

**Testimony of
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**Before the House Subcommittee on Healthy Families and Communities
Of the
Education and Labor Committee**

**Hearing on Runaway, Homeless, and Missing Children; Perspectives on
Helping the Nation's Vulnerable Youth**

Tuesday, July 24, 2007

Thank you, Chairwoman McCarthy, Ranking Member Platts, and the honorable members of this subcommittee on behalf of our Board of Directors and partner members for providing this opportunity to address the subcommittee on research findings concerning youth homelessness in the United States. I would like to start by congratulating this subcommittee on its important work in addressing the need of homeless and other vulnerable youth in our nation. The National Alliance to End Homelessness believes that ending youth homelessness is well within our reach. The population is small enough for our collective effort to eradicate this social crisis among our states.

The National Alliance to End Homelessness is a nonpartisan, nonprofit organization that was founded in 1983 by a group of leaders deeply disturbed by the appearance of thousands of Americans living on the streets of our nation. We have committed ourselves to finding permanent solutions to homelessness. Our bipartisan Board of Directors and our 5,000 nonprofit, faith-based, private and public sector partners across the country devote ourselves to the affordable housing, access to services, and livable incomes that will end homelessness. The Alliance is recognized for its organization and dissemination of evidence-based research to encourage best practices and high standards in the field of homelessness prevention and intervention and we wish to share our insights with you today.

As our name implies, our primary focus is ending homelessness, not simply making it easier to live with. We take this idea very seriously. There is nothing inevitable about youth homelessness in the United States. We know more about youth homelessness and how to address it than we ever have before, thanks in part to extensive research. We know a great deal about the pathways into homelessness for youth, the characteristics of youth who experience homelessness, and interventions and program models which are effective in offering youth reconnection to family, community, and stable housing.

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We have been asked today to summarize the research available on the characteristics and experiences of homeless youth, the causes of youth homelessness, and the solutions to youth homelessness. We will also point out the limitations of the research, and identify some research questions that we believe need to be addressed.

OVERVIEW OF RESEARCH

Demographics and Experiences of Youth Homelessness

Homeless youth are typically defined as unaccompanied youth aged 12 to 24 years who do not have familial support and are unaccompanied, and who are living in shelters, on the streets, in a range of places not meant for human habitation (e.g. cars, abandoned buildings) or in others' homes for short periods under circumstances that make the situation highly unstable (so-called "couch surfing"). Youth homelessness is essentially caused by a breakdown in families, where environments of abuse, neglect, or youth abandonment are exacerbated by larger systemic issues such as poverty, unemployment, poor housing, and lack of community and economic support in rural and urban neighborhoods. Youth turn to shelters and the streets as an often rational choice to avoid violence, abuse, neglect, and abandonment but the alternative can be hard lives riddled with poor health and exploitation by unscrupulous adults.

Two major incident studies by the U.S. Department of Justice and Professor Ringwalt and colleagues estimate that the number of youth below the age of 18 who flee from their home, are barred from home by their guardian, or experience homelessness ranges from 1.6 to 1.7 million in the course of a year. Additionally, an unknown number of young adults aged 18 to 24 experience homelessness each year. Some youth will remain away from their home for only short periods of time (a few nights) while others will experience long periods of homelessness and become street-dependent. Street-dependent youth often sleep exclusively outdoors, in public places, or in abandoned buildings, form their own unique culture and family structure with other street-dependent youth, and often rely on street economies such as prostitution, drug sales, theft, or begging to meet their basic needs. However, street-dependent youth represent a small minority of the total homeless youth population. Local programs funded by the federal Runaway and Homeless Youth Act (Department of Health and Human Services) served over 500,000 homeless and runaway youth in 2005. Homeless youth can be found in urban, suburban, and rural areas through the United States and few differences have been found when urban, suburban, and rural youth are compared.

A 1999 study by the U.S. Department of Justice, the Second National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children, estimated 1,682,900 youth had a runaway/throwaway episode that year. Of these youth, 37 percent were actively sought by their caretakers and 21 percent were reported to authorities for purposes of locating them. This study underscores that a majority of runaway and homeless youth (63 percent) are never reported or sought after by their parents or primary caretakers.

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There is little gender disparity among various homeless youth groups, except that youth living on the streets are more likely to be male. While youth from all races and cultures run away, become

homeless or are thrown away by parents, shelter and housing programs report a significant disproportionate representation of American Indian and African-American youth.

Also, gay, lesbian, bisexual, and transgender youth have been found to be overrepresented in homeless and street populations with estimates ranging from 11 to 35 percent. Compared to heterosexual homeless youth, gay, lesbian, bisexual, and transgender homeless youth also are exposed to greater victimization while on the streets.

Background information on homeless youth show that they tend to come from low-income communities and their families are disproportionately poor or working class. Many grew up in single-parent households or blended families.

Contrary to stereotypes about homeless youth, studies have not consistently shown that substance abuse is characteristic of a majority of runaway youth. While many studies show use and abuse of drugs or alcohol, research is inconclusive that homeless youth are more prone to dependency. However, studies of homeless youth have shown high rates of *parental* alcohol or drug abuse (24 to 44 percent) which likely contributes to youth homelessness. Additionally, most homeless youth are still in school but may have experienced difficulties, discipline actions, and delays. One 2005 study showed that 79 percent of youth were attending school on a regular basis before entering shelter.

Additionally, homeless youth are at elevated risk for mood disorders, suicide attempts, and post-traumatic stress disorder. High rates of behavioral disorders are also noted. Regardless of the assessment method used or the sample, homeless youth are more likely to experience mental health and behavioral disorders than adolescents in the general population.

Numerous studies have indicated that once homeless, youth often engage in sexual behaviors that put them at high risk for both sexually transmitted diseases and pregnancy. Most studies indicate that a portion of the homeless youth population engages in survival sex which is the trading of sexual acts for basic needs like a place to stay. A significant number of homeless girls are also pregnant or parenting. One national, representative sample study published in the American Journal of Adolescent Health found that 48 percent of street youth and 33 percent of shelter youth had histories of pregnancy or impregnating someone, as compared to 10 percent of a nationally representative sample of housed youth.

Homeless youth may be characterized by the length of time spent homeless – recent runaways, transitionally or episodically homeless, homeless and shelter using youth, and street-dependent youth who may travel. Evidence suggests that differences may exist between subtypes of homeless youth, and therefore, unique, targeted interventions may be merited.

In summary, research has given us insight into some fairly constant variables that cut across most homeless youth groups. The common characteristics of their experience prior to becoming homeless include:

- Abuse and neglect histories
- Parental alcohol and substance abuse
- Poverty (except runaways)

- Broken family relationships (single parent, blended, or no parental contact)
- Severe family conflict
- Difficulty with educational success and advancement despite enrollment in school.

Research has also given us a warning that the longer youth remain homeless, the greater their likelihood of experience a host of troubles, including:

- High rates of sexual activity
- Acute medical problems
- Alcoholism and alcohol/chemical addiction
- HIV
- Mental health diagnosis & institutionalization
- Suicide
- Physical violence
- Sexual assault.

Pathways to Homelessness for Youth

Research offers information about the pathways into homelessness for youth. Studies show that there are often multiple factors which cause a youth to leave home: severe family conflict, physical abuse, sexual abuse, neglect, substance abuse, mental health disabilities, and abandonment. Youth consistently report severe family conflict as the primary reason for their homelessness but also report multiple barriers to reunification. Behavioral issues on the part of the youth may be a source of the conflict, but this is certainly not always the case.

Beyond the individual and family problems, youth homelessness is also fed by lack of affordable housing, poverty, and child welfare and juvenile correction systems that fail to protect youth from shelters and the streets.

A sizable minority of homeless youth have had histories of foster care or juvenile justice placements and still end up homeless before their 18th birthday. According to the 2007 National Symposium on Homelessness Research, the percentage of homeless youth who report previous placement in foster care or an institutional setting ranged between 21 and 53 percent across studies. A longitudinal study by the University of Chicago found that 14 percent of former foster youth became homeless after being discharged from care. Another large representative sample study of foster youth aging out of care by Professors Fowler and Ahmed noted that 17 percent of homeless youth had experienced literal homelessness during the 3.6 years after exiting care. One predictor of future homelessness for foster youth is whether the youth had repeatedly run away from placement. By contrast, feeling very close to at least one family member reduced the odds of becoming homeless by nearly 80 percent.

Homelessness may not be a surprising result given the multiple placements and school transfers experienced by foster youth. One study by Casey Family Programs found that more than 30 percent of foster youth experienced eight or more placements with foster families and group homes and a majority experienced seven or more school changes between elementary and high school age. In addition to residential instability, many foster youth face mental health problems

and developmental or behavioral challenges. The Northwest Foster Care Alumni Study by Casey Family Programs found that foster youth experience anxiety disorders, depression, panic disorders, and social phobias at two to four times the rate of the general population.

Solutions to Youth Homelessness

There is a growing body of evidence about what works. We know interventions that work to restore youth and offer them a pathway out of homelessness. The past ten years of research and study have provided some indication of methodologies which result in positive outcomes for youth to prevent or end homelessness.

Most homeless youth do not experience long-term homelessness. Homeless youth often go home, find relatives, or make it on their own as young adults. In a 2004 study by Professor Paul Toro of 249 homeless youth as compared to a matched sample of 149 housed youth, ages 13 and 17 years, conducted longitudinally over seven years, most of the adolescents returned fairly quickly to their family of origin. Nearly 93 percent were no longer homeless after seven years of study. However, not all were successfully reunified with parents. One third lived with their families, about 20 percent lived with relatives or friends, and over a third (34 percent) lived on their own. Therefore, the pathway out of homelessness sometimes focuses on parents, sometimes focuses on kin and extended family, and sometimes focuses on independent living.

Studies of what works focus on three areas. The first is early intervention/prevention that seeks to avert a homelessness episode or to ensure that a family separation does not result in an out-of-home placement that so often leads to long term homelessness. The second is interventions with youth who are already homeless, to rapidly reunite them with their families while strengthening the families to achieve more stability. The third is independent housing options other than reunification for youth who will not be able to return to their families. The implication of these three strategies is that the first and best option is to try to reconnect youth with their families, and only after this fails should independent living options be considered.

Initial early intervention and prevention services which focus on mental health and family systems can often meet the crisis needs of a family and prevent homelessness and/or foster care placement.

Two forms of mental health services have been identified that show positive results in decreasing youth anti-social behavior and aggression: multisystemic therapy (MST) and functional family therapy (FFT). Both have indicated that youth recipients have significantly fewer out-of-home placements and decreased recidivism to the juvenile justice system.

Multisystemic Therapy is an intensive family- and community-based treatment that addresses multiple aspects of serious antisocial behavior in adolescents. MST uses family members to design the treatment plan and attempts to encourage behavior changes by using strengths in various areas of the youth's life (family, peers, school, and neighborhood). Evaluations of MST have demonstrated the following benefits:

- decreased recidivism and re-arrests;

- reduced adolescent alcohol and drug use;
- reduced long-term rates of crime for serious juvenile offenders;
- improvements in family functioning;
- decreased behavior and mental health problems for youth; and
- favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

Functional Family Therapy is so named to identify the family as the primary focus of intervention. Therapists employing FFT believe they must do more than simply stop antisocial or unhealthy behavior, they must motivate families to change by identifying their strengths, helping build on those strengths in ways that enhance self respect, and offering recommendations on particular pathways for improvement. Data show that when compared with other forms of community intervention like probation support, residential treatment, and alternative therapeutic approaches, FFT is highly successful. In randomized trials FFT was shown to have reduced recidivism for a wide range of anti-social or criminal behavior. In addition, studies have shown it to reduce the cost of treatment.

Youth who are experiencing abuse or neglect at home could also be diverted away from costly out-of-home placements and homelessness through Family Group Conferencing or Family Group Decision Making programs. In these early intervention and prevention programs extended family, kin, and important people in the life of the youth come together to implement a plan for the continued safety, nurturance, and permanency of the youth. These programs show remarkable success in stabilizing youth. Research on Family Group Decision Making found reductions in re-abuse, increased family involvement, decreased residential instability, and more extended families accepting care of the youth.

Program models have proven effective at reuniting homeless youth, even those with troubled histories, with their families.

Originally designed to assist young people who have been diagnosed with mental health disabilities and their families, Intensive Case Management (ICM) works with a family (in conjunction with teachers and other helping professionals) to develop an individualized comprehensive service plan. Case Managers who are professional and specially trained conduct an assessment and assist in coordinating supports and services necessary to help children and adolescents live successfully at home and in the community. The case loads are small (1 to 10 or 1 to 12) and offer round-the-clock access. Intensive Case Management services have been used successfully with homeless youth. One study published in the Journal of Emotional and Behavioral Disorders noted that homeless youth receiving Intensive Case Management services showed improved psychological well-being, less aggression, and satisfaction with their quality of life.

Both shelter and outreach services can be used as a gateway to exit homelessness. A 2002 study by Professor Thompson and colleagues compared 261 runaway and homeless youth who received services through emergency shelter and crisis services with 47 at-risk youth receiving services from a long-term day treatment program. The study found that both groups experienced positive changes in their family relationships, runaway behavior, school behavior, employment,

sexual behavior and self esteem. The study noted that there were no significant group differences in the amount of change they experienced, leading one to observe that the less-costly shelter system had as positive return in positive outcomes for youth as the more expensive day treatment programs.

Some youth will never be able to return to their families, and there are successful housing programs that not only meet the housing needs of such youth, but also have programming that addresses their development needs and helps them to build relationships with adults and with the community.

Multiple housing models exist for youth but they have limited capacity in most jurisdictions. Examples of youth housing models include: host homes, shared housing, community-based group homes, dormitories, scattered site transitional housing, single-site transitional housing, permanent scattered site housing with supportive services, and foyer (employment-focused) housing. These models incorporate life skills training, connection to caring adults, and opportunities for growth, mistakes, and positive youth development. Many homeless youth rely on such housing options when family members are unwilling or unable to care for their nurturance and welfare. Most homeless youth never receive housing benefits because of lack of supply and long waiting lists.

LIMITATIONS OF THE RESEARCH AND UNANSWERED QUESTIONS

There is an extensive body of study and research on the characteristics and demographics of homeless youth, as well as the pathways or antecedent factors leading up to a youth turning to life on the streets. Unfortunately, there are limitations to existing research and we are left with remaining questions.

One problem is that studies that have examined homelessness among adolescents have often cast the problem as individual vulnerability instead of examining the broader environmental factors involved. This has created the tendency by research to focus on the youth behavior in risky situations while homeless, rather than on the adult behaviors that often propel youth from their homes or on interventions and supports that could end youth homelessness. Additional research that focuses on child welfare, juvenile justice, and economic or social network failures that have a role in youth homelessness may allow us to address these causal factors.

Further, little research has been conducted on the inherent characteristics possessed by youth which make them resilient to negative outcomes despite their homelessness. Homeless youth are resilient and creative and often exit homelessness after short periods of time. While it is important to understand the deficits of homeless youth, a greater understanding of their strengths and assets could lead us to new interventions that build upon these strengths to help young people gain residential stability and escape life on the streets.

There is little research that helps clarify the distinction between youth who remain on the streets or hop between shelters and those that remain housed with friends and relatives, either stably or unstably. Further research is needed to understand which program models, resources, or

intervention methods best equip “couch surfing” youth with the opportunity to find stable homes and brighter futures.

There are several programmatic models and methodologies which may hold promise in working with youth. However, there is little rigorous research that verifies results. School-based programs that offer youth a safe way to access services or receive one-to-one counseling and support may help prevent and end homelessness, but we have found little evaluation of such programs. We also know that a minority of homeless youth experience chemical or alcohol addiction, yet we do not know whether out-patient support groups or residentially-based treatment geared toward adolescents is more effective. Most of the research on chemical and alcohol addiction is focused on adults. Further, given the high rates of adult sexual exploitation, molestation, and assault of homeless youth, it would be helpful to have a better understanding of the level of support, outreach, case management, and housing stability that are needed to effectively escape prostitution and the commercial sex industry. Another area of youth homelessness that has been under-examined is the experience of undocumented youth who may flee to America to escape abusive, violent, or neglectful families in their home countries. We do not know the dimensions of this problem, or what solutions are workable.

Finally, Congress has funded an array of services, housing and shelter for vulnerable and homeless youth, although not enough to meet all of the need. While we are able to point to some interventions that offer solutions, the vast array of service systems have yet to be rigorously evaluated. It would appear that critical research and study in this area is in its own adolescent phase – able to produce some solutions but not fully matured. When evaluations have been done on local service systems or specific programs, rigorous experimental designs have generally not been used and often lack comparative data to allow cross-system comparison.

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IMPLICATIONS

After a reviewing the current body of research and studies on youth homelessness, the Alliance wishes to offer the following implications, as a framework for this subcommittee in crafting public policy to end youth homelessness:

1. Youth by definition are still developing and require attachment to and the support of caring adults. Homeless youth are unique in that they represent a population of homelessness that is impacted by physical, emotional, and cognitive development. Any consideration, intervention, or program model must consider how positive youth development is both retarded and enhanced through our programmatic responses.
2. Youth homelessness is as much about societal and system failures as individual and family breakdown. The pathways to homelessness for youth are about breakdown of families, abuse and neglect, but also community systems (including economic conditions, social networks, housing stock, and child welfare systems) contributing to youth living on the streets of America.
3. Our targeted response should be tailored toward the length of time spent homeless. Recent runaways and couch surfing youth should be quickly served to find alternative family placements, while shelter and street-dependent youth require intensive case

- work and access to housing models grounded in life skills training and opportunity for growth, with rapid stabilization in housing as the highest possible priority.
4. We know some of what works and Congress should invest in those interventions that have shown positive outcomes. Those typically tend to be mental health services, intensive case management services, respite care tied to family reunification counseling, and housing coupled with life skills training and positive youth development services.
 5. We can end homelessness for youth, and prevent untold suffering, hardship and expense in so doing. With coordination of services between child welfare systems and community-based organizations centering on family, health, and housing this is a social condition that is not inevitable.

Thank you again and we look forward to working with you to confront and end youth homelessness.

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