An Emerging Framework for Ending Unaccompanied Youth Homelessness

When working to end homelessness for a particular population it has proven effective to define a framework by enumerating the population, establishing a typology to assist with scaling of resources, and then to measure progress. While there are great programs doing work with youth, an overall framework has not previously been defined. This brief provides an examination of data on homeless youth, estimates of the number of homeless youth across a typology, and gives a summary of promising strategies to more effectively end youth homelessness.

Population Estimates

*Unaccompanied Homeless Youth under the Age of 18*

The most commonly quoted number of homeless youth under the age of 18, just under 1.7 million, comes from the *National Incidence Studies of Missing, Abducted, Runaway and Throwaway Children*, more commonly known as the NISMART. According to the NISMART, while over 99 percent of youth eventually go home, approximately 380,000 youth under the age of 18 remain away from home for over one week and 131,000 remain gone for over one month. As 1.3 million youth return home quickly, within one week, often within 24 hours, with little or, more likely, no assistance, there is little opportunity for intervention with those youth beyond ensuring they have a safe place to stay if needed. For the purposes of scaling the interventions within the homelessness assistance system, the question then becomes: how can we best serve the remaining 380,000 youth that remain away from home for over one week?

*A Promising Typology.* Recently, using data from a sample of 250 youth from Detroit, researchers placed youth in a typology based on their behavior while homeless. Dr. Paul Toro and his co-researchers identified three subpopulations of homeless youth:

- “Low-risk” youth who tend to be younger, maintain more stable relationships with their families and school, and experience the least amount of homelessness over time;
- “Transient” youth have less stable connections with school and housing as they moved in and out of homelessness repeatedly, but still did not have prominent mental health or substance abuse problems and retained relationships with their families; and
- “High-risk” youth who are more likely to have dropped out of school, have unstable relationship with their families, struggle with mental health and substance abuse issues, and experience long stretches of homelessness.

Using the proportions seen amongst homeless youth in Dr. Toro’s study as well as the numbers seen in the NISMART, the table below shows a breakdown of the number of youth under the
age of 18 in subpopulations, the names of which reflect the groups relative connectivity to family based on Dr. Toro’s typology and NISMART data on length of time spent away from home. There are approximately 327,000 youth in the temporarily disconnected subpopulation (representative of Dr. Toro’s “low-risk” subpopulation). There are approximately 29,000 youth in the unstably connected subpopulation and 24,000 youth in the chronically disconnected subpopulation (representative of the “transient” and “high risk” subpopulations respectively). ii

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Number of Youth Under Age 18</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TemporarilyDisconnected</td>
<td>327,000</td>
<td>86%</td>
</tr>
<tr>
<td>UnstablyConnected</td>
<td>29,000</td>
<td>8%</td>
</tr>
<tr>
<td>ChronicallyDisconnected</td>
<td>24,000</td>
<td>6%</td>
</tr>
<tr>
<td>Total</td>
<td>380,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

Unaccompanied Single Young Adults Ages 18 - 24

The U.S. Department of Housing and Urban Development (HUD) provides detailed information about adults and families that interact with the homeless programs it funds. This data is collected through the Homeless Management Information System (HMIS) and reported out in the Annual Homeless Assessment Report to Congress. The chart below reflects an estimate of the number of young adults without children ages 18-24 utilizing the single adult system, approximately 150,000 young adults, broken down into the commonly accepted homeless individual typology put forth by Dr. Dennis Culhane.iii

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Number of Young Adults</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional</td>
<td>122,000</td>
<td>81%</td>
</tr>
<tr>
<td>Episodic</td>
<td>13,000</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic</td>
<td>15,000</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>150,000</td>
<td>100%</td>
</tr>
</tbody>
</table>

There are an estimated 122,000 youth in the “transitional” subpopulation. According to Dr. Culhane, people in this subpopulation become homeless, spend a short time homeless, exit homelessness, and then do not return to homelessness. iv There are 13,000 in the “episodic” subcategory of people who experience repeated incidences of homelessness and 15,000 in the “chronic” subcategory of people who remain homeless over long periods of time. Over time, these two populations have come to be seen as one larger category of people who are homeless repeatedly or for long periods of time. Research has shown that individuals who fall in the episodic and chronic populations often have a disability.

An important caveat is that, while these are estimates of the number of 18-24 year olds being served in the adult system, it does not include young adults that are not accessing the adult system, but instead living on the streets or in unsafe housing arrangements. It is not possible to make an estimate as to the size of this population and more effort needs to be put into determining this—particularly in enumerating the street population.

Implications for Strategies to End Youth Homelessness

While there are evaluations of programs to assist homeless youth, there is very little research comparing interventions and none examining how different interventions address the issues of
the different subpopulations. Nevertheless, the data themselves lead to certain implications, and practice knowledge can provide guidance as well. Together, they provide a preliminary framework of interventions that might begin to reduce the number of homeless youth.

Interventions for Youth under the Age of 18

Based on available research and outcome data from the Runaway and Homeless Youth Act (RHYA) programs, the solution for most homeless youth of all ages, particularly for youth under the age of 18 in the temporarily disconnected and unstably connected populations is reunification with their families, when it is safe to do so. The vast majority of youth served in RHYA's basic center programs return home to family. Additionally, the most common destination for youth leaving RHYA transitional living programs is home to family. The basic center programs already have a strong focus on reunification and show success in reunifying youth with their families. It should also be noted that the NISMART data shows that the vast majority of youth who leave home will return home. Family intervention could, therefore, be seen as a first line of defense, but continues be a priority moving forward with all programs, including transitional living and other programs that youth may interact with.

It is important to note that family finding and other connection activities have been found valuable for all youth regardless of whether they will be able to return to live with their families. Family interventions improve a number of outcomes for youth aside from housing, including improvements in mental health and decreases in risky behaviors and suicidal thoughts. Family connections that provide a natural support system for youth could be a priority for all programs working with youth independent of a youth’s final housing destination.

For those youth under the age of 18 who are unable to return home, most likely to be those in the chronically disconnected population and some of those in the unstably connected population, transitional living programs and transitional housing programs provide a platform from which youth can become independent adults. Since these would be especially important for youth with disabilities (which characterizes the chronically disconnected population) it would be important that these programs have limited barriers to entry and minimize rules that would result in ejecting youth from the program in order to keep them off the streets.

Interventions for Young Adults Ages 18 to 24

For young adults who fall in the transitional subpopulation, connection with family and caring adults is also a positive outcome and, so again, family intervention could be seen as a first line of intervention, when appropriate. Additionally, young adults over the age of 18 are able to establish their own households (because they can legally sign leases) and have access to resources funneled through the Continuum of Care in their community, meaning they can access rapid re-housing, transitional housing, and, when appropriate, permanent supportive housing, including connections to education, employment, and supports to transition to independent living.

A number of communities successfully used Homelessness Prevention and Rapid Re-housing program funds to provide rapid re-housing for young adults. It seems that rapid re-housing for young adults is perhaps more expensive than rapid re-housing for families as youth seem to need financial assistance and case management and other services for longer than the average family, but this intervention is still less expensive than transitional living/housing programs. For
young adults that can be successful with this model, it is a viable strategy for a community that can increase the number of young adults overall that a community serves with limited resources.

Some young adults, most likely to be those in the episodic and chronic subpopulations, may require a more supportive or long-term housing program. Transitional living programs and transitional housing programs can provide youth who need it with more structure and support. And, for some youth, those that have been homeless for long periods of time and have a disability, permanent supportive housing is a housing option available to provide youth with the long-term financial and services support they will need to maintain housing. Experience and data have shown that in order to effectively target people with disabilities such programs need to have low barriers to entry and avoid ejecting participants for failure to comply with rules.

**Improving the Current Response to Youth Homelessness**

Currently, approximately 50,000 youth per year are served by homeless youth programs. Clearly this falls far short of demand. More resources are needed to respond adequately to youth homelessness and communities should include youth in their long-term strategic planning efforts to end homelessness for all populations. In the interim, the data and framework presented above lead to the conclusion that the following steps would likely improve the response to youth homelessness.

*Improve the crisis response.* There are too few shelter programs to meet the existing need and, as a result, youth are regularly turned away without a place to sleep. A larger investment is needed from federal, state, and local governments to prevent youth from sleeping on the streets and to more quickly facilitate their reunification with family when possible. In the meantime, communities should also consider alternative models to house youth in crisis to prevent youth from remaining unsheltered. This can range from having a more flexible shelter response to a host home option to provide for a safe and supervised home within the community.

*Prioritize family reunification or support as the initial intervention.* Most youth return home to family and programs interacting with youth can facilitate that process when safe and appropriate. Basic center programs already prioritize this, but other programs could adopt it as an initial focus. Often, it is necessary to provide ongoing support after the youth returns to the family. And, family intervention could be done earlier to avoid a youth separating from their family altogether.

*Expand the reach and effectiveness of transitional living programs.* We know that some of the most vulnerable youth are not able to access the supports they require because so many of them remain on the streets. More needs to be done to provide youth with longer-term housing options when reunification with family is not possible. Additionally, communities can place a greater emphasis on minimizing the barriers to enter programs and work to reduce the number of involuntary exits from programs in order to maximize impact and outcomes.

**NOTE:** another key to improving impact is likely to be ensuring that programs are accepting and inviting to Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ) youth as they may be at particular risk for family separation because of a lack of acceptance. Additionally, LGBTQ youth may be at heightened risk for sexual exploitation and violence on the street and have
likely experienced discrimination from a variety of sources, thus making them a population for whom accepting housing models becomes particularly important.

*Improve data collection and performance measurement.* Better data on both the number of homeless youth and the effectiveness of interventions is critical. The framework in this brief is based on the best current estimates and, as better data is obtained, these estimates will be refined. Communities can begin to improve their data on homeless youth immediately. They can fully include youth in local enumeration efforts (Point-In-Time counts) and participate in HMIS. The latter will not only create administrative data that can be used to examine the interaction of homeless youth with other public systems (including the homeless adult system), but can create an unduplicated count of homeless youth.

**Conclusion**

During a year there are approximately 550,000 unaccompanied, single youth and young adults up to age 24 who experience a homelessness episode of longer than one week. While this is a rough estimate made using imperfect information, it is a good starting point from which communities and the federal government can begin to scale resources and interventions. Ultimately, better, more accurate data must be collected on the number of youth that experience homelessness as well as the effective interventions to end homelessness for youth. In the meantime, communities have reasonable evidence to increase support to family intervention efforts, and to target existing housing programs to youth with the highest needs.

---

1 Toro, Paul; Lesperance, Tegan; and Braciszewski, Jordan. *The Heterogeneity of Homeless Youth in America: Examining Typologies.* [http://www.endhomelessness.org/content/article/detail/4247](http://www.endhomelessness.org/content/article/detail/4247)

2 To learn more about the methodology for how these estimates were made, see *A Typology of Homeless Youth and Population Estimates: Methodology.*

3 To learn more about the methodology for how these estimates were made, see *A Typology of Homeless Youth and Population Estimates: Methodology.*

4 Kuhn, Randall and Culhane, Dennis. Applying Cluster Analysis to Test a Typology of Homelessness by Pattern of Shelter Utilization: Results from the Analysis of Administrative Data. 1998. [http://repository.upenn.edu/cgi/viewcontent.cgi?article=1097&context=spp_papers](http://repository.upenn.edu/cgi/viewcontent.cgi?article=1097&context=spp_papers)