Family mediation and reconciliation interventions in youth homelessness:

Literature review

Prepared for Melbourne City Mission
December 2013
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The purpose of this report is to provide Melbourne City Mission with a review of research literature targeted to inform and build upon an evidence base for early intervention in youth homelessness. The specific focus is on research evidence around best practice models in family reconciliation interventions with young people experiencing homelessness. It therefore focuses on young people who are homeless or are at risk of homelessness because they are disconnected and living away from their family, and not on young people within a homeless family unit.

The research literature provides an evidence base to continue to inform the work of Melbourne City Mission, in particular the work of the Family Reconciliation Mediation Program (FRMP), to support homeless young people and assist them to:

- Return home wherever possible and appropriate
- Reconnect with family, significant others or community
- Resolve within themselves issues relating to family conflict and break down.

Risks and pathways in and out of youth homelessness

The research literature describes youth homelessness as a transitional process, with most young people having their first experience of homelessness while they are still connected with school (age 12-18 years), and often starting with on and off detachment from home (FACHSIA, 2008; Johnson & Chamberlain, 2008; Mackenzie & Theilking, 2013). Family conflict, disagreement and disputes are the most common reasons young people leave, or are asked to leave, the family home. Young people become homeless when they leave home before they have the means to live independently (Mackenzie & Theilking, 2013).

Homelessness is defined as insecure housing. This includes primary (sleeping rough or in an improvised dwelling), secondary (e.g. emergency accommodation or couch surfing) and tertiary homelessness (e.g. boarding house or caravan park) (Johnson & Chamberlain (2008).)

Research identifies the risks and pathways into youth homelessness as having several overlapping causal factors, which include: family breakdown (including conflict, neglect, and physical and sexual abuse); mental health issues (for parent or child); alcohol and other drug issues (for parent or child); financial stressors such as unemployment and poverty; and crime. Social determinants, such as economic and social disadvantage, mean that some children and young people in some population groups are more at risk of homelessness than others. Vulnerable groups include children from single parents or blended families; young people who have been in state care in the child protection, or youth justice, systems; Aboriginal & Torres Strait Islander youth; and new arrivals and refugee youth (RPR consulting 2005, Mackenzie & Chamberlain, 2008; Crane, & Baxter, 2009; FAHCSIA, 2012).

Research suggests that universally targeted preventative measures are needed to address the social determinants of homelessness and that early intervention in youth homelessness should focus on addressing the individual and family risk factors (Mallett, 2009).

Literature differentiates between youth who are newly homeless and those that are chronically homeless. Johnson & Chamberlain (2008) define short term homelessness as less than 3 months and long term homelessness as more than 12 months. Longer periods of homelessness are found to increase a young person’s susceptibility to negative outcomes including mental health issues; youth suicide; substance abuse and dependence; criminal involvement; medical problems; violence and victimisation (FAHCSIA, 2008; Milburn et al 2011; Guo & Slesnick, 2013). They are also more likely to become disengaged from the protective factors associated with being connected to school and positive peer and friendship networks as they begin to link up with other homeless people and become part of a homeless community instead (Johnson & Chamberlain 2008; Milburn et al 2011; FAHCSIA, 2012). Newly homeless youth are easier for support services to reach and engage with because they are more likely to still be connected with school or with positive friendship groups, and often retain a connection with home. Because this group is more likely to retain a connection with family, they are more likely to return home (Milburn, Rice & Rotheram-Borus ,2009; Milburn et al
Early interventions targeting this group need to resolve the issues within the family which led to the episode of homelessness, as research shows the path to youth homelessness starts with a gradual disengagement from home.

For adolescents who have not experienced violence or abuse, a return to the family home is a positive outcome (Milburn, Rice & Rotheram-Borus, 2009). Young people who remained connected with their families were also more likely to remain at school and have positive friend and peer networks and have more protective factors than those that did not. In cases where a young person cannot return home, early interventions which address the risk of leaving school too early are important, as education and connection with positive friend and peer networks and positive adult role models through school can help build protective factors (Mackenzie & Chamberlain, 2008; Milburn et al, 2011; Mackenzie & Theilking, 2013).

Early intervention is defined as “early” in the pathway and targeted at youth “at risk” of homelessness or newly homeless youth.

Most research literature notes the importance of early interventions addressing issues within the family context, or taking a family inclusive approach as well as providing professional support for other issues such as mental illness or substance abuse. Connections with family, school and positive friend and peer networks support the pathways out of homelessness (Mackenzie & Chamberlain, 2008; Milburn, Rice & Rotheram-Borus, 2009; Mackenzie & Theilking, 2013).

The role of family connection

Research literature on youth homelessness is clear that characteristics of family environments can lead to homelessness, for example: family breakdown (through divorce, separation, re-partnering); family violence (where the young person may be either the victim or the perpetrator); conflict; poor communication; abuse and neglect; poor parenting skills and lack of emotional availability (Nebbit, et al, 2007; Milburn, et al 2011; Mackenzie & Theilking, 2013). Referrals to youth homeless support services show that family conflict and disputes, including family violence are the most common reasons for young people leaving home. The family environment is a clear risk factor for youth homelessness.

Research literature is also clear that connection with family can also help build protective factors and resilience for young people. Family provides a sense of connectedness or “belonging” which is important to adolescents and young people (Crane & Baxter, 2009; Maycock, Corr, & Sullivan 2010; Noble Carr, Barker & McArthur, 2013).

While adolescence is commonly described as a period where a young person moves from being a child dependent on their parents towards independence, and a period where peer and friend networks have more influence than family, the role of parents and the family continues to provide important support and connection in the lives of young people (Vassallo, Smart, and Price-Robertson, 2009; Robinson, Power & Allen 2010). Research also found that young people in their twenties were still very much connected to their parents and valued their input.

Recent research (Maycock, Corr & Sullivan, 2010; Noble-Carr 2012; Noble-Carr, Baker & McArthur 2013) notes that family relationships are complex, and even though family conflict may have resulted in homelessness for the young person, retaining a positive connection with a family member for newly homeless young people in particular provides support for a return home, or into stable accommodation. Milburn, Rice & Rotheram-Borus (2009) found that most newly homeless young people who felt connected to, and were able to communicate with, their mother entered into a stable housing arrangement within three months of homelessness, and remained in stable housing for the following two years. Contact with family provided practical and emotional support and that most young people valued these connections “even when relationships remained strained” (Maycock, Corr & Sullivan (2010) p399).

Literature notes that reconnection with family is not possible for some young people (Noble-Carr, Barker & McArthur, 2013). In cases where the young person’s safety may be at risk, such as through family violence, it would not be appropriate for the young person to return to the family home, although even in these cases family connection may
still remain important to them. Noble-Carr et al (2013) found that the majority of vulnerable young people in their study spoke about the importance of family and identified feeling close to at least one family member, despite almost all of them experiencing high levels of family conflict, including family violence; half of them having been involved in the child protection system; and most of them also having experienced homelessness as a result of family conflict. Young people who have been in state care and protection are more at risk of homelessness than other young people, and are more at risk of transitioning to adult homelessness (Johnson & Chamberlain, 2008). Bally & Johnson (2009) suggest the need for programs which can assist families with family functioning before they deteriorate to the point where a child or young person is taken into care. Homeless youth who have experienced family violence are more likely to remain homeless (Milburn, Rice & Rotheram-Borus, 2009) although for young people in care, research also finds that contact and support from non-abusive family members can assist in the transition out of care (Robinson, Power & Allen, 2010). Noble Carr et al (2013) finds that even young people with violent and abusive family histories will often retain some desire for connection with family, and Crane & Baxter (2009) note that family reconciliation may not mean returning home, but might be about resolving “hurt”. Carson (2009) notes that the Family Reconciliation and Mediation Program has a significant number of youth who have experienced homelessness for over 2 years. These findings suggest that connection to family often remains important to chronically homeless youth and interventions which assist in reconnection or reconciliation may be important at any point along the pathway of homelessness.

Good practice principles for interventions in youth homelessness

Literature is clear that good practice early intervention approaches are holistic and take an appreciative approach to family. Effective interventions work with the family where possible to resolve issues within the family, as well as integrating treatment of individual issues such as substance abuse and mental health (FAHCSIA, 2012).

Most research literature suggests that interventions involving family should be “early” while young people still have connections with family, pro social peers and school, and before they have started to be connected with chronically homeless youth and risk taking behaviour (Milburn et al, 2011). Other literature suggests that family reconciliation may still be possible with young people who have been homeless for some time (over 2 years) (Carson, 2009; Noble-Carr et al, 2013). Research suggests that it is therefore important that intervention be “timely” and that it responds to the young person’s need where ever they are on the pathway into homelessness.

Research suggests good practice interventions in youth homelessness include the following:

**EARLY AND TIMELY INTERVENTIONS**

Interventions which are early in the pathway can assist young people to reconcile with their families and prevent longer term homelessness. Timely interventions provide interventions at every age and stage of homelessness. When a young person “at risk” or a homeless youth is either referred to or contacts a service as a result of crisis, an immediate response is required to ensure the intervention in timely. The first assessment is crucial for identifying and responding to immediate needs, as well as identifying the issues which had led to homelessness and engaging the young person in follow up support (Uniting Care Harrison Community Services 2005; Crane, 2009; Vindis, 2009; VCOSS & YACVic, 2013). Research based on the Reconnect program suggests that good practice assessment processes match the needs of the client to goal and actions. This includes links to services and to other relevant supports and services (FACHSIA, 2013).

**RELATIONSHIPS**

Service engaging with young people and their families by building trust and demonstrating respect for their perspectives and experiences. Research suggests that the worker’s relationship with the young person is the key to effective intervention (Crane & Brannock 1996; Crane, 2009; Liddy, 2009; FAHCSIA, 2012; Barry & Barker, 2013).
FLEXIBLE AND ACCESSIBLE SERVICES

Services that are provided from locations which are easy to access for the youth (and for the family) and which make them feel comfortable. This might be a visit outside normal working hours for families (Ballantyne et al 2004; RPR Consulting 2005; Uniting Care Harrison Community Services 2005; VCOSS & YACVic, 2013; Barry & Barker, 2013).

FAMILY INCLUSIVE

Youth homelessness services work within a culture supporting a youth rights framework, but this also needs to be family aware and take an appreciative approach to families. Families are part of the problem of youth homelessness, but can also be part of the solution. Family inclusive approaches need to recognise family is broader than a nuclear family unit; especially where cultural contexts include a broader definition of family. Youth have the right to information about programs and services available to assist them to reconcile with family, even if they are unable to return home (Uniting Care Harrison Community Services 2005; Carson, 2009; Crane 2009, Noble-Carr, 2012; FAHCSIA, 2012; Mackenzie & Theilking 2013, Barry & Barker, 2013).

CLIENT DRIVEN SERVICE DELIVERY

Individually responsive and flexible, including individual assessment goal setting and planning; flexibility and the ability to understand and respond to the different concerns of family; appropriate case management; planned exits. (RPR Consulting 2005; Uniting Care Harrison Community Services 2005; FAHCSIA, 2012).

HOLISTIC APPROACHES TO SERVICE DELIVERY

Services need to use a range of practice approaches which allow flexibility in order to meet the needs of the young person (and their family) (RPR Consulting 2005; Crane 2009, Liddy,2009; Barry & Barker, 2013).

STRENGTHS BASED APPROACHES

Using a strengths based approach enhances the effectiveness of any intervention at any level of intervention. Goal setting and plans to achieve goals must be developed with the young person (and their family) (Crawford, 2009; Liddy, 2009; FAHCSIA, 2012; DHS, 2013; Barry & Barker, 2013).

EVIDENCE BASED APPROACHES

Using approaches which are based on evidence and support improved outcomes, by using action reflection processes or through ongoing review and evaluation to inform and modify approaches (RPR Consulting, 2005; Crane, 2009; VCOSS & YACVic, 2013). Examples of evidence based approaches include: family interventions (family mediation, family counselling, multi systemic therapy and narrative therapy); one on one interventions (narrative therapy, cognitive behavioural therapy, solution focused therapy and counselling); practical support and stable accommodation; outreach; group work to provide support on particular issues; collaboration between young people family and services; and case management (FACHSIA, 2012). While it is not clear the extent to which these approaches are utilised, examples of ongoing review and evaluation include: the use of action research; the use of data collection to help inform practice changes; gaining feedback from service users and other stakeholders about the approach and effectiveness (RPR Consulting, 2005).

COLLABORATION

Cooperation, collaboration and networking between young peoples, their families, other support networks and workers and other service providers, such as school & health services. (RPR Consulting 2005; Uniting Care Harrison Community Services 2005; Crane 2009; VCOSS & YACVic, 2013; FAHCSIA, 2012; Barry & Barker, 2013). Research suggests that collaboration with schools is effective for identifying young people either at risk of homelessness or newly homeless so intervention can be early and timely. School support can assist the young person to remain at school and connected with positive friend and peer network, and contribute to the effectiveness of family reconciliation interventions and preventing homelessness (Mackenzie & Theilking, 2013).
CONTINUITY OF CARE

Continuity of care ensures that young people feel supported to make a transition to independence or stable housing. (Uniting Care Harrison Community Services, 2005; FAHCSIA, 2012).

CULTURALLY AND CONTEXTUALLY APPROPRIATE SERVICE DELIVERY

Service design and delivery needs to be culturally and contextually appropriate. This includes awareness of cultural differences, including recognising that self-disclosure and talking through problems is not appropriate in some cultures. (Ballentyne, MacDonald & Raymond, 2004 RPR Consulting 2005; Crane 2009; Liddy, 2009).

CAPACITY BUILDING

Interventions which build resilience in young people (and families) by building understanding of support services available and their networks of support. They also build responsiveness and capacity within the sector and strengthening the workforce established to support young people (RPR Consulting, 2005; Crane, 2009, Liddy, 2009; FAHCSIA, 2012).

SUSTAINABILITY

Place based approaches which meet the needs of the community they service. Long term support is a key element of supporting vulnerable young people to successfully transition into stable accommodation, particularly if they have substance abuse problems and are unemployed (Johnson & Chamberlain, 2008; FAHCSIA, 2012; VCOSS & YACVic 2012).

What works in family interventions with homeless youth

Research notes the effectiveness of family based interventions is relatively undeveloped, although there is some evidence to suggest its usefulness in reducing depression; adolescent substance abuse; conduct disorder and time in juvenile detention (Robinson, Power & Allen 2010; Slesnick & Prestopnik, 2009; FAHCSIA, 2012; Mackenzie & Theilking, 2013). Research on the Reconnect program found the strongest evidence based interventions used with young people who are homeless or at risk of homelessness were the family focused interventions (FACHSIA, 2012).

As noted previously, research indicates that connection to family provides a support to young people on the pathway out of homelessness (Milburn, Rice & Rotheram-Borus, 2009).

Research is clear that critical practice element for family focussed interventions is developing a relationship with the young person and their family. This is particularly important for young people with mental health issues. Building trust and respect, being patient and non-judgemental, and being able to support both the young person and the parent(s)/family are identified as key issues in relationship building with young homeless people and their families (Crane & Brannock, 1996; Crane, 2009 Liddy, 2009; FAHCSIA, 2012).

Family intervention models require both the young person and their parent(s)/family to agree to it. “Problem” behaviour is often attributed by the family to the young person, but for a family situation to change, parents must also take responsibility for their role in it (Crane & Brannock, 1996; Riley et al, 2004; Nebbit, et al 2007; Johnson & Chamberlain, 2008; Mackenzie & Chamberlain, 2008). Working with both the young person and their family can also enable a more informed assessment of the key issues which the intervention needs to address (Chamberlain & Theilking, 2013). Robinson, Power & Allen (2010) note that the key to effective family intervention is engaging both the adolescent and the parents or family with each side able to see their possible role in the issue. Research based on the Reconnect program notes there is strong general evidence that family interventions are effective for working with young people, although no evidence to suggest that any particular approach is better than any other (FAHCSIA, 2012).

Research suggests that family therapy is useful because adolescents and their parent(s)/family have differences in perception about the family environment (Sayfer et al, 2004; Riley et al, 2004; Guo & Slesnick 2013). Guo and Slesnick
(2013) found that the use of Ecologically Based Family Therapy was more effective than individual therapy in reducing the differences in perception of the family environment between the adolescent and the parents over time, suggesting improved communication, and closer understanding and connection between adolescents and their parents.

Family mediation is usually successful in reconciling relationships for young people experiencing or at risk of homelessness where the issues are about the young person’s behaviour or attitudes (Johnson & Chamberlain, 2008; FAHCSIA, 2012). Research on the Reconnect program notes that services use different techniques within a family mediation approach and that there is no agreement as to its use as a formal “technique” (FAHCSIA, 2012). Mackenzie & Chamberlain (2008) note that it is common to find that young people and their parents have stopped listening to each other and repeatedly act out of dysfunctional behaviour. Interventions which support each side in articulating and in listening; in addressing anger management and de escalating conflict are useful in reducing conflict in families (Chamberlain & Theilking, 2013). Literature also finds that parents need to build appropriate parenting skills, including re establishing the parental hierarchy and ability to set appropriate boundaries (Sayfer et al, 2004; Riley et al, 2004; Robinson, Power & Allen, 2010).

Family mediation is more difficult if parents have mental health, drug or alcohol issues, or where there is family violence. Child protection cases are also more difficult to resolve using family mediation because of the issues involved (Johnson & Chamberlain, 2008) or unsuitable to resolve in this way where there are safety issues around violence and abuse (FAHCSIA, 2012). Research suggests that more effective intervention responses to assist families to resolve family conflict and family violence are needed, given the prevalence of this as an issue for at risk youth (RPR Consulting, 2005).

There is insufficient research on family mediation techniques used with homeless youth to provide examples of best practice approaches, suggesting that more evaluation of this is required.

Research literature refers to a range of practices and models which are used in family reconciliation in the youth homelessness context. FAHCSIA (2012) notes that family therapy approaches share a common understanding of the family being a system, more than a collection of individuals, and suggests these approaches can be effective. Ballantyne, MacDonald and Raymond (2004) suggest that the quality of the therapeutic relationships are more of a predictor of successful outcomes than the actual technique used. This relationship needs to be positive and based on trust, which can be built through a process of listening, acknowledging, and caring so the person feels understood. Practitioner skills highlighted as important to this process were warmth and calmness, dependability, a genuine interest in the young person and family, positive emotional involvement, a non-blaming, non-adversarial approach, an ability to listen and a sense of humour.

Consistent with the good practice approaches for interventions outlined in the previous section, research literature notes the importance of an assessment process which established the key issues for the young person and for the family; assisting the young person and the family to set clear and realistic goals for addressing the risk of family breakdown and getting all parties to agree; working with the family to develop a clear plan or framework for addressing the goal and how. The process often involves a plan for the young person to return to the family, if appropriate, in stages. Ballantyne, MacDonald and Raymond (2004) notes that the process of delivering service should be based on doing things with rather than for. Interventions also assist the young person and families to access other support through discussion, referral, informal and formal counselling and mediation. Most processes provide parenting support for issues around parenting and support for adolescent behavioural issues.

Types of family interventions included wrap around case management for young people with high or complex needs; evidence based therapeutical approaches; multifamily group work; family mediation; individual counselling and professional support. As indicated previously, there is insufficient evidence to suggest that a particular family focused intervention is better practice or works more effectively with homeless youth than another, suggesting that more research in this field is required.
Robinson, Power & Allen, 2010 identify three family intervention models in the Australian context which are regarded as promising: Adolescent Mediation and Family Therapy; the Family Reconciliation Mediation Program (FRMP); and Reconnect. The three programs demonstrate the good practice principles outlined in the previous section. The Adolescent Mediation and Family Therapy is a preventative service which helps adolescents and families address risk factors which may lead to homelessness. Report notes that family mediation needs experienced workers who are able to engage and maintain impartiality with adolescent and parent and work on parent’s couple relationship which may also be a driver of the issues. Individual counselling for young people works best if the individual is motivated for change and family mediation can assist change as adolescents often need family support to make change.

Robinson, Power & Allen (2010) note that the evaluation of FMRP suggests that the flexible model of providing brokered services when and where needed and accessing specialist skills was an excellent model. It also finds while there good immediate outcomes, more evidence is needed on increased housing stability or numbers of young people returning home. Reconnect also works with families and young people in flexible and holistic ways. The delivery model focuses on quick response to referrals, use of a “toolbox” of approaches that includes counselling mediation, practical support and collaboration with other service providers.

RPR Consulting (2003) and research based on the Reconnect program (FAHCSIA, 2012) found Reconnect’s emphasis on working with the family as well as with the young person to be effective. Research based on the Reconnect program (FAHCSIA, 2012) found that Reconnect service providers use a range of evidence-based approaches, with a focus on family focussed interventions. It found the most common forms of support provided were individual support/counselling (21%); formal needs assessment/goal setting (21%); advocacy/information/referral (18%), practical assistance (13%) and skill development (11%). Mediation (7%), family counselling (5%), and group work (4%) were also provided.

The report found the strongest evidence based interventions used with young people who are homeless or at risk of homelessness were the family focused interventions. It also noted that while service providers described using family mediation approaches; family inclusive practices (including holistic approaches); and family counselling, services used different evidence-based approaches within these, such as Multi Systematic Therapy and Narrative therapy. While the report noted the importance of using evidence based approaches, it also noted that the ability of services to be adaptive and flexible to meet the needs of their client group was equally important.

Evaluation of the Reconnect program (RPR Consulting, 2003) showed outcomes included improvements in stability in accommodation, with 16.5% of Reconnect clients living in temporary accommodation at the time of the initial intervention and 5% at exit. Young people reported an increase in managing family conflict from 12% to 44%. Parents improved their parenting skills and 50% of parents agreed there was less conflict in their families following the intervention. Families reported having improved communication skills.

Overall, research provides evidence that family focussed interventions work effectively with homeless youth. There is insufficient research evidence at this stage to suggest that particular models work more effectively than others. Research does suggest however that universally targeted preventative measures are needed to address the social determinants of homelessness and that early intervention in youth homelessness should focus on addressing the individual and family risk factors. While the research is not clear on the best age in which to intervene, it does highlight the benefits of intervening prior to a young person moving into long term homelessness, or even prior to loosing their connections with family, school and peers which leads to first leaving home.
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