Interventions With Street Youth: A Commentary on the Practice-Based Research Literature

Jeff Karabanow, PhD
Philip Clement, MA

While there is a paucity of comprehensive outcome evaluations of street youth interventions, this paper provides the building blocks to understanding what we know about service delivery systems that have been provided to street youth populations. Based on a thorough review of the academic literature, this analysis attempts to organize and highlight ''lessons from the field'' in terms of types of services offered (basic needs, medical, therapy, and skill building) and styles of intervention (individual, family, mentorship, peer-based, and experiential). [*Brief Treatment and Crisis Intervention* 4:93–108 (2004)]

KEY WORDS: street youth, homeless youth, street youth interventions, youth shelters, street youth services, research on street youth.

Much of the literature concerning street youth has focused on reasons and causes for street embarking. This body of literature has been primarily interested in uncovering personal traits and attributes of street-entrenched youth, as compared to samples of nonstreet youth (see, e.g., Edelbrock, 1980; Jenkins, 1971; Steirlin, 1973). More recently, a smaller body of analyses has highlighted the characteristics of street culture, most often signaling the deviant and delinquent nature of street living (see, e.g., Janus, McCormack, Burgess, & Hartman, 1987; Kufeldt & Nimmo, 1987; McCarthy, 1990; Palenski, 1984). There have also been a number of studies that have highlighted the myriad of human service organizations working with street youth (see, e.g., Carizosa & Poertner, 1992; Karabanow & Rains, 1997; Karabanow, 2002, 2003, in press; Morrissette & McIntyre, 1989). However, little exists in terms of systematic analyses of street youth interventions, primarily due to the transient nature of the population and the difficulty in developing precision-based outcome measures (Kidd, 2003; Meade & Slesnick, 2002; Robertson & Toro, 1999). As such, this paper provides a portrait of what we know about interventions with street youth, as gleaned from the academic literature.

From the Maritime School of Social Work at Dalhousie University.
Contact author: Jeff Karabanow, 6414 Coburg Road, Halifax, Nova Scotia, B3H 2A7. E-mail: jkaraban@dal.ca.

DOI: 10.1093/brief-treatment/mhh007
Brief Treatment and Crisis Intervention Vol. 4, No. 1
© Oxford University Press 2004; all rights reserved.

In many cases, the analysis involves anecdotal accounts from service providers, as well as cross-sectional, small-scale, one-shot case studies of self-reported client experiences. What is readily absent is any large-sample, longitudinal, formally evaluated program employing rigorous experimental designs (Robertson & Toro, 1999). As noted by one researcher: ''Addressing the existent paucity of program evaluation and outcome research should be a priority in the future'' (Kidd, 2003, p. 257). As such, this research commentary acts as a starting point to understanding what we know and what we do not about effective street youth interventions.

Philosophies of Intervention

The means by which services and programs are offered is inevitably embedded with various moral assumptions about the nature of the problem and the ways in which to deal with it; about the relationship between the ''helpers'' and the ''helped''; and about the organizational setup in which the ''help'' occurs. Carizosa and Poertner (1992) have developed a meaningful framework in which to understand the philosophical underpinnings of service provision. The authors suggest that distinct ideological assumptions are implicit in various community responses to the street youth phenomenon. Some critics believe in correctional and institutional means and view street youth as a threat to community safety. Intervention follows the ideology of street youths' removal from society and their correction of personal pathologies. Evidence of such interventions can be seen in countries such as Brazil and Guatemala, where segments of the homeless youth population reside in formal child welfare and correctional settings (Carizosa & Poertner, 1992; Karabanow, 2003). This response tends to blame the individual for ''being a street kid.'' The rehabilitation approach is similar to the correctional approach and views the individual as needing reeducation as well as protection from the horrors of street life. It is a gentler approach than the correctional philosophy, but it nonetheless maintains personal pathology as the root cause of homelessness. Many street youth shelters in North America adopt this philosophical approach to working with street youth, especially with the younger runaway population (Karabanow, 2002; Karabanow & Rains, 1997). The third approach involves street education and assumes ''that the best way to fight the problem is to educate and empower the children'' (Carizosa & Poertner, 1992, p. 407). Linked closely to the popular education model of Paulo Freire (1970), this approach views street youth as ''normal'' yet forced by societal inequality to survive under difficult circumstances. Consideration of the political, social, and economic environment is emphasized. Supporters of the street education approach acknowledge that a majority of street youth come from disturbing levels of poverty and, as such, argue that the street youth phenomenon is more about structural dysfunction than personal pathology. Examples of this approach include such programs as Montreal's alternative street youth shelter/drop-in Le Bon Dieu Dans La Rue and Toronto's Street Kids International (for more detail, see Karabanow, 1999, in press).

As the findings from the bulk of the literature suggest, effective interventions tend to build on people's strengths; to involve elements of participation, self-help, and mutual support; and to offer the least stigmatizing approach. Ideally, the most basic credo of street youth interventions should be to develop a caring and safe space for the population to ''get back on their feet.'' Many programs and services highlighted in this paper achieve this through developing trustful, respectful, and safe relationships with street youth; through working to join street youth with outside communities;

through providing a safe and secure community for street youth; and through developing the competence of street youth circles so that they can deal with and solve their own issues and problems.

Types of Services Offered

The literature consistently called for an integrated and comprehensive approach to service provision that focuses on the individual needs of street youth (Bronstein, 1996; Cauce et al., 1994; De Rosa et al., 1999; Fitzgerald, 1995; Karabanow, in press; Kidd, 2003; Robertson & Toro, 1991; Rotheram-Borus, 1991; Taylor, Brooks, Phanidis, & Rossmo, 1991). Street youth are a diverse group, consisting of individuals with unique backgrounds and characteristics, including culture, age, sexual orientation, and family situations (Karabanow, 2003; Kurtz, Jarvis, & Kurtz, 1991; Robertson & Toro, 1991; Unger, Kipke, Simon, Montgomery, & Johnson, 1997; Zide & Cherry, 1992). Common among many street youth are backgrounds associated with physical and sexual abuse, neglect, and exposure to delinquent activities such as substance use, prostitution, and petty crime (Cauce et al., 2000; Karabanow, 2003; Kurtz et al., 1991; McCarthy & Hagan, 1992; Tyler & Cauce, 2002). Such backgrounds may contribute to street youth's exhibiting high rates of depression (Unger et al., 1997), drug and alcohol abuse (Booth, Zhang, & Zwiatkowski, 1999; Yates, MacKenzie, Pennbridge, & Cohen, 1988), and sexual, emotional, and behavioral problems (Cauce et al., 2000).

Four broad categories of services are available to street youth:

1. services that fulfill basic needs (Hicks-Coolick, Burnside-Eaton, & Peters, 2003; Karabanow, 1999; McCarthy & Hagan, 1992),
2. medical services (Reuler, 1991; Haley, Roy, Belanger, & Crago, 1998; Zabos & Trinh, 2001),
3. therapy and counseling services (Steele & O'Keefe, 2001), and
4. skill-building services (Fitzgerald, 1995; Karabanow, 1999, in press; Teare et al., 1994).

Figure 1 depicts a continuum of care that begins with street youth's accessing services that fulfill their basic needs and continues with their accessing services, or a combination of services, based on further individual needs. Successful intervention and service programs were described as flexible, comprehensive, and integrated (Bronstein, 1996; Podschun, 1993; Robertson & Toro, 1999; Taylor et al., 1991; Tenner, Trevithick, Wagner, & Burch, 1998; Woods et al., 1996). The following section briefly reviews services available for street youth.

Basic Needs: Street Youth Shelters and Drop-Ins

Shelters provide basic needs of food, shelter, and safety (De Rosa et al., 1999; Hicks-Coolick et al., 2003; Karabanow, 2002). Antoniades and Tarasuk (1998) reported that almost two-thirds of the 88 street youth they interviewed in Toronto experienced problems getting enough food. Further, McCarthy and Hagan (1992) reported that almost two-thirds of the 390 street youth they interviewed in Toronto are often without permanent shelter. Until a youth's basic needs are met, the effectiveness of counseling and skill-building interventions will be minimal (Karabanow, 2003; Kidd, 2003; Rotheram-Borus, 1991).

Shelters and drop-ins often serve as sites from which to deliver special programs and interventions (Karabanow, 2002; Rotheram-Borus, 1991). Programs may include long- and medium-term housing (Stanton, Kennedy, Spingarn, & Rotheram-Borus, 2000); educational

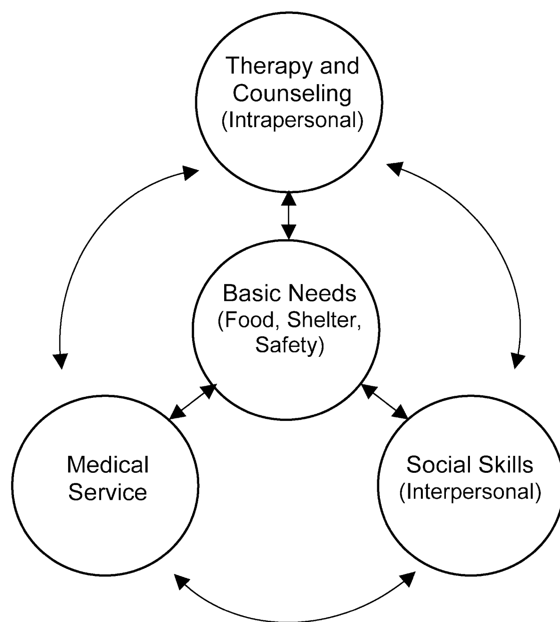

FIGURE 1
Conceptual Diagram of Services Offered to Street Youth.

services (Fitzgerald, 1995); job and skills training (Teare et al., 1994); therapy and counseling (Price, 1989); crisis intervention, legal services, and medical services (Reuler, 1991); and recreational activities such as art and music (Kallander & Levings, 1996; Karabanow, 1999; Ray & Roloff, 1993). Shelters are often viewed as a gateway for youth to access other services (De Rosa et al., 1999; Karabanow, 2002; Robertson & Toro, 1999).

Shelters and drop-ins differ in their philosophies, characteristics, and delivery approach (Karabanow, 2002). Some shelters and drop-ins have rules—such as no drugs, alcohol, or pets—that prohibit certain segments of the street youth population from accessing services (Karabanow, 1999; Ray & Roloff, 1993). Further, shelters and drop-ins often experience overcapacity (Fitzgerald, 1995; Hicks-Coolick et al., 2003; Karabanow, 2002; Yates, Pennbridge, Swofford, & MacKenzie, 1991). Hicks-Coolick et al. (2003) reported that in the state of Georgia, 75% of homeless shelters accepting youth were full, with an additional 10% with only one or two beds available.

Shelters and drop-ins are the most common services accessed by street youth (De Rosa et al., 1999; Karabanow, 1999; McCarthy & Hagan, 1992). In their sample of 296 street youth in Los Angeles, De Rosa et al. (1999) reported that 40% used shelters, while 78% used drop-ins. Further, mean levels of street youth satisfaction with services were highest with drop-ins (2.60, with 1, *not satisfied;* 3, *very satisfied*), as youth perceived that they were provided greater flexibility, less paperwork, and less necessity to disclose personal information (De Rosa et al., 1999). Teare et al. (1994) also provided evidence of street youth who were satisfied with an emergency shelter in Boys Town, or the Father Flanagan's Boys' Home. Street youth ($N = 56$) reported high levels of satisfaction with how staff implemented rules (6.21, with 1, *completely dissatisfied;* 7, *satisfied*), communicated (5.98), showed concern (6.48), were pleasant (6.50), and helped with problems (6.36).

Finally, in his analyses of various youth shelters in Toronto, Montreal, and Guatemala City, Karabanow (1999, in press) highlighted ''model youth services'' through anecdotal evidence from over 100 street youth interviewed. A model youth shelter would provide for immediate basic needs, foster broad and meaningful youth participation in the program's development and implementation, employ social and community economic development initiatives, promote consciousness-raising, link youth with mainstream culture, and advocate on youth's behalves. The author presented several case examples of such shelters, including Montreal's Dans La Rue and Guatemala's Casa Alianza.

Medical Services

Factors that influence the health of street youth include past and present trauma, poverty, poor

access to health care and basic hygiene needs, drug misuse, loneliness and social marginalization, and high-risk sexual activities (Booth et al., 1999; Ennett, Bailey, & Federman, 1999; Ensign, 1998; Haley et al., 1998; Walters, as cited in McKay, 2000). McCarthy and Hagan (1992) reported that almost 30% of street youth surveyed in Toronto worked as prostitutes since leaving home. When compared to non-street youth, street youth suffer from higher rates of medical problems, such as trauma; infectious diseases and sexual transmitted diseases; and dermatological, gynecological, gastrointestinal, musculoskeletal, and other physical ailments (Ensign & Gittelsohn, 1998; McKay, 2000; Reuler, 1991; Haley et al., 1998). In sum, street youth are in high need of medical services (Ensign, 1998; Klein et al., 2000; Reuler, 1991).

General medical services available to street youth include programs to reduce high-risk health behaviors (Booth et al., 1999), health promotion projects (Boyce, 2001), mobile health care (De Rosa et al., 1999; Zabos & Trinh, 2001), outreach medical services (Roberts et al., 2001), and drop-in medical clinics (Reuler, 1991). Examples of medical services targeted at street youth with special needs include residential assisted care facility for HIV-seropositive adolescents in San Francisco (Stanton et al., 2000), a hepatitis B vaccination outreach project in Montreal (Haley et al., 1998), and a mental health support group in Ottawa (O'Connor & MacDonald, 1999).

Studies have documented a high need for treatment but a low utilization of formal medical treatment programs (De Rosa et al., 1999; Robertson & Toro, 1999). De Rosa et al. (1999) reported that among street youth, the less frequently used services were medical care (28%), substance abuse treatment (10%), and dental care (9%). To increase medical service participation, practitioners must consider the unique needs and issues of street youth (Geber, 1997; Meade & Slesnick, 1997). Accessible clinics have convenient locations (i.e., on-site, close to shelter or street youth hangouts), flexible hours of operation, short waiting times, informal structures (i.e., youth do not need to present identification or health cards), well-developed relationships with shelter staff and support workers, confidentiality, and an ability to perform common laboratory procedures and prescribe common drugs (De Rosa et al., 1999; Ensign & Gittelsohn, 1998; Meade & Slesnick, 1997; Reuler, 1991).

Therapy and Counseling (Intrapersonal)

Common among street youth are unusually high rates of substance abuse; histories of sexual, physical, and emotional abuse; and family problems (Cauce et al., 2000; Ensign & Gittelsohn, 1998; Karabanow, 2003; Kurtz et al., 1991; Robertson & Toro, 1999; Rotheram-Borus, 1991; Smart & Ogborne, 1994). Feeling depressed or suicidal is common among street youth (Ayerst, 1999; Cauce et al., 2000; Kidd & Kral, 2002; McCarthy & Hagan, 1992; Rotheram-Borus, 1993). McCarthy and Hagan (1992) reported that 27% of Toronto street youth surveyed ($N = 390$) had attempted suicide, and Rotheram-Borus (1993) reported that in New York City, 37% of runaways surveyed ($N = 576$) had attempted suicide.

Therapy and counseling services may be available through programs such as shelters (Karabanow, 1999; Ray & Roloff, 1993); mobile teams of social workers and therapists, which visit youth on the streets, at drop-ins, or at shelters (Price, 1989; Yates et al., 1991); crisis resource centers (Fitzgerald, 1995); medical clinics (Yates et al., 1991); support-groups and group therapy programs (O'Connor & MacDonald, 1999).

Street youth may not want to participate in a direct therapy program in a clinical setting, due to mistrust of professionals (De Rosa et al.,

1999; Geber, 1997; Meade & Slesnick, 2002; Robertson & Toro, 1999). De Rosa et al. (1999) reported that only 9% of street youth in their sample had ever accessed mental health services. Expressive therapy programs that involve action on the part of the therapist and the client—such as art, music, and poetry therapy—are gaining popularity (Gardner, 1993; Itin, n.d.). Gardner (1993) described her experiences with ''Runaway with Words,'' a poetry workshop for at-risk youth in Florida's runaway shelters. During the workshops, youth learned basic writing and poetry skills, performed oral recitations, completed various exercises, and explored creative possibilities in a democratic and supportive atmosphere. While there has not been a quantitative analysis of the programs effectiveness, workshop leaders observed the youth learning to gain control over their emotions and to share their thoughts and feelings about difficult subjects (Gardner, 1993).

Skill Building (Interpersonal)

Street youths often lack the necessary interpersonal skills to function in society (Bronstein, 1996). Street youth usually have inadequate formal education (Kurtz et al., 1991; Thompson, Safyer, & Polloi, 2001), independent-living skills, vocational training (Price, 1989), and motivation to seek employment (Fitzgerald, 1995).

A variety of intervention programs exist to develop street youth's interpersonal skills for reintegration into society (Cameron & Karabanow, 2003; Fitzgerald, 1995). Skill programs may focus on listening, problem solving, goal setting, and other related skills (Kallander & Levings, 1996). Teare et al. (1994) evaluated the effectiveness of the Father Flanagan's Boys' Home, which teaches such skills as following instructions, learning how to greet others, and accepting criticism. A review of daily reports for 100 youth revealed that youth received an average of 22 positive teaching interactions per day; 69% of youths exhibited no out-of-control behavior after skills training; and 78% had no unapproved absences during their stay (Teare et al., 1994). The authors concluded that it is possible to operate an effective skills training program at an emergency shelter.

Experiential programs where street youth participate in activities such as theater or outdoor pursuits have also shown to have a positive impact on interpersonal skills and are increasingly becoming available to street youth (Cloutier, 1997; Fisher & Attah, 2001; Pearce, 1995). The Orion Community Services Center in Seattle has demonstrated the effectiveness of hiking and camping in helping youth to develop relationship-building skills (Kallander and Levings, 1996). Toronto's Covenant House shelter and Montreal's Dans La Rue have also incorporated recreational and outdoor activities in their shelter curriculum (Karabanow, 2003). Such activities can ultimately lead to an increase in the youth's self-esteem and confidence (Cloutier, 1997; Gardner, 1993; Karabanow, 1999, 2003; Pearce, 1995). Although researchers have described positive benefits from experiential programs, the information is usually insufficient to provide the mechanism of change—that is, physical activity, exposure to positive role models, peers, and so on. Future research would benefit from more specific delineation of programmatic benefits.

Such service types are presented in the text as separate entities; however, in reality, they mirror Figure 1 in presenting a more closely interconnected service continuum. For example, many youth shelters and drop-ins provide basic needs (such as food and clothing) as a primary goal but also offer medical services (such as an on-site nurse or a doctor visit several times per week), therapy and counseling (through youth workers or more specialized social work and psychology staff), and

skill-building activities (through individual and group sessions). As such, these four service types are most likely to be experienced by youth as integrated service delivery systems.

Styles of Intervention

Many styles of intervention have been effective with street youth (Bronstein, 1996; Karabanow, in press; Kidd, 2003; Kurtz, Lindsey, Jarvis, & Nackerud, 2000; Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000). Table 1 summarizes the characteristics and effectiveness of five broad styles of interventions: individual therapy and counseling, family therapy and reunification, mentorship, peer-based intervention, and experiential therapy. This review focuses on intervention styles that work best for street youth, and it includes, where appropriate, interventions for at-risk youth.

Individual Therapy and Counseling

Therapy and counseling interventions often involve formally structured programs delivered by doctors, social workers, psychologists, or therapists, which may occur in individualized or group settings (Abbott, 1988; Karabanow, 1999). Literature has documented the success of these intervention programs (Cauce et al., 1994; Rotheram-Borus, Koopman, Haignere, & Davis, 1991; Steele & O'Keefe, 2001). Rotheram-Borus et al. (1991) reported that among homeless youth ($N = 78$) at two residential shelters for runaway youth in New York City, high-risk sexual behavior decreased from 20% to zero after the youth received 15 or more training and counseling sessions. At the Covenant House shelter in New Orleans, biweekly counseling augmented with crisis counseling reduced street youth's drug dependence considerably, from 41% to 3% ($N = 106$; Steele & O'Keefe, 2001). In this same program, 42% of youth achieved meaningful full-time or part-time employment (Steele & O'Keefe, 2001).

Therapy and counseling programs face an array of challenges, such as logistical issues and youth's mistrust of health professionals (De Rosa et al., 1999; Kidd, 2003; Meade & Slesnick, 2002; Robertson & Toro, 1999). Practical considerations such as transportation, ability to fill out forms, and keeping appointments may preclude street youth from receiving treatment (Karabanow, 2002). Researchers stressed the need for more accessible services and for treatment providers to become better equipped to effectively address the range of problems street youth face (Meade & Slesnick, 2002).

Family Therapy and Reunification

Several authors believe that any effective intervention for street youth requires stabilization of the youth's family environment (Bronstein, 1996; Rotheram-Borus, 1991; Teare et al., 1994). Rotheram-Borus (1991) contends that it is predominately family problems that lead to youth's homelessness, including substance abuse, homelessness, health problems, social isolation, neglect, and sexual abuse. As stated by Rotheram-Borus (1991, p. 27), "The most effective way of reducing the numbers of homeless youth is to provide preventative services to dysfunctional and disenfranchised families."

Cameron and Karabanow (2003) cited anecdotal evidence that family interventions appear preferable to individual therapy in addressing adolescent emotional and behavioral problems, specifically noting a marked reduction in illicit drug use, conduct disorders, family conflicts, and the amount of time spent in institutions for those youth engaged in family interventions. Using self-report data from the suicide probability scale (Cull & Gill, 1982), Teare, Furst, Peterson, and Authier (1992) found that shelter

TABLE 1. Styles of Interventions for Street Youth

Intervention Style and Data Source	Characteristics	Effectiveness/Outcomes
Individual Therapy and Counseling Abbott, M.L., 1988; Rotheram-Borus, Koopman, Haignere, & Davis, 1991; Kurtz, Lindsey, Jarvis, & Nackerud, 2000 The Bridge Inc. (Price, 1989) Bright Futures (Steele and O'Keefe, 2001)	Different approaches and models of therapy Biweekly, long-term counseling depending on street youth's needs as directed by social worker or therapist Counseling provided at drop-ins and shelters Therapist and client set goals and manage the youth's care through all services and programs Range of problems addressed by therapy and counseling: anger management, reduction of high-risk behaviors and drug dependence	Barriers to safer sex effectively addressed in individual counseling sessions Reduction of STDs, drug dependence Evidence of youth's gaining meaningful full- or part-time employment, thereby allowing independence Effective in youth's learning to manage their feelings Shown to help improve relationships with family members Obstacles include youth's mistrust of health professionals, follow-up challenges, and problem in transferring care (due to youth's inherent transience)
Family Therapy and Reunification Ballantyne & Raymond, 1998; Bronstein, 1996; Cameron & Karabanow, 2003; Hawkins & Fraser, 1983; Kidd, 2003; Rotheram-Borus, 1991; Teare, Furst, Peterson, & Authier, 1992; Tolan & Loeber, 1993 YouthCare family reconciliation services (Ray & Roloff, 1993)	Seek to reduce conflict between parents and youth Intervention with family members in addition to the youth to help families cope and remain intact (Robertson & Toro, 1999; Teare et al., 1994) Focus on reuniting and developing relationships between parents and street youth Common for shelters to attempt family reunification Rigorous assessment of potential for family reunification should be performed before reuniting youth with family members (Kidd, 2003)	McCarthy and Hagan (1992) suggest that street youth with lengthy homeless careers are unlikely to return home Evidence exists that family interventions are preferable to individual help in addressing adolescent emotional and behavioral problems (Cameron & Karabanow, 2003) Kurtz et al. (2000) stated that family therapy was useful for some youths in extricating themselves from street life
Mentorship Cameron & Karabanow, 2003 Crosswalk Program (Ray & Roloff, 1993) YouthNet/Reseau Ado (O'Connor & MacDonald, 1999) Youth Build (Schorr, 1997) Partners in Denver (Hawkins & Fraser, 1983; Wall, Hawkins, Lishner & Fraser, 1981) Project Wincroft (Hawkins & Fraser, 1983; Smith, Farrant, & Marchant, 1972)	Pairing of a troubled youth with a role model Street youth build positive, long-term relationships Focus on characteristics and qualities that mentors provide that lead to street youth's resilience Mentors and youth should share cultural and racial characteristics (Cameron & Karabanow, 2003)	Evidence of decrease in youth crime rate Mentors provide stability and an opportunity for youth to talk in a nonjudgmental setting and have positive social interactions Some evidence of improved employment Mentoring turnover can be high (Cameron & Karabanow, 2003) Difficult to train and pair mentors with youth (Cameron & Karabanow, 2003)

TABLE 1 *continued*. Styles of Interventions for Street Youth

Intervention Style and Data Source	Characteristics	Effectiveness/Outcomes
Peer-Based Intervention Booth et al., 1999; Boyce, 2001; Ramirez, Nanji, Ginsburg, Cnaan, & Slap, 1996 Concerned Youth Promoting Harm Reduction (Poland, Tupker, & Breland, 2002) The Teen Peer Outreach-Street Work Project (Podschun, 1993) Youth-Reaching-Youth Project (Dietz, 1992). Clean Needles Now (Roberts et al., 2001)	Using peers to conduct research among street youth, develop harm reduction and educational materials, provide referral services and counseling to homeless youth, encourage youth to seek services Peers are familiar with, and have firsthand experience with, the issues and needs of the target population (Podschun, 1993) Youth are more likely to listen to and confide in someone their own age (Dietz, 1992)	Effective in prevention programs (Pedro-Carroll, Cowen, Hightower, & Guare, 1986, as cited in Robertson & Toro, 1999) Increased success in contacting street youth Increased trust between street youth and the agencies using peers Increased service usage and credibility of programs using peers Effectively used in drug abuse programs (Tobler, 1986, as cited in Cameron & Karabanow, 2003).
Experiential Therapy Boyce, 2001 National Research Council, 1993 Outward Bound (Fisher & Attah, 2001) Municipal Recreation Programs (Pearce, 1995) Orion Drop-In Centre (Kallander & Levings, 1996) Runaway with Words (Gardner, 1993) Popular theater project (Cloutier, 1997)	Youth are involved in fun, action-oriented activities that are purposeful, proactive, and prosocial Participants learn decision-making and teamwork skills Effective in developing trust Provides a peer network with similar problems and concerns Influences street youth positively through participation in meaningful recreational opportunities Utilizes a strength-based approach, recognition of youths' potential Provides safe environment with appropriate risk and challenge	Few comprehensive evaluations available Difficult to assess measurable benefits Evidence of youth's developing successful friendships and trust with others Reduced risk of failure for youth Increased feeling of empowerment, self-esteem, self-concept, self-confidence Improved decision-making skills, cooperative behaviors, positive relationships and support Effective as an addition to more traditional treatment Positive way to express thoughts and self-satisfaction

youth ($N = 84$) who were not reunified with their family reported significantly higher levels of hopelessness, suicide ideation, and more generalized negative expectations about the future than those reunified.

Kidd (2003), however, provided a note of caution for those attempting family reunification by emphasizing the need for a careful assessment before returning a youth to parents or guardians. Data from the Los Angles Division of Adolescent Medicine revealed that only 20% of shelter clients in Los Angeles ($N = 8{,}593$) were good candidates for immediate family reunification (Yates et al., 1991). Youth often leave home to escape abuse, neglect, and situations far more threatening than their current situation on the street (Ayerst, 1999; Karabanow, 2003; Kidd, 2003). When it is appropriate that a youth

be returned home, the situation will then likely call attention to the need for intensive family interventions (Kidd 2003).

Mentorship

Mentorship involves the pairing of a troubled youth with a caring role model (Thornton, Craft, Dahlberg, Lynch, & Baer, 2002). Mentoring provides street youth with the opportunity to build positive relationships and talk in a nonjudgmental setting (Keating, Tomishima, Foster, & Alessandri, 2002). A comprehensive study by Keating et al. (2002) of mentoring in the western United States compared 34 youth who participated in a mentoring program to 34 youth who did not participate and remained on the waiting list. Using standardized behavior rating scales, researchers assessed changes from preintervention to postintervention after six months and concluded that mentoring had a positive impact on at-risk youth by significantly improving problematic behaviors and increasing self-confidence. Mentoring programs may also improve school attendance, decrease the likelihood of drug use, and increase employment among youth (Davis & Tolan, 1993, as cited in Cameron & Karabanow, 2003; Taylor, LoSciuto, Fox, Hilbert, & Sonkowsky, 1999).

Mentorship interventions have several challenges, such as high turnover and finding appropriate mentors for youth. To be most effective, mentoring relationships should last several years (Cameron & Karabanow, 2003; Thornton et al., 2002), which could prove difficult due to the inherent transience of street youth. In addition, Cameron and Karabanow (2003) indicated that matching cultural and racial characteristics between mentors and youth can be difficult. It may prove easier for youth to develop positive relationships through participation in other kinds of social activities and intervention programs (Cameron & Karabanow, 2003).

Peer-Based Intervention

As many street youth have mistrust for professional helpers (De Rosa et al., 1999; Kidd, 2003; Meade & Slesnick, 2002; Tenner et al., 1998), they may be better served by a peer-based intervention (Poland, Tupker, and Breland, 2002; Roberts et al., 2001). Peer-based interventions could involve peers' developing educational materials (Boyce, 2001; Ramirez, Nanji, Ginsburg, Cnaan, & Slap, 1996), providing outreach services (Podschun, 1993), and counseling street youth (Roberts et al., 2001; Tenner et al., 1998). Youth generally develop a higher level of trust with peers as compared to formal professionals and are more likely to listen to and confide in someone their own age (Catania, Kegeles, & Coates, 1990; Dietz, 1992). Karabanow's study (1999) of an alternative Montreal youth shelter highlighted the anecdotal success of a peer-based project in sensitizing street youth to the dangers of heroin use and street violence. In discussions with street youth involved in the project, there appeared to be a greater awareness of drug abuse and street violence. Further, peers are familiar, firsthand, with the issues and needs of street youth (Podschun, 1993; Ramirez et al., 1996). Ensign and Gittelsohn (1998, p. 11) noted that "health education is helpful if it provides examples of realistic peer interactions."

Peers have been utilized effectively in several programs (Booth et al., 1999; Karabanow, 1999; Poland et al., 2002; Roberts et al., 2001; Robertson & Toro 1999). In a meta-analysis of 240 drug abuse programs, Tobler (1986) concluded that peer influence programs were "dramatically more effective than all the other programs" (as cited in Cameron & Karabanow, 2003). Further, peer-based interventions have been successful in developing social skills, self-confidence, and commitment to school (Cameron & Karabanow, 2003). Finally, without the use of empirically validated measures,

researchers have observed that outreach success and participation rates of street youth in services increase with the involvement of peers (Roberts et al., 2001). In an evaluation of a community-based needle exchange service, youth described their relationship with peer staff as the primary reason for their involvement with the program (Weiker, Edginton, & Kipke, 1999).

Experiential Therapy

Experiential therapy consists of purposeful, proactive, and prosocial activities that provide street youth an opportunity to learn, grow, or heal by ''doing'' (Kallander & Levings, 1996). Kallander and Levings (1996) described four steps to experiential therapy and learning: the actual experience or activity, observation by youth of what took place, generalizations about what took place, and consideration of how to apply what was learned from the activity to other life activities.

Activities provide youth with a safe environment and appropriate risk and challenge (Cameron & Karabanow, 2003). Experiential therapy may involve group or individual activities, such as participation in theater groups, writing exercises, wilderness experiences, sailing, or rock climbing (Cloutier, 1997; Fisher & Attah, 2001; Gardner, 1993; Kallander & Levings, 1996; Pearce, 1995). Activities are often facilitated using a strength-based approach, which provides positive encouragement and recognizes the youth's potential (Kallander & Levings, 1996; Pearce, 1995).

Fisher and Attah (2001) demonstrated the difficulty of quantitatively measuring the benefits of experiential therapy. Study design issues included securing sufficient sample size, selecting appropriate instrumentation, dealing with problems of attrition from data collection, and controlling extraneous and background factors (Fisher and Attah, 2001). Researchers and activity coordinators, however, have observed youth improve their decision-making and problem-solving skills, develop successful friendships, and increase self-esteem (Cameron & Vanderwoerd, 1997; Gardner, 1993; Kallander & Levings, 1996; Pearce, 1995). A theater group in Edmonton helped street youth recognize issues that affected their lives (substance abuse, HIV, violence) and motivated participants to achieve a high school education (Cloutier, 1997).

Conclusion: Lessons From the Field

This paper has explored the literature concerning street youth interventions, noting broad types of services offered and most common styles of intervention. What can be gleaned from this portrait is that we have much anecdotal evidence that comprehensive programs and services work well to attract street youth populations when such programs are respectful, aware of the unique dynamics facing these adolescents, satisfy basic needs, espouse peer and mentoring frameworks, offer individual and collective counseling supports, allow for the opportunity (if needed) of family reconciliation, and offer linkages to recreational activities. What we are lacking are any long-term outcome evaluations of such interventions, due primarily to the transient nature of the street youth population. Nevertheless, the literature reviewed is clear that street youth are a highly marginalized and alienated population and that forms of intervention that attempt to support, care for, and show genuine interest toward these adolescents have the best chance of proving successful.

By most accounts, street youth populations are increasing throughout the developed and developing worlds. More attention needs to be placed on root causes of youth homelessness and innovative strategies to stop youth from making

the street their home. Prevention programs (such as after-school programs and microcredit enterprises) that target impoverished families and communities form an important beginning point. Other directions include sensitive and flexible interventions at the street level that incorporate the aforementioned styles of intervention. In addition, a focus on supports for youth's exiting street life in the form of housing and employment initiatives as well as emotional assistance must be made a priority. Such a continuum of care can be cultivated within current street youth services, such as shelters and drop-ins, if adequate financial resources are in place. There is evidence that street youth organizations are experiencing overcrowded facilities and overworked staff (Karabanow, 2000, 2002), which makes it all the more important that government agencies responsible for such programs do their share in supporting and promoting these essential services.

References

Abbott, M. L. (1988). An intervention model for homeless youth. *Clinical Sociology Review, 6,* 148–158.

Antoniades, M., & Tarasuk, V. (1998). A survey of food problems experienced by Toronto street youth. *Canadian Journal of Public Health, 89*(6), 371–375.

Ayerst, S. L. (1999). Depression and stress in street youth. *Adolescence, 34*(135), 567–575.

Ballantyne, M., & Raymond, L. (1998). *Effective strategies for adolescents at risk of out-of-home placement*. Toronto, Ontario: Association of Children's Aid Societies.

Booth, R. E., Zhang, Y., & Kwiatkowski, C. F. (1999). The challenge of changing drug and sex risk behaviors of runaway and homeless adolescents. *Child Abuse and Neglect, 23*(12), 1295–1306.

Boyce, W. F. (2001). Disadvantaged persons' participation in health promotion projects: some structural dimension. *Social Science & Medicine, 52*(10), 1551–1564.

Bronstein, L. R. (1996). Intervening with homeless youths: Direct practice without blaming the victim. *Child and Adolescent Social Work Journal, 13*(2), 127–138.

Cameron, G., & Karabanow, J. (2003). The nature and effectiveness of program models for adolescents at risk of entering the formal child protection system. *Child Welfare, 82*(4), 443–474.

Cameron, G., & Vanderwoerd, J. (1997). *Protecting children and supporting families: Promising programs and organizational realities*. New York: Aldine de Gruyter.

Carizosa, S., & Poertner, J. (1992). Latin American street children: Problem, programmes and critique. *International Social Work, 35,* 405–413.

Catania, J., Kegeles, S., & Coates, T. (1990). Towards an understanding of risk behavior: An AIDS risk reduction model (AARM). *Health Education Quarterly, 17,* 27–39.

Cauce, A. M., Morgan, C. J., Wagner, V., Moore, E., Sy, J., Wurzbacher, K., et al. (1994). Effectiveness of intensive case management for homeless adolescents: Results of a 3-month follow-up. *Journal of Emotional and Behavioral Disorders, 2,* 219–227.

Cauce, A. M., Paradise, M., Ginzler, J. A., Embry, L., Morgan, C. J., Lohr, Y., et al. (2000). The characteristics and mental health of homeless adolescents: Age and gender differences. *Journal of Emotional and Behavioral Disorders, 8*(4), 230–239.

Cloutier, J. L. (1997). Popular theatre, education, and inner city youth. *Dissertation Abstracts International, 58*(09), 3427.

Cull, J. G., & Gill, W. S. (1982). *Suicide probability scale: Manual*. Los Angeles: Western Psychological Services.

De Rosa, C. J., Montgomery, S. B., Kipke, M. D., Iverson, E., Ma, J. L., & Unger, J. B. (1999). Service utilization among homeless and runaway youth in Los Angeles, California: Rates and reasons. *Journal of Adolescent Health, 24,* 449–458.

Dietz, P. M. (1992). Youth-reaching-youth project. *Journal of Emotional and Behavioral Problems, 1*(3), 32–34.

Edelbrock, C. (1980). Running away from home: Incidence and correlates among children and youth referred for mental health services. *Journal of Family Issues, 1,* 210–228.

Ennett, S. T., Bailey, S. L., & Federman, E. B. (1999). Social network characteristics associated with risky behaviors among runaway and homeless youth. *Journal of Health and Social Behavior, 40*(1), 63–78.

Ensign, J. (1998). Health issues of homeless youth. *Journal of Social Distress and the Homeless, 7*(3), 159–174.

Ensign, J., & Gittelsohn, J. (1998). Health and access to care: Perspectives of homeless youth in Baltimore City, U.S.A. *Social Science and Medicine, 47*(12), 2087–2099.

Fisher, R. L., & Attah, E. B. (2001). City kids in the wilderness: A pilot-test of outward bound for foster care group home youth. *The Journal of Experiential Education, 24*(2), 109–117.

Fitzgerald, M. D. (1995). Homeless youths and the child welfare system: Implications for policy and service. *Child Welfare, 74*(3), 717–730.

Freire, P. (1970). *Pedagogy of the oppressed*. New York: Continuum.

Gardner, J. (1993). Runaway with words: Teaching poetry to at-risk teens. *Journal of Poetry Therapy, 6*(4), 213–227.

Geber, G. M. (1997). Barriers to health care for street youth. *Journal of Adolescent Health, 21,* 287–290.

Haley, N., Roy, E., Belanger, L., & Crago, A. L. (1998). A hepatitis B vaccination outreach project for street youth in Montreal. *Canadian Journal of Human Sexuality, 7*(4), 331–339.

Hawkins, J. D., & Fraser, M. W. (1983). Social support networks in delinquency prevention and treatment. In J. K. Whittaker & J. Gararino (Eds.), *Social support networks: Informal helping in the human services* (pp. 333–352). New York: Aldine de Gruyter.

Hicks-Coolick, A., Burnside-Eaton, P., & Peters, A. (2003). Homeless children: Needs and services. *Child and Youth Care Forum, 32*(4), 197–210.

Itin, C. M. (n.d.). *The complete social worker: Guide to using the Internet in social work*. Retrieved September 3, 2003, from http://www.geocities.com/experiential_social_work.

Janus, M., McCormack, A., Burgess, A., & Hartman, C. (1987). *Adolescent runaways: Causes and consequences*. Lexington, MA: Lexington Books.

Jenkins, R. (1971). The runaway reaction. *American Journal of Psychiatry, 128,* 168–173.

Kallander, K., & Levings, L. (1996). Experiential therapy with homeless, runaway and street youth. In B. Baker (Ed.), *Spawning new ideas: A cycle of discovery*. *Conference proceedings of the Annual International Conference of the Association for Experiential Education 24th, Spokane, WA, September 26–29* (pp. 145–149). Boulder, CO: Association for Experiential Education.

Karabanow, J. (1999). Creating community: A case study of a Montreal street kid agency. *Community Development Journal, 34*(4), 318–327.

Karabanow, J. (2000). A place for all seasons: Examining youth shelters and the youth-in-trouble network in Toronto. Unpublished doctoral dissertation, Wilfrid Laurier University, Waterloo.

Karabanow, J. (2002). Open for business: Exploring the life stages of two Canadian street youth shelters. *Journal of Sociology and Social Welfare 29*(4), 99–116.

Karabanow, J. (2003). Creating a culture of hope: Lessons from street children agencies in Canada and Guatemala. *International Social Work, 46*(3), 369–386.

Karabanow, J. (in press). Making organizations work: exploring characteristics of anti-oppressive organizational structures in street youth shelters. *Journal of Social Work*.

Karabanow, J., & Rains, P. (1997). Structure versus caring: Discrepant perspectives in a shelter for street kids. *Children and Youth Services Review, 19*(4), 301–322.

Keating, L. M., Tomishima, M. A., Foster, S., & Alessandri, M. (2002). The effects of a mentoring program on at-risk youth. *Adolescence, 37*(148), 717–734.

Kidd, S. A. (2003). Street youth: Coping and interventions. *Child and Adolescent Social Work Journal, 20*(4), 235–261.

Kidd, S. A., & Kral. M. J. (2002). Suicide and prostitution among street youth: A qualitative analysis. *Adolescence, 37*(146), 411–430.

Klein, J. D., Woods, A. H., Wilson, K. M., Prospero, M., Greene, J., & Ringwalt, C. (2000). Homeless and runaway youths' access to health care. *Journal of Adolescent Health, 27,* 331–339.

Kufeldt, K., & Nimmo, M. (1987). Youth on the street. *Child Abuse and Neglect, 11*(4), 531–543.

Kurtz, P. D., Jarvis, S. V., & Kurtz, G. L. (1991). Problems of homeless youths: Empirical findings and human service issues. *Social Work, 36*(4), 309–314.

Kurtz, P. D., Lindsey, E. W., Jarvis, S., & Nackerud, L. (2000). How runaway and homeless youth navigate troubled water: The role of formal and informal helpers. *Child and Adolescent Social Work Journal, 17*(5), 381–402.

Lindsey, E. W., Kurtz, P. D., Jarvis, S., Williams, N. R., & Nackerud, L. (2000). How runaways and homeless youth navigate troubled waters: Personal strengths and resources. *Child and Adolescent Social Work Journal, 17*(2), 115–145.

McCarthy, B., & Hagan, J. (1992). Surviving on the street: The experiences of homeless youth. *Journal of Adolescent Research, 7,* 412–430.

McCarthy, W. (1990). Life on the streets. Unpublished doctoral dissertation, University of Toronto.

McKay, A. (2000). Prevention of sexually transmitted infections in different populations: A review of behaviorally effective and cost-effective interventions. *Canadian Journal of Human Sexuality, 9*(2), 95–120.

Meade, M. A., & Slesnick, N. (2002). Ethical considerations for research and treatment with runaway and homeless adolescents. *Journal of Psychology, 136*(4), 449–463.

Morrissette, P., & McIntyre, S. (1989). Homeless youth in residential care. *Social Casework, 20,* 165–188.

National Research Council. (1993). *Losing generations: Adolescents in high-risk settings*. Washington, DC: National Academy Press.

O'Conner, B. V., & MacDonald, B. J. (1999). A youth-friendly intervention for homeless and street-involved youth. *Reclaiming Children and Youth, 8*(2), 102–106.

Palenski, J. (1984). *Kids who run away*. Saratoga, CA: R. E. Publishers.

Pearce, K. D. (1995). Street kids need us too: Special characteristics of homeless youth. *Parks and Recreation, 30*(12), 16–20.

Podschun, G. D. (1993). Teen peer outreach-street work project: HIV prevention education for runaway and homeless youth. *Public Health Reports, 108*(2), 150–155.

Poland, B. D., Tupker, E., & Breland, K. (2002). Involving street youth in peer harm reduction education: The challenges of evaluation. *Canadian Journal of Public Health, 93*(5), 344–348.

Price, V. A. (1989). Characteristics and needs of Boston street youth: One agency's response. *Children and Youth Services Review, 11*(1), 75–90.

Ramirez, J., Nanji, D., Ginsburg, K., Cnaan, A., & Slap, G. (1996). Aids prevention in inner-city Puerto Rican adolescents: The teens offer solutions. *Journal of Adolescent Health, 18*(2), 149–152.

Ray, J., & Roloff, M. K. (1993). Church suppers, pony tails and mentors: Developing a program for street kids. *Child and Adolescent Social Work Journal, 10*(6), 497–508.

Reuler, J. B. (1991). Outreach health services for street youth. *Journal of Adolescent Health, 12*(7), 561–566.

Roberts, G., McCall, D., Stevens-Lavigne, A., Anderson, J., Paglia, A., Bollenback, S., et al. (2001). *Preventing substance use problems among young people: A compendium of best practices*. Ottawa, Ontario: Minister of Public Works and Government Services Canada.

Robertson, M. J., & Toro, P. A. (1999). Homeless youth: Research, intervention, and policy. In L. B. Fosburg & D. L. Dennis (Eds.), *Practical lessons: The 1998 National Symposium on Homeless Research*. Department of Housing and Urban Development and the U.S. Department of

Health and Human Service. Washington, DC: Government Printing Office.

Rotheram-Borus, M. J. (1991). Serving runaway and homeless youths. *Family and Community Health, 14*(3), 23–32.

Rotheram-Borus, M. J. (1993). Suicidal behavior and risk factors among runaway youths. *American Journal of Psychiatry, 150*(1), 103–107.

Rotheram-Borus, M. J., Koopman, C., Haignere, C., & Davis, M. (1991). Reducing HIV sexual behaviours among runaway adolescents. *Journal of the American Medical Association, 266,* 1237–1241.

Schorr, L. B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books.

Smart, R. G., & Ogborne, A. C. (1994). Street youth substance abuse treatment: Characteristics and treatment compliance. *Adolescence, 29*(115), 733–745.

Smith, C., Farrant, M., & Marchant, M. (1972). *The Wincroft youth project: A social work programme in a slum area*. London: Travistock.

Stanton, A., Kennedy, M., Spingarn, R., & Rotheram-Borus, M. J. (2000). Developing services for substance-abusing HIV-positive youth with mental health disorders. *Journal of Behavioral Health Services & Research, 27*(4), 380–390.

Steele, R. W., & O'Keefe, M.A. (2001). A program description of health care interventions for homeless teenagers. *Clinical Pediatrics, 40*(5), 259–263.

Steirlin, H. (1973). Family perspectives on adolescent runaways. *Archives of General Psychiatry, 29,* 56–62.

Taylor, A. S., LoSciuto, L, Fox, M., Hilbert, S. M., & Sonkowsky, M. (1999). The mentoring factor: Evaluation of the across ages intergenerational approach to drug abuse prevention. *Child & Youth Services, 20,* 77–99.

Taylor, B., Brooks, J., Phanidis, J., & Rossmo, K. (1991). Services for Vancouver street youth: An integrated delivery model. *Journal of Child and Youth Care 6*(3), 49–61.

Teare, J. F., Furst, D., Peterson, R. W., & Authier, K. (1992). Family reunification following shelter placement: Child, family, and program correlates. *American Journal of Orthopsychiatry, 62,* 142–146.

Teare, J. F., Peterson, R. W., Furst, D., Authier, K., Baker, G., & Daly, D. L. (1994). Treatment implementation in a short-term emergency shelter program. *Child Welfare, 73*(3), 271–281.

Tenner, B. A., Trevithick, L. A., Wagner, V., & Burch, R. (1998). Seattle YouthCare's prevention, intervention, and education program: A model of care for HIV-positive, homeless, and at-risk youth. *Journal of Adolescent Health, 23,* 96–106.

Thompson, S. J., Safyer, A. W., & Polloi, D. E. (2001). Differences and predictors of family reunification among subgroups of runaway youths using shelter services. *Social Work Research, 25*(3), 163–172.

Thornton, T. N., Craft, C. A., Dahlberg, L. L., Lynch, B. S., & Baer, K. (2002). *Best practices of youth violence prevention: A sourcebook for community action*. Division of Violence Prevention, National Center for Injury Prevention, and Control Centers for Disease Control and Prevention. Atlanta, Georgia.

Tobler, N. S. (1986). Meta-analysis of 143 adolescent drug prevention programs. *Journal of Drug Issues, 16,* 537–567.

Tolan, P. H., & Loeber, R. (1993). Antisocial behavior. In P. H. Tolan, & B. J. Cohler (Eds.), *Handbook of clinical research and practice with adolescents* (pp. 307–331). New York: Wiley.

Tyler, K. A., & Cauce, A. M. (2002). Perpetrators of early physical and sexual abuse among homeless and runaway adolescents. *Child Abuse and Neglect, 26*(12), 1261–1274.

Unger, J. B., Kipke, M. D., Simon, T. R., Montgomery, S. B., & Johnson, C. J. (1997). Homeless youths and young adults in Los Angeles: Prevalence of mental health problems and the relationship between mental health and substance abuse disorders. *American Journal of Community Psychology, 25,* 371–394.

Wall, J., Hawkins, J., Lishner, D., & Fraser, M. (1981). *Juvenile delinquency prevention: A compendium of thirty-six program models*. Washington, DC: U.S. Governmental Printing Office.

Weiker, R. L., Edgington, R., & Kipke, M. D. (1999). A collaborative evaluation of a needle exchange program for youth. *Health Education and Behavior, 26*(2), 213–224.

Woods, E. R., Melchiono, M., Samples, C. L., Keenan, P. M., Fox, D. J., Tierney, S., et al. (1996). A new model of health care for adolescent/young adult homeless and HIV positive youth. *Journal of Adolescent Health, 18*(2), 116.

Yates, G. L., MacKenzie, R., Pennbridge, J., & Cohen, E. (1988). A risk profile comparison of runaway and nonrunaway youth. *American Journal of Public Health, 78,* 820–821.

Yates, G. L., Pennbridge, J., Swofford, A., & MacKenzie, R. G. (1991). The Los Angeles system of care for runaway/homeless youth. *Journal of Adolescent Health, 12,* 555–560.

Zabos, G. P., & Trinh, C. (2001). Bringing the mountain to Mohammed: A mobile dental team serves a community-based program for people with HIV/AIDS. *American Journal of Public Health, 91*(8), 1187–1189.

Zide, M. R., & Cherry, A. L. (1992). A typology of runaway youths: An empirically based definition. *Child and Adolescent Social Work Journal 9*(2), 155–168.