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REPORT

A SYSTEMATIC MAPPING REVIEW

The Foyer model for homeless youth

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Hovedbudskap

Område for helsetjenester i Folkehelseinstituttet ved Seksjon for velferdstjenester fikk i oppdrag av Husbanken å utføre en kartlegging av den empiriske forskningen om Foyer-modellen. Det er en pakkeløsning med bopel og integrerte støtteordninger for unge i alderen 16-24 år i overgangen til selvstendig voksenliv.

Metode

Vi har utført en systematisk kartleggingsoversikt. En bibliotekar søkte i mai 2017 i ulike samfunnsvitenskapelige databaser etter empirisk litteratur publisert i perioden 1992-2017. Vi søkte også i referanselister og grå litteratur (dvs. ikke formelle-kommersielle kanaler). To forskere gikk uavhengig av hverandre gjennom identifiserte referanser. Vi trakk ut deskriptive data fra studiene, sammenfattet data og utførte beskrivende analyser.

Resultater

Vi inkluderte 18 studier som handlet om Foyer-modellen. Denne samlingen av forskning hadde følgende karakteristika:

- 56 % av studiene identifiserte vi fra grå litteratur og 72 % var publisert som rapporter avledet fra oppdragsforskning.
- 61 % av studiene var tverrsnittstudier, resten var kvalitative studier. Vi fant ingen kontrollerte studier.
- Alle studiene var utført i enten Australia eller Storbritannia.
- Tjenestetilbudene i foyers var homogene på tvers av studiene.
- Det var tre kategorier av studier:
 - Tiltaksevalueringer (ni studier): de vanligste utfallene som var målt i studiene var bopel, utdanning, arbeid, livsferdigheter og beboernes tilfredshet med foyer tjenestene.
 - Erfaringer med å være i en foyer (syv studier): de fleste tidligere og nåværende foyer brukerne rapporterte positive erfaringer.
 - Annet (to studier): en beskrivelse av psykiske helsetjenester i foyers, og en økonomisk analyse av foyers.

Tittel:

Foyer-modellen for bostedsløse unge: en systematisk kartleggingsoversikt

Publikasjonstype:

Systematisk Kartleggingsoversikt

En systematisk kartleggingsoversikt kartlegger og kategoriserer eksisterende forskning på et tema og identifiserer forskningshull som kan lede til videre forskning.

Svarer ikke på alt:

- Ingen kvalitetsvurdering av studier
- Ingen syntese av resultater

Hvem står bak denne publikasjonen?

Folkehelseinstituttet har gjennomført oppdraget etter forespørsel fra Husbanken

Når ble litteratursøket utført?

Søk etter studier ble avsluttet mai 2017.

Sammendrag

Innledning

Bostedsløshet er et alvorlig problem over hele verden og effektive boligstrategier er prioritert i høyinntektsland. En kartlegging fra november 2016 viste at det i Norge er 3909 bostedsløse. Det er en nedgang på 36 % fra den forrige kartleggingen som ble utført i 2012. Karakteristika ved den bostedsløse befolkningen er sammensatt: Tre fjerdedeler av de bostedsløse i Norge er født her til lands, en av fire har mindreårige barn, en av fire har samtidig psykisk lidelse og avhengighet av rusmidler, og 17 % er unge mennesker under 25 år.

Det kan være vanskelig å komme seg ut av en situasjon med bostedsløshet. Velferdsordninger, særlig sosialhjelp, er det vanligste hjelpetilbudet til de som er bostedsløse. En annen støttetjeneste for unge bostedsløse er Foyer-modellen (program). Foyer-modellen er en pakkeløsning med bopel og integrerte støtteordninger til unge i alderen 16-24 år som er bostedsløse eller i risiko for å bli bostedsløse. Modellen ble utviklet i Storbritannia på 1990-tallet og har etter hvert spredt seg til flere andre land, inkludert Norge. Tjenestene som tilbys gjennom Foyer-modellen inkluderer bopel, opplæring og veiledning (inkludert livsferdigheter: 'life-skills'), støtte til jobbsøking, kunst og sosiale aktiviteter, og hjelp med å sikre bopel når man forlater en foyer. Effekten av Foyer-modellen er imidlertid ikke kjent, og empirisk forskning rundt de ulike aspektene av Foyer-modellen virker begrenset.

Seksjon for velferdstjenester fikk i oppdrag fra Husbanken å kartlegge den empiriske forskningen om Foyer-modellen for bostedsløse unge i overgangen til selvstendig voksenliv.

Metode

Vi utførte en kartleggingsoversikt i henhold til internasjonale standarder. Vi benyttet det metodiske rammeverket beskrevet av Arksey og O'Malley, samt Levac og kollegers anbefalinger om å klargjøre og utdype hvert steg av en kartleggingsoversikt. Prosjektgruppen (forskerne) og oppdragsgiver (Husbanken) diskuterte og avtalte innholdet i prosjektplanen.

Vi inkluderte all empirisk forskning, uavhengig av studiedesign, som var publisert mellom 1992 og 2017 og tok for seg Foyer-modellen for unge (15-25 år) som var bostedsløse eller i fare for å bli bostedsløse.

For å identifisere alle relevante studier søkte vi i 13 litteraturlister, på websider, i litteraturlistene til alle inkluderte studier og i oversikter om Foyer-modellen og andre bostedsløsninger. I tillegg kontaktet vi eksperter. To forskere gikk uavhengig av hverandre gjennom identifiserte referanser. En forsker hentet ut data og en annen sjekket at alle data var korrekt uthentet. Vi grupperte data fra studiene i henholdt til karakteristika, utførte beskrivende analyser og presenterte resultatene i tekst, tabeller og grafer.

Resultat

Vi identifiserte 18 studier som omhandler Foyer-modellen. Av disse er de fleste rapporter fra oppdragsforskning. Litt over halvparten av de inkluderte studiene (56 %) ble identifisert gjennom grå litteraturkilder (dvs ikke formelle-kommersielle kanaler).

Ni studier (50 %) brukte 'blandede' forskningsmetoder (mixed methods), mens kvalitative metoder og kvantitative tverrsnittsmetoder ble brukt i henholdsvis syv og to studier. Vi identifiserte ingen kontrollerte studier. Alle studiene ble gjennomført i høyinntektsland, i enten Storbritannia (14 studier) eller Australia (fire studier). Ikke alle studiene rapporterte antall studiedeltakere, men alt i alt var ca 2000 deltakere inkludert i studiene; av disse var de fleste nåværende eller tidligere foyer brukere (beboere). Disse deltakerne hadde sammenfallende mønster når det gjaldt behov for hjelp (f.eks. vært bostedsløs i mer enn ett år, lav utdanning, rusmisbruk, psykiske helseproblemer og begrensede livsferdigheter).

Alle foyers i studiene tilbød lignende tjenester og hjelpetiltak (dvs. bopel, hjelp til utdanning, opplæring, jobbsøking og livsferdigheter). De inkluderte studiene hadde ulike forskningsfokus, og vi grupperte dem derfor i tre kategorier: i) tiltaksevalueringer (ni studier), ii) erfaringer med å være i en foyer (seks studier), iii) den siste kategorien (annet) inkluderte én studie om psykiske helsetjenester i foyers i Storbritannia og én studie om den finansielle situasjonen til foyers.

De vanligste utfallene i tiltaksevalueringene var bosted, utdanning, arbeid og opplæring, livsferdigheter og de unges tilfredshet med foyer tjenestene. Størsteparten av data i studiene kom fra administrative kilder. Kun én studie rapporterte bruk av et validert måleinstrument, HoNOS (National Health Outcome Scales). Alt i alt indikerte resultatene fra tiltaksevalueringene at Foyer-modellen så ut til å ha positive effekter med hensyn til å hjelpe bostedsløse unge i overgangen til voksenlivet, særlig når det gjaldt bopel, utdanning og opplæring, livsferdigheter, atferdsproblematikk og psykisk helse.

De syv studiene som omhandlet erfaringer med å være i foyers viste at brukerne i stor grad mente at livene deres var bedret etter foyers, hovedsakelig pga at de fikk et stabilt og trygt sted å bo. Likevel fremhevet et par av studiene bekymringer rundt sosial ekskludering og begrensninger gitt av regler i foyers.

En annen studie beskrev hvordan foyers i Storbritannia imøtekom brukernes psykiske helseutfordringer. Resultatene viste at det fantes en rekke tjenester på dette området, slik som konsultasjon med en allmennlege (vanligste), opplæring av ansatte i foyers og

veiledning fra eksterne byråer. Den siste studien, en økonomisk analyse av foyers, rapporterte at statlige støtteordninger var den største finansieringskilden til foyers både i Australia og Storbritannia.

Diskusjon

Den eksisterende forskningslitteraturen om Foyer-modellen er for det meste grå litteratur, slik som rapporter utarbeidet på oppdrag for statlige organer, og er i stor grad bygd på kvalitativ forskning. Det ser ut til å foreligge et homogent sett av tjenestetilbud på tvers av foyers, kjennetegnet av tilbud om bopel, utdanningstiltak og opplæring, hjelp til jobbsøking, livsferdigheter og helsetjenester. Disse tjenestene speiler godt de tjenestene som tilbys i en foyer i Bodø, Norge.

Det er begrenset overførbarhet av resultatene våre da alle studiene var utført i kun to høyinntektsland (Australia og Storbritannia) og dybden på datasyntesen vår var begrenset. Fordi vi mangler kontrollerte studier er det vanskelig å si noe sikkert om effekten av Foyer-modellen.

Resultatene våre kan informere beslutningstakere når det gjelder den gjeldende forskningslitteraturen om Foyer-modellen, og danne grunnlag for å utforme og gi oppdrag om videre forskning om Foyer-modellen. Som også den eneste andre kunnskapsoppsummeringen om foyers – skrevet av Levin og medarbeidere – fremhever, så burde fremtidig forskning om effekten av foyers ta i betraktning mangelen på kontrollerte studier og standardiserte og validerte måleinstrumenter for utfallsmåling. Integrering av slike metodiske prosesser vil kunne styrke forskningen om Foyer-modellen.

Konklusjon

Forskningslitteraturen om Foyer-modellen består av 18 studier med fortrinnsvis kvalitativ forskningsdata som er publisert i grå litteraturkilder. Halvparten av de inkluderte studiene var tiltaksevalueringer som indikerte at tjenestetilbudene i foyers lyktes med å hjelpe unge mennesker i overgangen til selvstendig voksenliv. Imidlertid fins det ingen kontrollerte studier om Foyer-modellen. I lys av dette er det ikke mulig å dra slutninger om effekten av modellen. Ytterligere forskning om Foyer-modellen synes berettiget.

Key messages

The Housing Directorate in Norway (Husbanken) commissioned the unit for social welfare research in the Norwegian Institute of Public Health to map out all quantitative and qualitative evidence on the Foyer model. It is a package of accommodation and integrated support for young people age 16-24 in the transition to independent living and adulthood.

Methods

In May 2017, a research librarian searched in major databases for empirical research published between 1992-2017. We also undertook searches in reference lists and grey literature (i.e. non-formal, commercial channels). Two independent reviewers screened all retrieved records. We extracted data from the included studies, collated the data and performed descriptive analyses.

Results

We included 18 studies that addressed the Foyer model. This body of research had the following characteristics:

- 56% of the studies were retrieved from grey literature sources and 72% were published as commissioned research reports.
- 61% of the studies were cross-sectional, the rest were qualitative. We identified no controlled studies.
- All the studies were done in either Australia or the United Kingdom (UK).
- The provision of services in the foyers was homogeneous across studies.
- There were three categories of studies:
 - Program evaluations (nine studies): the most common outcome measures were housing, education, employment, life-skills, and residents' satisfaction with foyer services.
 - Experiences of being in a foyer (seven studies): most current and former foyer residents reported positive experiences.
 - Other (two studies): one description of mental health services in foyers, and one financial analysis of foyers.

Title:

The Foyer model for homeless youth:
a systematic mapping review

Type of publication:

Systematic mapping review

A systematic mapping review maps out and categorizes existing research on a topic, identifying research gaps that can guide future research.

Doesn't answer everything:

No quality appraisal of studies
No synthesis of the results

Publisher:

Norwegian Institute of Public Health

Updated:

Last search for studies:
May, 2017.

Executive summary (English)

Background

Homelessness is a serious problem worldwide and the implementation of effective housing strategies is a priority in developed countries. A nationwide mapping study from November 2016 revealed that there are 3909 homeless people in Norway. This is a 36% decrease from the last mapping study done in 2012. The characteristics of the homeless population is multifaceted: Three quarters of homeless people in Norway are born in the country, one of four have children of dependent age, one of four suffer from a dual disorder of mental disorder and substance abuse, and 17% are young people under 25 years old.

It can be hard to escape homelessness. Social welfare schemes, particularly social benefits, is the most common mechanism of help. Another support service for young people is the Foyer model (program). The Foyer model is a package of accommodation and integrated support to young people aged between 16 and 24, who are homeless or at risk of becoming homeless. The model was developed in the United Kingdom (UK) in the 1990s and has since spread to several other countries, including Norway. Services provided in a foyer include housing, training and mentoring (including life skills), job seeking support, arts and social activities, and assistance with securing accommodation on exit from the foyer. However, the effects of the Foyer model remain unknown and empirical evidence about most aspects of it seems scarce.

Objective

To map out all quantitative and qualitative research on the Foyer model in young people who are homeless or at-risk of becoming homeless in the transition to independent living and adulthood.

Method

We conducted a systematic mapping review according to international standards. The framework proposed by Arksey and O'Malley, and Levac and colleagues' recommendations on clarifying and enhancing each stage of the review, methodologically guided the systematic mapping review. The project team (reviewers) and commissioner (Husbanken) discussed and approved the research protocol.

We included all empirical research published in the years 1992 to 2017, irrespective of study design, that address the Foyer model in young people (15–25 years old) who are homeless or at-risk of homelessness.

To identify all relevant studies we searched 13 major databases, hand searched websites, the bibliographies of all included studies and any literature reviews on the Foyer model and other housing programs. We also contacted experts. Two independent reviewers screened the retrieved references and data extraction was double-checked. We grouped data extracted from the included studies according to their chief characteristics, performed descriptive analyses, and presented the results in text, tables, and graphs.

Results

We identified 18 studies about the Foyer model, most of which are commissioned research reports. Just over half of the included studies (56%) were retrieved from grey literature sources (i.e. non-formal, commercial channels). Nine studies (50%) used mixed research methods, while qualitative research and quantitative cross-sectional research methods were used in seven and two studies, respectively. We identified no controlled studies. All the studies were conducted in high-income countries, in either the UK (14 studies) or Australia (4 studies). Not all studies reported the number of study participants, but overall, about 2000 participants were included in the studies, most of whom were current or former residents of foyers. These young people had a similar pattern of support needs (e.g., being homeless for longer than one year, low educational achievements, illicit drug use, mental health problems, and rudimentary life skills).

All the foyers in the included studies offered a similar package of support services (i.e., housing, education assistance and training, job seeking and life skills). The included studies encompassed different research interests which we grouped into three categories: i) program evaluations (nine studies), ii) experiences of being in a foyer (seven studies), and iii) the last category (other) included one study about mental health services in UK foyers and one study about the financial situation of foyers.

The most common outcomes across the nine program evaluations were housing, education, employment and training, life-skills, and young people's satisfaction with foyer services. Most of the data came from administrative sources. Only one study reported the use of a validated tool, the Health of the Nation Outcome Scales (HoNOS). In general, the results from the program evaluations suggested that the Foyer model met its goals in assisting young people who had been homeless in the transition to adulthood, especially when it came to housing, education and training, life-skills, and behavioral and mental health.

The seven studies addressing the experiences of being in a foyer showed that residents largely perceived that their lives were better by being in the foyer, chiefly because they received a stable and safe home. Yet, a few studies highlighted concerns with regard to social exclusion and restrictiveness of foyer policies.

Another study described how UK foyers respond to the mental health needs of their residents. The results showed that there were a range of mental health services, such as consultation with a general practitioner (most common), trainings for foyer staff, and consultation with an external agency. The last study, a financial analysis of foyers, reported that in Australia governmental funds were the main funding source for foyers while in the UK government grants were the main funding source.

Discussion

The current body of evidence about the Foyer model has been published mostly in grey literature sources, as commissioned research reports for governmental agencies, and exhibits a predominance of qualitative approaches. There seems to be a homogenous provision of services across foyers, characterized by housing, education assistance and training, job seeking assistance, life skills, and health services. This offer of services aligns with those offered in the foyer operating in Bodø, Norway.

Our findings may inform decision-makers of the current body of evidence on foyer services and serve as a basis for formulating and commissioning further research on the Foyer model. As highlighted also by the only other review on foyers, by Levin and colleagues, future research on the effects of the Foyer model should consider the lack of controlled studies and standardized and validated tools for outcome measurements. Integration of these methodological processes will lead to a strengthening of the body of evidence on the Foyer model.

The generalizability of our findings is limited since the included studies were conducted in only two high-income countries (Australia and the UK) and the deepness of our methodological synthesis is also constrained.

Conclusion

The body of evidence about the Foyer model consists of 18 studies that exhibit a predominance of qualitative research methods and has been published mostly in grey literature sources. Half of the studies included reported on program evaluations that suggested the foyer services appear to successfully help young people in the transition to independent adulthood. However, no controlled studies on the Foyer model have been published to date. In light of this, no judgements about the effectiveness of the model can be drawn from the present systematic mapping review. Further research on the Foyer model seems warranted.

Preface

The Housing Directorate in Norway (Husbanken) commissioned the unit for social welfare research in the Norwegian Institute of Public Health to map out all existing research on the Foyer model for young people who are homeless or at-risk of becoming homeless in the transition to independent living and adulthood.

This systematic mapping review will help to inform and support Husbanken, other housing authorities as well as other research organizations in commissioning further research to provide evidence-informed services to young people who are homeless or at-risk of becoming homeless.

The Division for health services within the National Institute of Public Health follows a standard approach in conducting systematic reviews, which is described in the manual “Slik oppsummerer vi forskning.” We may use standard formulations when we describe the method, results and discussion of the findings.

Contributors to the project:

- Project coordinator: Jose Meneses-Echavez, *researcher*, Norwegian Institute of Public Health
- Other contributors: *Unit director*, Rigmor C Berg, and research librarian Lien Nguyen, both from the Norwegian Institute of Public Health.

Declared conflicts of interest:

All authors and peer reviewers filled out a form to document potential conflicts of interest. No conflicts of interest were declared.

The authors would like to thank Lien Nguyen, research librarian, for help with developing the search strategy and running the searches in the major databases.

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Background

Despite The United Nations Universal Declaration of Human Rights (Article 25) stating that everyone has a right to housing, homelessness is a well-documented problem around the world. To realize this right, the implementation of housing strategies is a priority in developed countries. According to the most recent nationwide mapping study of homelessness (1), in November 2016 there were 3909 people in Norway who can be considered homeless. This is 0.75 per 1000 people in the country. After a relatively steady increase in homelessness since 1996, the overall number of homeless people in Norway has decreased by 36% from 2012 to 2016. The profile of the homeless population, however, has remained largely unchanged over time. The majority of homeless people are native Norwegians (77%), men (74%) and they are located in big cities (homeless rate 1.35 per 1000 people).

Homelessness is defined differently according to context, purpose and the geographical setting¹. See the glossary in Appendix 1. Homelessness is a complex phenomenon that involves a range of determinants. For example, more than half of homeless people in Norway have completed high school, 87% are single, and 57% have a drug dependency (1).

According to a recent study by the Norwegian Institute for Urban and Regional Research (1), young people under 25 years old represent 17% of the general homeless population in Norway. The percent of the homeless population who are younger than 25 has remained relatively stable, ranging from 16-24% from 1996 to 2016, with peaks in 2008 and 2012 of 24% and 23%, respectively. The group of young homeless people exhibits the following characteristics:

- 68% are men
- 73% are native/ethnic Norwegians
- 67% rely on welfare benefits as their source of income
- 53% stay with friends, acquaintances or relatives
- 46% have been homeless for more than six months

¹ The Norwegian Institute for Urban and Regional Research definition of homelessness is: "Som bostedsløs regnes personer som ikke disponerer egen eid eller leid bolig, men som er henvist til tilfeldige eller midlertidige botilbud, oppholder seg midlertidig hos venner, kjente eller slektninger, er i institusjon eller under kriminalomsorgen og skal utskrives / løslates innen to måneder uten å ha egen bolig, samt personer som sover ute/ikke har et sted å sove." (1)s.15.

- 45% have a drug dependency
- 30% suffer from a psychological disorder
- 45% became homeless due to eviction.

It can be hard to escape homelessness. In Norway, more than half (58%) remain homeless for more than six months. This rate has showed only a minor decrease in the last decade. Social benefits, disability benefits, pensions, and other social welfare schemes are the main sources of income among homeless people. Additionally, the Norwegian government has invested in social housing for the disadvantaged, considering the provision of housing with or without follow-up as crucial strategies to prevent and reduce homelessness (1). Another mechanism of assistance for young people is the Foyer model (program), which is a program aimed to assist young people with housing and life skills as they are making the transition to adulthood and independence (2).

For the purpose of this systematic mapping review, we follow the definition for Foyer Model provided by the Australian Government through the National Homelessness Research Agenda of the Department for Families, Housing, Community Services and Indigenous Affairs (2): “The Foyer Model provides a package of accommodation and support to young people aged between 16 and 24, who are homeless (in situations of primary, secondary and tertiary homelessness) or at risk of becoming homeless. Typically, residents stay in Foyer programs between 6 and 18 months with the aim of supporting them while they undertake further education, training or enter employment and subsequently move onto independent living or move back with family members” (p.11).

Foyers were first developed in post-war France, to provide a place to eat and sleep for soldiers. In French, the word “foyer” means “hearth”. The foyer as a model to combat homelessness was developed in the UK in the 1990s and has since spread to several other countries in Europe, and to North America and Australia. Youth foyers address two of the most pressing social issues faced by youth: homelessness and unemployment. Common for all foyers, regardless of setting, is that they provide an opportunity for young people to gain safe and secure accommodation as well as develop independent living skills while they are engaged in employment, education, and training (2,21).

Within the Foyer model, integrated support includes (2):

- Training and mentoring (including life skills)
- Assistance with seeking and securing employment
- Sports, arts and social activities
- Assistance with securing accommodation on exit from the foyer
- Residents are required to sign an agreement or contract that commits them to participation in education, training or employment as a condition of their acceptance into the foyer accommodation
- Support workers act as mentors to the young residents setting goals, reviewing progress and providing information and support to access local services. Specialist support to deal with issues such as health, income and employment issues are called in as required. At the end of their tenure with the foyer, support workers assist residents in making the transition to fully independent living.

Staff may also assist young people with shopping, cooking, cleaning and paying rent. They may also assist in obtaining financial support and budgeting. Furthermore, the same report about the Foyer model (2) states, “The core concept of a Foyer is the *packaging of support* including accommodation but on the basis of an agreed commitment to participate in education, training and/or employment. Education, training and/or employment are in the foreground not the background of the arrangement. Participation is not optional, it is mandatory” (p.11).

It follows that the Foyer model can address many of the reasons why escaping or avoiding homelessness is difficult for many young people. For example, as described by the Canadian Policy Research Networks, young people who overcame homelessness struggle with a range of challenges when looking for affordable housing: landlords often assume that young people will fail to pay rent, will damage the facilities, and leave without previous notice (3). Youth’s lack of experience and other factors such as the lack of parents or other adult support can expose them to different risks from landlords who can take advantage of the youth’s vulnerability (4). Regrettably, many of them will continue to stay at the margins of the rental housing market (5).

Despite the growing interest in providing essential support to youth in the transition to independent life (1), the effects of the Foyer model remain unknown and empirical evidence about most aspects of the model seems scarce (5). Therefore, the present systematic mapping review aimed to map out all research, quantitative and qualitative, on the Foyer model in young people who are homeless or at-risk of becoming homeless in the transition to independent living and adulthood.

Method

Initially, we planned to conduct a systematic review of the effectiveness of the Foyer model. However, after consideration and discussions with the commissioner (Husbanken) we decided against this option, because 1) no controlled studies were identified in our preliminary scoping searches, 2) a recent systematic review on the effectiveness of interventions to reduce homelessness identified no controlled studies of the Foyer model (6), and 3) most of the existing literature on the Foyer model seemed to be organizational reports and descriptive data. Therefore, we agreed that we would conduct a systematic mapping review, and include all empirical studies (i.e., all quantitative and qualitative evidence) of the Foyer model.

What is a systematic mapping review?

Systematic mapping reviews provide an overview of a research area, and identify the amount, the type of research and results available. A formal definition provided by Grant and colleagues is that a systematic mapping review “map out and categorize the existing research on a particular topic, identifying research gaps from which to commission further reviews and/or primary studies. Mapping reviews do not usually include a quality assessment process; characterizing studies only on the basis of study design” (7).

A framework proposed by Arksey and O’Malley (8) involving the following steps, methodologically guided the present systematic mapping review:

1. Identifying the research question
2. Identifying relevant studies
3. Study selection
4. Charting the data
5. Collating, summarizing and reporting the results
6. Optional consultation.

We also followed Levac and colleagues’ recommendations on clarifying and enhancing each stage of the review (9).

Literature search

After extensive dialogue with the commissioner to agree on the research question, a re-search librarian planned and executed systematic searches in the following databases:

- MEDLINE (OVID)
- PsycINFO (OVID)
- EMBASE (OVID)
- Cochrane Library (CDSR, HTA, CENTRAL, DARE)
- CINAHL (EBSCO)
- ERIC (EBSCO)
- Academic Search Premier (EBSCO)
- Web of Science (Core Collection)
- Sociological Abstracts (ProQuest)
- Epistemonikos

The search was limited to the years 1992 to 2017. The final search strategy is provided in Appendix 2.

Searching other sources

We considered it important to search also for grey literature. This is literature that is produced on all levels of government, academics, business and industry in print and electronic formats, but which is not controlled by commercial publishers. To identify studies not indexed in literature databases, we hand searched the bibliographies of all included studies, as well as any literature reviews on the Foyer model and other housing programs. We asked various researchers, research centers and housing organizations for any unpublished material. One reviewer (JFME) searched the website of the Foyer Federation for reports and published material (<http://Foyer.net/>), Google and Google Scholar, and screened the first 200 hits. Besides, he hand searched the following websites:

- Campbell library
- SBU (Swedish Agency for Health Technology Assessment and Assessment of Social Services)
- Socialstyrelsen (Danish)

Housing agencies

- NIBR (Norwegian Institute for Urban and Regional Research)
- HUD (U.S. Department of Housing and Urban Development)

Other grey literature resources

- Cristin (Current Research Information System in Norway)
- Australasian Digital Theses Program (<http://adt.caul.edu.au/>)
- Networked Digital Library of Theses and Dissertations (<http://www.ndltd.org>)
- UMI ProQuest Digital Dissertations (<http://www.lib.umi.com/dissertations/>)
- Index to Theses (Great Britain and Ireland) (<http://www.theses.com/>)
- Dissertation Abstracts (North American and European theses)
- OpenSIGLE (<http://www.opensigle.inist.fr>)
- BASE (Bielefeld Academic Search Engine) (<https://www.base-search.net/>)

Ongoing and recently completed clinical trials

- World Health Organization International Clinical Trials Registry Platform (<http://www.who.int/trialsearch/>)
- National Institute of Health clinical trials database (<http://clinicaltrials.gov>)
- International Register of Controlled Trials (<http://www.controlled-trials.com>)

Study selection criteria

We included all empirical research that address the Foyer model for young people who are homeless or at-risk of homelessness. The main inclusion criterion was therefore a substantial emphasis on the Foyer model as the subject matter.

Additionally, the people receiving foyer must be young people (15–25 years old) who are homeless or at-risk of homelessness. In terms of the population, we adopted the definitions of primary, secondary and tertiary homelessness provided by Steen and Mackenzie in Australia (2), and the definition of at-risk of homelessness provided by the US Department of Housing and Urban Development (10). See glossary in Appendix 1.

We followed the definition of the Foyer model as described above (see background). Other integrated models of housing assistance for young people that did not match Foyer principles were not considered for inclusion, but listed separately.

We included all study designs, qualitative and quantitative (and mixed methods), as long as it was empirical research that embraced the Foyer model as its primary subject matter. We included research published in the years 1992 to 2017, because the first evaluation of a Foyer model was done in the UK in 1992 (11).

Article selection

All records retrieved through the literature searches were independently screened for eligibility against the selection criteria by two researchers (JFME and RB) by using a pre-designed screening form (see Appendix 3). We screened titles and abstracts and then proceeded to full-text screening of relevant records to decide final inclusion or exclusion. Inclusion was decided by consensus and discrepancies were solved by discussion.

Data extraction and analysis (charting the data)

We designed data abstraction forms to gather relevant information from each study, including characteristics of the publication, study participants, setting and context, characteristics of the Foyer model implementation, comparisons, study designs, methods, and results. One reviewer (JFME) extracted all data from the included studies and a sec-

ond reviewer (RB) checked the information for accuracy and completeness. Both reviewers designed, piloted and approved the data extraction form. Disagreements were solved by discussion and consensus.

The systematic charting of data from each included study were compiled in a single spreadsheet.

As described above, mapping reviews provide an overview of existing literature, usually without assessing the methodological quality of included studies, and data synthesis is minimal (8,12). For this systematic mapping review, we did not assess methodological quality of the included studies.

We grouped data extracted from the included studies according to their chief characteristics. We analysed the data descriptively, with frequencies and percentages, and presented the results in text, tables, and graphs.

Results

Search results

The electronic searches in the major databases yielded 4494 references; 1678 out of those were excluded as duplicates. Additional searches (in grey literature sources; see above) added 32 references; half of those came from reference lists of the studies included at full-text stage. Searching on the Foyer Federation website was another powerful resource in terms of the search's specificity.

Most of the excluded references were not empirical studies or did not evaluate any integrated support housing services other than solely shelter. Figure 1 gives the flow diagram for the selection of the studies.

Unavailable references

Appendix 4 presents three references that might meet the selection criteria but were not available in full-text. In spite of contact with authors, libraries and similar providers, we did not retrieve the full-text for these three references.

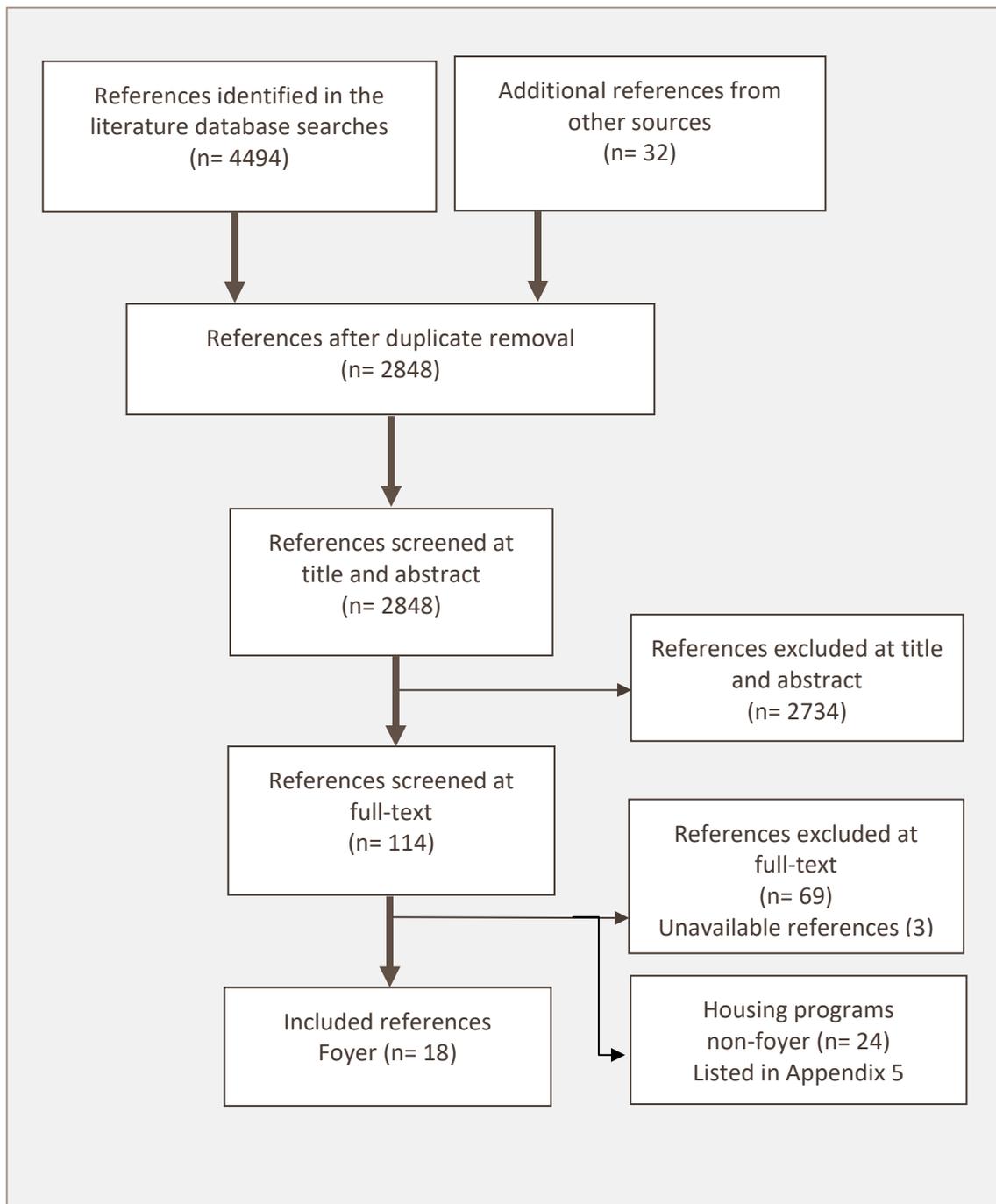


Figure 1. Flow diagram of the selection of studies

Description of included studies

As seen in Figure 1, 18 studies met the selection criteria. This systematic mapping review presents only the data from those studies addressing the Foyer model: The titles and abstracts of the 24 studies that addressed non-foyer integrated support programs are presented in Appendix 5.

Of the 18 included studies that addressed the Foyer model, ten were identified in the grey literature sources (13-22), two studies were identified through the reference lists

(2,23), and six studies were retrieved from the searches in the major databases (11,24-28).

Year of publication

Half of the research papers about the Foyer model for homeless youth was published more than 10 years ago. The year with the highest publication rate was 2013 with four reports. No studies addressing foyers were published during the last three years. See Figure 2.

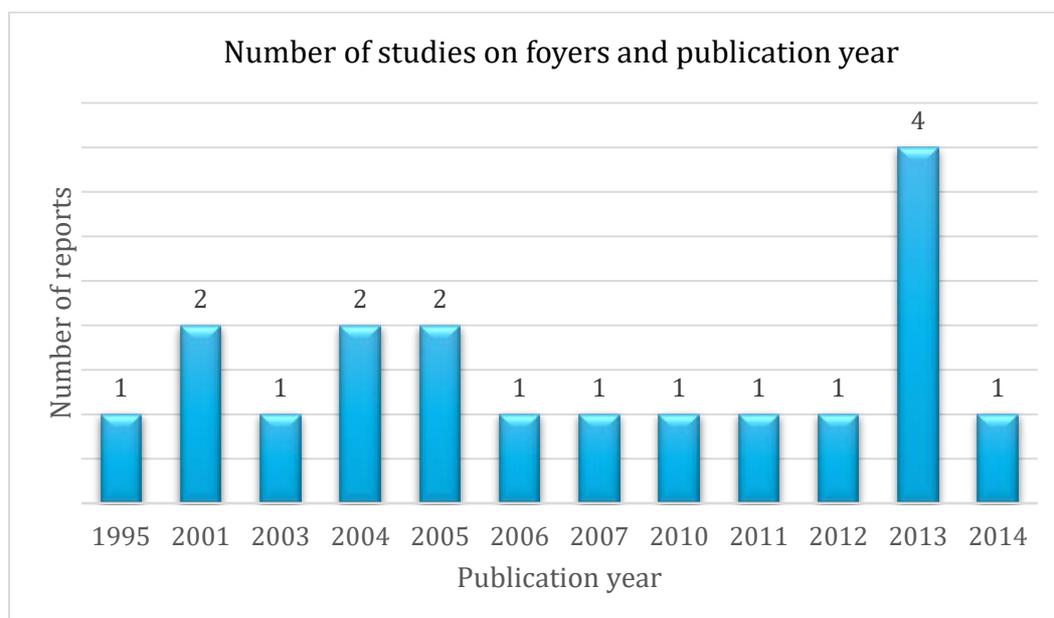


Figure 2. Description of the number of studies on foyers and publication year

Type of publication

Most of the studies included in this systematic mapping review are reports derived from commissioned research (13 studies, 72%) in which housing authorities and organizations are the most common commissioners. Four of the included studies are published as journal articles (15,24,25,28) and one study formed a thesis for doctoral degree (23).

We note that while we were unable to retrieve the full-text of the evaluation report by Anderson and Quilgars (11), we identified and included a 4-page executive summary of this report, which summarizes the report's main findings (11).

Research focus and study design

As seen in Table 1, half of the included studies focused on evaluating the operations of foyers in Australia and the UK (11,13,14,16,18-20,22,27). Another seven studies described the lived experiences of foyer residents (15,21,23-26) including one that narrowed its focus on residents' resilience (17). The two studies by Taylor and colleagues, both from the UK, focused on services related to the mental health needs of residents (22,28), and Steen and Mackenzie (2) provided a financial analysis of mainly Australian foyers.

It follows that the body of empirical research about the Foyer program includes a range of different designs. Nine studies (50%) used mixed methods, i.e. they applied both quantitative and qualitative approaches (2,15,18-22,25,26). In these studies, interviews with residents and/or foyer staff or representatives were supplemented with questionnaires or surveys. Qualitative research methods were used in seven studies (39%) (11,13,16,17,23,24,27). Two of those conducted ethnographic analyses, in which the researchers visited foyers and observed residents' experiences while being in the foyer (23,24). The last two studies used quantitative methods, largely surveys to managers about available service provisions (14,28). In sum, the research designs in the 18 studies were mixed-methods, cross-sectional quantitative, and qualitative. We identified no controlled studies.

Table 1. *Study design and research focus in the included studies (n=18)*

Author, year	Research design	Study focus
Allen 2001 (24)	Qualitative	Residents' experiences in foyers
Anderson 1995 (11)	Qualitative	The operation of foyer
Carlin 2010 (17)	Qualitative	Resilience in residents of foyers
Crane 2014 (25)	Mixed-methods	Experiences of young homeless people
Deakin 2013 (13)	Qualitative	The operation of foyers (Youth Hub Project)
Foyer Federation 2013 (14)	Quantitative	The content and scope of foyer programs
Grace 2011 (26)	Mixed-methods	Young people's experiences with foyers (Step Ahead)
Grace 2012 (15)	Mixed-methods	Experiences of ex-foyer residents
Lovatt 2003 (16)	Qualitative	The operation of UK foyers
Quilgars 2001 (18)	Mixed-methods	The operation of foyers (Shortlife Plus)
Quilgars 2004 (27)	Qualitative	The operation of foyers (Safe Moves)
Ralph 2004 (23)	Qualitative	Experiences of transitioning from youth to adulthood
Randolph 2005 (19)	Mixed-methods	The operation of foyers (Miller Live 'N' Learn Campus)
Ronicle 2013 (20)	Mixed-methods	The operation of foyers (Connect Yourself Programme)
Smith 2007 (21)	Mixed-methods	Experiences of ex-foyer residents
Steen 2013 (2)	Mixed-methods	Financial analysis and operation of foyers

Taylor 2005 (22)	Mixed-methods	The foyer's mental health initiative 'Strong Minded'
Taylor 2006 (28)	Quantitative	How shelters respond to mental health needs

Setting and context

The current body of evidence about the Foyer model comes from high-income countries: All studies were carried out in either Australia or the UK. About three quarters of the studies (13 studies, 72%) were conducted in different regions of the UK, such as London, Northern Ireland, East Midlands, and North West England. Four studies were done in Australia (13,15,19,26). In the final study, Steen and Mackenzie reported a financial analysis of foyers in Australia and the UK (2). It is important to highlight that Australian foyers were built up according to the British principles, especially those described by Anderson and Quilgars (11). See Table 2.

Participants

Not all publications reported the number of study participants, but all in all, about 2000 participants were included in the studies (Table 2). Eleven of the 18 included studies examined the Foyer program from the perspective of about 1700 current or previous residents of a foyer (13,15,18,20-27). Six of the studies included both residents and staff (2,11,16,17,19,28), while one study collected information through a survey sent to an unknown number of people working in UK foyers (14).

Characteristics of foyer residents

As expected, and in line with Foyer program principles, the characteristics of foyer residents were similar across the studies included (Table 2). The residents' age ranged between 15-25 years in most of the studies. However, one study reported adolescents as young as 13 years (27), and three studies reported low percentages of residents older than 25 years (21,22,26). Grace et al. 2011 (26) and 2012 (15) included ex-residents of a foyer attending education courses, university in most cases.

In addition, there was a common profile of foyer residents characterized by housing needs, low educational achievements, illicit drug use, deficient life skills and other support needs. Around half of the foyers' residents had been homeless for long periods (more than one year), some had lived on the streets, others with parents or friends, or in other type of support housing at the time of their referral. An overwhelming majority of the foyer residents exhibited a variety of mental health problems including depression, anxiety, suicidal ideation, eating disorders, self-harm, and panic attacks.

Table 2. Characteristics of the participants in the included studies (n=18)

Author, year, country	Participants	Young people's needs for support at referral
Allen 2001 (24) UK	38 residents (age and gender not reported)	Not reported

	Number of staff interviewed not stated	
Anderson 1995 (11) UK	519 young people 67% 18-25 years old 83% male, 17% female Number of staff interviewed not stated	Housing: 15% been in care and 47% had slept rough. Employment: 88% unemployed.
Carlin 2010 (17) UK	34 young people (age and gender not reported) 27 foyer staff	Not reported
Crane 2014 (25) UK	109 young people 17-25 years old 50% male, 50% female	Education: 14.9% expelled from school, 41.3% no educational qualifications. Drug abuse: 48.6% illegal drug use (at referral or in the past). Mental health: 48.6% mental health problems (at referral or in the past). Housing: 38% been homeless longer than two years, 23% homeless more than once, 56% in supported housing at referral.
Deakin 2013 (13) Australia	145 young people 90% 18-24 years old 46% male, 54% female	Housing: 9% sleeping rough; 33% in short-term or emergency accommodation. 31% at risk of homelessness; 27% classified as 'other' (incl. 12 juvenile justice clients exiting detention centers).
Foyer Federation 2013 (14) UK	Foyer staff and managers (demographics not reported)	Not applicable because not residents
Grace 2011 (26) Australia	29 ex-residents Mean age 23 years 45% male, 55% female	Education: 10 participants completed Year 10 or less, 14 completed Year 11 or 12 studies. Drug abuse: some referred drug abuse. Mental health: 12 mental health issues, e.g. depression, anxiety Housing: Almost 50% in crisis accommodation at referral.
Grace 2012 (15) Australia	11 ex-residents Mean age 23 years 5 males, 6 females	Not reported
Lovatt 2003 (16) UK	Number of participants not reported. Participants were foyer staff, tenants, managers, members	Not reported

	of board and the National Foyer Federation UK	
Quilgars 2001 (18) UK	95 young people 16-24 years old 54% male, 46% female	Employment and education: Most in some form of work, education or training at referral. Most undertaking a college course, usually on a full-time basis. Housing: Most living in non-permanent accommodation (e.g., home of a family member, relative or friend).
Quilgars 2004 (27) UK	152 young people 98% 13-19 years old 38% male, 62% female	Education: 97% of the young people aged 13-15 and 51% of the 16-17 age group in full time education or undertaking some form of training at referral. Drug abuse: 25% drug dependency or drug problem at referral. Mental health: 20% mental health problems at referral. Housing: Just under half of the young people were living with parents and around 14% were living in supported accommodation.
Ralph 2004 (23) UK	47 young people 16-25 years old	Most needed support in terms of education, drug abuse, mental health and housing.
Randolph 2005 (19) Australia	15 young people 16-25 years old 7 males, 8 females 4 staff members and an unclear number of representatives of the Foundation Board	Education: Two thirds in full-time education, six at college/university, 3 in school, 1 receiving home-based tuition for the School Certificate, 1 part-time student; 10 had school certificate. Employment: 2 registered unemployed while waiting for the new study year to begin, 1 in part-time work and undertaking vocational training, 1 in full-time work and studying part-time at university. Drug abuse: 2 drug or alcohol problem. Mental health: 6 mental health issues. Housing: 5 living with family members other than their parents, 2 with parent(s), 3 in SAAP services, 1 in temporary accommodation, one in a children's home, 2 staying with friends, 1 homeless.
Ronicle 2013 (20) UK	390 young people Most aged 17 or older 53% male, 43% female (4% no response)	Employment, education, training: 22% not in employment, education or training; 128 low school attainment. Drug abuse: 60% substance misuse. Housing: 47% homeless or living in sheltered accommodation.

Smith 2007 (21) UK	126 ex-residents Mean age 20.6 years (range 16-32) 48% male, 52% female	Education: 23% sufficient qualifications to continue in further or higher education. Drug abuse: 47% had used drugs. Mental health: 32% (of 100) had self-harmed or attempted suicide prior to the Foyer, 26% bouts of depression and anxiety attacks, 1% eating disorder. Housing: 12% living in care, 25% living with friends or another relative before the age of 16 years, 18% living in a family home.
Steen 2013 (2) UK & Australia	Residents, stakeholders and representatives (number and demographics not reported)	Not reported
Taylor 2005 (22) UK	175 young people Mean age 19.1 years (range 16 to 29) 53.3% male, 46.7% female	Drug abuse: 76% had used drugs (99% of them used cannabis). Mental health: Around 70% experienced mental health problems (e.g., depression, suicidal ideation, self-harm, panic attacks, anxiety). Housing: 37% living at family home, 11% in other type of hostel or supported accommodation, 10% with friends, 8% on the streets, 7% with members of their extended family, 5% at bed and breakfast, 5% within their own house or flat, 3% living with a partner.
Taylor 2006 (28) UK	Foyer managers (67%), other staff members (33%) (number and demographics not reported)	Not reported

Services provided in foyers

As expected and seen in Table 3, and in line with the core principles of the Foyer model, all foyers in the studies included offered young people housing, education assistance, job seeking assistance (e.g., CV writing and interview skills), and life skills (e.g., goal setting, self-confidence, domestic skills, cooking, laundry, cleaning).

In addition, some foyers offered healthy living advice accompanied by health services (13,14), helped residents with financial abilities and budgeting (13-15,19), and family mediation was offered by two programs (19,27). Almost half of the studies mentioned that the foyers also offered the residents mental health services (2,13,14,19,20,27). A special emphasis in evaluating the delivery of mental health services in the foyer was found in the works of Taylor and collaborators (22,28). Of note, Taylor and colleagues

(2005) evaluated the Strong Minded program, a mental health initiative in which a group of health professionals was employed to work with UK foyers and local mental health services (22). We provide further details about this program below.

Table 3. *Services provided in the foyers across the included studies (n=18)*

Author, year	House	Educ.	Job	Life-skills	Mental health	Healthy living	Financial	Family mediation
Allen 2001 (24)	X	X	X	X				
Anderson 1995 (11)	X	X	X	X				
Carlin (17)	X	X	X	X				
Crane 2014 (25)	X	X	X	X				
Deakin 2013 (13)	X	X	X	X	X	X	X	
Foyer Federation 2013 (14)	X	X	X	X	X	X	X	
Grace 2011 (26)	X	X	X	X				
Grace 2012 (15)	X	X	X	X			X	
Lovatt 2003 (16)	X	X	X	X				
Quilgars 2001 (18)	X	X	X	X				
Quilgars 2004 (27)	X	X	X	X	X			X
Ralph 2004 (23)	X	X	X	X				
Randolph 2005 (19)	X	X	X	X	X		X	X
Ronicle 2013 (20)	X	X	X	X	X			
Smith 2007 (21)	X	X	X	X				
Steen 2013 (2)	X	X	X	X	X			
Taylor 2005 (22)	X	X	X	X	X			

Taylor 2006 (28)	X	X	X	X	X
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Research interests in the included studies

As briefly mentioned above, the included studies encompassed diverse research objectives and methods. We grouped these research objectives into three categories: 1) program evaluation, 2) experiences of being in a Foyer, and 3) other. The ‘other’ group encompassed two studies: a description of mental health services in UK foyers, and a financial analysis of foyers. In the following, for each of the three categories, we present details and results of the studies that fit into the category.

Program evaluations (process, outcomes or impact)

We classified nine studies as program evaluations (Table 4): Anderson 1995 (11), Deakin 2013 (13), Foyer Federation 2013 (14), Lovatt 2003 (16), Quilgars 2001 (18), Quilgars 2004 (27), Randolph 2005 (19), Ronicle 2013 (20), Taylor 2005 (22). The definition of program evaluations is presented in the glossary (Appendix 1). From the report by the Foyer Federation (14) we report data from the survey to foyers about their current informal learning provision, but note that the report also gave a description of the ‘MyNav’ program (a practical and digital framework to help young people to map out their lives and shape the best possible route towards a thriving future).

While classification was somewhat difficult due to unclear descriptions, we found that seven of the evaluations were largely outcome (effectiveness) evaluations (11,13,18-20,22,27) and two were process evaluations (14,16). The outcome evaluations, which used qualitative methods and mixed-methods, concerned impact of the Australian Miller Campus (19) and Youth Hub project (13), and the five British projects Shortlife Plus (18), Safe Moves (27), Connect Yourself (20), as well as the mental health program Strong Minded (22) and five pilot YMCA foyers (11). The two process evaluations dealt with the operations and delivery of foyer services in the UK (14,16).

Table 4. Research focus / objective and design of the program evaluations (n=9)

Author, year, country	Objective, study design and methods
Anderson 1995 (11) UK	To evaluate five pilot YMCA foyers and the development of two pilot new build foyers. <i>Qualitative:</i> Interviews with staff, monitoring of clients using the YMCA foyer support services, interviews with young people, telephone survey of employers, examination of background information.
Deakin 2013 (13) Australia	To evaluate the impact of the Youth Hub Project on homelessness among young people. <i>Qualitative:</i> Interviews (face-to-face, telephone) with foyer staff and managers, Mission Australia staff, current and ex-clients of the project, other stakeholders; focus groups with residents, Mission Australia staff; three client case studies based on client interviews; two workshops with members

	of the Greater Western Sydney Regional Homelessness Committee; site visits and field observations.
Foyer Federation 2013 (14) UK	A group of foyers (number not reported) was asked to review their informal learning provision, how young people are involved in defining what is on offer, how they are offered space to reflect on their learning journeys, barriers to informal learning. <i>Quantitative:</i> Research methods were not clearly reported.
Lovatt 2003 (16) UK	To provide a rounded study of the foyer movement in the UK. <i>Qualitative:</i> A series of case studies, semi-structured interviews with tenants and/or staff; interviews with management (immediate managers, chairmen, members of relevant boards); a review of foyer schemes in UK; interviews with representatives for the National Foyer Federation UK.
Quilgars 2001 (18) UK	To evaluate the Shortlife Plus Project in terms of effectiveness as move-on strategy, suitability and cost-effectiveness. <i>Mixed-methods:</i> Baseline assessment (form) and leaving form; interviews during stay in the foyer (17 residents); interviews with key players (representatives); financial analysis.
Quilgars 2004 (27) UK	To evaluate the Safe Moves pilot project according to its aims and objectives. <i>Qualitative:</i> Collection of monitoring information of the young people; interviews with program coordinators, leading agencies; 35 interviews in two rounds (9 of the 12 young people interviewed in 2003 were re-interviewed in 2004 to provide a longitudinal perspective); interviews with six peer mentors, two parents; data was also collected through attendance at key national and local meetings; a cost expert carried out a separate cost exercise, both examining project costs across projects and cost-effectiveness issues.
Randolph 2005 (19) Australia	To document and illuminate the development, delivery and outcomes of the Miller Campus program into its first year of operation. <i>Mixed-methods:</i> Visits to youth accommodation services and other support services; focus groups with youth and homeless people; interviews with staff, management, resident (interviews with residents at entry, exit and 6 months later).
Ronicle 2013 (20) UK	To evaluate the impact of the Connect Yourself program. The evaluation focused on outcomes and impact for young people, capacity building, and community impact and program performance. <i>Mixed-methods:</i> Stakeholder consultation, data review, tool design, project management; case study visits to all areas, interviews with project staff, partner agencies and community members; case study with young people, interviews and focus groups.
Taylor 2005 (22) UK	To evaluate a mental health service, Strong Minded, using both qualitative and quantitative approaches. <i>Mixed-methods:</i> questionnaires (e.g., Health of the Nation Outcome Scale, Client Information Sheet and Service Data Checklist) at initial contact, 1-month follow-up, 3-month follow-up, and final contact with clients (if contact continued after 3 months); interviews with residents.

Below (Table 5), we present the outcomes measured in the nine program evaluations included in this systematic mapping review (11,13,14,16,18-20,22,27). These provide a sense of what the evaluations considered important for the successful operations of the foyers. Aligned with the foyer principles, the most common outcomes measured across

the program evaluations were housing, education, employment and training, life-skills, as well as young people’s satisfaction with foyer services (six studies). Only two evaluations reported on young people’s risk of homelessness as an independent outcome measure (13,19). The impact of the Foyer model on capacity building and community impact was measured by Ronicle and collaborators in 2013 (20). Importantly, most of the outcomes measured in the program evaluations came from administrative data; only Taylor and colleagues (22) reported the use of a validated tool, the Health of the Nation Outcome Scales (HoNOS).

Table 5. *Outcome measures across the program evaluations (n=9)*

Outcome measures	Anderson 1995 (11)	Deakin 2013 (13)	Lovatt 2003 (16)	Foyer F. 2013 (14)	Quilgars 2001 (18)	Quilgars 2004 (27)	Randolph 2005 (19)	Ronicle 2013 (20)	Taylor 2005 (22)
Housing	X	X			X	X	X	X	
Education, employment and training	X	X			X	X	X	X	
Behavioral outcomes ^a						X		X	X
Life-skills		X			X	X	X	X	X
Mental health						X	X	X	X
Young people’s satisfaction with foyer services	X	X			X	X	X		X
Stakeholders and staff’s satisfaction with foyer services		X	X	X		X	X		
Reasons for leaving the foyer	X				X	X			X
Success factors of the foyer program		X	X				X		X

a. Behavioral outcomes included alcohol consumption, substance misuse, offending, gun and knife crime.

Results of the impact evaluations

There were five impact evaluation from the UK (11,18,20,22,27) and two from Australia (13,19). We present the results from the UK evaluations first.

Anderson and Quilgars published the first evaluation of foyers in a group of 500 young British people in 1995 (11). They reported that the foyers helped around one quarter of the residents to move into stable accommodation, 130 residents got full-time jobs and 40 obtained part-time jobs during the first 18 months of operation of the foyer. Most young people found the support services useful and appreciated the support and respect offered to them by staff, and many said they preferred the foyer approach to other more formal government programs.

Results of the evaluation of the UK-based Shortlife Plus Project (18) showed that most of young people found in the foyer a space to grow up, to mature, and to begin to take more responsibility. During the 33 months of operations of the Shortlife Plus Project, a considerable number of the 95 residents (16%) achieved academic degrees or qualifications and 31% found paid employment (19% full-time and 12% part-time). Fewer than 1 in 10 (9.5%) were evicted from the foyer, usually due to missing payments or noise nuisance. Moreover, most of the residents were satisfied with the services provided and felt them make a positive difference in their lives.

A longitudinal evaluation of the Safe Moves initiative developed by Quilgars and collaborators in 2004 (27) reported that this UK foyer program improved young people's housing status and obtained positive outputs on satisfaction with foyer services by both young people and key agencies. Most of the young people interviewed felt that their lives had improved since being in the foyer, and that they had more control over their life. However, no improvement was reported in terms of young people's support needs (e.g., patterns of offending, drug use, physical and mental health problems).

Ronicle and collaborators were commissioned by the Foyer Federation to evaluate the Connect Yourself program, which was based in four areas across the UK (20). The researchers found that the residents valued the services provided in the foyer and were able to set themselves a new direction in their lives. Residents felt more positive and motivated to pursue their goals; most of them moved to secure accommodation and improved their education and employment situation. Similar improvements were seen on behavior (e.g., offending, gun and knife crime, and substance misuse) and life-skills (e.g., leadership, communication and team-working skills). Young people interviewed up to a year after they completed the program confirmed these findings. Moreover, the program influenced both capacity building and community impact positively.

Taylor and colleagues evaluated the provision of mental health services in UK foyers through the Strong Minded program (22). The program employed five mental health professionals, Mental Health Coordinators (MHCs), to serve as intermediaries between foyers and the local mental health services. In this study, outcome assessment of the 175 young people's mental health by the coordinators suggested that young people improved their overall mental state and mood, developed more effective goal setting, problem solving and coping skills, increased understanding of their experiences and emotions, gained self confidence and self-esteem, and improved other outcomes such as sleep quality, anxiety, panic attacks and substance misuse. Ratings on the Health of the Nation Outcome Scales (HoNOS) at end of contact confirmed most of these findings. Similarly, residents appreciated the possibility to 'offload' their problems by talking to the MHCs, and said that they felt generally 'better'. However, some residents felt no improvement in their mental health needs, partially due to the short time in their contact with the MHCs.

In Australia, Deakin and collaborators (13) evaluated the Youth Hub project, which was comprised on three streams of services, namely a foyer-type residential stream, supported accommodation juvenile justice client stream, and an outreach stream. The researchers found that the Youth Hub project facilitated that 82% of residents moved

into long-term accommodation, and performed well with respect to identifying and responding to barriers experienced by young people seeking to access educational or employment opportunities. The Youth Hub project was perceived by recipients to make a significant difference in their lives, especially in terms of housing, risk of homelessness, social and living skills. Similarly, residents appreciated the provision of safe, affordable social housing linked to education, training, employment and life-skills programs supporting their transition to independence.

Lastly, the evaluation of the Australian project Miller Live 'N' Learn (19) showed that at first year follow-up, the program displayed positive results with residents sustaining their involvement in education, completing their courses and engaging employment. Further, residents referred improvements on life skills, social interaction and emotional robustness, felt the foyer services were appropriate, and valued the accommodation and other facilities. Most of the residents interviewed felt that their initial goals were fully or partially met. The study did not report on outcomes for moving on to independent accommodation.

In summary, these seven studies reported that foyers to varying extents were able to facilitate young people's move into independent housing, education, and full- or part-time employment. In addition, residents reported improvements in life-skills for independence and responsibility, improved overall mental health, and they found the support services valuable.

Results of the process evaluations

We found two studies that provided process evaluations of foyers, both conducted in the UK (14,16).

In 2009, the Foyer Federation surveyed a group of foyers about their current informal learning provision (14). The results of the survey showed that representatives of foyers (managers and staff) perceived informal learning services as a means to promote residents to enter into formal learning and work, as well as the development of their social skills. In this process, key workers were highlighted as a coach, mentor, or trusted adult who can support a young person in identifying the key elements of their learning journey. Most of foyers involved residents as tutors, facilitators, fundraisers and mentors, and obtain feedback from the residents via meetings, focus groups, questionnaires and evaluation forms. Some of these mechanisms were used to monitor how the foyers meet residents' needs. Informal learning barriers and incentives were also addressed, revealing that the most important barriers were poor experiences of mainstream school, fear of failure, and chaotic lifestyle, while the most important incentives for learning programs were in-house certificates and vouchers upon completion of programs.

Lovatt and Whitehead (16) evaluated the main challenges and functioning of 15 foyer schemes across UK (i.e., 11 small rural schemes, 1 large city-based scheme, and 3 town-based schemes). The researchers found that residents of the rural foyers struggled with the long distances on poor quality public transport, and faced some problems related to the pay of rent. The shortage of staffing, high turnover, and low-paid jobs available in

the area were common problems in both rural and town-based foyers. Conversely, town-based foyers benefited from their locations, being close to support services, recreational and educational activities for the residents. Yet, residents had trouble with the high rents and debts. Unlike the other types of foyers, the city-based foyer had very low turnover of staff and saw the location as an advantage for residents. Foyers' staff struggled with the high vacancy rates, the need to upgrade the building, the changing demands on the services available and relationships with other housing agencies.

Experiences of being in foyers

Seven studies focused on current or former residents' experiences of being residents of a foyer: Allen 2001 (24), Carlin 2010 (17), Crane 2014 (25), Grace 2011 (26), Grace 2012 (15), Ralph 2004 (23), Smith 2000 (21). These studies are presented in Table 6.

Five of the studies on experiences were from the UK (17,21, 23-25,) and two were from Australia (15,26). Qualitative methods and mixed-methods were used to obtain impressions from mostly residents, but also staff in three studies (17,23,24). The two Australian studies (15,26) and one UK study (21) stood out in that they presented experiences and viewpoints of ex-residents of foyers.

Table 6. Research focus / objective and design of the studies about experiences of being in a foyer (n=7)

Author, year, country	Objective, study design and methods
Allen 2001 (24) UK	To investigate residents' everyday experiences of three foyers. <i>Qualitative (critical ethnography):</i> Interviews with foyer staff and residents; participant observation.
Carlin 2010 (17) UK	To get a sense of the environment in the foyer, meet the key staff and meet young people in their normal day to day activities. <i>Qualitative:</i> Literature review on resilience among young people and field research with residents and staff (methods are unclear).
Crane 2014 (25) UK	To improve the understanding of the experiences of homeless people who are resettled and the factors that influenced the outcomes. <i>Longitudinal mixed-methods (interviews and questionnaire):</i> Face-to-face interviews conducted just before the residents moved, and after six and eighteen months.
Grace 2011 (26) Australia	To document the outcomes for young people who have used the Melbourne Citymission Step Ahead service. The study reported on their views about different aspects of the service, how young people experience it, and what made a difference in their lives. <i>Mixed-methods:</i> In-depth, semi-structured interviews focusing on outcomes, a personally administered survey, and a review of the participants' case notes from their time with Step Ahead; twenty-eight in-depth, semi-structured interviews with previous residents; no interviews with staff.
Grace 2012 (15) Australia	To explore the experiences of ex-residents who attended university at some stage before, during, or after their time at Step Ahead program. <i>Mixed-methods:</i> In addition to Grace 2011 (see above): "The researchers conducted further analysis in relation to the 11 young people who had ever attended university... We were looking in particular for anything that could

	shed light on the commonalities and the diversity of these young people's engagement with university study".
Ralph 2004 (23) UK	To understand how young people experience living in the foyer, and how they view the foyer concept in comparison to their previous training, employment and housing experiences. <i>Qualitative:</i> Ethnographic methods and interviews with residents. Some interviews with managers and staff were also undertaken.
Smith 2000 (21) UK	To understand the move into independence of young people after they left the foyer and the difference that foyer services may have made to their later lives. <i>Mixed-methods:</i> Questionnaires and three sets of interviews with young people who had left the foyers (done in 2004, beginning of 2005 [with 72% of original sample], end of 2005 [with 49% of original sample]).

Results of experiences of being in a foyer

Four studies presented results of investigations into the experiences of being in a UK foyer, either from the perspective of current residents (young people) or staff associated with the foyer (17,23-25). One UK study focused on young people's move to independence, from the viewpoint of former foyer residents (21). These UK-based studies were published between 2000-2014. Two other studies were from Australia (15,26).

The first study, a critical ethnographic study published by Allen in 2001, explored residents' everyday experiences of two foyers in North West England (24). The researcher used critical ethnography because he believed the foyer industry had suppressed critical research about the foyers. Allen observed that most residents thought that the staff had used the reception process (when residents entered the foyer) to construct the foyers as potentially 'dangerous places', and perceived the foyers' policies as strict, especially when it came to house rules and issuing of warnings, where the collection of a third warning would result in eviction. Residents resented the visiting rights and said they were unaware of what staff did and their tasks. Some residents did not trust managers; such low trust between residents was partially due to the policies in the foyer, Allen opined. He concluded that management's inadequate use of democratic principles (e.g. withdrawing peer-support mechanisms) exacerbated a culture of disruption (e.g. through the growth of nightlife) and created a social dynamics of exclusion.

Carlin analyzed the field of resilience in homeless young people and undertook field research in five foyers across England with the aim of getting a sense of the environment in the foyers (17). Overall, most of the young people residing in the foyers perceived that their lives were better by being in the foyer, since they gained more independence and felt less stressed. All residents appreciated going to college, employment training and help with CV, as well as any kind of job and earning money. Furthermore, residents liked being trained on life skills-related activities, such as look after themselves, budgeting and cooking. Receiving recognition of their progress was also acknowledged as an important factor. Similarly, friendships and communicating with others made them feel good, including the possibility to talk about problems. Residents also felt their relationships with the family improved after being in the foyer. They highlighted having safe and secure accommodation as the most important thing that the foyer gave to build and maintain resilience.

Crane and colleagues explored the experiences of homeless people who were resettled in a foyer and the factors that influenced their outcomes (25). At 15-18 month's follow-up, three-quarters of the young people valued their accommodation as 'felt like home', and coped well with basic household tasks. Most were unemployed and reliant on welfare benefits, whilst few residents started any university courses. The employment rate (full-time or part-time) increased by 11% at 15-18 months follow-up. During that period, 69% of the participants were in their original accommodation, 13% had moved to another tenancy and 18% were without a tenancy. Some positive influential factors related to tenancy sustainability were the amount of independent living training received, having educational or vocational qualifications and family support, particularly practical help. The negative influences were a history of illegal drug use and having slept rough during the twelve months before resettlement.

Ralph (23) investigated residents' experiences while living in the foyer, and how foyers can make them feel more included, increase their social capital, security, trust and social inclusion. Most of the residents appreciated the housing and facilities (e.g., high standards of accommodation). However, Ralph observed that residents felt stigmatized, socially excluded and decreased their social capital due to the restrictiveness of foyers' policies. Further, residents viewed the foyer as a good first place to move into after dependent living but, in most cases, did not feel totally prepared for the move to independence. Most of the residents recognized that education was the right route to employment satisfaction and a decent salary.

The last study from the UK, by Smith and collaborators (21), followed young people to understand their move into independence *after* they left the foyer and described the difference that foyer services may have made to their later lives. Smith and colleagues (21) found that ex-residents' overall satisfaction with the services was positive, and all of the ex-residents thought the foyer had 'worked' for them. Half of the residents moved to independent accommodation and kept the same accommodation, six-months after being in the foyer. One third of the ex-residents were enrolled in some form of education, and around half of the ex-residents were in full- or part-time work. Moreover, around one third of ex-residents referred improvements on alcohol and drug consumption. Some ex-residents felt the foyer had strengthened their contact with family and friends.

Two studies, by Grace and colleagues (15,26), examined experiences and viewpoints of young people who were former residents of a foyer in Australia, i.e. they were ex-residents. First, Grace and colleagues (26) documented outcomes for ex-residents who had used the Melbourne Citymission Step Ahead program between 2010 and 2011, especially on their views about different aspects of the service, how they experienced it, and what made a difference in their lives. The results of this mixed-methods study showed that the foyer services provided in the program helped most of the young people to improve their housing conditions, and most of them were satisfied with their accommodation. Regarding education and employment, some ex-residents had attained technical and further education (TAFE) certificates and diplomas, whilst others were studying, some of them at university. Few ex-residents had paid full-time employment at the time

of interview. Ex-residents' health and well-being showed some improvements. However, a few ex-residents were categorized as "vulnerable to homelessness", since they had ongoing difficulties with their health and wellbeing. The researchers concluded that Step Ahead "did not work well for participants struggling with acute mental illness or those with other psychological or physical barriers to participation" (p.26).

In the second report, the same authors as above explored the experiences of ex-residents who attended university at some stage before, during, or after their time at the Step Ahead program (15). This group of ex-residents had maintained their satisfaction with the foyer services. They explained that their educational progress was facilitated by the following factors: stable, safe accommodation with support, assistance to heal and improve health, relief from other pressures such as family conflict, protection while maturing, time to develop English language proficiency, life skills, and resources, assistance to gain entry to a tertiary institution and the provision of pathways to stable housing.

In summary, these seven studies offered a diverse, but largely positive, picture of the experiences of current and former foyer residents. While two studies highlighted concerns with regard to social exclusion and restrictiveness of foyer policies, the remaining studies pointed to the foyer being a safe and stable home, which built residents' resilience. The three studies on former foyer residents indicated that overall satisfaction with the services remained positive over time and that stable, safe accommodation in the foyer had facilitated their educational progress.

Other research about foyers

The third and last group of studies about foyers included only two studies. This was 1) a description of mental health services provided in UK foyers (28), and 2) a financial analysis of foyers (2).

Description of mental health services in foyers

Taylor and colleagues' study focused on the services that UK foyers provide to respond to the mental health needs of their residents (28). The researchers collected data about how foyer shelters respond to mental health needs by sending out questionnaires by post (quantitative survey), that was answered by managers and staff of 85 foyers. They found that most of the foyers offered consultation with a general practitioner. Other services included extended key working role to meet mental health needs, training offered to foyers' staff, consultation with an external agency, and direct referral route to local adult mental health service. Few foyers offered no mental health services. However, only 27% of foyers thought that the services they provided were effective to meet the mental health needs of their residents, and 79% of the foyers wished to offer additional mental health services.

Financial analysis of foyers

Steen and Mackenzie (2) reported on capital and operating costs, cost-efficiency and effectiveness of various foyers across Australia. The expressed research aim was to conduct a comprehensive cost analysis of foyers in UK and Australia, including capital and

operating costs, cost effectiveness and efficiency, and the financial viability of foyer models. To research this, Steen and Mackenzie undertook visits to representative foyers in the UK in 2012 and conducted interviews with key stakeholders at each site, tours of the facilities, and conducted field visits and interviews with Australian foyers in 2012 and 2013. The economic analysis found that in the UK, rents only partially covered the operating costs of the foyers. Government grants, specifically block grants, provided substantial funding to the foyers and without this support they would not be able to operate. Relative to Australia, the number of staff employed was higher. With respect to the Australian foyers, Federal Government and state funds were the main funding sources, although some of them solved most of the financial deficits through subsidies from donations and fund-raising or philanthropic grants. This situation had placed the financial suitability of Australian foyers at risk. Labor costs, administration costs and maintenance were the main costs of foyers' functioning, especially the salary of case managers. Rents represented about 25% of the resident's income, which was standard for community housing rents in Australia. Weekly rents ranged from \$77.50 per week to \$153.63 (Australian Dollars) per week. The authors discussed the development of a sustainable funding system for foyers.

Discussion

Main findings

This study aimed to map out all empirical research on the Foyer model. The body of evidence we mapped in this report presents some characteristics that must be discussed. First, most of the studies were retrieved from grey literature sources (56%) and published as reports derived from commissioned research (72%). This indicates that research on foyers is not easily identified through mainstream sources. Second, there exists a clear predominance of cross-sectional research methods across the published studies; although mixed-methods were the most common approach used by authors, the main findings and discussions were supported by their qualitative approaches. We identified no comparative or controlled studies. Third, all empirical research published about the Foyer model comes from Australia and the UK, which seems to have led to a uniform set of characteristics of foyer residents and restricts the transferability of these findings to different contexts. Fourth, we saw a standardized provision of services across foyers, characterized by housing, education assistance, job seeking assistance, and life skills training - in line with core principles of the Foyer model - in addition to ancillary services, especially mental health services. This offer of services aligns with those offered in the foyer operating in Bodø, Norway (29).

Interestingly, evaluations of foyer programs represent the most frequent research on foyers. The findings from those evaluations support the role of foyer services in assisting young people who experience homelessness into their transition to an independent adulthood. Positive outputs have been described on housing, education and training, life-skills, and mental health. Based on those findings, it could be generally assumed that foyer services worked well for most of the residents, and made them feel satisfied with facilities and opportunities provided during and after being in the foyer. Nevertheless, a few studies underscored that some residents disliked the foyers' policies, especially when it came to warnings and having visitors, and in a few cases, residents felt stigmatized and socially excluded (23,24). These seem important points to address by researchers, staff and managers of foyers.

Strengths and weaknesses

Strengths

This systematic mapping review provides the most up-to-date description of the empirical research published about the Foyer model. Moreover, we followed the most recent

international standards for ensuring a high methodological quality and trustable synthesis (8,9,30). We asked various researchers, research centers and housing organizations for any unpublished material in order to present the whole body of evidence about the Foyer model.

Weaknesses

We were unable to retrieve the full-texts of some studies that might meet the inclusion criteria; we have provided their references. Other weaknesses of this study relies on the limitations of the scope of systematic mapping reviews. We did not conduct any pooled analysis nor quality appraisal of the included studies. However, the lack of quality appraisal is likely of minor importance as all of the studies are descriptive, observational studies. Nonetheless, we cannot draw any conclusions regarding the effects of the Foyer model.

How generalizable are the results?

This systematic mapping review informs decision-makers of the current body of evidence supporting the foyer services for young people. Further, and as one of the main principles of mapping reviews, this study might serve as a means to formulate and commission further research about the Foyer model. We found that the current evidence exhibits major gaps in the research about foyers, in particular a lack of both randomized and controlled studies, as well as a lack of standardized and validated tools for outcome measurements.

The generalizability of our findings is limited since the included studies were conducted in only two high-income countries (UK and Australia) and the deepness of our methodological synthesis is also constrained. The small groups of participants involved in the included studies impede any statements about the representativeness of our findings for the fields of housing and homelessness. The applicability of the Foyer model in other settings might be explored by further studies.

Comparison with other reviews

We found only one systematic review about the Foyer model (31). In line with our results, it highlighted the methodological flaws found in the evidence base. The review authors found no evidence of effectiveness of the Foyer model and made similar recommendations to strengthen the body of evidence as we did.

Implications for practice

In spite of the heterogeneity in the study designs and research methods across the included studies, the provision of services in the foyers was similar. However, foyers' coordinators and staff could benefit from the use of more standardized methods for measuring the progress of residents (i.e., outcome measurements), and attention to

complaints about the foyers' policies raised by residents. Further, the research suggests that mental health may act as a facilitator of residents' improvement while being in the foyer, so stakeholders should promote a broader offer of mental health-related services, as we found in some studies. Due to the different struggles that young people face when exiting foyers, foyer services should continue to follow ex-residents in their transition to adulthood and independent living in order to estimate the prospective impact of the foyers in their lives. Finally, our findings must be interpreted in line with the current changes in labor market for young people and subsequent dynamics in housing policies for each country.

Conclusion

The present systematic mapping review mapped out the empirical research on the Foyer model published until May 2017. Eighteen studies met the selection criteria for which grey literature was the most common source of publication. The body of evidence exhibits a predominance of cross-sectional research methods, and half of the included studies reported on program evaluations. Further, and in line with the foyer's principles, the different studies reported a homogenous provision of services and measured similar outcomes with some few exceptions.

Foyer services might help young people in the transition to adulthood. However, no controlled studies have been published to date, most of the data come from administrative sources, and there exists a lack of validated tools for outcome measurement, which limits the internal validity of the evidence. In light of this, no judgements about the effectiveness of the Foyer model can be drawn from the present systematic mapping review. Rigorous research that follows international standards for methodological quality is needed to draw conclusions about the effectiveness of foyers.

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Appendix

Appendix 1. Glossary

Term	Definition
At-risk of homelessness	<p>Young people meeting one or more of the following situations:</p> <ul style="list-style-type: none">- Do not have sufficient resources or support networks immediately available to prevent them from moving to emergency shelter or another place in category 1 of homelessness.- Has moved recently due to economic reasons two or more times during the last 60 days preceding the application for assistance.- Is living in home of another because of economic reasons.- Has been notified that the right to occupy the current housing or living situation will be terminated within 21 days after the date of application for assistance.- Lives in a hotel or motel where the cost is not paid by charitable, governmental or federal organizations.- Lives in an emergency housing unit (e.g., apartment) in which there reside more than 2 persons or lives in a larger housing unit with more than one and a half persons per room.- Is exiting a publicly funded institution or system of care.
Employed	<p>Persons, aged 15 years or over, who have worked for one hour or more for pay, profit, commission or payment in kind in a job or in a business, or worked for one hour or more in a family business or are employees who are not at work.</p>
Homelessness	<p><i>Primary homelessness:</i> Individuals without conventional accommodation - for example, people living on the streets or sleeping in parks, or in cars and railway carriages.</p> <p><i>Secondary homelessness:</i> Individuals in temporary accommodation, including those staying in emergency or transitional accommodation, people temporarily living with other households because they have no accommodation of their own, and people staying in boarding houses on a short-term basis.</p>

	<p><i>Tertiary homelessness:</i> People living in boarding houses on a medium to long-term basis. These people are sheltered, but do not belong to a household that has exclusive access to kitchen and bathroom facilities. Most boarding house residents do not have a lease over their accommodation.</p>
Life skills	<p>Psychosocial abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Life skills are loosely grouped into three broad categories of skills: cognitive skills for analyzing and using information, personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others. (Link: https://www.unicef.org/lifeskills/index_7308.html)</p> <p>This definition can also include employability skills, leadership and presentation skills, parenting skills, conflict resolution, stress management, problem solving.</p>
Program evaluations	<p><i>Process evaluation:</i> determines whether program activities have been implemented as intended and resulted in certain outputs. These evaluations are conducted periodically throughout the program and start by reviewing the activities and output components of the logic model.</p> <p><i>Outcomes evaluation:</i> measures the program effects in the targeting population by assessing the progress in the outcomes that the program is to address.</p> <p><i>Impact evaluation:</i> measures the degree to which the program meets its ultimate goal, and is performed during the operation and at the end of the program.</p> <p>(Link: http://www.cdc.gov/std/program/ProgEvaluation.pdf)</p>
Unemployed	<p>Persons aged 15 years and over, who were not employed during the reference week, and (a) had actively looked for full-time or part-time work at any time in the four weeks up to the end of the reference week, and (b) were available for work in the reference week, or were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available.</p>

Appendix 2. Search strategy

Database: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present

Dato: 07.05.2017

Treff: 471

- 1 adolescent/ 1839914
- 2 minors/ 2466
- 3 young adult/ 598688
- 4 or/1-3 2114661
- 5 homeless persons/ 6586
- 6 4 and 5 1484
- 7 homeless youth/ 1128
- 8 6 or 7 2568
- 9 housing/ 15557
- 10 8 and 9 155
- 11 ((homeless* or street*) adj4 (adolescen* or boy? or girl? or juvenile* or pubescen* or teen* or minor? or (young adj (adult* or people* or person* or m?n or wom?n)) or youngster* or youth)).ti,ab,kf. 1203
- 12 (accomodat* or housing or shelter* or tenan* or residen*).ti,ab,kf. 227289
- 13 11 and 12 294
- 14 Foyer?.ti,ab,kf. 113
- 15 10 or 13 or 14 536
- 16 exp animals/ 21249983
- 17 humans/ 16852907
- 18 16 not (16 and 17) 4397076
- 19 (news or editorial or comment).pt. 1166748
- 20 15 not (18 or 19) 523
- 21 limit 20 to yr="1992-current" 489
- 22 remove duplicates from 21 471

Database: PsycINFO 1806 to May Week 1 2017

Dato: 07.05.2017

Treff: 634

- 1 (adolescence 13 17 yrs or young adulthood 18 29 yrs).ag. 701979
- 2 homeless/ 6010
- 3 exp housing/ 8040
- 4 1 and 2 and 3 279
- 5 ((homeless* or street*) adj4 (adolescen* or boy? or girl? or juvenile* or pubescen* or teen* or minor? or (young adj (adult* or people* or person* or m?n or wom?n)) or youngster* or youth)).ti,ab,id. 1916
- 6 (accomodat* or housing or shelter* or tenan* or residen*).ti,ab,id. 91009
- 7 5 and 6 451
- 8 Foyer?.ti,ab,id. 31
- 9 4 or 7 or 8 676

- 10 limit 9 to yr="1992-current" 634
- 11 remove duplicates from 10 634

Database: Embase 1974 to 2017 May 05

Dato: 07.05.2017

Treff: 238

- 1 adolescent/ 1397528
- 2 juvenile/ 29959
- 3 "minor (person)"/ 396
- 4 young adult/ 165807
- 5 or/1-4 1518386
- 6 homelessness/ 9476
- 7 5 and 6 1802
- 8 homeless youth/ 72
- 9 7 or 8 1869
- 10 housing/ 19204
- 11 9 and 10 201
- 12 ((homeless* or street*) adj4 (adolescen* or boy? or girl? or juvenile* or pubescen* or teen* or minor? or (young adj (adult* or people* or person* or m?n or wom?n)) or youngster* or youth)).ti,ab,kw. 1292
- 13 (accomodat* or housing or shelter* or tenan* or residen*).ti,ab,kw. 269232
- 14 12 and 13 321
- 15 Foyer?.ti,ab,kw. 71
- 16 11 or 14 or 15 531
- 17 exp animals/ or exp invertebrate/ or animal experiment/ or animal model/ or animal tissue/ or animal cell/ or nonhuman/ 24321966
- 18 human/ or normal human/ or human cell/ 18276278
- 19 17 not (17 and 18) 6092462
- 20 (news or editorial or comment).pt. 529110
- 21 16 not (19 or 20) 520
- 22 limit 21 to yr="1992-current" 494
- 23 limit 22 to embase 239
- 24 remove duplicates from 23 238

Database: Cochrane Library (CDSR, CENTRAL, DARE, NHSEED)

Dato: 07.05.2017

Treff: 53

- #1 [mh ^adolescent] 90131
- #2 [mh ^minors] 9
- #3 [mh ^"young adult"] 241
- #4 (1-#3) 90228
- #5 [mh ^"homeless persons"] 265
- #6 #4 and #5 33
- #7 [mh ^"homeless youth"] 28
- #8 #6 or #7 60
- #9 [mh ^housing] 258

- #10 #8 and #9 2
- #11 ((homeless* or street*) near/4 (adolescen* or boy* or girl* or juvenile* or pubes-
cen* or teen* or minor or minors or (young near (adult* or people* or person*
or man or men or woman or women)) or youngster* or youth)):ti,ab,kw in
Other Reviews, Trials, Methods Studies, Technology Assessments, Economic
Evaluations and Cochrane Groups 67
- #12 (accomodat* or housing or shelter* or tenan* or residen*):ti,ab,kw 10333
- #13 #11 and #12 31
- #14 (Foyer or Foyers):ti,ab,kw 22
- #15 #10 or #13 or #14 Publication Year from 1992 to 2017, in Trials 50
- #16 ((homeless* or street*) near/4 (adolescen* or boy* or girl* or juvenile* or pubes-
cen* or teen* or minor or minors or (young near (adult* or people* or person*
or man or men or woman or women)) or youngster* or youth)) 106
- #17 (accomodat* or housing or shelter* or tenan* or residen*) 12750
- #18 #16 and #17 48
- #19 (Foyer or Foyers) 27
- #20 #10 or #18 or #19 Publication Year from 1992 to 2017, in Other Reviews and
Economic Evaluations 3
- #21 #15 or #20 53

Database: CINAHL (EBSCO)

Dato: 07.05.2017

Treff: 124

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- S2 (MH "Minors (Legal)") 427
- S3 (MH "Young Adult") 61,264
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- S5 (MH "Homelessness") 2,724
- S6 (MH "Homeless Persons") 3,297
- S7 S5 OR S6 5,543
- S8 S4 AND S7 1,083
- S9 (MH "Housing") 5,420
- S10 S8 AND S9 131
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lescen* or boy# or girl# or juvenile* or pubescen* or teen* or minor# or (young
W0 (adult* or people* or person* or m#n or wom#n)) or youngster* or youth))
) OR SU (((homeless* or street*) N3 (adolescen* or boy# or girl# or juvenile*
or pubescen* or teen* or minor# or (young W0 (adult* or people* or person* or
m#n or wom#n)) or youngster* or youth))) 835
- S12 TI ((accomodat* or housing or shelter* or tenan* or residen*)) OR AB ((accomo-
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- S13 S11 AND S12 170

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Database: ERIC (EBSCO)

Dato: 07.05.2017

Treff: 184

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S2 DE "Youth" OR DE "Disadvantaged Youth" OR DE "Out of School Youth" OR DE "Rural Youth" OR DE "Urban Youth" 21,887
S3 DE "Young Adults" 10,209
S4 DE "Late Adolescents" 908
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S7 S5 AND S6 730
S8 DE "Housing" 2,772
S9 S7 AND S8 34
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S13 TI Foyer# OR AB Foyer# OR SU Foyer# 24
S14 S9 OR S12 OR S13 [Limiters - Date Published: 19920101-20170531] 184

Database: Web of Science Core Collection (SCI-EXPANDED & SSCI)

Dato: 07.05.2017

Treff: 569

1 TOPIC: (Foyer\$) 95
2 TS=(((homeless* or street*) NEAR/3 (adolesc* or boy\$ or girl\$ or juvenile* or pubescen* or teen* or minor\$ or (young NEAR/0 (adult* or people* or person* or m\$n or wom\$n)) or youngster* or youth))) 1,985
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Database: Sociological Abstracts (ProQuest)

Dato: 07.05.2017

Treff: 409

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Database: Academic Search Premier (EBSCO)**Dato: 05.05.2017****Treff: 1800**

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 S9 S5 AND S8 267
 S10 DE "HOUSING" 18,191
 S11 S9 AND S10 28
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 S13 TI ((accomodat* or housing or shelter* or tenan* or residen*)) OR AB ((accomodat* or housing or shelter* or tenan* or residen*)) OR SU ((accomodat* or housing or shelter* or tenan* or residen*)) 324,649
 S14 S12 AND S13 521
 S15 TI Foyer# OR AB Foyer# OR SU Foyer# 1,329
 S16 S11 OR S14 OR S15 [Limiters - Published Date: 19920101-20170531; Document Type: Abstract, Article, Bibliography, Book Chapter, Book Review, Case Study, Correction Notice, Directory, Proceeding, Product Review, Report] 1,800

Database: EPISTEMONIKOS**Dato: 08.05.2017****Treff: 12**

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Appendix 3. Screening form

Screening form [Project: The Foyer model for homeless youth: a systematic mapping review]

Author: _____

Date: [dd/mm/yy]

Screening questions for title/abstract	Yes/Unclear/No
The reference is empirical research	
The study is about the Foyer model (the main inclusion criteria is a substantial emphasis on the Foyer model as the subject matter)*	
This reference was published in the years 1992 to 2017	
The population is young people (15-25 years old)	
The population is people who are homeless or at-risk of homelessness (see glossary below)	
* Other integrated models of housing for young people that do not match Foyer principles must be included to be listed in an appendix in the final report	

Appendix 4. Unavailable references (n=3)

Reference	Abstract (if available)
Johnson M. Foyer Federation – Report of Supporting People. Impington: the Foyer Federation; 2001.	Abstract not available.
Maginn, A, Frew, S., Sibbhan, R. and Kodz, J. Stepping Stones: An evaluation of Foyers and other schemes serving the housing and labour market needs of young people. Rotherham: Department of the Environment; 2000.	The 1990s saw significant developments in provision to meet young people’s accommodation, training and employment needs. The most high profile aspect of this provision was the introduction, and expansion of, Foyer schemes which aimed to support young people’s transition to independence by improving their employability and ability to secure and retain their own accommodation. This is the report of a study comparing Foyer with other schemes which had broadly similar aims and served similar client groups. The study findings reflect the nature of

provision in 1998 when the main fieldwork was undertaken. Since then the number of operational Foyer schemes has increased substantially and developments in provision are likely to have had an impact on many aspects of service delivery.

Worley and Smith, J. *Moving Out, Moving On: From Foyer Accommodation to Independent Living*. London: YMCA; 2001.

Abstract not available.

Appendix 5. Non-foyer studies (n=24)

Reference	Abstract (if available)
Bridgman R. <i>I Helped Build That: A Demonstration Employment Training Program for Homeless Youth in Toronto, Canada</i> . <i>American Anthropologist</i> . 2001;103(3):779-795.	In this case study I present preliminary findings on the development of Eva's Phoenix-a pilot project designed to provide housing and employment-training opportunities for homeless youth in Toronto, Canada. I focus on the construction-training program for youth and explore some of the tensions that can arise in a project of this nature. These include consulting youth about the project's directions and facilitating their participation, representational authority in relation to how the project is promoted, and the need to reconcile different values and expectations for delivering the program on the part of partnering organizations and the youth themselves. I challenge perceptions of welfare and welfare reform in relation to youth and offer some insights into what types of services and interventions can potentially help homeless youth.
Curry S and Petering R. <i>Resident Perspectives on Life in a Transitional Living Program for Homeless Young Adults</i> . <i>Child Adolesc Soc Work J</i> . 2017:1-9.	Safe and affordable housing is critical for any young person's well-being, and yet many youth are without a reliable place to live. Knowledge of the perceptions of housing programs and shelter among homeless young adults ages 18-24 is very limited. Using qualitative methodology, the present study explores the perceptions of homeless young adults on their experiences as residents of a transitional living program (TLP) by asking the following research questions: (1) What are TLP residents' expectations of themselves and others in the program? and (2) How do residents perceive the rules and structure of the TLP? Sixteen interviews were conducted with residents at a TLP for homeless young adults, with participants ranging in age from 18 to 22. Findings illuminated residents' strong emphasis on the values of hard work, self-discipline and a good attitude. Results revealed that residents felt that they are overly monitored within the program, particularly around daily living in the residence and felt a lack of flexibility in the rules and regulations. It is important that the structure of a TLP housing program so that rules are not disruptive to healthy development and successful transition from adolescence to adulthood. Further implications for practice are discussed.

<p>Farrar L, Schwartz SL, Austin MJ. Larkin Street Youth Services: helping kids get off the street for good (1982-2007). <i>J Evid Based Soc Work</i>. 2011;8(1-2):106-23.</p>	<p>Larkin Street Youth Services is a pioneering nonprofit organization that was established in 1981 to serve the growing urban homeless and run-away youth population. What began as a neighborhood effort has evolved into a \$12 million organization over the course of its 25-year history. Larkin Street Youth Services delivers a continuum of services to homeless youth including counseling, housing, education, employment, and HIV services. The agency has received significant local and national attention for the success of its targeted program model and continuum of care services. The history of Larkin Street Youth Services provides an example of the important role of internal operations in an agency's ability to re-invent itself and respond to a larger community need.</p>
<p>Ferguson K. Shaping Street-Children Organizations Across the Americas: The Influence of Political, Social, and Cultural Contexts on Covenant House and Casa Alianza. <i>Journal of Religion & Spirituality in Social Work: Social Thought</i>. 2004;23(4): 85-102.</p>	<p>Covenant House, a non-governmental, social action organization assisting homeless children in the United States is compared and contrasted with its Latin American counterpart organization, Casa Alianza, which services street-living and street-working children throughout Mexico and Central America. Although Covenant House and Casa Alianza share a common mission: to protect children and guarantee their rights through promoting social justice, clear differences in organizational structure, program philosophy, intervention techniques and client characteristics are evident cultural contexts within which both organizations are embedded reveals how surrounding macrofactors can influence and uniquely shape social action organizations in their efforts to develop and deliver systematic and indigenous responses to the homeless, street-children population throughout the Americas.</p>
<p>Giffords ED, Alonso C, Bell R. A transitional living program for homeless adolescents: A case study. <i>Child & Youth Care Forum</i> 2007;36(4):141-151.</p>	<p>This article describes a transitional living program in Long Island, New York designed to enable youth in a residential setting (ages 16-21) to develop and internalize independent living skills through the provision of shelter and support services which prepare them for living independently in the community.</p>
<p>Gonzalez Garzon T. Group Shelters. <i>RS, Cuadernos de Realidades Sociales</i> 1994;43-44:105-119.</p>	<p>A shelter-based treatment program for homeless juvenile drug addicts in Bizkaia, Spain, is described. The objectives of the program were to provide housing for drug-dependent persons without linkages to nuclear families & to reintegrate the person with social & family (collective) life. The sheltered setting was staffed by professionals & volunteers, & offered the youth education in a number of academic & personal areas. Demographic & behavioral data on 1992 residents (N = 33) are presented, & differences between 1989 & 1992 residents are noted. The experience appears positive, but new methods to rehabilitate these severely marginalized youth must be pursued.</p>
<p>Good AL. Alternatives For Girls: A community development model for homeless and high-risk girls and young women. <i>Children and Youth Services Review</i> 1992;14(3-4):237-252.</p>	<p>Describes a program founded as a result of a grass-roots initiative with the aim of offering alternatives to homeless and high-risk girls and young women. The program offers services in the form of (1) daily active outreach on the streets, including crisis intervention; (2) shelter, transitional living, and support services; (3) long-term aftercare, including counseling and support groups, job skills, and advocacy; (4) 90-</p>

	<p>day residential drug treatment for 13-27 yr old girls without insurance; and (5) weekly self-esteem building "Girls' Clubs" for 5-24 yr olds.</p>
<p>Holtzschneider C. A part of something: The importance of transitional living programs within a Housing First framework for youth experiencing homelessness. <i>Children and Youth Services Review</i> 2016;65:204-215.</p>	<p>Young people experiencing homelessness face severe threats to their health and well-being and while we know quite a bit about these risks, much less is understood about the usefulness of the services currently being provided to mitigate them. Transitional living programs (TLPs) are one of three core strategies executed by the federal government of the United States to address youth homelessness. The purpose of this phenomenological, qualitative study was to understand the impact over time of the housing and support services provided by a TLP directly from the perspectives of formerly homeless youth. Data was collected through in-depth, semi-structured interviews with 32 young people who exited a TLP located in Chicago, Illinois between 1 and 11 years ago. Participants believed TLPs to be an essential part of our solution to address youth homelessness, identifying themes of family, individual connections, community and preparedness that they believe uniquely qualify TLPs as a developmentally-appropriate program model for youth in times of housing crisis.</p>
<p>Jones L. The Impact of Transitional Housing on the Post-Discharge Functioning of Former Foster Youth. <i>Residential Treatment for Children & Youth</i> 2011;28(1):17-38.</p>	<p>Three years of data that describes the adaptation of 106 former foster youth to young adulthood are presented. Youth outcomes were compared on whether they initially resided in transitional housing (TH) at discharge or went to other living arrangements (OLA). Findings were that youth residing in the TH reported more housing stability, were less likely to be unemployed, used substances less, and had less criminal justice contact than OLA youth. However, multivariate analysis showed substance users and Caucasian youth had more housing instability than others, regardless of their initial discharge housing arrangement. The implications of these findings are discussed.</p>
<p>Karabanow J. Changing faces: the story of two Canadian street youth shelters. <i>International Journal of Social Welfare</i> 2004;13(4):304-314.</p>	<p>This study addresses the relationship between street youth shelters and formal child welfare systems in Toronto, Canada. Two case examples, Covenant House (CH) and Youth Without Shelter (YWS), are examined through archival material, participant observations and structured interviews with 21 front-line and managerial shelter workers. The findings suggest that both shelters have formed reciprocal and unequal partnerships with formal child-welfare organisations. The consequences of such an arrangement are threefold: (1) CH and YWS no longer possess an internal environment to support traditional street youths; (2) both shelters have strayed from their original intentions; and (3) many shelter workers express frustration within this dynamic. Several recommendations are put forward to support the survival of youth shelters: advocating increased government daily rates; seeking a balance between building a legitimate public image and an alternative street youth reputation; making every effort to house hard-core street youths; and building innovative internal programmes to act as referral points.</p>
<p>Kennedy M, Spingarn R, Stanton A. A continuum of care</p>	<p>Overcoming barriers to delivering care to adolescents living with HIV, Larkin Street Youth Center (LSYC) has developed a comprehensive HIV</p>

model for adolescents living with HIV: Larkin Street Youth Center. *Drugs and Society* 2000;16(1-2):87-105.

service delivery program. This model coordinates services for adolescents living with HIV and includes five types of services: outreach, drop-in services, routine health and medical care, dependent care, and residential/caretaking services. Stable housing was made available to youth in two settings: (1) scattered site apartments and single rooms in hotels within a small geographic area; and (2) a residential care facility for disabled adolescents living with HIV. Case reports and summaries of assessments conducted with seven adolescents living with HIV are described. Clinical descriptions, health indices, and improvements in daily routines demonstrate the program's benefits; continued substance use and sexual risk acts demonstrate the need for prolonged assistance for adolescents living with HIV with comorbid disorders.

Kozloff N, Adair CE, Palma Lazgare LI, Poremski D, Cheung AH, Sandu R, et al. "Housing First" for Homeless Youth With Mental Illness. *Pediatrics* 2016;138(4).

BACKGROUND AND OBJECTIVES: "Housing First" has been shown to improve housing stability in homeless individuals with mental illness, but had not been empirically tested in homeless youth. We aimed to evaluate the effect of "Housing First" on housing stability in homeless youth aged 18 to 24 years participating in At Home/Chez Soi, a 24-month randomized trial of "Housing First" in 5 Canadian cities.

METHODS: Homeless individuals with mental illness were randomized to receive "Housing First" (combined with assertive community treatment or intensive case management depending on their level of need) or treatment as usual. We defined our primary outcome, housing stability, as the percent of days stably housed as a proportion of days for which residence data were available.

RESULTS: Of 2148 participants who completed baseline interviews and were randomized, 7% (n = 156) were youth aged 18 to 24 years; 87 received "Housing First" and 69 received treatment as usual. In an adjusted analysis, youth in "Housing First" were stably housed a mean of 437 of 645 (65%) days for which data were available compared with youth in treatment as usual, who were stably housed a mean of 189 of 582 (31%) days for which data were available, resulting in an adjusted mean difference of 34% (95% confidence interval, 24%-45%; P < .001).

CONCLUSIONS: "Housing First" was associated with improved housing stability in homeless youth with mental illness. Future research should explore whether adaptations of the model for youth yield additional improvements in housing stability and other outcomes.

Kroner MJ, Mares AS. Living arrangements and level of care among clients discharged from a scattered-site housing-based independent living program. *Children and Youth Services Review* 2011;33(2):405-415.

There is little recent research in the field of adolescent independent living that looks at the specific living arrangements of youth, who at the point of discharge from the child welfare system, had experienced living independently and had access to a choice of housing options. Administrative data and reviews of client records were used in this study to look at the choice of housing option and the change in level of care of 367 young adults who emancipated from the Lighthouse Youth Services Independent Living Program in Cincinnati, Ohio, during the five-year period 2001-2006. Given a range of housing options at the time of discharge, over half (55%) chose an independent living arrangement, including 41% who lived in their own place, either alone (28%) or with a roommate (13%). Only 21% decided to live in someone else's home, including just 7% with one or both birth parents, 10% with some other

relative, and 4% with a non-relative. The remaining 24% of youth were discharged from independent living to a more restrictive living arrangement (a.k.a., higher 'level of care', including a residential treatment program, group home, foster care, or supervised independent living program) (11%) or whose whereabouts were unknown (13%). The outcomes of this study suggest that, when presented with a choice of housing options, most of this county's emancipating foster youth would prefer to live on their own, rather than to return to live with their families of origin. The study also suggests that many youth who participate in a scattered-site housing-based independent living program can succeed in leaving care with affordable housing in place and avoid immediate homelessness. Study of 367 young adult clients of a large housing-based independent living program. 22 specific living arrangements were identified and classified into 4 levels of care. Levels of care included: independent, with others, supervised/system, and unknown. 55% of clients attained independent living arrangement at discharge (mean age of 19). Longer-term (post-discharge) housing outcomes of such housing-based ILP's are unknown

Maplewood Richmond Heights School District. A Place to Call Home. American School Board Journal 2012:4-5.

The article looks at the Magna Award winning program Joe's Place, created by the Maplewood Richmond Heights School District (MRH) in Maplewood, Missouri that provides shelter for homeless male students. A house near the local high school was designed as a home that students could use to live in and study at while enrolled in school. Community volunteers act as house parents, mentors, and tutors. Student residents are also provided therapy sessions and are encouraged to become involved in school activities. The article also discusses the program's overall success.

Mares A and Jordan M. Federal aftercare programs for transition-aged youth. 2012. p. 1509-1518.

This case study examines five federal aftercare support programs for transition-aged youth, including: 1) Temporary Assistance for Needy Families for single parents, 2) TRIO Student Support Services for first generation college students, 3) Second Chance Act for reentry youth, 4) Chaffee Educational and Training Vouchers for foster youth, and 5) Transitional Living Program for homeless youth. Considerable variability in federal funding to states and services provided across these programs are reported. While all five vulnerable target groups likely need aftercare services of the nine types examined, as indicated by the literature, variations in federal funding levels, both among target populations and across states, raise important questions for society and federal and state policy makers. More systematic data collection and reporting systems specifying aftercare services provided and outcomes among those served which are accessible to the public, such as www.cfda.gov and www.usaspending.gov, are recommended.

Ogden, SM. "It feels like home": the impacts of supportive housing on male youth – perspectives of youth and service providers at five beds to

This study identifies the impacts of supportive housing on the lives of male youth. The researcher studied the Five Beds to Home (Five Beds) supportive housing facility for male youth, located in Cambridge, Ontario. The study focused on two areas: one, the current engagement of tenants and second, the long term impacts on past tenants. Impacts include areas such as progress on or achievement of goals/overcoming

home". 2013. Theses and Dissertations (Comprehensive). 1618.

challenges, employment and education status, happiness and health, and housing stability. The general research questions were as follows: 1) What are the impacts of supportive housing on the lives of male youth?, 2) What have been the long term impacts on the youth?, 3) Are the current tenants engaged in Five Beds? Why? Why not?, and 4) What makes a good supportive housing facility for male youth? The objectives of the study were to identify both the strengths and challenges of the program, and to provide the youth with an opportunity to share their experiences in the hopes of improving services not just at Five Beds but services to homeless male youth and youth in general. The researcher completed qualitative, in-depth interviews with four former tenants of Five Beds, five current tenants and five staff. The researcher approached the topic using a critical social science and interpretivist/constructivism framework, utilizing empowerment and critical social theory. Elements of Participatory Action Research (PAR) were also used. Several themes emerged from the findings, related to factors external and internal to Five Beds. A prominent theme was that the Five Beds staff approach is overall, very effective. The approach blends support and caring, with the maintenance of boundaries and structure. An interesting and unique sub theme which was noted is that Five Beds feels "like home" for many tenants. In addition, Five Beds has succeeded in engaging many youth. The factors which combine to lead to tenant engagement at Five Beds were found to be: a positive bond or relationship with staff, progressing towards or achieving personal goals or overcoming challenges, experiencing improvements in health and happiness, feeling positively about moving downstairs, feeling involved in what happens at Five Beds, experiencing Five Beds as being "like home" and maintaining stable housing. In addition, most of the youth who have lived at Five Beds have stabilized; and/or achieved or taken significant steps to reach goals or overcome challenges. The former tenants are also maintaining stable housing. In addition, engagement and empowerment of youth in their residential setting was found to be crucial to better outcomes. The findings also indicate that while Five Beds has been successful with many youth, the model is not the most innovative because it contains elements of a custodial model. The findings support previous research which identifies that scattered site, integrated apartments in the community is the best model of supportive housing. Such a model gives tenants a greater degree of ownership and control in their living environment. Five Beds does not facilitate a significant amount of ownership or control for tenants. However, the findings also show that the Five Beds model is effective for male youth experiencing or at risk of persistent homelessness, which is the specific demographic that Five Beds serves. This finding suggests that male youth experiencing or at risk of homelessness may benefit from a living environment which incorporates some elements of a custodial model. Another finding strongly suggests that Five Beds would operate more effectively were it a stand-alone facility (currently the facility is in the basement of a male youth shelter). The information gleaned from the study may help service providers improve their services and better engage male youth and youth in general. The findings are presented here,

	including research and practice implications as well as recommendations to improve Five Beds.
Rashid S. Evaluating a Transitional Living Program for Homeless, Former Foster Care Youth. <i>Research on Social Work Practice</i> 2004;14(4):240-248.	The goals of this study were to (a) assess the outcomes of former foster care youth using transitional living programs and (b) compare outcomes achieved by former foster care youth who participated in an employment training program with similar youth who did not. The study sampled 23 former foster care youth using transitional living services in Northern California. Hourly wage, money saved, and employment status outcomes were examined at discharge, and housing outcomes were examined 6 months postdischarge. Variables that demonstrated improvement postintervention include hourly wage, housing situation, employment, and money saved. At a 6-month follow-up, 90% of youth with known housing situations were in permanent, stable housing. Comparing youth with employment training and those without on hourly wage, youth with training had significantly higher hourly wages. Transitional living and employment training programs may be effective interventions for former foster care youth with few resources.
Schleicher D. Adolescent Emancipation from Foster Care: Bay Area Transitional and Independent Living Programs.	Abstract not available online
Senteio C, Marshall KJ, Ritzen EK, Grant J. Preventing homelessness: An examination of the transition resource action center. <i>Journal of Prevention and Intervention in the Community</i> 2009;37(2):100-111.	Each year in the United States, as adolescents age out or are emancipated from the foster care system, they are at risk of experiencing homelessness. It is essential that services and programs focus on encouraging and supporting youth in transition from foster care to a life of independence, and The Transition Resource Action Center (TRAC) strives to provide these services. The researchers sought to determine if TRAC's residential program provides their clients with a chance of a stable life (e.g., housing, employment, health care). Findings suggest that fewer clients of TRAC became homeless and more acquired transitional or temporary housing from screening 1 to screening 2, demonstrating promise that these services have fostered change in the lives of their clients.
Steele RW, O'Keefe MA. A program description of health care interventions for homeless teenagers. <i>Clin Pediatr (Phila)</i> 2001;40(5):259-263.	This prospective review was designed to determine the effectiveness of a broad-spectrum health intervention program for homeless and runaway youth. Diagnosis, treatment, and counseling for drug use, sexually transmitted diseases (STDs), and other health issues were provided all new admissions to a residential care facility during a 2-month enrollment. Education was continued during a 9-month follow-up period based on the program entitled Bright Futures, previously developed and published by the National Center for Education in Maternal and Child Health. Sixty percent of the 106 study residents had STDs on admission and 7% developed new STDs after completing therapy and undergoing counseling. Drug dependence was reduced from 41% to 3%, and 42% achieved full-time or part-time employment. Fifty-nine percent completed hepatitis B immunization with the 3-dose series. This experience suggests that an organized program of interventions in a

	residential care facility for homeless teenagers can significantly reduce drug dependence and STDs.
<p>Van Leeuwen J. Reaching the hard to reach: innovative housing for homeless youth through strategic partnerships. <i>Child Welfare</i> 2004;83(5):453-468.</p>	<p>This article features three housing programs designed to target the needs of youth aging out of child welfare. One program combines housing and treatment to move substance-dependent youth off the streets; one combines the resources of Urban Peak, the only licensed homeless and runaway youth shelter in Colorado, with the Denver Department of Human Services to prevent youth in child welfare from discharging to the streets; and one addresses the intense mental health needs of this population. It costs Colorado 53,655 dollars to place a young person in youth corrections for one year and 53,527 dollars for residential treatment. It costs Urban Peak 5378 dollars to move a young person off of the streets. This article describes how data have driven program development and discusses how policy implications and relationships with the public and private sector can leverage additional resources.</p>
<p>Watt P. A nomadic war machine in the metropolis. <i>City</i> 2016;20(2):297-320.</p>	<p>This paper builds upon Colin McFarlane's 2011 call in <i>City</i> for an 'assemblage urbanism' to supplement critical urbanism. It does so by mapping the spatio-political contours of London's 21st-century housing crisis through the geophilosophical framework of Deleuze and Guattari's <i>A Thousand Plateaus</i> ([1980] 2013, London: Bloomsbury) and Hardt and Negri's analysis of the metropolis in <i>Commonwealth</i> (2009, Cambridge, MA: Harvard University Press). The paper examines the Focus E15 housing campaign based around a group of young mothers in the East London borough of Newham. In 2013, the mothers were living in the Focus E15 Foyer supported housing unit for young people in Newham, but they were subsequently threatened with eviction as a result of welfare cuts. After successfully contesting the mothers' own prospective expulsion from the city, the campaign shifted to the broader struggle for 'social housing not social cleansing'. The paper draws upon participant observation at campaign events and interviews with key members. The Focus E15 campaign has engaged in a series of actions which form a distinctive way of undertaking housing politics in London, a politics that can be understood using a Deleuzoguattarian framework. Several campaign actions, including temporary occupations, are analysed. It is argued that these actions have created 'smooth space' in a manner which is to an extent distinctive from many other London housing campaigns which are rooted in a more sedentary defensive approach based around the protection of existing homes and communities—'our place'. It is such spatio-political creativity—operating as a 'nomadic war machine'—which has given rise to the high-profile reputation of the Focus E15 campaigners as inspirational young women who do not 'know their place'.</p>
<p>Woodcock J, Gill J. Implementing a psychologically informed environment in a service for homeless young people. <i>Housing, Care & Support</i> 2014;17(1):48-57.</p>	<p>The purpose of this paper is to describe the attempts by one youth homelessness service to implement the conceptual ideas of the psychologically informed environment (PIE) into a practical and beneficial service for very challenging young people who have been homeless, are leaving care or have left custody. Design/methodology/approach -- The approach of the paper is descriptive, outlining the thinking behind a</p>

PIE with young people and the operationalising of this understanding in the day-to-day practice of the service. Findings -- Although homelessness and housing support staff are not therapists, the nature of the work entails a need for understanding and sensitivity, and the activities of the service are designed to create positive opportunities and relationships. Reflective practice, supervision and evaluation are then essential tools in developing a 'learning organisation', where the collective dynamics at an organisational level support the psychological work of the PIE. Research limitations/implications -- The implications for homelessness work that can be drawn from the outcome of this project is to better understand how the PIE linked to the concept of a learning organisation can provide a truly robust framework for providing a service that can evolve harmoniously, tying in disparate funding streams to offer very challenging young people an outstanding service that addresses their homelessness and its underlying causes. Practical implications -- The practical implications shown are the psychological skills that can be developed in housing workers; the limits of those skills and how they are complemented by partnership work with other voluntary sector organisations and mainstream health providers; how the ideas of the learning organisation can naturally underpin the work of the PIE. Originality/value -- The combination of the concept of the learning organisation, reflective practice and the PIE provides a highly original and truly robust framework for providing housing workers with the psychological tools to make a transformative difference in the lives of especially vulnerable young homeless people.

Wright M. Abstracts. Youth Studies Australia 1994;13(3):60.

Presents an abstract of the paper 'Residential care for homeless youth: Hopeful signs from an extensive service,' by Michael Fitzgerald. Profile of Phoenix House, a community-based, long-term residential service for homeless youths; Discussion of the history, structure and organization of the house.

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