What the research tells us about early intervention and prevention

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Framing early intervention and prevention

• The terms of often used as synonyms (conflated) when there are important distinctions when used as nouns

• *The Road Home* often conceptualises ‘preventing homelessness’ as early intervention

• ‘Prevention’ as a noun (refers to the phenomenon) versus ‘preventing’ as a verb (refers to strategies which may prevent homelessness in a particular instance or for a particular cohort)

• Vital we do not mask the structural and institutional conditions which underpin homelessness
What works for whom in what context?

• Mechanisms of intervention and the contexts they are used in interact in complex ways. This helps explain why we can’t overgeneralise about what works in respect of intervention models (realist evaluation perspective Westhorpe 2009)

• But there are some key messages from the evidence
  – Homelessness would be a lot easier to prevent for first or subsequent episodes if adequate and appropriate (developmentally/ culturally) housing was available
  – Timely support of a particular character ‘works’
Appreciating various ‘pathways’ into and out of homelessness and the logic of need and practice in these

- Provides a basis for developing responses that deal with particular constellations of factors which result in homelessness for particular cohorts (research by Johnson, Mendes, Mallett, Memmott, Chamberlain, MacKenzie, Fitzpatrick etc)

- Eg In care, transition from care, transition to what? The intersection of family and systemic factors which currently lead to inevitable homelessness for many. What is needed and what ‘works’ in terms of intervention often depends on the conceptualisation of need and practice in that issue domain
A long term intergenerational view is needed

• Intergenerational Homelessness Survey (Flatau et al. 2009)
  – Most homeless adults first have experiences of homelessness as children and teenagers
    • Three quarters experienced homelessness for the first time before 18
    • 56% reported they had run away from home before 18
    • About half had slept rough by 18
    • 26% had been placed in foster and residential care and this rises to 60% when living with relatives is included
    • Half said they had to leave their home due to violence
    • There are high rates of intergenerational homelessness with higher rates amongst Indigenous families
Engagement in housing focused support

Housing secured

Housing susteained

Homelessness prevention
Economic and social participation
Complex health management

Housing work
Case management
Specialist health support
Increased specialist support
Increased housing supply

Getting housing and keeping housing
Mainstream and homelessness specialist services working together
SHARED ACCOUNTABILITY

Source: Gronda et al. (2011)
What makes a difference?
Building a foundation for nationally consistent outcome measures. p.2
• Conclusions drawn:

– A shift in focus from getting housing to ‘keeping housed’ (sustaining housing) will deliver better outcomes

– Need to focus on pathways into and out of homelessness

– Achieving outcomes for people experiencing homelessness requires shared accountability between mainstream and specialist services
Insights from the Intergenerational Homelessness Study

• Nb of an intergenerational/ long term frame
• Nb of working with children and young people at risk of experiencing homelessness
• Nb of working their parents, and addressing family homelessness and drivers of this
• NB of effective support for young people in out of home care
• NB of programs directed at children, teenagers and parents in difficult home environments (drug and alcohol use, mental health, violence)
• This body of analysis provides ... an evidence base for a renewed emphasis on prevention and early intervention programs for children and young people experiencing or at risk of melessness, and of parental support programs designed to assist families to escape intergenerational homelessness. (Flatau et al. 2009, 2-3)
Systematic reviews of evidence

• Systematic reviews themselves emphasize that the ‘evidence’ is partial, and studies cannot necessarily be generalized across settings

• What is selected often reflects what has been able to be researched in larger scale studies ie we tend to prove what we look at
  
  – The complex nature of youth homelessness, together with the variety of outcome measures and research methodologies employed, makes it difficult to assert confidently that an intervention that has been demonstrated to be effective with one population group in one setting will be effective with another group of people in another setting (Barker et al.)

• The reality is that we see a dance between our analytic models and the evaluation of interventions. Ie what we look for in something depends on how we conceptualise it
Other systematic reviews

- Literature Review: Effective interventions for working with young people who are homeless or at risk of homelessness.
- Even where family disruption and conflict have led to homelessness, the connection to family is still often an important factor in the lives of homeless young people (Barker, 2012; Mayock, et al., 2011). Research indicates that having contact with family members and a competent formal support service are two factors that facilitate progress out of homelessness (Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; Mallett, Rosenthal, Keys, & Averill, 2009; Milburn et al., 2009).
Early intervention with young people works when it is ... (Barker et al. 2011)

- Building family connections
- Relational (develop trust, not feeling judged, not punitive)
- Responsive to multiple and interlinked factors
- Starts ‘where young people are at’, that is are client centered and promote clients choices
- Is strengths based
- Responds to the young persons life context in ways that are flexible
• According to the Barker et al. review intervention strategies which evidence indicates can be effective include
  – Interventions which build ongoing or renewed contact with and support by family members (when appropriate in respect of violence and abuse). There is no evidence that one form of family work is superior.- the key appears to be its ‘interactional premise’
  – Outreach (street youth work)
  – Group work with parents

• Strategies for which there is little evidence in respect of homelessness prevention at the individual level include:
  – CBT
  – Short term therapies eg motivational interventions

• Insufficient studies but apparent relevance of
  – School-based interventions
  – Vocational training
  – Group work with young people
• BUT the problem with this form of review of the evidence is that it largely includes studies which evaluate single rather than multiple strategies, overgeneralise applicability, or label an intervention according to one feature eg site of engagement

• ie what qualifies as evidence often does not match what we know is needed in a particular context to prevent a first or subsequent experience of homelessness

• A wide range of evidence supports the view that the logic underpinning Reconnect (person centered, connection oriented) is well supported by evidence
What works? Having homelessness early intervention services play an active role in community capacity building

RPR (2003, p.5) concluded in a longitudinal study: that the twelve Reconnect services investigated have had a significant impact, relative to their own capacity, on building community capacity for early intervention for youth homelessness in three key ways:

– by building community infrastructure for early intervention;
– by strengthening service networks and collaboration between agencies;
– through assisting other organisations to have a greater focus on effective early intervention.
Case management works when ....

(Gronda 2009)

• Examined 53 studies and found that the key feature of effective case management in respect of homelessness is it being relational- typified by persistence, reliability, intimacy and respect, and the delivery of comprehensive, practical support

• Key components are:
  – access to housing
  – access to specialist supports (particularly mental health and AOD );
  – individually determined support durations; and
  – staff who have advanced assessment, communication and relationship skills and who are supported with regular practice supervision
What works?

• Addressing the mix of **interacting factors**

• **Housing availability**: Enhanced access to housing of a type that provides a spatial basis for wellbeing, and eradicating poverty (Parsell and Marston)

• **Institutional reform** to reduce homelessness being a consequence of system characteristics that contribute to homelessness eg interface of dependent and independent living situations

• **Community capacity building** at particular points on a particular pathway eg building good relationships with private rental property managers

• **Timely and sufficiently sustained support** to individuals and families to prevent an instance of homelessness and keep housed
The negative evidence: Not intervening is costly

- *Lifecourse institutional costs of homelessness for vulnerable groups* (Baldry, Dowse, McCausland and Clarence 2012)

- Lifecourse institutional costs for 11 case studies of vulnerable homeless people, currently aged between 23 and 55, ranged from around $900,000 to $5.5 million. Some of this is borne at the local level.

- The need for more ‘joined up’ ways of planning and intervening to enhance aspects of wellbeing
In almost every case discussed, significant disadvantage, vulnerability and risk factors are obvious from early adolescence and, for several individuals from childhood, yet care and protection and early intervention do not occur in any substantial or sustained way. The evidence is stark that this early lack of adequate services is associated with costly criminal justice, health and homelessness interactions and interventions later in their lives. Millions of dollars in crisis and criminal justice interventions continue to be spent on these vulnerable individuals whose needs would have been better addressed in early support or currently in a health, rehabilitation or community space (ibid p.6).
Different forms of knowledge (evidence) require different inquiry approaches

• Representational knowledge
  – Functional form
  – Interpretive form

• Relational knowledge

• Reflective knowledge

(Park 1999)
Representational knowledge (science)

- Has the ability to depict and explain reality faithfully e.g., empirical science. Reduces the environment to discrete variables which are then related to one another e.g., cause and effect, correlations.

- The **functional form** produces technical solutions to problems.

- The **interpretive form** includes how people see and experience the world. Still portrays an objective reality but this draws on people’s subjective experience.
Relational knowledge

• When we are in relationships we develop a different sort of knowledge. The parties in a relationship are both the knower and the known - we know about each other! (In science there is a separation of the knower and the known)

• Relational knowledge is the basis of community life and participatory processes seek to build this form of knowledge (sharing, togetherness, commitment, trust, intimacy, community ties, social capital)

• People connecting through relational knowledge provides a doorway to building interpretive understanding

• Participatory action research provides a way for this knowledge to be accessed and developed
Reflective knowledge

- Arises from us developing understandings, convictions and commitments about what we should do. The process of conscientization (Friere)

  *It gets articulated and grows in strength as people get involved with action in concrete situations* (Park 1999: 148)

- Allows norms, culture and our wisdom to be incorporated.

- Pre-supposes community spaces where open and sincere communication can take place not hidden agendas, power dynamics and bad faith

- And where knowledge can emerge over time (sometimes referred to as ‘emergent’ knowledge)
Re-engagement = A + O + C
(in Crane and Kaighin with BNW Youth Connections 2011)

- The clear expression by the young person of aspirations (A) (needs, wants, possibilities) re education/ training
- The availability of appropriate options (O) (in terms of accessibility, content and learning process, level of difficulty)
- Sufficient fit between their life context and what is realistically required for re-engagement (C) (refers to emotional fit arising from prior experiences, helpful/ unhelpful life habits, adequate living situation stability, and adequate practical and emotional support).
- The importance of embedding processes of collaborative inquiry into service and broader response development eg action learning, yarning, participatory monitoring and evaluation
References


• Gronda H., Ware, V. & Vitis, L. (2011) What makes a difference? Building a foundation for nationally consistent outcome measures, AHURI.
Thank you

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Partnership in HCAP involves...

**Building sustainability**
- Support from Regional Directors
- Support from State-wide coordinators
- Sector and govt planning
- Staying within boundaries yet working as team

**Context responsiveness**
- Shared vision
- Develop HCAP plans
- Implement HCAP plans

**Structure for governance**
- Regional Implementation group members have authority to make decisions
- Review working group activity to become manageable
- Networks of support, professional supervision

**Collaborative mindset & skills**
- Partnership development skills
- Experience in the sector
- Professional knowledge & skills

**Systems & processes**
- Developing HCAP plans
- Implement HCAP plans
- Recognition of significant past achievements

**Behaviour**
- Coordinators model partnership behaviours
- Develop solutions to problems
- Appropriate use of power
- Roles of key players agreed/understood
- Sense of achievement/making a difference

**A relational focus**
- Time for reflection
- Working closer together across departments
- Effective/open communication
- Respectful relationships

**Overall emergent themes**
- Sense of achievement/making a difference
- Effective/open communication
- High level of engagement with stakeholders
- Recognition of extensive work undertaken in the sector prior to HCAP
- Recognition of extensive work undertaken in the sector prior to HCAP

Challenges (identified by one or more people)

- Ineffective Partnership
- A relational focus
  - Unsuccessful or failed past efforts
  - Little respect and acknowledgement of past sector wide contributions
  - Be aware of past power struggles

- Shared purpose
  - Accountability unclear
  - Boundaries unclear
  - Meaning of partnership unclear
  - Roles not clear

- Behaviour
  - Lowered morale
  - Threatened
  - Revert to type
  - Mistrust
  - Counterproductive behaviours

- Collaborative mindset & skills
  - Need training partnership development skills
  - Limited knowledge of sector
  - Not enough Lead time

- Structures for governance
  - Power and hierarchy
  - Different employment conditions
  - Constant change of staff/restructures

- Systems & processes
  - Decision making delays
  - Poor communication
  - Little integration of activities
  - No plan for when things go wrong

- Context responsiveness
  - Pressures to develop HCAP Plans
  - Govt, QCOSS, regions, function independently
  - Restrictions on Govt employees

- Building sustainability
  - Poor relationships
  - Limited local resources
  - Lack of goodwill