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Position paper

The Healthcare Needs and Rights of Youth Experiencing Homelessness

Society for Adolescent Health and Medicine

EXECUTIVE SUMMARY

The purpose of this position paper is to set forth guiding principles for working with youth experiencing homelessness (YEH).

The Society for Adolescent Health and Medicine supports the following positions:

1. All policies addressing health and wellbeing should include the needs and rights of YEH, including youth who are migrant, uprooted, and unaccompanied.
2. A range of services should be provided to meet the diverse needs of YEH.3The application of a strengths-based, resilience-building, and trauma-informed approach should inform care and programs for YEH.
4. Stigma against YEH is harmful to their wellbeing and should be formally addressed and reduced.
5. All agencies serving YEH should provide or facilitate access to youth-centered, holistic physical, and mental healthcare services.
6. To improve effectiveness in addressing the complex challenges facing YEH, collaborations across sectors (including but not limited to education, law enforcement and juvenile justice, child protection, healthcare, and community representatives) should be encouraged.
7. The protection and wellbeing of refugee, migrant, and asylum-seeking youth should be prioritized through international and multiagency collaboration from their initial displacement to their successful resettlement.
8. Research regarding the health and wellbeing of YEH to inform policy and interventions should be promoted through the expansion of public and private support, the maintenance, and application of guidelines for ethical research, and through the meaningful participation of youth.

Homelessness affects youth worldwide. A recent review found that in low and middle-income countries poverty is the primary driver of youth homelessness, followed by abuse and family conflict. In high-income countries, family conflict is the primary driver, followed by abuse and other psychosocial factors [1]. Youth experiencing homelessness (YEH) are more likely to identify as LGBTQ or as a member of a racial or ethnic minority than their stably housed peers [2]. YEH have the added challenge of meeting their own basic needs for food, clothing, shelter, and safety while facing the usual developmental tasks of adolescence. Many experience additional trauma, including rape, once homeless. Some become victims of human trafficking. While homeless, youth come into contact with a variety of individuals from the service sector, such as healthcare providers, educators, social welfare workers, and law enforcement personnel, all of whom have the responsibility to help them.

Typically, homelessness is the result of interpersonal conflict, abuse, or poverty, however, current events compel consideration of young people who are homeless because of societal, environmental, and political factors [1]. These youth are often referred to as refugee, migrant, or “uprooted youth”. Due to the specific challenges faced by displaced young people, this paper includes a consideration of their unique needs.

Positions

1. All policies addressing health and wellbeing should include the needs and rights of YEH, including youth who are migrant, uprooted, and unaccompanied.

The United Nations Convention of the Rights of the Child (CRC) article #24 (1990) and General Comment #15 (2013) endorse the right of the child/adolescent to the enjoyment of the highest attainable standard of health [3,4]. This includes access to the underlying determinants of health: shelter, nutrition, education, and free healthcare [3].

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YEH are an overlooked population with disparities in morbidity and mortality. YEH are more likely than their stably housed peers to lack access to health and preventive services as defined by the CRC [5]. Chronic medical conditions and proper nutrition are more difficult to manage for youth who are unstably housed or homeless [5,6]. Lack of a fixed address, lack of social support, and mistrust of adults and established systems present unique problems for YEH seeking insurance, work, education, and access to healthcare or income support programs. YEH face exceptional challenges as they transition to adulthood due to administrative issues (lack of official identity documents) and their limited social supports. For these reasons, SAHM urges consideration of the needs of YEH in all relevant policies.

2. A range of services should be provided to meet the diverse needs of YEH.

YEH are diverse in their current housing, demographic origins, paths to homelessness, time on the street, and integration into services. The experience of homelessness may vary from living on the streets without appropriate shelter (primary homelessness) to moving from one temporary shelter to another (secondary homelessness). Youth who are recently or intermittently homeless have different needs and opportunities from youth who are chronically homeless. Several groups of youth are over-represented in the homeless population. These groups include youth from racial, ethnic, indigenous, or religious minorities; LGBTQ youth; youth from single parent or blended families; foster care youth; youth in the justice system; and immigrant or refugee youth [2,5–7]. Their health needs vary and they require appropriately tailored services [6,7]. For example, transgender youth requires our attention to their safety when planning for their shelter as their needs may not be met or supported in available youth or adult shelters. Moreover, the needs and options for minors who are experiencing homelessness differ significantly from those who have reached the age of majority. Similarly, the needs of youth living with their families differ from those of unaccompanied youth. The diversity of this population necessitates a range of strategies requiring intersectoral collaboration aimed not only at supporting their basic needs but also at optimizing their health, wellbeing, and transition to adulthood.

3. The application of a strengths-based, resilience-building, and trauma-informed approach should inform care and programs for YEH.

The strengths-based approach is rooted in the fundamental assumption that YEH have assets, talents, and aspirations that should be developed. The strengths-based model emphasizes that the capacity for growth and recovery is an innate characteristic of human beings. The focus is on supporting youth to achieve goals they set for themselves. Supporting the development of resiliency, the ability to face, and overcome challenges in a positive way, is one aspect of a strengths-based approach. Trauma-informed care "realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization."[8]

SAHM endorses the utilization of strengths-based and trauma-informed approaches in services, programs, and healthcare facilities available to YEH. YEH favor such an approach [9]. Providers should be educated in and practice in an environment based on these principles in order to provide the best possible services to YEH [10]. Given the pervasive experience of physical and emotional trauma by YEH prior to and after becoming homeless, Trauma-informed care should be the foundation of client interactions [7–10].

4. Stigma against YEH is harmful to their wellbeing and should be formally addressed and reduced.

Widely held stigmatizing beliefs and myths regarding YEH have been used to justify their criminalization, violations of their human rights, and the use of use of dehumanizing language in referring to them [11]. Myths and beliefs include the ideas that youth have chosen homelessness, are homeless due to delinquency, or are dangers to their community [11]. These stigmatizing beliefs have been discredited by the evidence, or, like for housed youth, apply to small subpopulations of youth [11].

At the institutional level, stigmatizing beliefs about YEH leads to underfunding; a lack of recognition of their rights to the same services provided to their nonhomeless peers; poor quality care; or barriers to accessing care. Stigma affects youth access to education, nutrition, shelter, healthcare, job training, employment, transportation, and legal protection. Stigma regarding homelessness may compound the effects of trauma and bias to which youth may already be subjected based on other overlapping stigmatized identities. At the individual level, internalized stigma may lead to avoidance of services that would identify youth as homeless or to nondisclosure of homelessness [7].

The cumulative effects of stigma on YEH include long-term negative health outcomes and limited educational, vocational, and economic choices. The perception of youth homelessness as a hopeless social "problem" fuels stigma. Sharing successful programs, debunking myths, ensuring access to existing services for youth, and promoting youth inclusion can fight stigma. Preliminary work has demonstrated that stigma among providers is amenable to intervention [12]. Finally, passage and enforcement of the CRC can combat stigma by upholding the rights of YEH.

5. All agencies serving YEH should provide or facilitate access to youth-centered, holistic physical, and mental healthcare services.

Consistent with the CRC, SAHM recognizes that providing YEH with housing, nutrition, education, and vocational opportunities is essential to addressing their physical and mental health [3–5,13]. SAHM advocates for integrated ("wrap-around") youth-centered care for YEH [5]. Youth-centered care respects youth's confidentiality, permits easy, and independent access by youth, and is culturally and linguistically appropriate [14].

YEH frequently lack the stable positive adult support and guidance on which housed youth rely to access and stay engaged in health care. Healthcare providers working with YEH can address this need by providing coordinated care including preventive, acute, and chronic healthcare including the full spectrum of sexual and reproductive healthcare.

Though YEH may require emergency care, SAHM recognizes that the Emergency Department is not the optimal environment for ongoing access to medical care for adolescents. YEH need prompt access to confidential health care. Clinicians caring for YEH in any medical setting should recognize that the presenting medical condition offers the opportunity to engage the youth in a