

# Combating Social Exclusion among Young Homeless Populations

CSEYHP

Testing Early Intervention Models

Work Package 10

Author: Nora Duckett



**This report is one of the deliverables of the CSEYHP project: Combating social exclusion among young homeless populations: a comparative investigation of homeless paths among local white, local ethnic groups and migrant young men and women, and appropriate reinsertion methods. The project is funded by the European Union Seventh Framework Programme under the Socio-economic Sciences and Humanities theme.**

## **1. General description**

This is a report of the tenth work package of the CSEYHP research project. It is concerned with early intervention to prevent youth homelessness and considers the introduction and testing of several models of early intervention (EIM) that have been used successfully in a UK context. It starts by looking at definitions of early intervention, then presents the particular models and considers the process of developing these models across the four partner countries; Czech Republic (CZ), the Netherlands (NL), Portugal (PT) and the United Kingdom (UK). The report also looks at some of the project's research findings and implications for early intervention, particularly in relation to young runaways and other homelessness risk factors, and what young people said about support that would have made a difference to them. The report provides an overview of the process within each national context of developing the models and of the efficacy of the particular models reported by the partner countries. Finally it offers some concluding comments and recommendations to take forward the development of early intervention within a European context.

Before discussing definitions it is important to set out the current political and financial context in which early intervention can be viewed. In the UK early intervention and prevention have been central to quite recent policy developments (Department for Education and Skills, 2004); in the main looking to impact on social disadvantage for individual young people and reduce crime and anti social behaviour within communities. Funding has been mainly from Local Authorities however, current policy measures in the UK to substantially reduce public funding are likely to have a huge, if not devastating, impact on early intervention schemes. In the UK children and young people's services budgets are being cut by an average of 13 per cent in the coming financial year and preventative and early intervention services will be among the biggest casualties (Higgs, 2011). Perversely the poorest areas are experiencing the greatest cuts in resources and services and this will undoubtedly result in more young people at risk of poor outcomes including homelessness. Arguably, these policy decisions will result in deeper social divisions and inequalities and many of the conditions that can lead

to youth homelessness including family disruption, conflict and abuse, child poverty and lack educational attainment will be exacerbated.

Defining precisely what early intervention and prevention is in the context of services to vulnerable young people is difficult. Early intervention can relate to a number of perceived undesirable outcomes - problematic physical, psychological and emotional and, or social conditions - and is considered to be one important way of preventing entrenched, long term problems. Some of the questions that arise are: when or what is considered early? How are problems identified? What is the intervention? And how is effectiveness measured? These questions are all the more pertinent where we see problems to be prevented are socially constructed and exist in relation to different perceptions, cultures and political contexts (Parton, 2006). In this sense prevention is not value neutral and when applied in some contexts can take a devastating turn, as a short glance backward in history and the practice of eugenics to 'prevent' impairments and so called deviancy clearly demonstrates. Even today there are questionable preventative initiatives, for example those aimed at mitigating against the criminalisation of abused children by measuring their brain activity (Cassidy, 2010), and where an over reliance on prevention can redefine and undermine crucial protective practices (Davies, 2004). It is important also to be sensitive to trends in social work that assume the indiscriminate export of methods thereby undermining existing effective practices and encouraging a 'one size fits all' approach.

In a social work context with children and young people, prevention and early intervention are often considered to be two sides of the same coin and where these are considered separately prevention usually comes before early intervention and is applied to activities in a targeted way to stop a social or psychological problem happening in the first instance.

*"If the activity is mounted in response to a social or psychological problem which has not yet arisen, it may be termed preventative"* (Little and Mount, 1999:99 cited in Walker, 2005:7)

Early intervention on the other hand is thought to be aimed at those considered to be at greater risk of developing social or psychological problems and therefore can be seen as a way of,

*"stopping those at highest risk of developing social or psychological problems, or those who show the first signs of difficulty from displaying unnecessarily long or serious symptoms. (Little and Mount, 1999:48-9 cited in Walker, 2005:7)*

In this sense it is the stage at which the service or intervention is offered that distinguishes it not the age of the child or young person. These definitions also have resonance with medical model perspectives which tend to pathologise without emphasis on structural inequalities and social disadvantage. In the CSEYHP research and in the housing and homelessness field generally, early intervention is considered to come before prevention. Thus prevention of homelessness may be providing accommodation for young people who are faced with or experiencing actual homelessness and are of an age where they can legally leave home and early intervention is where the conditions and risks of homelessness are identified, for example running away from home or care institution and services are offered sooner to reduce or remove the risk of homelessness.

According to Walker (2005:3), who carried out a literature review of early intervention in children's services in the UK, the effectiveness of targeted early intervention relies on three main conditions; good assessment informed by an understanding of the individual, their family and the sources of their difficulties, interagency collaboration to address the often complex, multi-faceted problems, and an available range of intervention methods that match individual needs, preferences and motivation. Early intervention is considered to be good value for money (Quilgars et al, 2004) and where cost benefit analyses are presented a figure of around 10 – 1 is often cited meaning that £10.00 can be saved for every pound spent to support a child earlier in their lives (Allen, 2011). However given the difficulties with measuring the impact of early intervention, due to the many variables involved, reliable figures are rare. The following section looks at the specific models of early intervention this research was concerned with and links to the findings from the CSEYHP national and thematic reports that indicate the role that early intervention could play in the lives of young homeless people.

### **1.1 Introducing the early intervention models (EI)**

The EI models were introduced through a series of workshops that took place in each of the partner countries. The UK team developed an Early Intervention Toolkit including an observation grid which can be found on the website ([www.movisie.nl/homelessyouth](http://www.movisie.nl/homelessyouth) - click toolkits). The UK team also produced a DVD in four languages and 1000 copies have been produced and 700 distributed at FEANTSA, the European Federation of National Organisations working with the Homeless, and among homelessness networks in the 4 countries. Disseminating EIM in this way has impacted service provision in all four countries including in the UK within agencies which were previously unaware of the models. The following section describes the various models starting with the 'Safe in the City' cluster model.

### **Safe in the City / Safe Moves**

Safe in the City (1998 – 2004) was a model of targeted early intervention in the UK. It built its programme on local research into the risk factors associated with youth homelessness (Breugel and Smith, 1999) and a combination of risk factors led to a gate-keeping tool for eligibility for the service where two or more criteria had to be met. The young person could join the programme if he/she;

- was experiencing severe or chronic family poverty (e.g. parents had been out of work and on income support or benefits for six months or more),
- had been excluded or were at risk of exclusion from school (e.g. had previous fixed-term or permanent exclusions; truanted more than twice a month),
- was experiencing problems at home (e.g. poor relationship with parents, parents unable to cope because of mental health or addiction problems,
- had frequent serious arguments with parents, especially if violence was involved),
- had experienced a disrupted home history (e.g. had moved home frequently or spent periods with different carers) and/or
- had run away from home at least once.

The projects involved were considered a 'cluster' scheme of statutory and, or voluntary services, they were co ordinated by one agency and three agencies delivered three types of early intervention.

1) Personal development - which sought to enhance young people's self-esteem and communication skills. The programme assessed young people's communication skills, including listening skills, peer communication and social communication skills. Broad personal development areas included raising self-esteem, confidence-building, learning and knowledge acquisition, and developing independent living skills.

2) Family support – which was broader than family mediation but with a similar aim that of improving relationships and resolving situations that were at, or near, crisis point (the safety of the home for the child or young person must be established).

3) Skills and employability - working with schools and education authorities to improve young people's chances of finding and keeping employment, and enabling young people to develop a working life that fulfilled their potential. Central to the programme was access to key skills and vocational courses with priority being given to young people who had been excluded or who were at risk of school exclusion.

The project ran for six years and operated in eight Local authorities. An evaluation (Dickens and Woodfield, 2004) using qualitative and quantitative data looked at young people's perceptions and impact of the schemes including the extent to which their involvement with the scheme reduced their risk of homelessness. The researchers analysed the database from four schemes and interviewed 41 young people who ranged in age from 12 to 17 years old, who came from a variety of ethnic groups and most had been engaging in a scheme for several months. The research found that family relationships, ability to cope with problems at home; anger management, self confidence, outlook on life, self-worth; and attitudes towards education and/or employment had all improved. Most young people in the sample were considered to be less at risk of homelessness after their participation, although the extent of reduction varied. One important finding was the order of the interventions. So, for example, outcomes were more successful where personal development came before training and skills development or family work. The intervention itself was more helpful and risks were reduced where the young person felt consulted, valued and included, where involvement

was not compulsory, where a relationship between the young person and the key worker was created and interventions were carefully tailored to meet the young person's needs. Safe in the City closed in 2004 due to funding allocation issues and changes in the strategic focus of its parent organisations.

The Foyer Federation in the UK developed a similar approach called Safe Moves ([www.foyer.net](http://www.foyer.net)) for young people aged between 13-19 and their families. This package of services provides life-skills training, family/inter-generational mediation, peer mentoring and support to move into supported or independent accommodation. This was evaluated to be successful (Quilgars et al, 2004) in relation to helping young people at risk of homelessness remain safely in the parental home and having a positive impact on young people's confidence, self-esteem, emotional wellbeing and motivation.

Additional models that the CSEYHP research project has focused on are family mediation, schools work and peer education, emergency respite accommodation in particular NightStop ([www.depaulnightstopuk.org](http://www.depaulnightstopuk.org)), and responses to young runaways. For details of these models see the Early Intervention Toolkit on the project website ([www.movisie.nl/homelessyouth](http://www.movisie.nl/homelessyouth)).

## **2. National contexts**

The CSEYHP reported the national and policy context in each participating country. For the full reports see the project website ([www.movisie.nl/homelessyouth](http://www.movisie.nl/homelessyouth)).

### **2.1 Thematic reports**

The young people interviewed as part of the CSEYHP research were a purposive sample of 216 young men and women aged between 16-24 years, those born in the country from dominant and minority ethnic groups and migrant young people. Details of the CSEYHP research and all reports can be found on the project website ([www.movisie.nl/homelessyouth](http://www.movisie.nl/homelessyouth)). The CSEYHP project has collected information on early life experiences, family and other support systems, experience of education, homelessness and work, and life goals and achievements. The thematic report 1 'Trajectories into Homelessness and Reinsertion Points' (Menezes and Rodrigues, 2010), positions early intervention as

part of the EU strategy for social inclusion which requires Member States (MS) to have reliable information available in order to develop services to respond and prevent situations of housing hardship. In this context it is vital that MS are able to identify the causes of homelessness, work towards reducing levels of homelessness and the negative impact homelessness has on individuals and families, and that ex-homeless people are able to maintain safe, stable and independent housing.

The CSEYHP research looked at risk and vulnerability factors across the life course and from this perspective opportunities for early intervention can be identified at three distinct levels; birth and the early years, mid childhood, and adolescence and young adulthood. At younger ages risk is related to a lack of support for physical, cognitive and social development, the impact of poverty and lack of opportunity, loss of parent/carer, gender (female) discrimination, family disruption and dysfunction and institutional care. During mid childhood, risk of homelessness includes a lack of adequate nutrition, lack of formal education opportunities, illness and disability, the implications of not practicing safer sex, the experience of sexual exploitation, hazardous environments related to poor housing, lack of positive role models, loneliness and lack of access to quality child care provision.

Finally, in adolescence and young adulthood, additional risks and vulnerabilities can be seen in relation to early school leaving, caring responsibilities coupled with the need for income generation and schooling, lack of employability, early marriage and child bearing, increased levels of female vulnerability through gender based violence, discrimination based on ethnicity and gender, lack of housing and support for independence and move-on opportunities, criminal activity and criminalisation and informal exclusion through lack of access to cultural activities, technologies, relationships and a lack of a sense of belonging (Menezes and Rodrigues, 2010:27).

From the CSEYHP findings Menezes and Rodrigues (2010:28) have created a typology of risk levels looking at family and housing characteristics which demonstrates circumstances of low to high risk and further indicates where early intervention may be targeted (Table 1). Of course as indicators they should be



used cautiously as risk can escalate at any time and at any rate depending on the circumstances, and because of this, risk should always be carefully and continuously assessed.

**Table 1**

<b>Indicators</b>	<b>Low Risk</b>	<b>Medium Risk</b>	<b>High Risk</b>
<b>Family and Housing</b>	<ul style="list-style-type: none"> <li>• No disruption</li> <li>• At least with one biological parent (ages 0-16)</li> <li>• No abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Disrupted family background</li> <li>• Long term lone parent Relationship difficulties/augments</li> <li>• Lack of affective support</li> <li>• Lack of social/cultural capital within family</li> </ul>	<ul style="list-style-type: none"> <li>• Living in care/ diagnostic/institution/ detention/custody</li> <li>• Living by themselves at 12yrs</li> <li>• Abuse</li> <li>• Early death of parent</li> <li>• Sibling and family obligations</li> <li>• Eviction from home</li> <li>• Running away</li> </ul>

It is useful to examine running away as over time it has been found to be a precursor to homelessness (Craig and Hodgson, 1998; Breugel and Smith, 1999; Shelter Scotland, 2011) and is an important trigger for service provision and early intervention. Also a recent EU study into the scale of the problem in Europe (Houghton Brown, 2010) called for increased research at local and national levels. The table below (Table 2) shows findings from the CSEYHP research which specifically asked young people about their experiences of running away. The CSEYHP research found around 60 per cent (131) of the total sample had run away for one night and numbers were significantly higher in NL (78%) and CZ (74%). In the UK the figure was 59 per cent and the lowest was in PT with 33 per cent (see Table 2). These figures are particularly interesting when compared to UK research which shows that between 70,000 and 100,000 young people under 16 years run away for the first time each year (Rees and Lee, 2004).

In the UK several studies (Biehal and Wade, 2002; Social Exclusion Unit, 2002; Rees and Lee, 2004) have shown that the frequency of incidents, along with the age at which a child starts to run are strongly associated with higher risk of harm and likelihood of social exclusion including homelessness. We found that in all four countries running away starts at very young ages. In the NL and PT this was at age 6 years and in CZ and UK age 9 years. Average ages are around 14, 15 and 16 years and the frequency for some young people were very high, for example in NL and PT young people said they had run away more than 100 times. In terms of

gender the starkest difference is in CZ and NL where far more males than females run away for three nights or more. When asked if they were reported missing many young people said they were not reported missing which may indicate more vulnerable, isolated young people who were not being looked for, or were thrown out or unwanted. In terms of how young runaways survived they told us about a number of survival strategies and abusive experiences from relying on friends, selling drugs, being sexual exploited, begging, street living and collecting food.

**Table 2**

<b>Ran away</b>	<b>NL</b>		<b>CZ</b>		<b>PT</b>		<b>UK</b>	
<b>1 night</b>	78% (42)		74% (39)		33% (18)		59% (32)	
	Female 43%	Male 57%	Female 26%	Male 74%	Female 44%	Male 55%	Female 47%	Male 53%
<b>3 nights</b>	63% (34)		58% (31)		26% (14)		46% (22)	
	Female 38%	Male 62%	Female 26%	Male 74%	Female 43%	Male 57%	Female 50%	Male 50%
<b>Age first time</b>	(Total 41)		(Total 35)		(Total 17)		(Total 28)	
	12% at ages 15/16/17 (15)		23% at age 15 (8)		18% at age 16 (3)		32% at age 14 (9)	
	10% at ages 10/13/14 (12)		11% at ages 11/18		12% at ages 10 /13		14% at age 11	
	Youngest age 6		Youngest age 8		Youngest age 6		Youngest age 9	
<b>Frequency</b>	Between 1 and over 100 times		Between 1 and 40 times		Between 1 and 100 times		Between 1 and 20 times	
<b>Reported Missing?</b>	38% Yes 46% No 16% Don't know		56% Yes 44% No		62% Yes 37% No		48% Yes 48% No 4% Don't know	
<b>How survived?</b>	Friends, family, theft, sold/took drugs and alcohol, sexually exploited, shelters, street living		Friends, family, sold/took drugs, begging, worked, theft, street living, collected food /didn't eat		Friends, boyfriend, family, theft, took/sold drugs, worked, begged, sexually exploited, savings, street living, collected food/ /didn't eat		Friends, boyfriend, family, pocket money, street living, collected food	

Looking at young people who had run away from care and from home, 28 per cent of young runaways had care experience, and 72 per cent were either not in care and did not want social services support (45%) or were not in care and wanted support (27%). For those who did not want support this might again

indicate a particularly vulnerable and alienated group of children who may not have knowledge of the type of support available, or perhaps had poor experiences or impressions of available support. Also a group who, although wanting support services, for some reason did not, or could not, obtain them. For both groups therefore, there are strong indications that their rights to protection under the United Nations Convention on the Rights of the Child (UNCRC 1989) and other local and national conventions and legislation are being deprived. This could be addressed in part by ensuring young people are made aware of the available support and for example by widely publicising national and international telephone help lines and local support services (Houghton Brown 2010).

Young people who ran away on three or more occasions told us about who was important in their lives now (Table 3). Their responses point towards the potential for family work and mediation particularly in relation to paternal relationships. Friends also played a greater role for young runaways than other homeless young people. It is also useful to consider how key workers are rated and what this might tell us with regards to the availability and quality of key worker relationships. Something we explore a little further below.

**Table 3 – Important relationships**

<b>Ran away on at least 3 occasions</b>	<b>Yes (Total 96)</b>	<b>No (Total 103)</b>
Mother	20%	25%
Father	1%	10%
Siblings	6%	13%
Partner	26%	22%
Friends	18%	4%
Other relative	2%	7%
Child	13%	11%
Key worker	1%	1%
Family	6%	3%
Myself	2%	1%
Pet	1%	2%
Other	3%	2%

Another early intervention indicator can be found in young people's responses to being asked about significant social provision in their lives and what they think might have made a difference earlier in their lives. Respondents highlighted the services that would have made a difference as "social services" (42%) followed by "counsellor" (40%), a place to stay in an emergency or "respite" (34%), "education support" (28%), "family mediation" (23%) and a "local advice centre" (21%). Young people who identified "language support" (11%) reflect the immigrant population with a different language from the host country. For the UK group of interviewees, "respite" had the highest score (12% of the total); in PT and CZ "social services" assumed more relevance (10%) and also a "counsellor" (9% for both). For young people in NL the three most referred to services were "social services" (15%), "counsellor" (12%) and "respite" (11%). Interpretations of social services support will be different in the four countries and we do not know individual understandings of this.

When asked how services might improve, young people in the UK said workers needed to be better at listening and have better communication skills, offer more personal attention and work more quickly. In CZ young people were primarily concerned with workers' attitudes and communication skills and the lack of personal attention or lack of a tailored approach. Young people in NL talked about a lack of continuity and continually changing social workers, levels of bureaucracy and incomprehensible rules, and counsellors who talked too much and did too little. Finally in PT young people saw a number of aspects that needed to be improved. For example a lack of specific services, poor access to medical assistance, poor services generally, long waiting times at various agencies and a poor social security system.

The CSEYHP research found that transitional stages in compulsory education are crucial in terms of anticipating when and where young people are experiencing disaffection and as a result protection services face far more difficulties in how they identify and respond to children in risk situations as there is no longer a school based perspective (Menezes and Rodrigues 2010). Poverty's role in excluding children from education is also apparent. In the sample of young people

from PT several reported they had to leave school early, against their will, because of family poverty.

The PT team found that patterns of intergenerational social exclusion are often rooted in the frequent accumulation of problems and processes. When asked about the things they would have liked to change, interviewees mostly reported family and education followed by friends, relationships, self identity, legal issues, substance dependency, and the place or country in which they live. The accumulation of risks according to Menezes and Rodrigues (2010:46) are

*“due to persisting inequalities and the incapacity of societies to redirect these exclusion trajectories. Furthermore, along with “formal exclusions”, others of a more “informal” nature, like loneliness, lack of sense of identity and belonging, are also extremely important and should be tackled, using early intervention and motivation strategies, such as promoting access to culture and resilience”.*

The CSEYHP research also found a high percentage of young people who at a young age had experienced the loss through death or otherwise, of a parent or parent figure. The NL team noted:

*“only a small proportion (26.4% average at the age of 12) of these young people were raised in two-parent families. Especially in UK and NL respondents said that they had been brought up by a single parent. This was the result of the death of a parent or separation, which left one of the parents (in most cases, the mother) with responsibility for raising the children” (de Groot and Rensen, 2010:28).*

This has been seen in other research, for example the YIPPEE project (2008 – 2010) looked at higher education attainment among care leavers in 5 European countries and found that a third of their UK sample had experienced bereavement by the age of 15 years and in Spain this was the case for half of the young people interviewed. What type or quality of support service a young person receives when a parent dies, (or permanently leaves) if any, is unclear. However there are strong indications that this experience for young people could be a trigger for a more pro active response to their needs at an early stage. More research in this area, to explore how this can experience can be improved, is needed.

### **3. Early Intervention Models and CSEYHP partner countries**

Reports received from the CSEYHP partners show that there is significant interest in the concept of early intervention and in the application and adaptation of aspects of early intervention models. However, the success or not of these initiatives must be evaluated in light of the current economic crisis being played out across Europe. The dire economic situation facing participating countries and the political and policy responses have meant severe cuts to public services and this has left early intervention and prevention initiatives out in the cold. What follows is a description based on reports from the partner countries on the process and findings. The impact of the above mentioned cuts are far reaching and it is difficult to assess in what ways and to what extent early intervention models will be affected.

#### **3.1 Czech Republic**

The CZ team's process involved distributing the DVD, conducting a schools workshop and holding a meeting with a non governmental organisation that provides family support /mediation type services. Researchers used the Early Intervention Toolkit to guide questions.

Work in a school took place with 17 and 18 year old students. This established a dialogue resulting in the researchers listening to young peoples' views and raising awareness. Young people tended to display negative stereotypical views of homeless people and many considered homelessness to be the responsibility of the individual and due to fecklessness on their part. There appeared to be a strong moralising stance regarding what students considered to be the deserving and undeserving homeless.

Although early intervention and prevention are not familiar concepts in CZ the NGO demonstrated an appreciation of its value and prevention models and a willingness to develop services along these lines. However, this is in a context of there being few resources and still fewer dedicated services. Those that are available tend to be reactive and crisis orientated. Practitioners were particularly interested in developing more co-ordination between agencies, to improve ways

of working together, and developing family work that looked at aspects of personal development such as anger management. They also appreciated the need to raise awareness of youth homelessness as a social problem in CZ. Finally there was a strong call to develop policies that reduce the need to remove children into state care as this is considered a significant risk factor for later homelessness. For example in January 2011 a High Court ruling decreed poverty was no longer a justifiable reason to remove children from their families.

### **3.2 Portugal**

The researchers in Portugal (PT) undertook sessions in schools, worked with a children's home and held meetings with practitioners. They distributed over 100 copies of the DVD to schools and agencies and used it and the toolkit to guide questions and instigate discussion. In the PT context there is a lack of dedicated resources for prevention of youth homelessness and of dedicated non governmental organisations and services. There is also a lack of service co-ordination compared with Safe in the City's 'cluster' model and a lack of agency collaboration. In addition cultural practices can be insensitive and do not reflect the values of anti oppression. The PT context also reveals a lack of transitional accommodation for children leaving care. There are homeless shelters (for 18 years plus) but these are generally considered to be a negative influence on young people. There is no temporary emergency accommodation in host families (i.e. NightStop) and services are reactive and often get involved after the damage has been done.

PT key workers consider the risk factors to be family conflict and disruption, running away, school problems (including exclusion, truanting, lack of learning), absent parent, and/or lack of parental capacity. Other issues are related to children living in and leaving care and other institutions, criminalisation of young people, substance misuse and young peoples' personal, social and emotional development. The children and young people who were interviewed talked about the issues from their perspective as to why young people become homeless. They identified love and relationships and family reaction to these relationships as a particular problem, including reaction to same sex relationships. They also mentioned family problems and a lack of understanding, poor communication within families, substance misuse and addiction and early pregnancy.

The conclusions from the PT team were that there was recognition that early intervention models needed to be implemented and tested further. Risk factors needed to be acknowledged, discussed and addressed with key workers, young people and decision-makers alike. Peer educators and mentors programmes were considered to have a potential positive impact and temporary and emergency accommodation like NightStop is needed and would be highly appreciated by key/social workers. Discussion about how these could be developed through local networks and partnerships is underway.

PT also reported that protocol development needs to take place between private and public agencies as this would help to address issues of inter and intra agency working. Participation with young people needs to improve to ensure that development of services reflects their voice. The development of family mediation to help prevent youth homelessness is also needed as is the urgent need for the implementation of move-on accommodation.

### **3.3 The Netherlands**

The testing period in NL ran from October 2010 to March 2011 and included individual interviews with national experts in this field, and partnerships with national youth institutes concerned with care, social development and children and youth. NL also conducted a literature review on early intervention and prevention programmes and the Toolkit was used to design the report. Consequently NL partners published a press release and the report was used to generate discussion during a national workshop in January 2011. Approximately 25 experts attended the workshop in January, the DVD was distributed and round table discussions took place on selected models of early intervention, namely family mediation, temporary emergency accommodation (i.e. NightStop) and peer education sessions in schools. The concept of risk assessment and Safe in the City's cluster model of services was also discussed.

The NL, unlike the other participating countries, has a strong youth sector and preventive support and service provision for families and youth with problems is established. There is also a specific legislative framework and a co-ordinated system of early intervention is being implemented in the form of local Centres for



Youth and Families. Schools are an important collaborating partner and programmes and service provision focus primarily on individual problems. In this way the system in NL is considered similar to that of the UK. A reactive, quick fix approach is also apparent from a commentator who stated a view that the Dutch approach is a 'first aid approach'. One important difference between the UK and the NL is that while prevention and early intervention are familiar concepts they are operationalised in a general sense and there is little, if any, services dedicated to preventing youth homelessness specifically. The NL team acknowledge a strong medical orientation and consider the UK models to have neglected a focus on the physical health of young homeless people and those at risk of homelessness. The NL team also reported that there is an apparent lack of knowledge and understanding about the link between the difficulties in the early lives of young people and homelessness.

Aspects of the early intervention models that are being taken forward are safe, temporary accommodation provided in an emergency by volunteer hosts (i.e. NightStop). There is some limited experience in providing this type of support and NGOs are interested in developing this on a larger scale. Two experiments are underway or due to start as a result of the work of the Dutch team and the national workshop. Schools work is not currently carried out on the issue of youth homelessness but interest has also been peaked in relation to this type of intervention.

In terms of family mediation there are services in some municipalities that respond to young people who run away and are considered to be examples of good practice. However, as in the UK, these are not widely available or known about. Another point raised by the workshop participants is that the methodology behind the UK model of family mediation is not reflected in the NL family mediation models.

#### **4. Evaluation**

Throughout the process of WP 10 early intervention to prevent homelessness has been recognised as having the potential to respond to some of the causes of youth homelessness. The models have been more amenable in some contexts than others. The national context is a key determinant of the uptake and success

of this type of intervention as is the availability of resources and the culture of practice with young people. Awareness has been raised and a number of initiatives are underway or being given further consideration, and given the short period of this work package is a real achievement.

## **5. Conclusions and Recommendations**

Early intervention to prevent youth homelessness requires a particular culture shift from an exclusive focus on reactive, crisis orientated services to exploratory, evidence based support. Early intervention is difficult to precisely define but there are a number of key features including robust risk assessment that acknowledges and tackles the range and nature of problems faced by young people who become homeless. Multi agency collaboration and co-ordination, and access to a range of services to meet need are also central to successful early intervention. Some understandings of the concept coalesce in relation to the age of the young person and, or the stage of the problem that requires intervention. In this research early intervention comes before prevention although it is acknowledged that in other fields such as social work and health, prevention is usually considered to come before early intervention or to be one and the same thing. Early intervention to prevent homelessness is effective and presents a value for money alternative to reactive, crisis driven responses. The effectiveness of early intervention depends largely on how problems, needs and risks are identified and assessed and how agencies and services work together to coordinate and deliver services that make a difference.

The CSEYHP research has identified levels of risk typology indicating potential points of reinsertion and early intervention. For example the incidence of running away is significant for young people in the CSEYHP sample and is indicative of risk and actual harm. Running away can be viewed as an important flag to trigger support services. Young people need to have information about what sort of support they are entitled to and where to go for help. For example national and international help lines could be more widely advertised. Young people interviewed told us about the services that would have made a difference to them in the past and about how they think services could be improved. These have been reported in brief here and more detailed information can be found in thematic reports located on the project website ([www.movisie.nl/homelessyouth](http://www.movisie.nl/homelessyouth)).

Finally it is not sufficient to address the problem of youth homeless exclusively at the individual and/or family level. The problems are multi-faceted and thrive in a system of structural inequality. In addition, the relationship between socio-economic divisions and the rise in extremist groups across Europe where support is being gained with anti-immigrant policies is relevant and brought into sharp focus where youth homelessness is being examined. Inclusion programmes working purely at the personal level will only achieve partial success and need to be supplemented simultaneously by support programmes at a national level, addressing unemployment, lack of decent low income housing, income inequalities and a lack of dedicated resources so that youth homelessness is tackled before it roots itself into the lives of young people and future generations. As Menezes and Rodrigues (2010:47) conclude,

*"Analysing the relation between the homeless trajectories and points of reinsertion for past ruptures, highlight the importance of social services for prevention; the relevance of trustful adults and supporting persons; giving voice to the young homeless for identifying the social fields they value for early intervention and prevention, as well as for promoting ascending turning points on homelessness life-trajectories; the promotion of access to education assumes an important role for counteracting intergenerational poverty and exclusion, and a exploratory analysis on a risk based approach is essential for triggering reinsertion points".*

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