

Street-involved youth

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Key points

- Housing interventions alone are not enough to create lasting change in the lives of street-involved youth.
- Housing interventions that offer a range of comprehensive health services, financial support and vocational opportunities have the most effective outcomes.
- Structural interventions need to address the root causes of street-involvement while identifying ways to help young people cope with the complexities in their lives, as understood by them.

Glossary

Diversity Diversity recognizes and celebrates individual differences regardless of age, gender, race, social class, ability, and sexual orientation among other characteristics. Youth have unique life experiences and social positions that shape their perceptions of the world and how others see them. Every youth is a rights holder who deserves equal access to opportunities, freedoms and a good life

Social Inequity Social inequities are the result of systems of oppression, power and privilege where groups are differently (dis) advantaged based on social constructs of superiority and inferiority

Social Injustice Social injustices are rooted in “ideologies of difference” where one group/population claims to be superior to another, and structures society in ways that uphold systems of oppression to the advantage of the superior group

Social Justice Framework The social justice framework recognizes that an individual’s lived and living experiences are influenced by diverse social positions (e.g., age, race, gender, class, ability and sexuality) that can result in barriers to belonging. The framework identifies the barriers that prevent people from fully participating in society and takes action or intervenes to dismantle those barriers. These actions or interventions aim to reduce the disadvantage experienced by youth and enhance their health, wellbeing and quality of life

Street-Involved Youth Street-involved youth are young people between the ages of 13 and 24 who are not living in the care of a parent or guardian, are either living on the street part- or full-time and who may or may not be engaged in employment, education or training. Their living situations are fluid and can cycle between being absolutely homeless to temporarily housed

Structural Intervention Structural interventions trace the influences of avoidable harms to societal factors largely out of any one persons individual control, and seeks to alter the social contexts or environments within which health and well-being is produced and reproduced

Structural Risks Structural risks include poverty, inadequate housing, unaffordable quality childcare, sexism, and racism that predispose people to critical injuries and other avoidable harms

Abstract

This chapter examines interventions for diverse populations of street-involved youth (SIY) experiencing homelessness. SIY face homelessness due to intersecting socio-economic factors such as poverty, mental illness, discrimination, and lack of

affordable housing. The chapter highlights the importance of housing in lifting SIY out of poverty and improving their life chances. Challenges, including limited access to comprehensive health services, financial supports, and employment barriers, are identified, as is the lack of ongoing long-term support. The review emphasizes the importance of addressing the structural roots of homelessness and prioritizing lasting communities of care.

Introduction

In February 2020, the United Nations (UN) established their first resolution on homelessness, noting the “serious violation of human dignity” (para. 1) and its reach across the globe and to all walks of life, ages, and abilities (United Nations, 2020). According to the UN, of the eight billion people who live on the planet, 1.6 billion (20%) live in inadequate housing conditions—and these numbers continue to rise, principally among young people (United Nations, 2020).

It is difficult to ascertain accurate numbers of the global homeless population, largely due to varying definitions of the concept from country to country. The most comprehensive definition includes people who sleep outdoors (i.e., sleep rough), who stay in emergency accommodation, in temporary shelters, stay with friends or family, live in institutions, or in non-conventional dwellings (e.g., mobile homes, cars, etc.) (OECD, 2021). According to the Organization for Economic Co-operation and Development’s (OECD) Affordable Housing Database, countries with rates of homelessness over 0.36% included Australia, Canada, Germany, Latvia, the Slovak Republic, and the United States. Additionally, the countries that participated in this recent OECD study reported significant and, in some cases, growing numbers of youth experiencing homelessness, the highest of which accounted for more than 30% of homeless people prior to 2020 (i.e., Australia, Costa Rica, Netherlands, Denmark) (OECD, 2021). While countries like Australia, the Netherlands, and Denmark use the broader definition of homelessness to attain their numbers (i.e., beyond sleeping outdoors or in shelters), these high numbers are cause for public concern.

Youth who live on or close to the street, who we henceforth refer to as street-involved youth (SIY), are considered a hard-to-reach and largely hidden population due to their high rates of mobility and frequent changes in their life circumstances, making estimates of the size of the global SIY population a challenge (United Nations Office of the High Commissioner, 2012). Nevertheless, the London Assembly estimated that in 2014 one in five 16–25 year olds “couch surfed” and approximately half of those did so for over a month (The London Assembly, 2017). In 2016, there was an estimated 4.2 million SIY aged 13 to 24 who were not in the care of a parent or guardian at some point in the preceding 12-month period in the United States (Morton et al., 2018). In Canada, approximately 35,000 to 40,000 young people per year are considered street-involved and close to 7000 young people lack adequate or consistent shelter every day (Gaetz et al., 2016). It is clear, that youth street-involvement continues to be an enduring social issue that the global society and most nations have not adequately addressed (Watson and Cuervo, 2017).

It is important to note “street involved” is also a highly stigmatized social location, and often regarded as the consequence of “bad” decisions made by an individual. Research shows, however, a turn to the street tends to be related to intersecting complexities in a person’s life, such as living in poverty, having disruption or conflict in their family system, and/or experiencing abuse or neglect (Embleton et al., 2016; Holtschneider, 2016). Studies across North America show that historically marginalized youth, including racialized, Indigenous, migrant, differently abled, and 2SLGBTQIA+ persons, are overrepresented in SIY populations and have different experiences on the street compared to their less-structurally disadvantaged counterparts (Collins and Schormans, 2021; Milburn et al., 2006, 2010; Ormiston, 2022). Intersecting stigmas experienced by SIY not only impact their lived experiences across the life course, but also influence their ability to transition away from street life (Magnuson et al., 2021).

Street involvement during adolescence and emerging adulthood can have lasting impacts across the life course. In particular, street life can interrupt the transition to adulthood by forcing young people into independence before they have developed adequate life skills or established safety nets to live on their own (Abbott and Blake, 1988; Brown and Wilderson, 2010; Magnuson et al., 2021). Because SIY may engage in higher risk behaviors to cope with their circumstances, they are at an increased likelihood to experience victimization, trauma, long term physical and mental health issues, problematic substance use, and sexually transmitted and blood borne infections (STBBIs) (Kozloff et al., 2016; Semborski et al., 2022; Slesnick et al., 2023).

There is a growing body of research focused on evidence-based prevention and intervention strategies to inform equity-based policies and best practices that reduce barriers for SIY. One factor that has shown promise is housing programs or interventions (Dodd et al., 2018; Lim et al., 2017) rooted in a social justice framework—one that aims to remove structural barriers so young people can improve their life chances by drawing on their strengths and enhancing their capabilities (Benoit, 2021; Sen, 1985).

This chapter reports empirical findings from a formal scoping review that explored structural interventions that aim to lead SIY out of homelessness. We shed light on the challenges and potential benefits of the interventions reviewed.

Diversity among street-involved youth

We use the term street-involved, as opposed to “homeless”, to reflect the diversity of experiences young people face, rather than categorize them solely on their housing status (Magnuson et al., 2021). SIYs, or street youth, may have experienced different pathways to street involvement. They are sometimes labeled as “runaways” if they left their family home of their own accord, “throw aways” if they were told to leave, or “system youth” if they have cycled in and out of government care (Toro et al., 2011). Their

living situations are often fluid—moving between absolute homelessness to being insecure or unstably housed (Canadian Observatory on Homelessness, 2016; Gaetz et al., 2016; Gaetz, 2014; Magnuson et al., 2021).

Street youth have long been characterized as “delinquent”, “troubled”, “at risk”, and “deviant” (Embleton et al., 2016; Jansson and Benoit, 2006; Kolar et al., 2012; Magnuson et al., 2021). These labels reveal little about the circumstances leading to their street involvement, nor do they identify or evaluate environmental conditions that could improve their life chances and enhance their individual capabilities (Benoit et al., 2022; Krüsi et al., 2010; Pearce et al., 2008). Similarly, many social theories concerning SIY, while socio-structural in nature, focus on how environmental, family, and social deficits influence problematic youth behavior, especially those associated with crime. For instance, Elijah Anderson suggested that the streets have an informal set of rules that govern personal conduct, and not only is this “code of the street” conducive to violent behavior, but it is part of belonging (Anderson, 1999; Stewart and Simons, 2010). Social disorganization and strain theory considers the influence of “place” on problem behaviors, especially criminal behaviors (Kubrin, 2009; Kubrin and Weitzer, 2003). Neighborhood conditions/qualities, including poverty, ethnic composition, and weak social networks, are theorized to limit the capabilities of impoverished communities to be able to control the behavior of their citizens because of an assumed lack of cohesion between members (Kubrin, 2009; Kubrin and Weitzer, 2003). Other theories attempting to explain the problematic behaviors of youth include family systems theory, whereby young people who grow up in dysfunctional environments have a higher incidence of juvenile delinquency (Giano et al., 2020), and peer influence theory that suggests young people are drawn to like-minded peers whose behaviors and beliefs become increasingly similar over time (Brechwald and Prinstein, 2011).

Generalizations of SIY include depicting them as a homogenous group (Magnuson et al., 2021), which masks the complexity of their lives and glosses over the inequities and stigma they endure. Interventions that focus solely on individual and interpersonal behaviors and victimization of SIY—such as harm reduction because of substance use or STBBIs—have limited sustained benefit as they do little to alter the contexts within which “risky” behaviors emerge and persist (Blankenship et al., 2006; Brown et al., 2019; Magnuson et al., 2021).

Youth have unique life experiences and social positions which can shape their perceptions of the world and how others see them. Every youth is a rights holder who deserves equal access to opportunities, freedoms and a good life. Greater representations of diversity among SIY, understanding the world from their perspectives, and centering their voices in decision-making processes is needed to redress stigma associated with street-involvement and foster positive change (Benoit, 2021; Watson and Cuello, 2017). SIY have knowledge of the structural constraints they face, and many take responsibility for their lives to change their social position (Magnuson et al., 2021). Addressing these societal constraints is needed to ensure SIY can realize the changes they envision for their future selves and have access to equal opportunities to enhance their capabilities to realize their rights (Sen, 1985).

Structuring a social justice framework for street-involved youth

A social justice framework for SIY is an approach that examines the underlying social factors that contribute to homelessness and structural marginalization. As noted above, SIY are diverse and embody multiple social positions at once, including age, race, gender, class, ability, and sexuality. Although the social context of youth street involvement varies by geographical location, they often share circumstances of poverty, ostracization, and family strife. Engaging with a social justice framework acknowledges SIY’s unique lived and living experiences and at the same time recognizes that circumstances surrounding those experiences are due to social, economic, and political injustices beyond their direct control.

Studies show that attaining stable housing is a significant catalyst toward positive change in the lives of young people, including enhancing their capacity to attain reliable employment, engage further with formal education, and use community services (Brakehoff et al., 2022; Mayock et al., 2011). Access to these crucial systems facilitates reducing the intersecting barriers that prevent SIY from realizing their potential and accessing equal rights, freedoms, and quality of life.

Structural interventions align with a social justice approach to housing precarity because these interventions address environmental factors beyond the personal and interpersonal networks of any one individual that shape how health and well-being are produced and reproduced (Blankenship et al., 2000). For SIY, this may mean community-based approaches to developing programs that engage them as experts in their own experiences. This could involve redesigning health systems to make them more accessible for the diversity of SIY, assisting them to cultivate financial independence by providing employment opportunities, and supporting further education and job training by ensuring they have the stability to attend classes and complete coursework. These strategies create foundations of stability by providing transitional or temporary housing—literally, a *home base*—where SIY can build futures that will support lasting health, wellness, and social inclusion (Belle-Isle et al., 2014). Below we summarize evaluated structural interventions that help to establish shared or independent housing stability for SIY and that may also have a secondary structural support implemented to enhance success (e.g., job, school, food).

Structural interventions to improve life chances of street-involved youth

We used a scoping review methodology based on the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis (Peters et al., 2017, Ch. 11). Scoping review methodology is well suited for identifying the extent and types of evidence available on a topic. We used this methodology to identify meso and macro level structural interventions across the globe that take action on creating safe and secure housing for SIY. The scoping review methodology utilizes comprehensive search methods and objective screening criteria to

locate the peer reviewed literature. In order to ensure transparency and reproducibility, we report our methods according to the relevant items of the PRISMA extension for Scoping Reviews (Tricco et al., 2018).

We included articles on SIY youth aged 12–24 across sexual identities, genders, races and ethnicities, (dis)abilities, and other social/environmental factors. Some articles with age ranges above 24 were included, depending on the intervention's criteria for inclusion. We accepted housing interventions and multi-component interventions that evaluated housing among other supports, such as health and social services, education and/or vocational training, life skills training, and employment opportunities. Included studies had to involve some form of evaluation or impact assessment.

Our review encompassed studies from across the globe and in all languages, provided they could be translated into English. For the purposes of this scoping review, we limited our search to peer-reviewed literature without date restrictions. We searched the following four scholarly literature databases on December 18, 2022: APA PsycInfo (EBSCO), Medline (Ovid), Scopus (Elsevier), and Sociological Abstracts (ProQuest). After extensive exploratory searching and analysis of a set of seed articles, a comprehensive search strategy was developed in collaboration with our fourth co-author, an experienced librarian. The search strategy contained two major concepts: SIY and housing interventions. The searches utilized keywords and index terms where available, incorporated database-specific syntax and Boolean operators to enhance sensitivity and were tested against a set of known studies in each database. The search strategies used in this review are available (<https://doi.org/10.5683/SP3/GA1O3M>). Results from the searches were downloaded in RIS format and uploaded to Covidence software for deduplication and screening.

Screening was done in two stages: first using titles and abstracts, followed by a complete evaluation using the full text of the articles. Screening was done by the second and third authors, independently, and conflicts that arose were resolved by the first author. Data extraction was done in Excel by two individuals. Data categories included: citation, intervention name, intervention type, housing model, placement criteria, population, and outcomes. The results of the study selection process are reported in a PRISMA flow diagram (Fig. 1).

After screening, we identified 34 studies that discussed interventions that were implemented and evaluated since 1988 aimed at reducing housing precarity for SIY. Below we provide a brief narrative synthesis of the results. In Table 1 (Appendix A) we present a tabular summary of the available evidence.

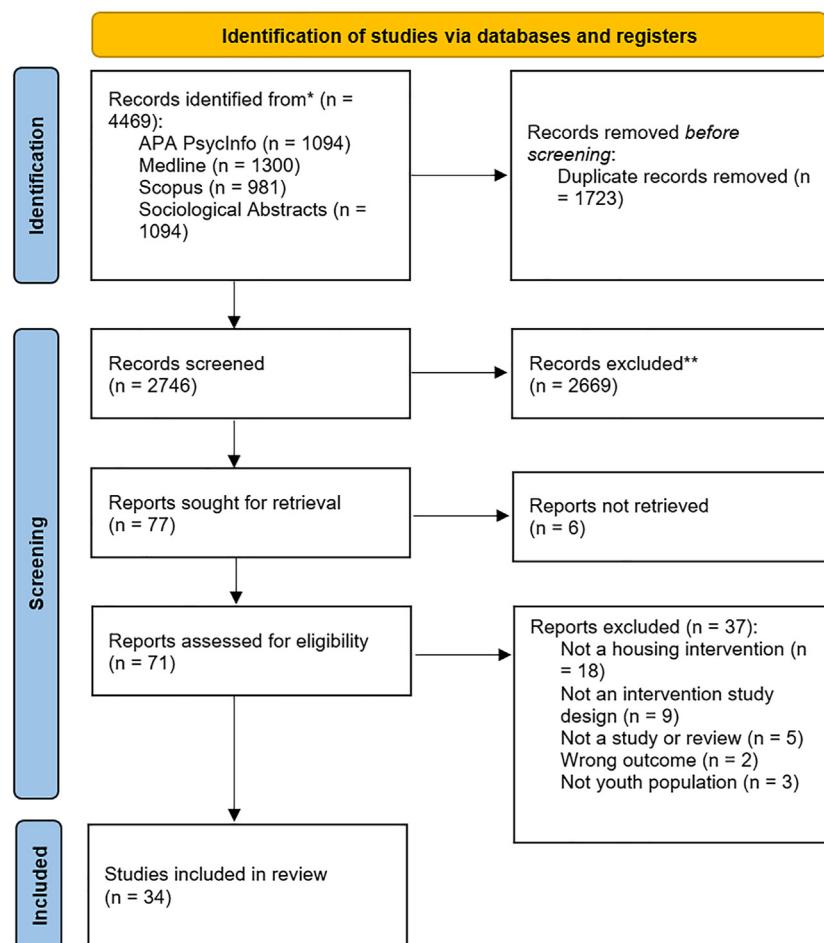


Fig. 1 PRISMA diagram.

Table 1 Structural interventions to improve life chances of street-involved youth.

| Intervention | Intervention type | Housing model | Criteria for placement | Population | Outcomes | Citation from screening |
|---|---|---|---|--|---|-------------------------|
| Associacão Promocional Oracão e Trabalho (APOT) <i>Campinas, Brazil</i> | <ul style="list-style-type: none"> Residential institutions (food, shelter, clothing, medical attention, physical contact/affection, psychological assessment) Behavioral supports (cognitive, emotional, interpersonal skills) Facilitating access to school Substance use treatment | <p>APOT:</p> <ul style="list-style-type: none"> Middle house (halfway house; adolescents with serious addiction and behavior problems, up to 6–12 months) Jimmy Hendricks house (youth who “graduated” the rehabilitation at middle house and street children) <p>IML:</p> <ul style="list-style-type: none"> Foster home for street children, 1-year community stage program following a 3-month detoxification | <p>Medium barrier</p> <ul style="list-style-type: none"> Must be willing to stop substance use | <p>Street children 1–19;</p> <ul style="list-style-type: none"> <5 yrs formal education APOT: males only, largest cohort 16–18 IML: largest cohort 13–15 | <ul style="list-style-type: none"> 56% of the residents at APOT and 48% of those at IML were successfully reintegrated into the community by the time they left the program. Job training and study skills are the aspects of the program youth enjoy the most Youth referred to program via correctional institutions had less success with reintegration | Harris et al. (2011) |
| (2) Instituto Mundo Libre (IML) <i>Lima, Peru</i> | | | | | | |
| At Home/Chez Soi Housing First Model <i>5 Canadian cities: Vancouver, Winnipeg, Toronto, Montreal, and Moncton</i> | <ul style="list-style-type: none"> Intervention: housing + assertive community treatment (ACT; high needs) or intensive case management (ICM; moderate needs) Control: treatment as usual | <ul style="list-style-type: none"> Intervention: housing first (scattered housing of youth’s choice + off-site mental health services) Control: housing and support services through other community programs post randomization, including other ACT or ICM programs 24 month RCT | <p>Medium–high barrier</p> <ul style="list-style-type: none"> Homeless Diagnosis of a mental disorder Legal Canadian citizen | <p>Youth 18–24</p> <ul style="list-style-type: none"> Mental illness | <ul style="list-style-type: none"> Housing stability Intervention group—65% stably housed for days data was collected Control group—31% stably housed for days data was collected | Kozloff et al. (2016) |
| Auberges du Coeur <i>Quebec, Canada</i> | <ul style="list-style-type: none"> Housing Life supports (enhancing capabilities, getting “life on track”, supports for young mothers, etc.) Pairing with a youth worker for goal setting | <p>Congregate living</p> <ul style="list-style-type: none"> (hostels; room and board) Short-term (but can be up to several years) | <p>Low barrier</p> <ul style="list-style-type: none"> Self-selected entry Motivation for change Agree to follow house rules (e.g., house schedule, developing healthy lifestyle) | <p>Young adults 12–30</p> | <ul style="list-style-type: none"> The Inn offered a sense of belonging and countered feelings of social isolation Important outcomes: developing self-confidence, taking control of oneself, and having life goals Must accept that the process of “getting out of it [street involvement]” takes time | Duval et al. (2007) |

(Continued)

Table 1 Structural interventions to improve life chances of street-involved youth.—cont'd

| Intervention | Intervention type | Housing model | Criteria for placement | Population | Outcomes | Citation from screening |
|--|--|---|---|---|---|-------------------------|
| BackTrack <i>Armidale, New South Wales, Australia</i> | <ul style="list-style-type: none"> Housing Living stipend Health system engagement Education (vocational training, high school completion) Workforce participation | <ul style="list-style-type: none"> Congregate living (6 permanent beds, 2 emergency beds) Transitional housing (3 yrs) | Low barrier | <ul style="list-style-type: none"> Young people who are having a hard time High-risk (e.g., criminal activity, school absence, lack of employment, mental health issues (including suicide ideation), substance use, and lack of engagement with health systems) Complex and multiple needs Youth in care | <ul style="list-style-type: none"> Cost-benefit ratio of 2.03—every dollar invested into the program returned \$2.03. Benefit metrics included: education attendance or completion; employment; engagement with health service providers; reduced homelessness; economic productivity; reduced vandalism to local infrastructure; reduced youth crime; reduced engagement with the justice system | Deemling et al. (2022) |
| BASP - Behavior and Stabilizing Placement <i>Florida, USA</i> | <ul style="list-style-type: none"> Work with youth to identify root causes of runaway behavior Identify foster care placement that meets the self-determined needs of the youth Matched comparison group through administrative data from state databases | Foster care | <ul style="list-style-type: none"> Repeated runaway behavior | <ul style="list-style-type: none"> Youth in care | <ul style="list-style-type: none"> Control group—services as usual Test group—foster care + ongoing services; significant reduction in runaway days | Clark et al. (2008) |
| Covenant House New York Crisis Program <i>New York, USA</i> | <ul style="list-style-type: none"> Housing Comprehensive services (health, vocational, counseling) | <ul style="list-style-type: none"> Congregate living (i.e., Low barrier shelter) Transitional housing Separate units for men, women, and mothers with children Short-term (<30 days) | <ul style="list-style-type: none"> No referral required Homeless and runaway youth | <ul style="list-style-type: none"> Homeless, transition age 18–21 High levels of adversity and trauma Poor education or vocational training | <ul style="list-style-type: none"> Significant improvement from intake to discharge, and 6 months after discharge After 6 months, <10% on the street or incarcerated; 26% did not have stable living arrangements. | Barber et al. (2005) |
| Daybreak Transitional Housing <i>Ohio, USA</i> | <ul style="list-style-type: none"> Housing Job training High school equivalency/ GED courses Counseling Life skills training (e.g., child care training, social support, nutrition education) Rental assistance | <ul style="list-style-type: none"> Graduated On site apartments (24) Scattered-site, project-based, transitional housing (30) Emergency shelter (16 beds) | <ul style="list-style-type: none"> Referral or application Agree to lease rules and expectations Experienced homelessness Earn <30% median income Have no other viable housing options Have no psychosis or chemical dependency Pose no threat to others in communal living | Youth 18–24 | <ul style="list-style-type: none"> Participants were employed at least 20 h/ wk Nearly half achieved education goals Youth who used substances were less likely to achieve their goals as were youth with chronic illnesses, ADHD, conduct and behavioral disorders. | Pierce et al. (2018) |

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|--|---|--|---|--|---|--------------------------|
| Eva's Phoenix Program <i>Toronto, Ontario, Canada</i> | <ul style="list-style-type: none"> Housing Employment/career training | <ul style="list-style-type: none"> Congregate housing Transitional housing (50 beds) | <p>High barrier</p> <ul style="list-style-type: none"> Grade 10 education Not using substances | <ul style="list-style-type: none"> Youth 16–24 | <ul style="list-style-type: none"> Sincere efforts to engage youth and encourage their social agency—however, challenges exist with training young people with limited education, skills, and resources to perform in a highly structured and organized union environment | Bridgman (2001) |
| Home Free Program <i>USA</i> | <ul style="list-style-type: none"> Family reunification Transportation for youth Trauma-informed and crisis counseling | <ul style="list-style-type: none"> Family/guardian placement or alternative living arrangement (ALA) with extended family | <p>Low barrier</p> <ul style="list-style-type: none"> Runaway youth contacts the National Runaway Safeline | <ul style="list-style-type: none"> Youth 14–20 | <ul style="list-style-type: none"> Qualitative: changes in family interactional patterns related to physical reunification, clearer expectations, increased and improved communication, and increased awareness of differing perspectives Quantitative: decreased family conflict, increased family expressiveness, improvements in family dynamics, and improvements in youths' health outcomes | Harper et al. (2015) |
| HOME (Housing, Opportunities, Motivation and Engagement) Adapted Housing First Model <i>Columbus, Ohio, USA</i> | <ul style="list-style-type: none"> Housing (6 months of rent and utilities) Supportive intervention services (youth-centred advocacy services, motivational interviewing, HIV risk prevention services) | <ul style="list-style-type: none"> Scattered site housing 6 months of utility and rental assistance (up to \$600/mo) | <p>High barrier</p> <ul style="list-style-type: none"> Recruitment from a drop-in center Meet criteria for homelessness Does not have substance use disorder | <ul style="list-style-type: none"> Young adults 18–24 | <ul style="list-style-type: none"> High proportion stably housed after 6 months High participation in services No significant change in alcohol use Drug use, drug use consequences, cognitive distortions, and size of social group using drugs decreased significantly | Kelleher et al. (2021) |
| HOME Adapted Housing First Model <i>Mid-west, USA</i> | <ul style="list-style-type: none"> Housing (6 months of rent and utilities) Supportive intervention services (youth-centred advocacy services, motivational interviewing, HIV risk prevention) | <ul style="list-style-type: none"> Scattered-site housing 6 months of utility and rental assistance (up to \$600/mo) | <p>High barrier</p> <ul style="list-style-type: none"> Recruitment from a drop-in center Meet criteria for homelessness Did not have substance use disorder | <ul style="list-style-type: none"> Young adults 18–24 | <ul style="list-style-type: none"> Being provided with housing led youth out of "survival mode", leading to feelings of self-improvement Some dissatisfaction with the quality of housing provided (e.g., poor quality, safety) Positive responses to having an advocate—less the services provided and more that "someone cared"; the flexibility of service access improved outcomes Changes to social networks—shedding negative connections, improving social relationships | Brakenhoff et al. (2022) |

(Continued)

Table 1 Structural interventions to improve life chances of street-involved youth.—cont'd

| Intervention | Intervention type | Housing model | Criteria for placement | Population | Outcomes | Citation from screening |
|--|---|--|---|--|--|-----------------------------|
| Houvast strength based interventions <i>Netherlands</i> | Intervention: <ul style="list-style-type: none">• Houvast trained youth shelters with ambulant/ residential care• Support services (housing, education, finances, social network)• Strengths assessment (e.g., social relationships, finances, social security—10 life domains) Control: <ul style="list-style-type: none">• Care as usual youth shelters with ambulant/ residential care | <ul style="list-style-type: none">• Congregate housing (i.e., shelter)• Randomized control trial | <ul style="list-style-type: none">• Medium barrier• Not living with their parents while receiving care• Having received care for more than 2 weeks | <ul style="list-style-type: none">• Youth 17–26 | <ul style="list-style-type: none">• Quality of life was the primary outcome measure• Intervention: general improvement on satisfaction with family relations, satisfaction with finances, satisfaction with health, depression, autonomy, competence, and resilience• Fewer care needs, higher percentage employed or in school at follow-up• All showed a decline in satisfaction with social relations• No significant difference between intervention and control groups—except more youth who participated in the intervention were still receiving care at follow-up | Krabbenborg et al. (2017) |
| Intensive Assertive Community Intervention Team (IACIT) | Intervention IACIT: <ul style="list-style-type: none">• Housing support• Outreach• Integrated care EIS Control: <ul style="list-style-type: none">• EIS only | Striving for: <ul style="list-style-type: none">• Autonomous housing (alone, roommate, with parents) or• Supervised housing (group home, foster care, supervised apartment) | <ul style="list-style-type: none">• Medium barrier• Being homeless/at risk of homelessness• Never having received treatment for psychosis or having received treatment for less than a year | <ul style="list-style-type: none">• Youth 18–30 | <ul style="list-style-type: none">• Having substance use disorder• Mental illness (affective/non-affective psychosis) | Dore-Gauthier et al. (2020) |
| Early Intervention for Psychosis Services (EIS) <i>Montreal, Quebec, Canada</i> | | | | | | |
| Independent Living Services (ILS) <i>Washington, Oregon, USA</i> | Independent living services (ILS) variables: <ul style="list-style-type: none">• Housing (remaining in foster care)• Tangible support (e.g., academic, financial, employment)• Life skills training (e.g., financial planning, home management, etc.)• Compared with youth receiving services as usual (matched administrative data) | <ul style="list-style-type: none">• Foster care | <ul style="list-style-type: none">• Medium barrier• Being in care, transition age | <ul style="list-style-type: none">• Youth 17–19• Youth aging out of foster care | <ul style="list-style-type: none">• Remaining in foster care, continuous receipt of academic support, and financial assistance services at ages 17–19 protected foster youth from experiencing homelessness• Remaining in foster care and continuous receipt of financial assistance services at ages 17–19 protected foster youth from incarceration between ages 19–21• Continuous receipt of (1) housing education and home management training, and (2) health education and risk prevention training at ages 17–19 were each associated with increased risk of homelessness at ages 19–21 | Huang et al. (2022) |

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|--|--|---|---|---|---|---|
| Larkin Street Youth Services <i>San Francisco, CA, USA</i> | <ul style="list-style-type: none"> Homelessness prevention: youth aging out of care/foster care alumni (FCA) Homelessness intervention: Homeless youth in general (including FCA) Transitional housing Education Employment/workforce development | <ul style="list-style-type: none"> Transitional living program (TLP) Homelessness Prevention for FCA: (a) Scattered site housing (Larkin Extended Aftercare for Supported Emancipation (LEASE)), (b) Congregate housing (Holloway House) Homeless intervention for homeless youth in general and FCA: Larkin Street's transitional housing Transitional living program (TLP) Congregate/supervised housing | <p>Medium barrier</p> <ul style="list-style-type: none"> Prevention group: referrals through local Independent Living Skills Program during youth's transition out of foster care (can access services anytime between 18–25) and having been in care between 16–18 y/o Intervention group: referrals through Larkin Street's emergency services (outreach, drop-in, emergency shelter) | <ul style="list-style-type: none"> Prevention group: FCA Intervention group: youth experiencing homelessness including but not limited to FCA | <ul style="list-style-type: none"> Homeless FCA presented more unemployment, school attrition, substance use, and mental health challenges than non-FCA homeless youth Homeless FCA experienced more instability while in care than transitioning FCA | Brown and Wilderson (2010) |
| Larkin Street Youth Services Avenues to Independence (ATI) Transitional Living Program <i>San Francisco, California, USA</i> | <ul style="list-style-type: none"> Transitional housing Employment (youth required to obtain/maintain employment) Independent life skills training Education coordinator | | <p>High barrier</p> <ul style="list-style-type: none"> Living on the streets/in a shelter at time of intake No mental health or substance use issues that prevent employment retention (taxable) | <ul style="list-style-type: none"> Homeless adults 18–23 | <ul style="list-style-type: none"> TLP can provide youth—especially youth formerly in care—an opportunity to find and maintain employment, save money for move out costs, learn daily living skills, experience “mock” real world experiences, and achieve an hourly wage to sustain independent living This program's participants showed housing stability at 6-months follow-up and youth with comprehensive employment training attained higher wages | |
| LifeWorks—Rapid Rehousing Program (RRH) <i>Austin, Texas, USA</i> | <ul style="list-style-type: none"> Housing Rent subsidies Case management (up to 36 months) | <ul style="list-style-type: none"> Scattered site Housing first/rapid rehousing: remove artificial barriers (e.g., sobriety, employment); promote client choice in selecting housing; participating in supportive services | <p>Low barrier</p> <ul style="list-style-type: none"> Experiencing literal homelessness Prioritizing program entry based on highest level of vulnerability (e.g., chronic homelessness, substance use disorder, experiencing victimization) | <ul style="list-style-type: none"> Youth 18–24 | <ul style="list-style-type: none"> Loss of housing correlated to three key factors: <ol style="list-style-type: none"> (1) Foster care history (2) Identifying as LGBTQ+ (3) Depression | Rashid (2004) Youngbloom et al. (2022) |

(Continued)

Table 1 Structural interventions to improve life chances of street-involved youth.—cont'd

| Intervention | Intervention type | Housing model | Criteria for placement | Population | Outcomes | Citation from screening |
|---|--|---|---|--|---|--|
| NYNY III, supportive housing <i>New York, USA</i> | <ul style="list-style-type: none"> Affordable housing Support services (case management, job training, education support, physical, mental health service access) Compared with youth who did not sustain placement beyond 7 days/who were not placed in NYNY III | <ul style="list-style-type: none"> Government subsidized housing Scattered site and congregate housing | <ul style="list-style-type: none"> Medium barrier 18–25 years old Leaving foster care within the next 6 months, have left foster care within 2 years, or have been in foster care for more than 1 year after their 16th birthday | Youth formerly in foster care 18–25 | <ul style="list-style-type: none"> The housing program was positively associated with stable housing and negatively associated with diagnosed STI rates | Lim et al. (2017) |
| Permanent Supportive Housing (PSH) <i>California, USA</i> | <ul style="list-style-type: none"> Subsidized PSH Multidisciplinary team-based services/intensive case management to support rehabilitation and recovery 24/7 Crisis intervention services Compared with youth accessing public mental health services (matched administrative data) | Subsidized PSH | <ul style="list-style-type: none"> Medium barrier Transition aged youth 18–24 Homeless/at-risk of homelessness Serious mental illness | <ul style="list-style-type: none"> Transition age youth 18–24 who are homeless or at-risk of homelessness with a serious mental illness | <ul style="list-style-type: none"> Youth PSH participants had higher inpatient, crisis residential, and mental health outpatient costs (contrasts studies among adult PSH participants that show the opposite) Service costs may be increasing due to increases in service access—especially for high-fidelity programs (i.e., better individualized wrap around care) PSH programs may not be suited for youth with a high risk of inpatient admission. Higher fidelity programs are more effective than lower fidelity programs at improving health service use outcomes among youth | Gilmer (2016) |
| Permanent Supportive Housing (PSH) <i>San Francisco, CA, USA</i> | <ul style="list-style-type: none"> Single site PSH (Housing First Model) Voluntary engagement with supportive services (case management and education/vocational program) | <ul style="list-style-type: none"> Single site PSH (housing first model) 43 Single occupancy units some have bathrooms while others share bathrooms, communal kitchen 30% of monthly income is required to pay rent/ non-payment is grounds for eviction | <ul style="list-style-type: none"> Medium barrier Chronically homeless youth 18–24 Disabling condition Continuous homelessness for 1 year or multiple (4 or more) episodes of homelessness in past three years | <ul style="list-style-type: none"> Chronically homeless youth 18–24 | <ul style="list-style-type: none"> Food insecurity persists for formerly homeless youth living in PSH. Multi-level barriers influence food security including stigma, food deserts, kitchen issues, food storage, food sharing, and cooking skills (among others) PSH is not a stand-alone solution | Brothers et al. (2020) |

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|--|---|--|---|---|---|
| Protection and Education Center (PEC) for Street Children <i>Shanghai, China</i> | <ul style="list-style-type: none"> • Involuntary housing • Provisions for basic necessities and primary medical care • Education • Forced reunification with families or entry into child welfare institutions | <ul style="list-style-type: none"> • Congregate temporary care • Closed/locked facility | Low barrier <ul style="list-style-type: none"> • Referrals by law enforcement officials or city inspectors | <ul style="list-style-type: none"> • Youth 13–16 | <ul style="list-style-type: none"> • Street children disliked the high security Lam and Cheng (2008) of the center and many had rejected going home. They tended to keep away from the center even though it could provide them with lodging and food. The concept of “protection” plays out more as “prison”. Street children are competent social actors, not passive/dependent “human beings in the making” |
| Rapid Rehousing (RRH) <i>Northeastern USA cities</i> | <ul style="list-style-type: none"> • Rapidly rehouse through temporary financial assistance (up to 12 months possible extension to 24 months) • Individualized case management • Payment contribution systems | <ul style="list-style-type: none"> • Scattered site housing • Supporting young adults to secure the housing option of their choice | Low barrier <ul style="list-style-type: none"> • Young adults who had previously experienced homelessness | <ul style="list-style-type: none"> • Young adults 18–24 | <ul style="list-style-type: none"> • Rapid rehousing and service providers Gurdak et al. (2022) should focus on (1) the importance of tangible support (e.g., financial assistance, resources), (2) communication among all parties including clarity of expectations, and (3) youth taking initiative (i.e., being autonomous and agentic) |
| Rent subsidies and mentorship <i>Toronto, Hamilton, St Catherine's, Ontario, Canada</i> | <ul style="list-style-type: none"> • Intervention & control group: portable rent subsidies (\$400/mo St. Catherine's and Hamilton; \$500/mo Toronto) • Intervention group: mentorship (in person pre-pandemic; virtual post-pandemic) and navigator role (facilitated connection to resources to assist with socioeconomic inclusion) | <ul style="list-style-type: none"> • Market-rental housing • Portable rent subsidies paid directly to landlords | High barrier <ul style="list-style-type: none"> • Young people 16–26 who had experienced homelessness in the past 12 months living in market-rent housing • Fluent in English • Not at imminent risk of losing housing (due to justice system involvement or eviction) | <ul style="list-style-type: none"> • Young people 16–26 | <ul style="list-style-type: none"> • Quantitative: all participants remained Thulien et al. (2022) housed at 18 months • No difference in self-esteem proxy indicators for socio-economic inclusion between control/intervention groups |
| St. James homeless services <i>Western USA</i> | <ul style="list-style-type: none"> • Housing • Case management • Life skills programs (required attendance 1/week) | <ul style="list-style-type: none"> • Transitional living program (TLP; 2 year) • Congregate living • House rules: daily inspections of bedrooms for cleanliness, daily chores, curfew, dress code, mealtimes, medication policies, rules for technology use, rules for bedrooms | High barrier <ul style="list-style-type: none"> • Homeless young adults 18–21 • Must live in the emergency shelter (2–5 mo) before moving to TLP • Meet program requirements including: active job searching, being employed or being in school | <ul style="list-style-type: none"> • Homeless young adults 18–21 | <ul style="list-style-type: none"> • Qualitative: residents felt overly monitored, particularly around daily living; felt a lack of flexibility in the rules and regulations • Program operates on a model of “controlling” behavior • Government agendas that focus on employment and life skills dominate much needed comprehensive services <p>Curry and Petering (2017)</p> |

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Table 1 Structural interventions to improve life chances of street-involved youth.—cont'd

| Intervention | Intervention type | Housing model | Criteria for placement | Population | Outcomes | Citation from screening |
|---|---|---|---|--|--|-------------------------|
| Street Youth Employment Program (SYEP) USA | <ul style="list-style-type: none"> Housing Employment (immediate access to part time work (20 h/wk) on subsidized community projects; on-the-job training; low supervisor to worker ratio) | <ul style="list-style-type: none"> Temporary shelter (90-day emergency housing vouchers for single room occupancy (SRO) hotels, at the local YWCA or other low-cost housing options) | <ul style="list-style-type: none"> Medium barrier Between 16–20 years old Living on the streets but who were not runaways | <ul style="list-style-type: none"> Youth 16–20 | <ul style="list-style-type: none"> 70% of participants moved away from living on the streets to more stable involvement in work or school. Success was attributed to meaningful employment, stable living arrangements, and attention to medical and mental health needs | Abbott and Blake (1988) |
| Supportive Housing (SH) Los Angeles, California, USA | <ul style="list-style-type: none"> Housing Supportive services | <ul style="list-style-type: none"> Supportive housing (i.e., subsidized housing with support services) | <ul style="list-style-type: none"> Low barrier Living in supportive housing or unhoused (i.e., on-street or emergency shelter) | <ul style="list-style-type: none"> Young adults 18–27 | <ul style="list-style-type: none"> Evaluate change in health care needs from homelessness to more stable housing Participants who resided in supportive housing were more likely to report at least 1 type of unmet need than youth who did not have access to housing | Semborski et al. (2022) |
| Supportive housing with Phoenix youth programs Halifax, Nova Scotia, Canada | <ul style="list-style-type: none"> Housing Integrated support services (case management, health care, supervision) | <ul style="list-style-type: none"> Intervention: supervised semi-independent supportive housing + services (min. 3 months) Control: drop-in center support services only | <ul style="list-style-type: none"> High barrier Homeless/at-risk youth 16–25 Zero-tolerance substance use policy at drop-in center or housing location | <ul style="list-style-type: none"> Homeless/at-risk youth 16–24 | <ul style="list-style-type: none"> Association between housing and health Youth in supportive housing report better health than their non-housed counterparts | Kisely et al. (2008) |
| The Bailey House Success Through Accessing Rental Assistance and Support (STARS) New York, USA | <ul style="list-style-type: none"> Housing Harm reduction Intensive case management (support housing stability, facilitate access to medical care for HIV+ young people) Independent living skills program Community resource specialist (facilitates connections to community resources including food services, education/vocation programs) | <ul style="list-style-type: none"> Housing first Scattered-site permanent supportive housing | <ul style="list-style-type: none"> Medium barrier HIV+ Young Adults 18–24 Young adults age 18–24 | | <ul style="list-style-type: none"> Return on investment analysis, program vs. services as usual; ROI = 1.32 Housing first initiatives are a viable structural intervention that can improve health outcomes for young people with HIV | Dodd et al. (2018) |

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|---|--|---|--|--|---|------------------------|
| The Chelsea Foyer at the Christopher ("the Foyer") New York, USA | <ul style="list-style-type: none"> Housing Case management/independent living specialist (individualized goal-oriented action plans: education, employment, budgeting, housing) Life skills programs Educational/vocational supports Housing assistance Psychosocial support Community building Aftercare services | <ul style="list-style-type: none"> Congregate housing Single-site supportive/transitional housing program (2 yrs) | <p>Low barrier</p> <ul style="list-style-type: none"> Young adults 18–25 Previous experience in care, homeless, or at risk of homelessness | <ul style="list-style-type: none"> Young adults 18–25 Aged out of foster care, homeless or at risk of homelessness | <ul style="list-style-type: none"> Reduction in shelter use and jail stays 2 years after program entry Foyer participants are significantly more likely to have used medicaid within 2 years | Raithel et al. (2015) |
| Three intervention conditions: housing and supportive services; housing only; and services as usual. USA | <ul style="list-style-type: none"> (1) Housing and supportive services: supportive services and strength-based outreach and advocacy (SBOA) (2) Housing only: utilities and rental assistance for 3 months (3) Services As Usual (SAU): referral sheet with a list of available services in the area | <ul style="list-style-type: none"> (1) Independent housing—apartment of participant's choice with utilities and rental assistance for 3 months (2) Utilities and rental assistance for 3 months (3) No housing, utilities or rental assistance | <p>Medium barrier</p> <ul style="list-style-type: none"> Homeless young mothers 18–24 with custody of a biological child 6 years old or younger Diagnosed substance use disorder | <ul style="list-style-type: none"> Young mothers 18–24 with substance use disorder Homeless | <ul style="list-style-type: none"> Better outcomes related to substance use and self-efficacy experienced by the housing + supportive services group Overall, substance use declined for housing-only and SAU groups, however, more mothers in housing-only compared to SAU increased their substance use over time | Slesnick et al. (2023) |
| Transitional Living Program (TLP) Chicago, Illinois, USA | <ul style="list-style-type: none"> Transitional Living Program (TLP) Education Primary physical and mental health care Employment Life-skills programs | <ul style="list-style-type: none"> Congregate housing (up to 21 months) | <p>Low–medium barrier</p> <ul style="list-style-type: none"> Older youth with experiences of homelessness | <ul style="list-style-type: none"> Young adults 20–32 who had previously been homeless 1–11 years prior | <ul style="list-style-type: none"> Leaving TLP—most continue to experience financial and housing instability 66% were in stable housing, but struggled financially Retrospective, qualitative: TLPs may not address the structural roots of homelessness Youth need communities of support and a culture of belonging Young people value programs that invest authentically in nurturing their development and future goals Aftercare programs (post TLC stint) are needed with regular follow-up Great ability for support workers to continue providing accompaniment is needed (i.e., re-evaluate professional boundaries) Alleviate share/self-stigma by teaching young people about structural oppression and rights | Holtschneider (2016) |

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Table 1 Structural interventions to improve life chances of street-involved youth.—cont'd

| Intervention | Intervention type | Housing model | Criteria for placement | Population | Outcomes | Citation from screening |
|---|--|---|---|--|--|--------------------------------|
| Watch Me Rise (WMR) USA | <ul style="list-style-type: none"> Housing Comprehensive service model Individualized care coordination through WMR 4 phase model to assist youth in setting and meeting goals or immediate needs, obtain and sustain housing and prevention of recurrent homelessness Compared with youth receiving services as usual (matched administrative data) | <ul style="list-style-type: none"> Emergency shelter | <ul style="list-style-type: none"> Medium barrier (response to immediate housing crisis) History with child welfare | <ul style="list-style-type: none"> Young adults 18–24 Care history | <ul style="list-style-type: none"> Overall improvements in life domain functioning and employment/employment readiness Nuance to findings—self-reliance is important, but it can also prevent developing supportive connections Employment or education may not be a priority (i.e., compared to establishing family connections)—broad outcomes individual to each youths' goals | Lindquist-Grantz et al. (2022) |
| Work2Live (W2L) program offered through Zero Ceiling (ZC) Whistler, BC, Canada | <ul style="list-style-type: none"> Housing Employment (with Mountain resort) Adventure-based learning Ongoing professional support | <ul style="list-style-type: none"> Congregate | <ul style="list-style-type: none"> subsidized housing, Medium barrier No untreated, ongoing/ current mental health issues or substance use disorder Referral through youth supporting agencies | <ul style="list-style-type: none"> Young adults 19–24 | <ul style="list-style-type: none"> Qualitative: youth need a better understanding of expectations (employer, program, etc.) Program operators could expand relationships with other community employers Trainings like conflict management and time management would be useful | Axe et al. (2020) |

YMCA Sprott House
Toronto, ON, Canada

- Housing
- Case management (support to find affordable housing)
- Outreach counselor
- Youth worker (assist in setting and meeting individualized goals in preparation for independence)
- Congregate transitional housing (2 yrs)

- Medium barrier
- Application and interview process
- Priority given to young people in unsafe conditions
- Youth ages 16–24

- LGBTQ2S+
- Youth 17–24
- Youth identified that affordability, personal credit, and finances were a barrier to stable housing
- Racialized youth reported racial bias in the private housing market
- Challenges with institutional erasure (e.g., being misgendered by staff)
- Slight reduction in unemployment rates after 1 year
- Youth's perception of safety increased over time
- Cultivated a sense of community among youth
- Minimal change observed with respect to family connectedness; though stability in areas like study and employment sometimes took precedence
- Being able to discuss gender identity positively impacted mental health
- Some mental health needs were beyond the capabilities/competencies of some workers
- Needed staff who better represented/identified with the youth (e.g., BIPOC, LGBTQ2S+)

Abramovich
and Kimura
(2021)

As shown in **Table 1**, most of the studies included in our scoping review were conducted in the United States (22). Eight were conducted in Canada, one in the Netherlands, one in Australia, one in China, and one study compared interventions in Brazil and Peru. A variety of housing interventions were identified. These included rapid (re)housing, transitional living placement, permanent supportive placement, family reunification, and foster care placement. Housing models ranged from scattered site housing where youth were placed in apartments in urban centers or chose where they wanted to live, to congregate living, including with roommates, hostel or shelter settings, or room and board style living. Five studies used a randomized control trial methodology where a housing intervention with additional services was implemented for an extended period (e.g., up to two years) for a group of SIY, while services, as usual, were continued for the control group in order to compare outcomes. Other studies used the same intervention for two different cohorts to identify population specific outcomes. For example, the *Larkin Street Youth Services* program in San Francisco, California, USA, compared the outcomes of a transitional living program for youth moving out of foster care with youth who were experiencing homelessness (some of which may have previous experiences with the child welfare system).

We categorized access to interventions as low, medium, or high barrier, or a combination of the two conditions. An intervention was considered low barrier to participate if it did not have criteria beyond experiencing homelessness or being at risk for homelessness. For example, the *Housing First* and adaptations of the model for intervention implemented in six studies located in North America is low barrier—it is a rights-focused structural intervention, adhering specifically to Article 25 of the Universal Declaration of Human Rights: “[e]veryone has the right to a standard of living adequate for the health and well-being of him[her/them] self and of his[her/their] family, including … housing”. The intervention, therefore, does not have requirements to be “ready” for housing, but rather supports housing as the first step toward readiness.

An intervention was considered medium barrier in our analysis if participants needed to be experiencing adversity in their lives beyond housing precarity. This included SIY who identified as 2SLGBTQIA+ (e.g., YMCA *Sprott House*), living positive with HIV (*The Bailey House*), or being diagnosed with a substance use dependency ([Slesnick et al., 2023](#)). High barrier interventions required stability or advantage to participate (e.g., sobriety and educational achievement), such *Eva's Phoenix Program*, or no untreated mental health issues, such as the *Work2Live Program*.

Diverse populations

Based on the findings of our scoping review, SIY tend to experience homelessness due to a variety of socio-economic conditions that include poverty, engagement with the child welfare system, mental illness, discrimination or ostracization due to gender or sexuality, family strife, substance use, or lack of affordable housing options if they leave home or age out of government care. Some SIY may experience complexities on multiple fronts expressed in diverse ways, depending on their intersecting social locations.

The SIY identified in our scoping review were primarily homeless, at-risk of homelessness, street children, or runaways between the ages of 12 and 30 years old. Most interventions targeted young adults and emerging adults between 18 and 26 years of age (n = 30). Nine studies were conducted with formerly SIY who had exited street life into supportive housing, transitional housing, or market rental housing. Six interventions targeted SIY with previous child welfare involvement or who were aging out of care. Two interventions focused on runaway youth between the ages of 12 and 20 years old. Three interventions—one each in China, Brazil and Peru—involved street children aged 6–19 years old.

Medium barrier, population specific programs focused on SIY with mental illness (n = 3), SIY who identified as 2SLGBTQIA+ (n = 1), young mothers with substance use concerns (n = 1), SIY living positive with HIV (n = 1), “high risk young people” characterized by their disengagement from school, lack of formal employment, use of alcohol or substances, presence of one or more high risk mental health disorders, not utilizing health care services, engaging in criminal activity, and homeless status (n = 1).

The SIY who participated in the interventions were diverse across genders, ethnicities, racial identities (e.g., White, Black/African American/Caribbean, Latinx, Indigenous, Asian, multiracial/ethnic), and sexual orientations. A high number of cis men identifying youth were included in the intervention samples. This aligns with reports which detail that they outnumber their cis women counterparts on the street ([Embleton et al., 2016](#); [Magnuson et al., 2021](#)).

Background information of the SIY who participated in the interventions included in our scoping review commonly report unstable housing histories, including multiple episodes of being without consistent, reliable shelter from less than 30 days to extended periods of one year or more. They often relied on emergency or temporary shelters, friends or extended family members, or sleeping on the streets. Some interventions were geared specifically toward youth with a history of being in government care, including providing transitional living arrangements that bridged being in-care and being fully independent or providing housing to homeless system-involved youth. Of the SIY involved in the studies included in our review, less than 50% had a high school diploma.

Addressing complexities of street involvement

The interventions identified in our scoping review focus on the impact housing can have to lift SIY out of poverty and improve their life chances by facilitating access to vocational training/other education and employment opportunities, health care, and social networks. Moreover, youth need assistance navigating the network of systems available to them, while coping with challenges of emerging and early adulthood.

Most of the interventions reported in the peer-review articles were multi-component, meaning they included a structural intervention in addition to housing. One such intervention, the *Zero Ceiling: Work to Live (W2L)* employment program situated in the resort town of Whistler, British Columbia, Canada, focuses on employment as a key factor in building youth resilience and combatting homelessness. *W2L* coupled employment in hospitality and mountain sports at the Whistler Resort Village (i.e., “the Mountain”) with housing subsidies for SIY/youth at risk of homelessness. While the program reports many successes as a community-based initiative, a key challenge raised by youth participating in the 12-month program was the difficulty of moving beyond “the Mountain”—that is, their income and, therefore, their housing, was tied exclusively to employment at the resort (Axe et al., 2020).

Addressing the persistent challenge of longevity, portability, and stability was also raised in the *Eva’s Phoenix* program, when discussing employment opportunities in construction and trades fields for SIY. Bridgman (2001) noted that employment interventions need to look beyond “getting people on their feet” and into unskilled or minimum wage labor and additionally provide longer term career planning with space for upward mobility, should a young person choose that path. This study also found that while youth expressed their desire to self-determine job opportunities, their lack of workplace preparedness occasionally limited their success in the highly structured unionized environments of construction-related jobs. Similarly, while employers involved in the intervention wanted young people to succeed, their inexperience with the expectations of a structured workplace, coupled with barriers, including lacking transportation, created challenges for business owners and youth employees.

Some studies noted that limiting the objective of housing interventions to employment and workplace preparedness overlooked the comprehensive services that youth need to sustain long term housing and financial stability (Curry and Petering, 2017). For example, Brothers et al. (2020) sought to understand how food security was impacted following a *Housing First* intervention for SIY in San Francisco, California, USA. The study results showed, despite the “housing first” philosophy that housing is the essential first step out of poverty, housing placements in food deserts, ongoing issues of stigmatization, challenges with food storage, access to kitchens, and notably, education around food preparation, resulted in the persistence of food insecurity and ongoing structural disadvantage.

Some studies found that reported health issues appeared to increase among SIY after entering an intervention program (Semborski et al., 2022). This was largely attributed to having fewer barriers to access health care services and receiving clinical care and attention and subsequent diagnoses. Some of these services may not have been accessible “on the street”, resulting in SIY having a greater likelihood of exposure to STBBIs, living with untreated mental illness, and not having access to maternal or reproductive care. Several housing programs included system navigators as part of their initiative, such as case workers, youth workers, mentors, and peer navigators, to assist young people to identify their wellness needs and find pathways to help address them via health and social services. These programs hypothesized that street-involvement places youth at a higher risk of STBBIs or substance use harms and designed interventions to reduce the exposure to those harms by changing the physical environments (i.e., housing) and care environments (i.e., access to health services) of SIY. Examples of these programs include *The Bailey House* in New York, USA (Dodd et al., 2018) and Slesnick et al.’s (2023) randomized control trial focused on young homeless mothers who use substances. While the success of these interventions is in part related to changing environments and access to services, other factors influence outcomes that may not be accounted for. For example, studies like Kelleher et al.’s (2021) found that an outcome of the *Adapted Housing First* program in Columbus, Ohio, USA, was a reduction in substance use and related benefits due a decreased size of social groups who use drugs.

Some studies in our scoping review found that connecting social services to housing interventions, especially alongside health initiatives, helped address some pre-existing traumas that may have led to street-involvement or those that may have occurred when youth were street entrenched. Social services helped to address “risky” situations, such as social isolation and loneliness, exposure to violence and harassment, and experiences of discrimination due to social stigma. Integrated transitional living interventions are intended to build independent living skills through vocational training, life coaching (e.g., goal setting, strengths-based outreach and advocacy, motivational interviewing), and employment opportunities (e.g., Brown and Wilderson, 2010; Deeming et al., 2022; Pierce et al., 2018). A challenge, however, is maintaining continuity with the various = dimensions of multi-component interventions. A retrospective study included in our scoping review involved interviewing former participants of transitional living programs in Chicago, Illinois, USA (Holtschneider, 2016). Of the participants who had been engaged in transitional programs up to 11 years prior, 66% were stably housed but were struggling financially. A conclusion of the study was that youth valued the community of care and culture of belonging they received but struggled with the loss of the social and professional support after the intervention.

Some housing interventions included in our scoping review targeted specific populations or reported exclusive criteria to be considered for placement in programs, such as having a diagnosed mental health disorder or being willing to enter treatment for substance use. These criteria can create moderate to high level barriers for some SIY. *Sprott House* intervention, a 2SLGBTQIA+ population-based intervention in Toronto, Ontario, Canada, is “medium barrier” because it worked with a specific SIY population and aims to tailor services to that group (Abramovich and Kimura, 2021). Alternatively, the medium barrier program, *Daybreak Transitional Housing*, requires participants to have no psychosis or chemical dependency, and participants must have received a referral to the program from an outside authority (Pierce et al., 2018). The program is designed to be trauma-informed, recognizing that many SIY have experienced complex traumas in their lives, including having incarcerated parents, parents with substance use dependency, personal experiences of physical or sexual abuse or neglect, or mental illness, including PTSD, anxiety, and depression. Youth who were successful in the 12-month program demonstrated improvements in areas such as employment, income, and education. However, among those youth who left the program prior to completion,

were those who identified more frequently as neurodivergent, suffered from chronic illnesses, used substances, or present disruptive/behavioral issues. By comparing the outcomes of these interventions, it is evident that the structured nature of some programs is beneficial for some, but challenging for others, especially those who are marginalized on multiple fronts.

Alternatively, low-barrier interventions strived to meet SIY where they are at—whether having a substance use disorder, limited formal educational attainment, or problematic histories with the social justice system. The *BackTrack* initiative, launched in the rural community of Armidale, New South Wales, Australia, focused on work force preparedness and individualized care to support personal development for youth with complex needs (Deeming et al., 2022). At the end of the evaluated 3-year housing placement, SIY showed increases in high school attendance or completion and vocational completeness, greater engagement with health services, and reduced homelessness. An economic evaluation of the program found that implementing the program had a 2.03 cost-benefit ratio (i.e., \$2.03 AUD return on every \$1.00 AUD invested)—due in part to a reduction in crime, vandalism, and increased employment.

In summary, the interventions included in our scoping review included SIY who were marginalized on many dimensions. Some were living with a substance use disorders, and/or were diagnosed with a mental illness, were pregnant, had experience with social welfare services or, were intertwined in government care systems. Evaluating these interventions from a social justice perspective tells us that these housing programs remain inaccessible to many SIY due to their medium or high barrier criteria for participation. Additionally, challenges related to “age”, including not having rental property references, not having established a credit score, not being a legal adult, or being stigmatized due to multiple intersecting factors (e.g., age, race, expression) were enough to bracket some young people into situations of housing precarity. SIY who used substances or were living with mental illness were excluded from some interventions that integrated employment or vocational training. Other barriers included restricting programs to youth who had lived histories with the child welfare system or who identified with historically or socially marginalized identities such as being 2SLGBTQIA+.

Our scoping review results also show that after SIY youth receive stable housing, many can shift their focus away from everyday survival needs, including finding food and shelter, toward their longer-term life goals that include completing high school, establishing their careers, or parenting their children and supporting their families (Brakenhoff et al., 2022). Tangible supports, such as financial assistance, educational supports, and employment opportunities, proved to be more effective in establishing greater housing stability as compared to “life skills training”, including financial planning/budgeting or home management skills (Curry and Petering, 2017; Huang et al., 2022). Communicating clear expectations of SIY, both in housing and employment settings, was also important for youth to thrive, as was their involvement in the decision making around where they can live, work, and what they wish to study.

Yet, interventions alone are not panaceas to homelessness. Addressing the structural roots of street involvement is essential (Brakenhoff et al., 2022; Clark et al., 2008; Holtschneider, 2016). This will involve redressing the macro level oppressions that creates housing precarity among SIY in the first place and recognizing their position as rights-holding citizens (Holtschneider, 2016). Moreover, key ingredients that are proven to cultivate stability for SIY, such as maintaining lasting communities of care, need to be authentically prioritized in housing interventions and not limited solely to economic outcomes to satisfy politically determined metrics of success (Curry and Petering, 2017).

Conclusion

Housing stability for SIY promote greater access to health services, employment opportunities, and formal education. While safe and secure housing is critical, it is not enough. Indeed, housing stability without additional changes to social infrastructure will not lead to success in the long run. SIY face substantial structural barriers to exiting homelessness, while passing through a crucial developmental stage in their lives—cognitively, socially, and physically (Brothers et al., 2020; Holtschneider, 2016; Magnuson et al., 2021). While changing the living environments for SIY can decrease their exposure to multiple risk factors, this strategy can also have disruptive negative effects, including uprooting youth from social networks where they may have felt a sense of belonging overlooked by adults. Moreover, study outcomes, such as high attrition rates from interventions, no changes in rates of substance use, or inadequate levels of service provider training (as judged by youth) suggest that more input from SIY is needed to better understand how to meet their unique and diverse needs.

Gaps

Our scoping review revealed few evaluated structural interventions for SIY outside of North America, and few for SIY between the ages of 12 and 18. This made it difficult to draw on best practices for serving this unique population. Interventions for youth under the age of 18 were primarily limited to reunification with their family of origin or placement in child welfare services. Additionally, intervention locations identified in our scoping review were primarily located in large urban centers where homelessness services existed and could recruit or refer SIY for participation. With the exception of one intervention in a rural setting, (*BackTrack*), the differences or similarities in experiences between urban and rural dwelling SIY remains unknown.

Only one intervention was specific to SIY who identified as 2SLGBTQIA+ —a population known to be overrepresented among street entrenched youth (Abramovich and Kimura, 2021). Without comparable evaluated interventions, understanding and

meeting the unique needs of this particular group is limited. Further studies should also target other overrepresented SIY populations, including Indigenous and racialized youth, as their intergenerational experiences with structural and historical oppression differ from their non-racialized counterparts and may benefit from culturally specific initiatives. Little is reported about neurodiverse youth or youth living with disabilities.

Few interventions included in our scoping review provided follow up data beyond six months. Furthermore, many of the studies had sample sizes below 50 participants, with even fewer numbers at follow up periods. Despite the focus of structural interventions on stabilizing the living conditions for SIY, the structural constraints preceding street-involvement persisted through their transition off street, creating obstacles to long term sustainability. It is therefore difficult to draw conclusions about the long term impacts or success of these interventions as longitudinal follow-up is lacking.

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