

Impact of Interventions for Homeless Youth: A Narrative Review using Health, Social, Gender, and Equity Outcomes

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BACKGROUND

Approximately 20% of Canadians who experience homelessness are youth between the ages of 13 and 24, and on any given night, up to 7,000 youth are homeless (Gaetz, Gulliver, & Richter, 2014; Gaetz et al., 2016). Individuals experiencing homelessness typically lack adequate, stable, permanent, appropriate housing, and are without the immediate prospect, means and/or ability of acquiring it. Such physical living situations can include emergency shelters or provisional accommodations (e.g. couchsurfing, motels, etc.) (Canadian Observatory on Homelessness, 2017). The disproportionate number of homeless and vulnerably housed youth signals a serious issue that requires special attention to their unique needs and experiences on the street.

Homeless youth experience different pathways into homelessness that require different approaches to management and care. For instance, youth are less likely to ascribe their experience of homelessness to issues of addiction and are more likely to attribute their lack of stable housing to interpersonal conflict or as a direct result of escaping violence (Peressini, 2009; Whitzman, 1998). Youth experiencing homelessness and those who are vulnerably housed often report leaving the home due to conflict and abuse (Altena, Brilleslijper-Kater, & Wolf, 2010).

Youth lacking stable and secure housing are exposed to many dangers and are at a high risk of becoming re-victimized (Altena et al., 2010). Sixty percent of homeless youth report experiencing violent victimization, which is six times greater than the general population (Gaetz et al., 2016). A large proportion are at risk for human trafficking, crime, and other risks (Loyola University New Orleans, 2016; Gaetz et al., 2016). The intersection of various health inequities can also contribute to their experience on the streets, impacting health opportunities and outcomes. Despite these issues, there are significant gaps in knowledge regarding effective interventions aimed at improving outcomes for homeless or vulnerably housed youth.

RATIONALE

While there are existing reviews on interventions for homeless and vulnerably housed youth, our review will report upon a wide range of health and social outcomes in order to consider a broader perspective when assessing these interventions. Our review will also examine whether the impacts of these interventions are affected by health inequities. Furthermore, this review will be conducted as part of a larger, ongoing project to inform evidence-based guidelines for homeless and vulnerably housed persons.

OBJECTIVES

The objective of this narrative review is to identify and synthesize evidence on youth-specific interventions for homeless or vulnerably housed youth, and assess the impact of health inequities.

METHODS

Research Questions:

1. What are the impacts of place-based, youth and family focused therapy, parental monitoring, and street outreach and addictions interventions on health and social outcomes for youth?
2. How are health opportunities and outcomes impacted through health inequities?

Study Selection and Screening:

We will systematically search Medline, Embase, CINAHL, PsychoINFO, Epistemonikos, HTA database, NHSEED, DARE, and Cochrane Central (see table 1 for example search strategy). There will be no date or language restrictions set for the search. Additional studies will be retrieved through reference scanning and expert recommendation. We will conduct a search on the Public Health Agency of Canada and Homeless Hub websites for relevant grey literature. We will include systematic reviews and randomized trials from high-income countries that focus on place-based interventions, youth and family focused therapy, parental monitoring and parenting skills interventions, and street outreach and addictions services. Screening by title/abstract and full-text, study selection and data extraction will be done independently by two reviewers in duplicate. Any conflicts will be resolved through a third reviewer. We will pilot a standardised data extraction form and modify if necessary (see table 3.1 and 3.2 for sample data extraction forms). We will report our review methods according to PRISMA reporting guidelines (Moher et al., 2009).

Inclusion Criteria

See table 2 for full inclusion criteria.

Population

Our review will focus on homeless or precariously housed youth, as defined by the Homeless Hub: “young people between the ages 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence” (Gaetz et al, 2016).

Intervention and Control

We will focus this narrative review on four broad groups of interventions based on expert recommendation. Place based interventions (PBI) considers the social and physical aspects of an environment to engage community members (Centre for Community Child Health, 2011) (e.g. school based programs, youth hubs, drop-in centres, high school alternative completion programs, etc.). Youth and family focused therapy interventions aim to help youth who have experienced adversity in

childhood, and includes individual or group cognitive behavioural therapy (CBT) and family based therapy (FBT). CBT takes into account emotional, familial and peer influences to build self-control, self-efficacy and reduce negative behaviours (Benjamin et al., 2011). FBT focuses on intrapersonal factors, re-establishing connections, and seeks to understand individual behaviour and interactions between the individual and their family (Gaetz & Redman, 2016; Tanner-Smith, Wilson, & Lipsey, 2013). Parental monitoring intervention programs provide parenting skills and empowers parents of adolescents, and has been shown to reduce risk-taking behaviours and promote protective behaviours among their adolescent children (Stanton et al., 2004). Street outreach and addictions services mainly revolve around harm reduction programs (Luchenski et al., 2017). Providing strengths-based outreach and engagement interventions can promote a sense of personal control, and can link youth to needed community-based services in order to help them exit street life and improve mental health outcomes (Slesnick, Zhang, & Brakenhoff, 2017).

We will not exclude studies based on the conditions of control group.

Outcomes:

We will not limit our study inclusion criteria by outcomes in order to expand the variety of reported outcomes.

Analysis and Synthesis:

We anticipate many heterogeneous studies with different types of interventions and multiple reported outcomes. As such, the results will be synthesized narratively. Types of interventions and reported outcomes will be analysed using common emerging themes. We will apply a health equity lens to the findings of the review, using the the PROGRESS + framework (O'Neil 2014).

FUNDING SOURCES

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CONFLICTS OF INTEREST

No conflicts of interest to declare.

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Table 1. Sample Search Strategy

1	vulnerable populations/ poverty areas/
2	((deprived or destitute? or impoverished or low income or marginalised or marginalized or needy or poverty or vulnerable) adj2 (adolesc\$ or child\$ or famil\$ or men or people or youth? or women)).tw,kf.
3	homeless persons/ homeless youth/ runaway behavior/
4	(homeless\$ or runaway?).tw,kf.
5	(temporar\$ adj2 (accommodat\$ or home? or hous\$)).tw,kf.
6	((based or housed or residen\$ or temporar\$) adj2 shelter?).tw,kf.
7	or/1-7
8	exp program evaluation/
9	(effectiveness or initiative? or prevent\$ or program\$ or reduc\$ or strateg\$ or treatment).tw.
10	or/8-9
11	systematic review/ meta analysis/ randomized controlled trial/ controlled clinical trial/ pragmatic clinical trial/ controlled before-after studies/ interrupted time series analysis/ controlled before-after studies/ (randomised or randomized).ab,kf.
12	(before adj2 after adj5 (design\$ or study or trial)).tw,kf.
13	((preintervention? or pre intervention? or postintervention? or post intervention?) adj5 (study or trial)).tw,kf.
14	((pre test or pretest or (posttest or post test)) adj2 (design\$ or method\$ or study or trial)).tw,kf.
15	*economics/ exp *"Costs and Cost Analysis"/ economics, nursing/ economics, medical/ economics, pharmaceutical/ exp economics, hospital/ economics, dental/ exp "Fees and Charges"/ exp budgets/
16	((budget\$ or economic\$ or cost or costs or costly or costing or price or prices or pricing or pharmaco-economic\$ or pharmaco-economic\$ or expenditure or expenditures or expense or expenses or financial or finance or finances or financed) adj6 (analys\$ or analyz\$ or effect\$ or evaluat\$ or impact\$)).ab. /freq=2
17	(cost\$ adj2 (effective\$ or utilit\$ or benefit\$ or minimi\$ or analy\$ or outcome or outcomes)).ab,kf.
18	(value adj2 (money or monetary)).tw,kf.
19	exp models, economic/ economic model\$.ab,kf.

Table 2. Summary of Inclusion/Exclusion Criteria

Population	Homeless and vulnerably-housed youth. We will include youth “between the ages 13 and 24 who are living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence” (Gaetz et al., 2016)
Intervention	<p><u>Place-based interventions</u> - consider the social and physical aspects of an environment to engage community members (e.g. school based programs, youth hubs, drop-in centres, high school alternative completion programs, etc.)</p> <p><u>Youth and family based therapy</u> (family based therapy and cognitive behavioural therapy) - CBT takes into account emotional, familial and peer influences to build self-control, self-efficacy and reduce negative behaviours. FBT focuses on intrapersonal factors, re-establishing connections, and seeks to understand individual behaviour and interactions between the individual and their family.</p> <p><u>Parental monitoring interventions</u> - provide parenting skills and empowers parents of adolescents, and has been shown to reduce risk-taking behaviours and promote protective behaviours among their adolescent children</p> <p><u>Street outreach and addictions services</u> - services consist of outreach workers engaging youth living on the street to enhance their wellbeing through programs such as mobile harm reduction programs</p>
Comparison	The study must have an active comparison, but we will not exclude based upon the nature of the comparison condition
Outcome	Studies will not be excluded on the basis of reported outcomes
Setting	High income countries
Study Design	Randomized control trials and systematic reviews of primary studies with control groups

Table 3.1 Sample Data Extraction Sheet for Randomized Control Trials

Bibliographic Details	Author, year, title, publication information	Including journal name, DOI, publication date
Methods	Study design and duration	Individual or cluster-randomized control trial
Participants	Total number in study	
	Setting, city, country	Description of the geographical setting in which the intervention and comparison took place
	Eligibility criteria	Description of the inclusion and exclusion criteria for participants in the study
	Baseline sociodemographics	Description of the age, sex, ethnicity, other demographic factors of the study population at baseline
Interventions	Number of intervention groups	
	Intervention	Description of the intervention(s) included in the study
	Comparator	Description of the comparator(s) included in the study
Outcomes	List of outcomes and time points collected	Name the outcomes and the intervention times collected
	Outcome definitions and units of measurement	Description of the outcome measurement tools
Results	Number of participants allocated to each intervention group and missing participants	Number of participants loss to follow up or did not complete the intervention
	All outcome results	Outcomes on housing stability, mental wellbeing, perceived quality of life, access to services, frequency of ER visits, substance use, violence, income security, employment, family stability, and all other outcomes

Gender and Equity	Does this study take an equity perspective?	Yes or no - description follows in the equity considerations box
	Equity Considerations	Description of any subgroup analyses based upon health equity variables
	PROGRESS+ Factors	Considerations in the article involving place of residence, race, occupation, gender/sex, religion, education, socioeconomic status, social capital
	Other gender and equity relevant information	Description of whether the intervention is targeted at women or assesses gender as an effect modifier, as well as the study's rationale for youth-centered or gender focus
	Study's approach to intersectionality	Does the study look at the intersection of various health equity characteristics?
	Measures used to assess gender	What measures and questionnaires were utilized to assess gender?
	Gender and equity conclusions	The study's conclusions pertaining to gender and equity considerations
Other	Study's conclusions	The author's conclusions regarding the overall results of the study
	Funding source	
	Other comments	

Table 3.2 Sample Data Extraction Sheet for Systematic Reviews

Bibliographic Details	Author, year, title, publication information	Including journal name, DOI, publication date
Methods	Objective of the review	Description of the research question
	PICO inclusion/exclusion criteria	Population, intervention, control and outcome description
	Number of studies identified (PRISMA details)	
Characteristics of included studies	List of included studies relevant to youth interventions	Author, year, study design
	Intervention descriptions	Description of the intervention(s) included in the study
Outcomes	List of outcomes and time points collected	Name the outcomes and the intervention times collected
	Outcome definitions and units of measurement	Description of the outcome measurement tools
Results	Number of participants allocated to each intervention group and missing participants	Number of participants loss to follow up or did not complete the intervention
	All outcome results	Outcomes on housing stability, mental wellbeing, perceived quality of life, access to services, frequency of ER visits, substance use, violence, income security, employment, family stability, and all other outcomes
Gender and Equity	Does this study take an equity perspective?	Yes or no - description follows in the equity considerations box
	Equity Considerations	Description of any subgroup analyses based upon health equity variables
	PROGRESS+ Factors	Considerations in the article involving place of residence, race, occupation, gender/sex, religion, education, socioeconomic status, social capital

	Other gender and equity relevant information	Description of whether the intervention is targeted at women or assesses gender as an effect modifier, as well as the study's rationale for youth-centred or gender focus
	Study's approach to intersectionality	Does the study look at the intersection of various health equity characteristics?
	Measures used to assess gender	What measures and questionnaires were utilized to assess gender?
	Gender and equity conclusions	The study's conclusions pertaining to gender and equity considerations
Other	Study's conclusions	The author's conclusions regarding the overall results of the study
	Funding source	
	Other comments	