use up to 30 percent of their federal Chafee funds to pay for the room and board of former foster youth who are at least 18 years old but not yet 21. The other requires states to use at least some portion of their funds to provide follow-up services to foster youth after they age out. In the past, such services could be provided at state option, but seldom were.

States are currently using their Chafee funds as well as funding from other sources to assist foster youth with housing. For example, the Massachusetts Department of Social Services uses some of its Chafee money to fund its Discharge Support Program, which helps foster youth with their first month's rent, security deposits, and other assistance, but the youth must be employed and able to pay their own rent. Connecticut's Community Housing Assistance Program (CHAPS) provides foster youth, age 18 and older

who are working and enrolled in school, with a subsidy for rent and other living expenses. In fact, CHAPS is part of a continuum of housing options for Connecticut foster youth that also includes group homes for 14- to 16-year-olds and transitional living apartments for 16- and 17-year-olds. Illinois's Youth Housing Assistance Program targets youth who have aged out or will soon age out and are at risk of becoming homeless. The program provides housing advocacy services to help youth between the ages of 17.5 and 21 to secure and maintain stable housing as well as cash assistance to help with deposits, emergency rental assistance, temporary rental subsidies, and furniture and appliances.

Partnering is another strategy that states have implemented to address the housing needs of foster youth. Some states are taking advantage of federal legislation that made youth aging out of foster care eligible for housing assistance under the Department of Housing and Urban Development's Family Unification Program (FUP). In these states, child welfare agencies collaborate with housing authorities and/or community-based organizations to provide foster youth with time-limited housing vouchers over 18 months as well as other services. States with FUP programs for foster youth include New York, Colorado, Ohio, and California. In addition, some localities, including New York City, give foster youth priority access to Section 8 vouchers.

Most recently, Toro, et al. (2006) have proposed a comprehensive program that would both prevent homelessness and other negative outcomes among youth aging out of foster care and improve their emotional, behavioral, and socioeconomic well-being. The intervention would target foster youth transitioning to adulthood beginning at age 17. The program would be based on an intensive case management model and MST approaches and would involve the assessment of service needs across a number of domains, advocacy for the provision of services, coordination of service provision, and monitoring of service delivery. Small caseloads and frequent contact between case managers and youth would be important to keep youth who lack support from family members or other adults from falling through the cracks and because the quality of the client-case manager relationship is a key predictor of successful outcomes (Casey Family Programs, 2005; Thompson et al., 2006).

Youth would generally be referred to community resources, but program staff could provide services that are not available as well as direct funds to support independence (e.g., rent money to avoid eviction). In addition to service provision, the program would focus on empowering youth to make responsible life decisions. Toward this end, case managers would use a person-centered approach that emphasizes youth's strengths and preferences as well as motivational interviewing (Miller & Rollnick, 2002), a therapeutic technique that seems to be effective in promoting positive change behaviors even among multi-problem populations such as low-income, African American substance abusing mothers (Ondersma et a., 2005). Toro et al. (2006) have also recommended that the intervention be evaluated using random assignment within a longitudinal design, with data collected at baseline and then again at 6-month intervals for 18 months in total. It is hoped that this intervention will be implemented and evaluated starting in late 2007.

Although independent living programs have been described (e.g., Hoge & Idalski, 2001), there is very little in the way of empirical data regarding their effectiveness. Due to another provision in the FCIA, states will soon be required to track the outcomes of current and former foster youth at ages 17, 19, and 21 and report those outcomes to the National Youth in Transition Database. Homelessness is one of the six outcomes about which they will be required to report.

Several other issues related to research on the prevention of homelessness among youth aging out of care also merit attention. First, findings from the Midwest study indicate that some foster youth, including those who run away repeatedly, are at even greater risk. Targeting those youth for preventive interventions both before and after they leave care would seem to make sense, and the impacts of those interventions should be formally evaluated. Second, the Midwest study also found that feeling close to at least one family member reduced the likelihood of becoming homeless. This has important practice implications for child welfare agencies. Specifically, it suggests that more attention should be paid to maintaining relationships between foster youth and members of their biological family, including grandparents and siblings. Such attention may, perhaps, even be appropriate when the family is somewhat dysfunctional, because, if we wish to prevent homelessness, some (even imperfect) support from family may be better than no support at all. What is not yet clear, and merits further investigation, is why closeness to family has what appears to be a protective effect. One possibility is that family members are a resource to whom foster youth can turn if there is no other place for them to stay. Another is that strong family ties reflect underlying individual or environmental resources that function to protect youth. In any event, interventions aimed at promoting family ties, where doing so is in a youth's best interest, should be developed and their ability to reduce the risk of homelessness should be explored.

Third, one of the most striking findings to emerge from the Midwest study was that the foster youth who were still in care at age 19 seemed to be faring better than their peers who had left. There were statistically significant differences across a number of domains, including college enrollment, access to health care, and criminal justice system involvement, and they consistently favored the 19-year-olds who were still in care. It remains to be seen whether those differences will persist once the foster youth who were still in care at age 19 have also exited. A third wave of survey data being collected from the foster youth when they are 21 years old will begin to address this question. For now, at least, the results suggest that one way to reduce the percentage of youth who become homeless after aging out of care would be to extend their eligibility until age 21, as is already the case in a few states like Illinois.

Fourth, an often overlooked provision of the FCIA requires states to use some of their federal training funds to assist foster parents, group home workers, and case managers do a better job of preparing foster youth for the challenges they face during the transition to adulthood. With respect to preventing homelessness, this means educating foster parents, group home workers, and case managers about how to help their foster youth find housing and remain housed. To this end, Casey Family Programs (2005) has published *It's My Life*, a series of guides, including one focused on housing, that contain practical strategies and on-line resources for adults working with these youth. Researchers could examine whether educating foster parents, group home workers, or case managers about these or other strategies leads to more stable housing and lower rates of homelessness.

Finally, although the FCIA requires states to use a portion of their Chafee funds to provide supportive services to foster youth after they age out, at least some research suggests that young adults may not take advantage of such services even when they are available (Lindblom, 1996). Just why this is the case is not well understood. It may be that young adults are reluctant to participate in services that they associate with foster care or that they object to the conditions of participation. It is also possible that such services are perceived to be of little help.

Preventing homelessness among youthful offenders. As explained above, youthful offenders can become trapped in a cycle of homelessness and incarceration. If they return to the streets after their

release, there is a strong chance they will become involved in the same behaviors that initially led to their arrest (National Alliance to End Homelessness, 2001). Thus, programs that assist youthful offenders to find housing and stay housed have the potential not only to prevent homelessness but also to reduce recidivism in the criminal justice system.

Unfortunately, although a number of programs have been developed to help youthful offenders with the process of reentry, not much is known about their effects on homelessness prevention. One exception is the young adult component of the Going Home Reentry Grant in Polk County, Iowa. This program targets youthful offenders, aged 17.5 to 20 years, who are leaving state training schools. A Community Transition Team works with the youthful offender to create an individualized wrap-around plan that addresses housing and other service needs. In some cases, this plan involves reunification with parents or other family members. In other cases, housing is secured using project funds. Although there has been no formal evaluation of the program, there are outcome data for the 47 youthful offenders (32 males and 15 females) who were served during a three-year grant period. Seventy-nine percent of the females and 84 percent of the males were able to establish a stable residence.

The housing needs of youthful offenders have also been addressed by programs that target youth aging out of foster care. For example, Lighthouse Youth Services in Cincinnati, Ohio, runs an independent living program that focuses on foster youth between the ages of 16 and 19 as well as a transitional living program that targets homeless youth between the ages of 18 and 25 (Kroner, 2005). However, a number of youthful offenders are also served each year. Referrals come from child welfare agencies, homeless shelters, juvenile courts, and community-based organizations. Lighthouse's housing continuum includes several housing options for youth: scattered-site apartments, supervised apartments, shared homes (for four or five youth), host homes, and boarding homes. Youth move from more structured to less restrictive living arrangements, depending on the level of support and services they need. Unfortunately, no formal outcome data have been collected to date.

Employment programs as a prevention strategy. Although preventing homelessness is usually not a primary goal of employment programs, it stands to reason that youth and young adults are less likely to become homeless if they are self-sufficient and stably employed. From this perspective, several programs funded by the U.S. Department of Labor (DOL) could be considered preventive interventions. One example of this approach involves programs funded under the Workforce Investment Act (WIA). Low-income youth between the ages of 14 and 21 are eligible to receive WIA-funded services if they face one or more recognized barriers to completing school and attaining economic self-sufficiency. These services allow youth to continue their education and pursue employment. Youth aging out of foster care, homeless youth, and youth who have been involved with the juvenile justice system are among WIA's target populations.

In addition to these WIA services, DOL also funds a number of other workforce development and support services that can help prevent homelessness among at-risk youth. Job Corps is the largest and most comprehensive residential vocational training and education program for at-risk youth between the ages of 16 and 24. Youth aging out of foster care and runaway or homeless youth are among the target populations of Job Corps. In a multi-year evaluation of the program, eligible youth were randomly assigned to a treatment group that received Job Corps services or a control group that did not. They were interviewed at the time of enrollment and then again at 12, 30, and 48 months after random assignment. The researchers did not look specifically at homelessness. However, Job Corps participation was related

to independent living at the 48-month interview. A slightly smaller percentage of program group members were living with their parents, and a slightly larger percentage were living with a partner and reported being the head of the household (Burghart et al., 2001; Schochet, Burghardt, & Glazerman, 2001).

Likewise, DOL's Youth Offender Demonstration Program (YODP) is a labor-focused reentry program for youth ages 14 to 24 returning to their communities from detention or incarceration and who are already involved in the juvenile/criminal justice system, are gang members, or are at risk of gang or court involvement. Of particular relevance to homelessness prevention, some YODP sites are working with nonprofit housing programs. Unfortunately, no formal evaluation of the YODP has ever been completed.

Theoretical Developments

Haber and Toro (2004) provide a thorough review of various theories that have been applied in recent research on homeless children and youth. The theories most relevant to homeless youth include variants based on social learning theory (Bandura, 1977; Patterson, 1982). The Risk Amplification Model (RAM), one of the most widely applied of these variants, posits that noxious early environments, including poor parenting practices in the home, put youth at risk for homelessness and that being homeless further "amplifies" the risk for poor outcomes among such youth (Paradise et al., 2001; Whitbeck & Hoyt, 1999). The RAM suggests that risk is amplified by homelessness through victimization on the streets, engagement in subsistence strategies (e.g., stealing food, prostitution), association with deviant peers and adults, and other negative experiences.

Cross-sectional studies provide some empirical support for the RAM. For example, homeless youth tend to come from more deleterious home environments and experience higher rates of victimization compared to matched housed youth (Robertson & Toro, 1999). In a more direct test of the RAM, Whitbeck, Hoyt, and Yoder (1999) found that affiliation with deviant peers, deviant subsistence strategies, risky sexual behaviors, and substance use amplified the effects of a negative family environment on victimization and depressive symptoms among homeless female youth (but not among homeless males).

There is also some support from longitudinal studies. Using the Detroit-based dataset described earlier, Lombardo and Toro (2005) found that family conflict was related to heightened self-reported symptomatology and deviant peer associations, and that both of these were associated with risky sexual behaviors and substance abuse six months later. Analyses testing the RAM over longer periods of time (up to 6.5 years) are currently being conducted by Toro and colleagues.

Conclusion

Much has been learned since Robertson and Toro reviewed the literature on homeless youth for the 1998 National Symposium on Homelessness Research. Yet many important questions remain unanswered. Several areas, in particular, could be the focus of future research.

1. Many risk factors associated with youth homelessness have been identified. Examples include family conflict, aging out of foster care, and identifying as GLBT. What is not well understood is how these factors operate. That is, what are the pathways leading to homelessness among youth with these risk factors? Future research needs to explore these pathways and consider how other

factors (e.g., access to and quality of services received during childhood or early adolescence, growing up in a family that experienced homelessness) either aggravate or mitigate those risks.

2. Although many interventions have been developed to address the diverse needs of homeless youth, the vast majority have not been evaluated. As a result, we know relatively little about what works. Closing this gap will require methodologically sound studies that include control (or at least comparison) groups in experimental (or at least quasi-experimental) research designs.

3. Researchers should examine whether certain types of interventions are more effective with some homeless youth than others (e.g., runaway youth vs. throwaway youth vs. systems youth; street youth vs. shelter youth; rural youth vs. urban youth; youth homeless with their families vs. youth homeless on their own). Groups that are likely to have unique needs and hence for whom unique interventions may be merited include LGBT youth and youth who are pregnant or parenting.

4. Broadly speaking, there are two types of prevention strategies: universal approaches that seek to promote positive youth development, and more targeted approaches that focus on youth thought to be at greatest risk. Research is needed on both types of strategies to determine whether both can prevent homelessness and other negative outcomes among youth.

5. Because so many homeless youth cite family conflict as the reason for their homelessness, more attention should be paid to prevention and intervention strategies that focus on the family. Strategies might involve improving communication, developing conflict resolution skills, and increasing understanding of adolescent development. It is important for social workers and others assisting homeless youth and those at risk for homelessness (such as youth aging out of foster care) to help these youth connect with family members who might assist them in the future (often after the workers end their assistance). It is also important that "family" be broadly defined to include not only biological relatives but also others (e.g., fictive kin, close friends) who youth regard as part of their family.

6. Although interventions may benefit from tapping into familial resources, reunification may not be a good option for certain homeless youth. More research is needed to determine the individual and environmental circumstances that argue for and against familial reunification. Interventions should be developed using this information.

7. Not much is known about why so few homeless youth, whether in shelters or on the streets, use human services available to them (aside from short-term use of shelters for some). Similar to recent studies of homelessness among adults (e.g., Acosta & Toro, 2000), future research needs to ask the homeless youth themselves about their experiences and satisfaction with various services. Most likely, attention will be needed to alter approaches used by existing programs and services to make them more accessible and "user friendly."

8. Most existing research on homeless youth has focused on the "literally homeless," those who have spent at least some time in homeless shelters, on the streets, or living in other unconventional settings (Toro, 1998). Future research should also focus on youth who "couch surf" or who are otherwise precariously housed. This group may be larger than, and at equal risk as, those who are literally homeless.

9. Developing effective prevention and intervention strategies requires a clearer understanding of what youth experience before and after they become homeless. Toward that end, we need more quantitative and qualitative research to explore the outcomes of homeless youth, including the

pathways through which they exit, or fail to exit, homelessness. More longitudinal studies are also needed to examine how environmental, family, and individual factors affect both their short-term and long-term outcomes. Disentangling the effects of these different types of factors will also require multivariate data analytic techniques.

10. Preventive interventions with youth aging out of foster care and youthful offenders should be expanded. Although some programs exist, little firm empirical evidence exists on what works. Broader and better designed preventive interventions are needed.

11. It appears that few if any of the studies reviewed above directly involved homeless or other at-risk youth in the research process. We believe that such youth should, ideally, be consulted at every stage, including the design of the study, the development of survey instruments or interview protocols, the collection of data, the interpretation of results, and the dissemination of findings. Not only can involving homeless or other at-risk youth in the research process improve the quality of the research (Jason et al., 2004), but it may increase the likelihood that the research leads to better policy and practice. Similarly, there should be more collaboration between service providers and researchers, both to improve the quality of the research and the ability for the research to be applied to policy and intervention.

12. With regard to theoretical approaches, there is a need to move beyond the pervasive deficit orientation in much of the research toward more positive, resilience-based frameworks. There is also a need to more carefully consider the developmental contexts in which youth who are homeless or at risk for homelessness exist and to develop a better international understanding of homeless youth.

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