



# Peer Support in the Homeless Youth Context: Requirements, Design, and Outcomes

Sean A. Kidd<sup>1,7</sup> · Nina Vitopoulos<sup>2</sup> · Tyler Frederick<sup>3</sup> · Mardi Daley<sup>4</sup> · Kamika Peters<sup>5</sup> · Khaled Clarc<sup>4</sup> · Sue Cohen<sup>5</sup> · Rose Gutierrez<sup>5</sup> · Scott Leon<sup>6</sup> · Kwame McKenzie<sup>1</sup>

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## Abstract

Peer support has a lengthy history in health and community services with particular prominence in areas such as addictions and mental health services. This growth in emphasis and evidence has not been mirrored in the area of youth peer support broadly nor peer support among homeless youth specifically. This situation has persisted despite the growing emphasis on youth lived experience engagement—including peer support. This paucity of literature framed the rationale for the present paper that provides a description of the structure, processes, and preliminary outcomes of an intentional peer support program delivered in the context of tertiary prevention of youth homelessness in a large Canadian urban setting. Pre-post findings for a cohort of 28 youth are reported in key mental health and community engagement domains and qualitative data from interviews with participants, peer supports, and staff are presented. These findings suggest that peer support would seem to be both a feasible and potentially impactful part of the repertoire of interventions from service to policy levels that are needed to address the complex and persistent global problem of youth homelessness. While promising, our work also suggests that peer support cannot be an afterthought-type element of programming but must be robust in process and structure to facilitate improvement for service recipients, the wellness of the peers, and the benefits for the team as a whole that results from effective peer engagement.

**Keywords** Homeless · Youth · Peer support · Participatory · Services

## Peer Support

Peer support, defined as the “[provision of] emotional and social support to others who share a common experience” (Mental Health Commission of Canada, 2018, paragraph 1) has a lengthy history in health and social services. Models of mutual support have been used since at least the 1800s and peer support has been a cornerstone of Alcoholics Anonymous since its establishment in the 1930s (Faulkner, Basset, & Ryan, 2012). Structured or intentional approaches to peer support, that are developed and supported through professional organizations (Davidson et al., 1999), have become increasingly formalized, funded, and researched in the past three decades (Davidson, 2015). This development has been particularly pronounced in the mental health service context. Therein the evidence base has suggested that peer support is as effective as professional interventions on clinical outcomes and is particularly effective in areas of hope, empowerment, and quality of life (Bellamy, Schmutte, &

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✉ Sean A. Kidd  
sean\_kidd@camh.net

<sup>1</sup> Department of Psychiatry, University of Toronto, Toronto, ON, Canada

<sup>2</sup> Centre for Addiction and Mental Health, Toronto, ON, Canada

<sup>3</sup> University of Ontario Institute of Technology, Oshawa, ON, Canada

<sup>4</sup> LOFT Community Services, Toronto, ON, Canada

<sup>5</sup> SKETCH, Toronto, ON, Canada

<sup>6</sup> Wellesley Institute, Toronto, ON, Canada

<sup>7</sup> Psychology Division, Centre for Addiction and Mental Health, 1001 Queen St. W., Unit 2-1, #161, Toronto, ON M6J 1H1, Canada

Davidson, 2017) with increasingly robust evidence emerging (e.g., O'Connell et al., 2018).

In the area of homelessness specifically, the peer support literature is limited. A recent systematic review (Barker & Maguire, 2017) identified 10 academic papers in this area. In these papers they identified a broad range of approaches (formal and informal supporters, one–one and group, service-connecting functions). While there were variable outcomes across studies, the authors concluded that intentional peer support has a positive impact on the lives of homeless individuals. This was particularly noteworthy in areas of drug and alcohol abuse/use, mental and physical health, and social support. While this body of literature is very small relative to studies of peer support in more general mental illness populations, it is not entirely inconsistent with the overall paucity of evidence for interventions specifically targeting homeless populations. Research into peer support, as with other areas, is out of step with the scale of this major global social problem.

## Peer Support and Youth

Intentional peer support in the youth context has the same broad objectives as adults, with peers sharing common experiences, providing social and emotional support, connecting peers with resources, and educating about linkages between personal and social problems (De La Rey & Parekh, 1996). Anecdotally, youth peer support of various types is a widely used approach in service and education settings. The scope and amount of literature in the area, however, is limited. Areas of relatively high concentrations of literature include documentation of the benefits of intentional peer support in high school settings (Cowie, Naylor, Talamelli, Chauhan, & Smith, 2002; Ellis, Marsh, & Craven, 2009), support models for youth with chronic physical illnesses (Lewis, Klineberg, Towns, Moore, & Steinbeck, 2016), and for young mothers (De La Rey & Parekh, 1996; Sjöberg & Lindgren, 2017). With respect to homeless youth, as with Barker & Maguire, (2017), we identified only one paper that addressed intentional peer support in that context (Stewart, Reutter, Letourneau, & Makwarimba, 2009). Stewart et al. (2009) studied the outcomes of a 5-month combined group and one–one support intervention co-led by formerly homeless peers and professionals (e.g., social workers) in Edmonton, Canada. In a pre-post design, positive outcomes included an expanded social network, improved mental health, decreased loneliness, social skill development, and a decreased use of drugs and alcohol. A high rate of attrition was a challenge in this study, going from 69 to 14 participants from pre to post testing. Even allowing for the high attrition rates

common to intervention studies among homeless populations, this rate of attrition is extremely high and might speak to a greater than usual engagement problem.

In light of the paucity of research in the area of peer support for youth who have experienced homelessness, the objective of this paper is to explore methods of peer support in this area and the processes that are necessary to underpin those methods. Data from the past four years of peer support delivery in a tertiary prevention, housing support context are drawn upon, documenting successes and challenges in the participatory design of this peer support model. Generating and disseminating information about peer-delivered services for homeless youth is important given the scale of the youth homelessness problem globally, the limited base of evidence for interventions, and the risks that might attend superficial attempts at peer engagement put in place in response to the increasing public and policy dialogue in this area (Schwan et al., 2018).

## Methods

### Design

This study employed qualitative and quantitative methods to address the objective of documenting peer support methods, processes, and outcomes in the context of a complex intervention for youth exiting homelessness. This intervention, called the Housing Outreach Project-Collaborative (HOP-C) was initiated in 2015 in Toronto, Ontario, Canada. HOP-C is a multiagency collaboration that provides a 6-month critical time intervention to support youth who have experienced homelessness who are within 1 day to 1 year of obtaining stable housing. HOP-C includes transitional case management, individual and group mental health supports, and peer support, and has demonstrated good outcomes in sustaining housing stability, engaging youth participants, and supporting other major life domains (Kidd et al., in press). Accordingly, the peer work described here is intentional, in that peers were fully embedded in a multidisciplinary team, based out of service organizations, and paid as staff of those organizations. Sources of data include post-service interviews with service recipients, interviews with peer support workers and other provider team members, field notes, alongside quantitative descriptive metrics. Quantitative and qualitative data were drawn from the initial feasibility study of HOP-C (Kidd et al., in press), complemented by further field note data and provider interview data derived from the current randomized trial of HOP-C. Both studies were reviewed and approved by an institutional research ethics board.

## Participants and Recruitment

Participants were formerly homeless individuals aged 18 through 26 who had obtained secure housing between 1 day and 1 year prior to recruitment. Past experience with homelessness was operationalized as six or more cumulative months (not necessarily consecutive) of homelessness, which was defined as having no customary access to housing and thereby sleeping outside, living in shelters, or transiently residing with others (i.e., “couch surfing”). Secure housing refers to either supported or independent housing that either has no time limit as a matter of policy or, if transitional, has a time limit of no less than 1 year. This distinction was used to parse out emergency and short term bridging arrangements. Participants were referred primarily through organizations serving youth experiencing homelessness by direct service staff. Participants were reimbursed with \$40 and transit tokens for interviews and were supplied with transit passes and refreshments throughout the interview process to facilitate access and attend to poverty considerations. The peer support team, over the 4 years of operation, consisted of 2–3 peers at most times, with two of the original peers having left the project, two having joined in the past year, and one staying the full time—all of whom had experienced homelessness of various forms. They worked closely with two clinical psychologists, two social worker case managers, research staff, and youth arts coordinators to form the core team—all of whom were interviewed to triangulate perspectives on the peer interventions.

## Peer Support Interventions: Content

Participation in peer support programming within HOP-C was voluntary, though encouraged by the team at least in terms of participants giving it a try. The core elements of HOP-C peer support have included the following: (1) early peer engagement, with peers doing outreach to supportive housing settings and shelters to discuss involvement in HOP-C and peer support with prospective participants; (2) 1–1 peer support in the form of texts, phone calls, and in person meetings; (3) facilitation of social outings (movies, board game coffee shops, art gallery tours, picnics); (4) co-participation in the mental health group (for details see Kidd, Davidson, Frederick, & Kral, 2018); (5) participatory action projects, elaborated upon below; and (6) in the first year of HOP-C peers ran a drop in, framed around meals and arts activities, which was phased out. Peers attend weekly team meetings within which peer activities are a standing item, have group and individual supervision, and engage in peer–peer planning sessions.

## Peer Support Interventions: Process

In the broader intervention planning process, the team extensively discussed how to optimize peer engagement in HOP-C. This included both structure and process considerations. Structures included the plan for peers to attend all full team meetings as equal contributors, to be a part of all planning and communications activities, paid for their time and to be provided a rigorous supervisory structure that included supervision in full team meetings, peer-specific supervision, and peer–peer planning and engagement opportunities. As with all other team members, peers documented all of their activities, and were invited to co-produce HOP-C communications and academic outputs. With respect to processes, for onboarding, provider leaders considered current and recent service recipients who had a lived experience of homelessness, were at the time experiencing a stable situation with respect to housing and other life domains, and had demonstrated excellent engagement and leadership skills. Peers were formally interviewed and, upon hire, completed mandatory trainings with respect to organization expectations and ethics.

In practice, while the structure as described above was important to the successful engagement of peers and enhancing their impact as peers, the process of peers coalescing as full team members took time. This need for time had two sides. On the peer side, it took several months before peers came to recognize their role as co-creators and contributors within the team—perhaps reflecting to some extent experiences to the contrary in the past. With respect to the rest of the team, over time team members began to more intentionally engage peers in meetings as peers gave feedback that discussion of research and other domains of intervention did not seem to require their input. Before these elements were addressed peers missed several meetings in early months of the project, feeling that their presence was not needed. As well, the specific roles of peers in the early months of HOP-C were less clear than was the case for other providers on HOP-C. This role confusion was another source of stress and led to the peer roles and activities in HOP-C becoming more clearly articulated over time and often revisited in team meetings and as new peers were brought on. Peer roles and peer–peer relationships were also and remain an ongoing piece of work, as peers bring diverse strengths and interests to the work—a diversity that enhanced the engagement of diverse youth but did not always align smoothly in program design and delivery. Finally, another challenge involved some of the organization bureaucratic processes (e.g., paperwork, delays in cash reimbursement), which at times were found frustrating by peers.

There were several areas in which change and development of the peer model within HOP-C were most evident. These included ongoing discussion of how best to

address one–one peer-participant engagement. We needed to address boundaries with respect to communications, particularly texts and meetings in the community (e.g., attending to safety, attending to communications of risk, having an emergency contact available for backup). This also included program introduction, wherein, it was observed that participants' first meeting peers in groups or with case managers present was preferable to the first meeting being one–one. The team responded to peer feedback that informal drop-in structures of engagement were difficult to plan, deliver, and were poorly attended. This led to the generation of project-based, participatory-action engagement in which participants developed skills through structured workshops, had a structured curriculum as the platform for peer engagement, and received honoraria. Additionally, in a manner reflecting blended programming, one or more peers consistently attended the mental health group led by a psychologist and an MA level practitioner. This involvement was crucial in fostering a safe environment for participants who were reluctant to be involved in and share experiences in a professionally-led group environment. Finally, the team responded to peer interest in the research aspects of HOP-C, supporting their writing youth-oriented grants, presenting at conferences, and co-authoring papers such as the present one.

One example of participatory projects include the HOP-C “MY” guide that stemmed from a need in the community for by-youth, for-youth materials for recently-housed youth. It was a peer-led initiative from its onset and became a widely-resourced toolkit for those in the community who needed at-home ideas and resources. The “MY” guide bridges a traditional gap between clinically-informed behavioral therapies and home practice ([https://mindyourmind.ca/sites/default/files/images/involved/printout/pdf/SKETCH\\_journal.pdf](https://mindyourmind.ca/sites/default/files/images/involved/printout/pdf/SKETCH_journal.pdf)). The design of the guide promotes accessing care and recovery skills. The process for creating such a by-youth, for-youth resource was deeply rooted in HOP-C participant involvement from its initial stages. A second example was the Dream Home ceramic arts project, in which the Dream Home peer leader chose the focus of “home” for the project by reflecting on experiences with “houselessness”. They wanted the project to convey that even if a person is not housed, everyone belongs here. Systems such as unaffordable housing can convey the message that youth do not belong anywhere, but home can be anything and anywhere, and everyone belongs in the world. The peer lead is a ceramics' artist who chose this medium because, in terms of technical skills, it is simple and easy to engage with. The peer leader also considered ceramics to be a medium that builds resilience because the outcome of the art is ultimately up to the elements. Even a master ceramics' artist cannot guarantee or predict the exact outcome of their piece. In the end, four planned small groups sessions, three impromptu drop-in session and six full-group workshops were delivered. The

program culminated in an art show curated by the peer lead and the arts' coordinator where participants' art was displayed at a local art gallery, along with the production of show cards, and a planned poetry reading by one Dream Home participant at a show celebrating the exhibit. The peer lead observed growth in life, interpersonal and social functioning over the course of their work together and was proud to see all participants rise to the challenge presented to them by the Dream Home project.

## Measures

### Qualitative Data

HOP-C participants participated in semi-structured interviews in which they responded to questions about their experiences with peer support including what was helpful and not helpful, perception of impacts, and thoughts about how they might be improved. An effort was made to explore these questions for each aspect of peer support received. HOP-C providers, including peer supports completed semi-structured interviews examining their respective experiences of providing peer support or working with peer support workers. Interviews were audio recorded and transcribed verbatim. Field notes were taken during team meetings and during peer-led projects to capture observed experiences, quotes, and allowing for the capture of challenges, shifts of approach, and successes as they arose. Additionally, this paper presents short case studies from two of the participatory action projects that have taken place to date.

### Quantitative Data

*Quantitative descriptives:* Both participant demographics and a team consensus-based rating of the amount of participant engagement in peer support (Low vs. High) were obtained.

*Community integration: Behavioural and psychological community integration:* were examined using the 11-item Community Integration Scale developed for homeless populations (Stergiopoulos et al., 2014) which taps psychological (belongingness) and behavioral (activities) components of community participation. This measure is answered with a mix of dichotomous and seven-point Likert scale questions, with an internal reliability in the present study of  $\alpha = 0.72$ .

*Quality of Life (QoL):* QoL was assessed using the brief World Health Organization Quality of Life Scale (WHOQOL-BREF; Skevington, Lofty, O'Connell, & WHOQOL Group, 2004). The WHOQOL-BREF is a 26-item comprehensive measure answered on a five-point Likert scale with excellent psychometric properties and good reliability ( $\alpha = 0.86$ ) amongst homeless youth populations (Kidd, Gaetz, & O'Grady, 2017) and in the present study ( $\alpha = 0.93$ )

**Mental Health:** The Mental Health Continuum-Short Form (MHC-SF; Keyes, 2006) was used to assess mental health. The MHC-SF includes 14 items on a six point Likert scale that measure emotional, psychological, and social-wellbeing in the past month. The MHC-SF has been shown to have excellent internal consistency and discriminant validity in adolescent populations with good reliability ( $\alpha=0.88$ ) in the present study.

**Hope:** A cognitive measure of hope was employed (Snyder et al., 1991). This self-report questionnaire contains 12 questions that are each scored on an eight point Likert scale and has likewise demonstrated excellent validity and reliability findings, with acceptable reliability ( $\alpha=0.74$ ) in the present study.

**Resilience:** Resilience was measured using the 25-item Conner-Davidson Resilience Scale (CD\_RISC; Connor and Davidson, 2003). This scale has excellent psychometric properties across a range of populations and has demonstrated good reliability among homeless youth populations (e.g.,  $\alpha=0.92$ ; Cleverley & Kidd, 2011). Items are answered on a five-point scale with responses ranging from not at all true to true nearly all of the time, demonstrating excellent reliability in the present study at ( $\alpha=0.93$ ).

**Mindfulness:** Mindfulness was assessed with the Mindful Attention Awareness Scale (MAAS; Brown & Ryan, 2003), which describes the frequency of mindful states answered on a 15-item six-point Likert scale that is among the most validated measure of trait mindfulness, demonstrating good reliability in the present study ( $\alpha=0.84$ ).

**Social support:** Social support was assessed with the MOS Social Support Survey (Sherbourne and Stewart, 1991). This survey measures three dimensions of social support: emotional/informational, tangible, and affectionate. It is a 15-item, five-point Likert-type scale and has demonstrated good construct validity and reliability previously, with excellent reliability in the present study ( $\alpha=0.93$ ).

## Analysis

The analysis had four components. First, a demographic description of participants was generated including a description of participants as a function of degree of engagement with peer programming. Engagement was quantified using a peer leader consensus approach with the degree of engagement categorized on a scale of zero-three, with zero meaning minimal engagement and three meaning intensive engagement. Participants with high and medium peer engagement attended a combination of several peer socials, multiple peer drop-ins, and/or had significant interpersonal communication with peers in individualized community settings. Participants with low peer engagement had limited interaction with peers, and those with no engagement did not interact with the peer workers. Second, independent samples

t-test and Cohen's d effect size analyses were completed for pre-post outcome data. Third, a thematic qualitative analysis of field note and transcript data (Boyatzis, 1998) was completed. This analysis was generated inductively and facilitated by NVivo (Nvivo Vers. 11, 2015). The coding structure was generated through full independent transcript reviews by three authors, open line-by-line coding by one author, and code reports reviewed by all authors. Discrepancies were minor and readily negotiated. The authors then came to a consensus on the theme structure.

## Results

### Quantitative

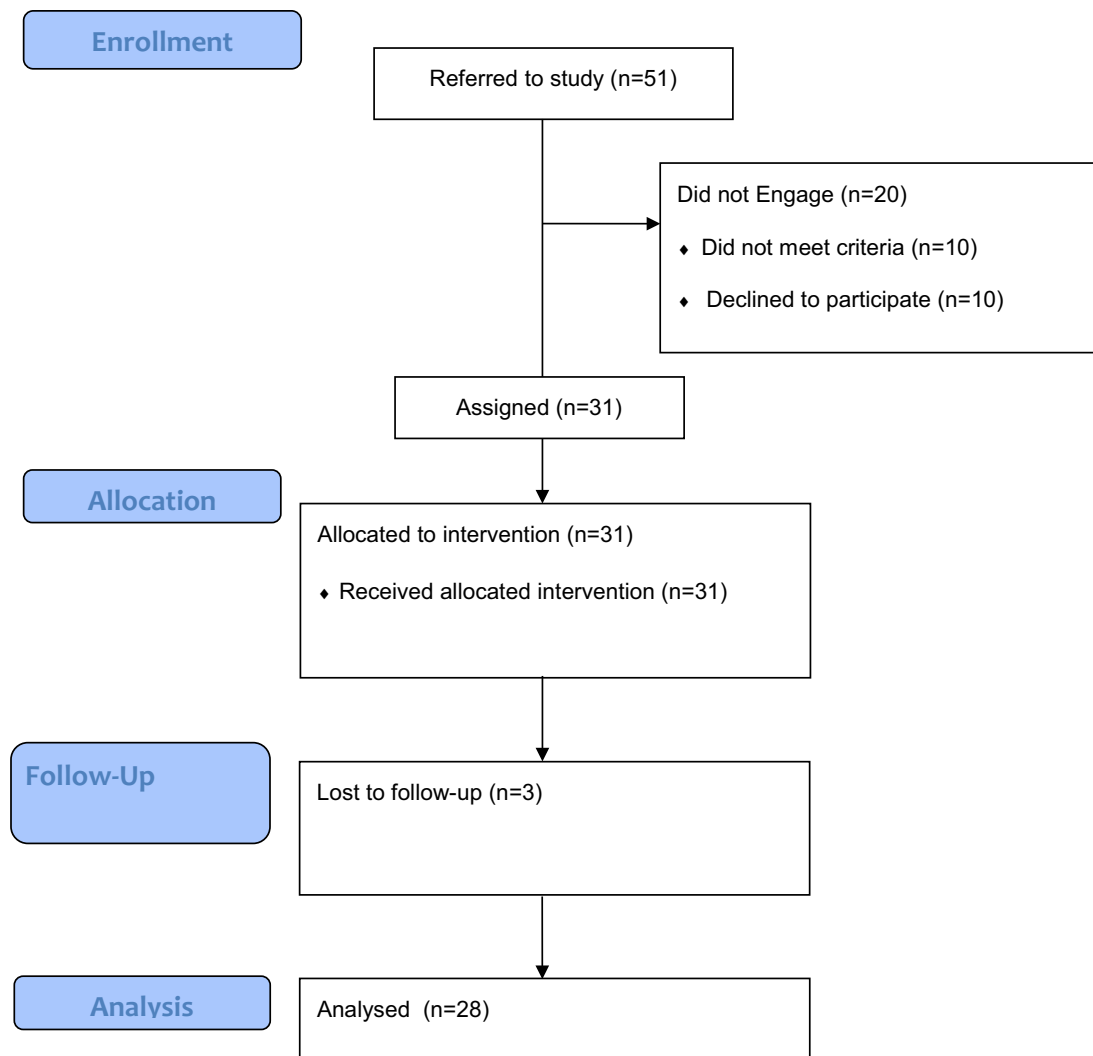
#### Participants

A total of 31 youth took part in the feasibility study with three lost to follow up (9.7% attrition; see Fig. 1 for consort diagram). The three lost to follow up were due, for two, to significant life disruptions that occurred early in the engagement process and, for one, incarceration just prior to completion of the 6-month period leaving a total N of 28. Of these 28 participants, the mean age was 21.06 (range 18–26; SD 2.24), with 12 identifying as female, 13 as male, one as gender queer, one other, and one no response. Regarding ethnicity, nine identified as white, four Indigenous, four of African origin, five no response and the remainder varied. Regarding sexual orientation, 15 identified as straight, five bisexual, two gay, one lesbian, and the remainder varied. Other demographics are addressed in Table 1. Staff participants included two case managers (both social workers with over 5 years experience working with marginalized youth), a postdoctoral level clinical psychologist and a senior psychologist, and two peer support workers.

#### Peer Engagement

Participants had a wide range of contact types and degrees with peers. Of the 28 participants, 13 attended one or more of the peer-led social events. Weekly peer drop-in sessions were typically attended by 3–5 participants. With degree of engagement with peer workers categorized on a scale of 0–3, with zero meaning minimal engagement and three meaning intensive engagement, the mean peer score was 1.54 (SD 0.96). Of the 28 participants, six had high engagement with peer workers over the 6-month study period, six had medium engagement, 13 had low engagement, and three had no engagement (see Table 2).





**Fig. 1** Flow of participants

### Pre-post Outcomes

Considering independent sample t-tests, this study found that participants that engaged more with peer workers (medium–high level,  $n = 12$ ) had significantly more engagement with employment, education, and/or volunteering (mean = 1.42; SD 1.51) at the end of the study period compared with the group which had no-low engagement ( $n = 19$ ) with peer workers (mean = 0.23; SD 1.64),  $p = 0.016$ . This effect size improvement was large ( $d = 1.08$ ). Considering the other scales, no other statistically significant differences were observed as a function of degree of engagement. While

needing to be interpreted cautiously due to low sample size, qualitatively larger effect sizes in more domains were observed for participants who were better engaged with peer programming (see Table 3).

### Qualitative

#### Youth Participant Responses (Table 4)

**Peer-Led Social Outings Offered Pause and Relaxation from Daily Life that was Otherwise Difficult to Access** When

**Table 1** Participant sociodemographic information at time 1

	N	Mean	SD
Age of participant	31	22.10	2.166
		Frequency	%
Gender of participant			
Female		14	45.2
Male		14	45.2
Queer		1	3.2
Other		1	3.2
No answer		1	3.2
Total		31	100.0
Sexual orientation of participant			
Straight		17	54.8
Gay		2	6.5
Lesbian		1	3.2
Bi-sexual		6	19.4
Queer		1	3.2
Other		3	9.7
No answer		1	3.2
Total		31	100.0
Does participant have children?			
No		24	77.4
Yes		7	22.6
Total		31	100.0
What is the highest education you have received?			
Attended high school, not completed		9	29.0
Completed high school		6	19.4
Attended business, trade, technical school		9	29.0
Completed business, trade or technical school		1	3.2
Attended university, not completed		6	19.4
Total		31	100.0
Current housing situation time 1			
Living with family		4	12.9
Supported housing-living alone		2	6.5
Subsidize housing-living alone		2	6.5
Supported housing-living with roommates		10	32.3
Subsidized housing living with roommates		2	6.5
Independent housing-living alone		3	9.7
Independent housing-living with roommates		7	22.6
Shelter		1	3.2
Total		31	100.0
Not in education, employment, or training			
No		17	54.8
NEET		14	45.2
Total		31	100.0
Employment status time 1			
Unemployed		16	51.6
Employed formally-full time		2	6.5
Employed formally-part time		5	16.1
Employed informally		1	3.2
Employed-special work program		3	9.7
Volunteer work		3	9.7

**Table 1** (continued)

	Frequency	%
Total	30	96.8
Missing	1	3.2
	31	100.0
Are you volunteering?		
No	26	83.9
Yes	5	16.1
Total	31	100.0
Are you in school? Part-time/full-time		
No	27	87.1
Yes, full time	2	6.5
Yes, part time	2	6.5
Total	31	100.0
Do you receive OW		
No	15	48.4
Yes	16	51.6
Total	31	100.0
Do you receive ODSP		
No	21	67.7
Yes	10	32.3
Total	31	100.0

asked about their experiences in HOP-C, several participants

**Table 2** Participant engagement with peer workers

	N	Minimum	Maximum	Mean	SD
Peer social attendance	31	0	5	1.00	1.528
Peer engagement level	31	0	3	1.39	1.022
Valid N (listwise)	31				

mentioned that the peer programming was their “favorite part” of the program. Opportunities to “Do something you’ve probably never done before.” via planned arts, cooking and community activities were discussed as allowing participants to “Take time for [themselves]...to enjoy.” and to “Take [their] mind away from regular day to day activities.” Participants noted this piece of programming enabled them to do things “that I can’t really ever afford to do and when I do it is pretty much that is it for a few months” and that these events were highly anticipated as “scheduled events” to “look forward to.”

**Peers had to be Versatile in Order to be Effective, Requiring Both Social and Professional Capital** Youth described the atmosphere created by peers at these social events as “comfortable” and “cool.” They appreciated peers’ versatile abilities to “joke around” or “discuss fashion” in more casual moments, but also to navigate conversations about challenges with “addiction”, “anxiety”, “housing” and

“schooling”, and “even homework”. Peers were described as “awesome listeners” and “advocates” who were appreciated for their proximity to them in age and life experience and highlighted these as key factors in engagement. Participants also described peer support as “pretty wide ranging” and that the unique strengths of each peer enhanced the programming: “[The peers] were so different which was nice. If you wanted to speak to one person about something you could and then to somebody else about something else.”

**Hands on Projects Offered Opportunity for the Development Interpersonal and Cooperation Skills in a Work Environment** HOP-C participants involved in the “MY” guide project emphasized the unique experience it provided. As one participant described, “the guide was basically how to survive on the street so it wasn’t hard. It was just like thinking you know. It was what I have been through and [others that have] been in the shelter, and we put all our ideas together.” Another participant discussed that his membership in the collective “...taught [him] how to brainstorm and how to come together with other people.e”, and that by virtue of the requirement of working together as a collective he “...was around people that are different than [him] and it opened [his] mind.” to a diverse group of young people. Participants described their participation in this project as “validating” and that it “was great to see my ideas flourish”. Participants also discussed wanting to lead their own projects following this experience by “help[ing] to coordinate” and involve themselves in future “leadership opportunities



**Table 3** Cohen's *d* by peer engagement level

Scale	Engagement group	N	Time 1 Mean (SD)	Time 2 Mean (SD)	<i>d</i>
Housing stability scale	Low–none	15	3.66 (0.38)	3.69 (0.68)	0.05
	Medium–high	12	3.53 (0.52)	3.85 (0.54)	0.60
Mental health continuum—short form	Low–none	14	2.80 (0.86)	2.70 (0.88)	−0.11
	Medium–high	12	2.77 (0.99)	3.27 (0.91)	0.53
Mindful attention awareness scale	Low–none	14	3.65 (0.84)	3.29 (0.79)	−0.45
	Medium–high	12	3.92 (0.82)	3.81 (0.89)	−0.14
Medical outcomes survey (MOS)	Low–none	14	3.40 (0.93)	3.32 (0.94)	−0.08
	Medium–high	12	3.29 (0.93)	3.48 (0.98)	0.20
MOS—emotional support	Low–none	14	3.52 (0.97)	3.57 (0.88)	0.06
	Medium–high	12	3.28 (0.84)	3.71 (0.79)	0.52
MOS—tangible supports	Low–none	14	3.02 (1.03)	2.73 (1.06)	−0.27
	Medium–high	12	3.00 (1.39)	2.98 (1.32)	−0.02
MOS—affectionate supports	Low–none	14	3.57 (1.32)	3.43 (1.51)	−0.10
	Medium–high	12	3.69 (1.34)	3.53 (1.22)	−0.13
World Health Org—quality of life	Low–none	14	3.28 (0.66)	3.32 (0.63)	0.06
	Medium–high	12	3.52 (0.51)	3.45 (0.69)	−0.11
WHO-QOL—self reported QOL	Low–none	16	3.38 (0.96)	3.31 (1.14)	−0.06
	Medium–high	12	3.33 (1.30)	3.75 (0.97)	0.36
WHO-QOL—self reported health	Low–none	15	3.07 (1.03)	3.00 (1.36)	−0.06
	Medium–high	12	3.00 (0.95)	3.08 (1.16)	0.08
WHO-QOL—physical health	Low–none	14	23.36 (5.31)	24.43 (4.93)	0.21
	Medium–high	12	25.58 (4.06)	24.33 (4.74)	−0.28
WHO-QOL—psyc health	Low–none	14	18.71 (5.89)	18.57 (5.35)	−0.03
	Medium–high	12	19.58 (4.36)	19.92 (5.68)	0.07
WHO-QOL—social health	Low–none	14	9.14 (3.21)	10.00 (2.48)	0.30
	Medium–high	12	10.08 (2.68)	10.17 (2.92)	0.03
WHO-QOL—environmental health	Low–none	14	27.57 (4.13)	26.79 (5.31)	−0.17
	Medium–high	12	29.17 (5.11)	28.33 (6.26)	−0.15
GAINS mental health	Low–none	14	1.79 (0.68)	1.90 (0.76)	0.15
	Medium–high	12	1.68 (0.63)	1.63 (0.71)	−0.08
Community integration questionnaire	Low–none	14	1.47 (0.17)	1.42 (0.29)	−0.20
	Medium–high	12	1.49 (0.22)	1.57 (0.31)	0.29
CIQ jobschool	Low–none	14	2.93 (1.44)	2.71 (1.68)	−0.14
	Medium–high	12	1.75 (1.42)	3.17 (1.19)	1.08
Community integration measure	Low–none	14	3.57 (0.83)	3.30 (0.92)	−0.31
	Medium–high	12	3.52 (0.87)	3.77 (0.99)	0.27
Connor–Davidson resilience scale	Low–none	14	2.65 (0.83)	2.39 (0.87)	−0.31
	Medium–high	12	2.72 (0.74)	2.85 (0.76)	0.17
Adult hope scale	Low–none	14	5.63 (1.27)	5.70 (1.46)	0.05
	Medium–high	12	6.18 (1.26)	6.24 (1.25)	0.05
Adult hope scale—pathways subscale	Low–none	14	6.07 (1.15)	6.20 (1.21)	0.11
	Medium–high	12	6.56 (1.23)	6.31 (1.20)	−0.21
Adult hope scale—agency subscale	Low–none	14	5.20 (1.59)	5.20 (1.83)	0.00
	Medium–high	12	5.79 (1.41)	6.17 (1.37)	0.27

with HOP-C.” Peer leadership was particularly valued on this project, as one participant stated, “It’s the way [the peer leader] takes it, encourages [us], keeps it together. [The peer leader] lets you know you’re doing a great job, and even

though you don’t need to hear that, [the peer leader] still tells you”.

**Table 4** Participant qualitative feedback

Themes	Description
<b>Successes</b>	
Peer-led social outings offered pause and relaxation from daily life that was otherwise difficult to access	Monthly social events created a “comfortable” and “cool” atmosphere where participants could “take [their] mind away from regular day to day activities” in ways that were often otherwise inaccessible due to time, organization, or financial restrictions
Peers had to be versatile in order to be effective, requiring both social and professional capital	Participants appreciated both peers’ familiarity in age, experience and interests (i.e. ability to “joke around” or “discuss fashion”), as well their ability to “listen”, share knowledge, and “advocate” across areas of “housing”, “schooling”, mental health, and “addiction”
Hands on projects offered opportunity for the development interpersonal and cooperation skills in a work environment	“MY” guide project offered participants hard skills in professional interpersonal effectiveness and lessons in “coming together” with others “different” than themselves
Peers built a community of young people	Many participants “valued” the peers, emphasizing that opportunities for both individual and group engagement with peers “created community.”
<b>Challenges</b>	
Participants struggled with defining the role of the peers initially	Some participants were initially “uncertain” or “unsure” of the role of peers in the HOP-C project, however introductions and exposure to peers in a shared context (i.e. in mental health group programming) clarified this
Peers were held to higher standard: weaknesses were monitored closely by participants and peers were required to “prove” their merit in their roles	Peers were monitored closely by participants and held to a high standard, often higher than other staff, by virtue of both their proximity to participants’ lived experiences, as well as their role of staff and mentor. Participants who felt especially competent or nearing the competency of peers in navigating life domains were less likely to engage in peer domain and particularly sensitive to “bad days” or moments of “lack of engagement”

**Participants Struggled with Defining the Role of the Peers Initially** Participants also discussed some challenges they observed with peer programming particularly in regards to “role” definition whereby some participants were initially “uncertain” whether or not peers were participants or leaders in the context of the HOP-C program. A few participants suggested that more explicit communication was needed about peer roles. For instance, as one participant put it, “I am not saying she has to tell us her autobiography but I want to know what her background is vaguely so I know what I can come to her with and what she can support me with.” This challenge was mostly resolved as programming went on and efforts to explicitly endorse peers’ leadership were made by the larger team.

**Peers were Held to Higher Standard: Weaknesses were Monitored Closely by Participants and Peers were Required to “Prove” Their Merit in Their Roles** A small number of participants, particularly those who viewed themselves as nearing readiness to step into a peer mentorship role themselves, were critical of peers and particularly attuned to peers’ “bad days”, “reliability”, or “lack of engagement” at times. These participants expressed some skepticism about the role. For example, as one participant put it, “Having a twenty-one year old telling me how to run my life... it doesn’t fly.” For

these participants, it was observed that peers were expected to “prove” themselves via knowledge and professionalism in order to inhabit their roles. Indeed, peers were often monitored closely by participants and held to a high standard, by virtue of both their proximity to participants’ lived experiences, as well as their role of staff and mentor.

**Peers Built a Community of Young People** The majority of participants found peers’ efforts to be “very valuable” and viewed opportunities for group and individual outings with peers as “creating a community” for young people who often expressed difficulty finding a sense of belonging in their transition from homelessness. Peers created opportunities for “friendly and open and easy” communication and a “nice atmosphere” within which to connect. In addition, for participants interested in peer work themselves and wanting a professional community, “[HOP-C help me] to see how it works, to understand the service system a little better from the other side. It was useful for that. I made contacts. It allowed me to get my foot in the door”.

#### Peer & Staff Feedback (Table 5)

**Defining and Developing the Peer Role was the Steepest Learning Curve of the HOP-C Project** Peers, clinical staff

**Table 5** Peer and staff qualitative feedback

Themes	Description
Defining and developing the peer role was the steepest learning curve of the HOP-C project	The team, including peers, identified that the steepest learning curve of the project was the development of peer-based programming which was done largely without a blue print through “experimentation” and with the goal of “learning” through the process
Peer involvement in all aspects of HOP-C project enhanced outcomes for participants and peers	Peers were integrated into all aspects of the HOP-C project from design, to implementation, to research. This was universally seen by all staff as a strength of the HOP-C project. Peers’ proximity to the “age group” and “life experience” of participants enabled the design of programming to better reflect the needs of the participants
Peer programming required a balance of supervision and structure vs. agency and independence	Peer role definition, as well as kind of supports and level of supervision that peers required were key areas of development. In particular, how to “balance autonomy with support, guidance, and adequate supervision.”
Peers found administrative/organizational aspects of role most challenging	“Planning, organization, and administration” were cited by peers as the areas in which they often had the most difficulty self-organizing. However, explicit structure and regular meetings helped to build this skill set
Explicit structure important to create both clear expectations and safety for peers	Peers discussed appreciating a developmental approach to supervision whereby they were given more responsibility gradually. They discussed the importance of scaffolding the support needed and often requiring, especially initially, clear structure and close planning
Peers developed comfort and confidence in their role over time	As the peer role became further defined, and the peers gained comfort with both the team, the program structure, and their contributions to the program, peers felt more “in control” and more “confident” in their roles. Peers discussed feeling like “equal partners” in program development and implementation, noting feelings of “pride” and confidence in their “professional identity.”

and the research team all agreed that the peer component of the project offered the “biggest learning curve.” It was acknowledged from the outset of the project that the peer component was the most “experimental” as this role was far less defined than others on the front-line team. Team members discussed the significant “learning” that occurred over the course of running the peer component, which was seen as a great “...strength...because that was the point of doing it, to learn something.”

**Peer Involvement in All Aspects of HOP-C Enhanced Outcomes for Participants and Peers** It was agreed that “peer involvement in project design” and their ability to advise based on “Being in the same age group with some lived experience...has been invaluable.” Peers discussed that through their involvement in the HOP-C project, that “slowly being given more responsibility” and “Having confidence from the team in me and being represented everywhere, helped my confidence a lot and my feeling of employability.” Despite the clear benefits of peer inclusion in all aspects of HOP-C design and delivery, this learning curve was not without its growing pains.

**Peer Programming Required a Balance of Supervision and Structure Versus Agency and Independence** Through-

out the earliest stages of the project, peer “role definition” and supervisory structure were highlighted as key challenges by all staff members. As one staff member described, “I think that the role could have been better developed and could have been better supported.” However, a clear tension existed between the need to “support” and “guide” peers via “extensive supervision”, while allowing for opportunities for “autonomy in design” and the development of a “truly youth-led endeavor.”

**Peers Found Administrative/Organizational Aspects of the Role Most Challenging** Major challenges discussed by peers themselves included requiring further assistance with “planning, organization and administration” such as “submitting timesheets”, “tracking participant contact”, or “attending meetings.” While one peer found participation at the weekly meetings “Important...because they allowed me to stay connected.”, other peers found team meetings consisting of “logistics” and “particularly challenging to sit through.” However, staff also noted that “When peers weren’t attending the meetings, that is when they were most likely to fall off or feel less connected.”

**Explicit Structure was Important to Create Both Clear Expectations and Safety for Peers** One peer explained that they

felt peers required more structure and prompting in these meetings to help scaffold engagement: “Really just talking to them directly, instead of expecting them to put up their hand. I think a lot of people have difficulty with that.” Indeed, the struggle of “stepping into” this role was one that peers discussed grappling with, particularly in regards to their independence as practitioners. Feedback from peers indicated that while they saw themselves and appreciated being seen as “equal partners” and “experts” within the larger team, they also felt a desire for increased structure and direction. As one peer explained, “We do need to be told a bit, need to be guided, and helped, and pushed in a certain direction—sometimes despite our wishes.” Certainly as “Peers are dealing with their own sets of challenges and growing,” a main piece of learning of this work was striking the right balance in meeting peers’ training and personal needs while also emboldening them to take the reins in by-youth for-youth design.

### Peers Developed Comfort and Confidence in Their Role Over Time

For the peer that was able to navigate the initial stages of the project, organic role definition as well as a personal growth in “confidence” was evident in their feedback: “As we progressed the role became clearer, and there was more space for me to control the role.” This peer also discussed that their view of their role in the project shifted as they were encouraged to inform design and lead projects: “I am an equal partner. I get introduced as someone who is an expert and I didn’t initially think of myself as an expert, but this made me feel a lot of pride in myself.” Peers expressed seeing themselves, through their “presence and proximity” to clients, as “supports” that “build community” via “consistency” in “relationships” to give participants the message that “You are going through this but I am going through this too, so you are not alone.”

## Discussion

Peer support has a lengthy history in health and community services with structured, intentional models of peer support having gained prominence in recent decades in areas such as mental health services (Bellamy et al., 2017). This growth in emphasis and evidence has not been mirrored in the specific areas of effective peer support models among homeless youth despite a growth in commentary about the importance of lived experience engagement in that area (Schwan et al., 2018). This paucity of literature framed the rationale for the present paper that provides a description of the structure, processes, and preliminary outcomes of an intentional peer support program delivered in the context of tertiary prevention of youth homelessness.

One key program structure consideration that emerged in this work was the need to design a peer support model that had multiple modes of engagement. Youth in transition out of homelessness are highly diverse with respect to needs and life circumstances and the HOP-C peer support approach was designed to engage that diversity. Peer support in HOP-C was provided through social events, one-to-one contacts, structured projects, and involvement in the mental health group programming. Few participants accessed peers through all of these avenues but many accessed them through at least one, with many noting that this flexible and diverse structure greatly added to the appeal of engaging. Such a structure such as this has not been substantively addressed in the limited literature in this area to date, wherein single approaches have tended to be most prominent (Barker & Maguire, 2017). From a process perspective, the team readily observed the need to engage in what has been described in clinical research contexts as a fail fast approach (Dipiro & Chisholm-Burns, 2013)—wherein continuous assessment can support the efficient movement away from an approach that is not working (e.g., drop in model) to one that is more promising (e.g., project model).

From a feasibility perspective, the outcomes of HOP-C peer programming are promising. While causality cannot be inferred, it appeared that youth who were more engaged in peer programming made more gains in key life areas. This observation was bolstered by qualitative commentary of participants that reflected the important roles that peers played in fostering engagement and a sense of community, openness and facilitating discussion of difficult but important topics, and skill development. This is reflective of peer support research among other populations in different contexts (Bellamy et al., 2017). The one challenge that emerged was a degree of role uncertainty, with some participants having difficulty navigating who a peer was as a support. However, as commented on elsewhere (Kidd, Miner, Walker, & Davidson, 2007), relationships with supports who do not fit a more stereotyped relationship (care provider, friend, parent) may present both a challenge and an opportunity for growth and unique engagement for youth who have extensive histories of family and social discord and negative relationships with providers. This establishment of role applied also to the role of peers in the larger team, which required a considerable amount of support, intentionality, and structure to establish such that role clarity supported programming and stress levels were reduced. This effort started at onboarding and continued throughout service delivery with a regular need for review and readjustment. This too is a process consideration that has been commented on in broader peer support literatures (Kemp & Henderson, 2012).

Finally, the authors observed the benefit in the development of participatory, action-oriented projects as platforms for peer-engagement. Such approaches have a lengthy

history of success and study amongst marginalized populations (Kidd et al., 2018). In our experience they facilitated a focused medium through which engagement could be achieved, incorporated structure, skill-building, reimbursement, and a sense of group self-worth and self-efficacy in the production of impactful and tangible outputs. This type of approach to catalyzing the engagement of lived experience is arguably the intent of much of the dialogue in this area (Mental Health Commission of Canada, 2018). The participatory, action-oriented projects described here, however, provide the types of platform through which that intent can be realized in ways that less structured methods may not (Kemp & Henderson, 2012).

This study has several limitations. First, transferability is a question as this work took place in a single geographic and service system context. The quantitative findings must be considered tentative as the sample size is modest and causality cannot be commented upon without a control condition. As well, in the effort to strike a balance between describing the program in some depth and summarizing outcomes, both might have been developed further. Nonetheless, in a context wherein we were only able to identify one other paper that examined peer support in this area, this preliminary description will hopefully prompt further, more in-depth investigations going forward. It is important to note as well, that throughout this work, peers and other participants were compensated and recognized for their contributions, including their intellectual work. Often, young contributors are overlooked or not given adequate credit (Schwan et al., 2018) which decreases their desire to participate in like projects later. This final process consideration was highly emphasized by our peers, wherein effective work in this area ensures that young adult participants who imagined and co-created program content and processes are recognized as equal contributors and authors.

### Implications for Social Work Policy and Practice

This study had several implications for social work policy and practice. First, and most generally, there is an important role for social work in the advocacy for, and support of, peer support approaches for highly marginalized youth populations. While more data is very much needed to better elucidate the impacts of peers in this space, this initial data is quite promising. A second implication, for those who work with and support peer leaders in intervention and advocacy roles, is the need for careful planning and clear structure in the delivery. This work, in our experience, was a delicate balance between cultivating multiple avenues for communication and support, establishing clear roles and structures, while cultivating space for creativity and youth leadership. Lastly, in both policy and practice circles, there is a need to bring a critical voice to forums where planning is underway

to engage youth as leaders and peer providers without rigorous attention to the ethics, resources, and processes that are required to make this work effective and reflective of the good intentions of the movement towards better youth engagement.

### Conclusion

In conclusion, peer support would seem to be both a feasible and potentially impactful part of the repertoire of interventions from service to policy levels that are needed to address the complex and persistent global problem of youth homelessness. While promising, this study suggested that peer support cannot be an afterthought-type element of programming but must be robust in process and structure to facilitate improvement for service recipients, the wellness of the peers, and the great deal of benefit for the team as a whole that results from effective peer engagement.

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### Compliance with Ethical Standards

**Conflict of interest** The authors declare that they have no conflicts of interest.

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