



Article

Diverse Profiles of Homeless Young Adults: Implications for Tailored Prevention Strategies—Insights from Belgian Homelessness Counts

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Abstract: Young adults experiencing homelessness face multiple challenges and are often confronted with additional barriers stemming from adverse past experiences. Whereas youth homelessness rates appear to increase across Europe, our knowledge on its nature in Belgium remains limited. Based on recent local point-in-time counts on homelessness in Belgium (2020–2022) and a focus group (2022) to interpret these results, we examine the profiles of more than 2000 homeless young adults and distinguish between three distinct groups (youth care leavers, Belgians with no care history, and newcomers). Alongside the need for universal prevention, tailored interventions are crucial for each subgroup to address their unique needs.

Keywords: homelessness; young adults; youth homelessness prevention



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1. Introduction

Homelessness rates in Europe are on the rise, with a particular increase in homelessness among young people [1,2]. It is estimated that young adults (18–29 years) make up 20 to 30% of the homeless population in the majority of European countries [3,4], of which a large share lives in hidden homelessness situations and is therefore not on the radar of official monitoring systems [5,6]. Research shows that young homeless people often move between different forms of homelessness [1,5] and frequently spend periods of “sofa surfing” (or “doubling up”), i.e., temporarily staying with family and friends [7–10].

Young adults often are particularly vulnerable because they need to navigate at the intersection of social inequalities, poverty, migration, gender, and age [11]. Approaching legal adulthood, homeless youth aged from 16 to 25 have often left youth care, support facilities, or their family home. Homelessness at this age stems from conflicts in their network, the aging out of care (e.g., foster care), or family breakdown causing them to leave their homes [1]. Moreover, their sexual orientation and gender identity may be a reason for rejection from communities or families [12]. Some may have experienced violence or abuse, which makes them search for safety elsewhere. However, many are still in the transition to adulthood and the responsibilities this entails: undergoing social, cognitive, physical, and emotional developments [11], while at the same time facing discrimination in the housing market [13] and the labor market [14]. Without considerable resources and support from parents and/or caregivers, young individuals are at risk of not finishing their education, and (often consequently) not finding high-quality employment [15]. This in turn can increase their vulnerability to marginalization, exploitation, and enduring prolonged psychological consequences. A final characteristic that can affect their homeless experience is mental health issues [16] (such as anxiety, depression, and trauma), as well as substance abuse, which can exacerbate their situation [17–19].

Youth homelessness

The homeless young adult population is very heterogeneous, and therefore requires an understanding of the diversity of experiences and life trajectories. The causes and consequences of youth homelessness often intersect, necessitating diverse services tailored to their unique needs [4,20]. Their experiences are unique because they are shaped by the interplay between individual characteristics, their social environment (e.g., family and peer support), and structural factors (e.g., poverty, housing market, discrimination, social exclusion). In homelessness literature, different subgroups are identified based on, for instance, their family relationships, the causes of their homeless spells, and/or their care history [21]. For instance, Benjaminsen [22] shows that homeless young adults constitute a much broader group than the so-called “care leavers” who have a past in youth care, foster care, or other forms of out-of-home care, with childhood poverty being a significant aspect of their early lives. A growing body of literature focusing on care leavers reveals numerous challenges hindering their smooth transition to stable independent living [23]. Preventive interventions for this group encompass aftercare that supports their transition out of care. On the other hand, some homeless young adults do not have a care history but still face barriers in their journey to adulthood. They struggle with difficulties such as securing housing or meeting the conditions set by support systems, such as demonstrating independence when applying for social housing [13,24]. Additional evidence highlights that stricter conditionality for social assistance can significantly reduce welfare claims and high school dropout rates [25].

Finally, literature also pinpoints the challenges faced by homeless young adults with a migration background. Young migrants or refugees—whether they have legal status or not—may face additional barriers such as cultural isolation, language barriers, precarious employment, and lack of social support [4]. They may lack resources while simultaneously struggling with challenges such as ID limitations, lack of knowledge of local welfare and housing systems, language barriers, and barriers in accessing services and rights as non-citizens. For them, securing stable housing requires adopting survival and coping strategies and finding social (and legal) support of persons who can help them navigate towards different services. More than access to housing, they need additional support to access rights and entitlements [26].

Homelessness Prevention

Understanding the unique vulnerabilities that young homeless individuals face is crucial to developing effective prevention strategies. Recently, there has been a shift in how homelessness is approached, moving from merely managing and monitoring the issue to actively looking into efforts to eradicate it.

This shift reflects a broader understanding that homelessness is the result of a variety of (often interlinked) circumstances, the root causes of which need to be addressed. Therefore, structural causes need to be addressed, such as the lack of access to affordable and adequate housing. Across the world, different prevention strategies can be found. Australia, for instance, has been a pioneering leader in youth homelessness prevention since the '90s through their nationally funded school-based Reconnect Program and Upstream model [27,28]. The national coalition called “A Way Home Canada” also aims to prevent and end youth homelessness, based on a “collective impact” approach [29]. In Europe, youth homelessness prevention can be found as well, for instance in Scotland, Wales [30], and the Netherlands [31]. In the Netherlands, Krabbenborg et al. [32] studied the effectiveness of a strength-based intervention in Dutch shelter facilities for homeless young adults and found that all young adults benefit from service provision in general. However, there is still limited knowledge on the efficacy of youth homelessness prevention strategies [33] and specific approaches for distinct subgroups. An overall evidence-based strategy that increasingly is implemented across many countries is the Housing First model, in which permanent, stable, and affordable housing is prioritized without conditions to meet [34]. It represents a significant paradigm shift, emphasizing the need for providing immediate and permanent housing, and the human right that should be universally granted. Yet, given

that homelessness represents an infringement of basic human rights beyond the right to housing, there are diverse homelessness prevention strategies outside of the Housing First initiative, such as eviction prevention and early prevention [26].

This brings us to the case of Belgium. Although there remains a general lack of understanding regarding the full extent of homelessness, recent point-in-time counts have successfully mapped homelessness in different regions across the country. According to a recent estimate, almost 20,000 individuals are experiencing homelessness in the Flemish Region, with over 5000 of them being children [35]. Given the complex policy structure, homelessness is a shared competence between the federal state, the communities, the regions, and the local authorities. This results in a less coordinated policy approach to homelessness at the state level. At the same time, regional action plans have been set up during the last 10 years. Young adults are considered a specific target group. As a result, new transitional housing programs for young adults have been developed in the three regions. In addition, new initiatives have recently emerged to prevent (youth) homelessness, such as Housing First for Youth, which provides specific shelters for young LGBTB persons. However, most of the initiatives mainly focus on young care leavers.

A diverse array of prevention strategies can be found in the five-stage typology of Fitzpatrick, Mackie, and Wood [36], in which they distinguish universal, upstream, crisis, emergency, and repeat prevention. Universal prevention is the most general type and seeks to reduce the overall population's risks by ensuring effective, accessible, and adequate social welfare support and sufficient affordable housing. Upstream prevention focuses more on "post-institutional" homelessness: those who leave state institutions, care facilities, or justice system or healthcare settings. This entails identifying these groups at risk of homelessness prior to their situation deteriorating. Efforts here mainly investigate community-based support and a smoother transition to stable housing once they leave institutions, e.g., correctional or treatment centers. Crisis prevention refers to reducing the risk of homelessness in the immediate future by dealing with, e.g., family conflicts, threats of eviction, or domestic abuse. Required measures include financial assistance, legal support and advice, etcetera. Emergency prevention focuses on those sleeping rough or sleeping in shelters or hostels who swiftly need temporary accommodation. The classic "staircase model" applies here, in which they are expected to transition to different types of accommodations until they are deemed "housing ready" and obtain stable housing. In practice, however, many people experiencing homelessness are stuck for longer periods and face difficulties that come with sleeping in shelters (e.g., lack of privacy). Repeat prevention intervenes if one has already experienced a homeless spell and, therefore, prevents its recurrence. Overall, these measures aim towards providing repeated and sustainable support and stability, e.g., the "Housing First" model. To sum up, these five strategies can be broadly categorized into universal, targeted, and crisis interventions, and address both the symptoms and the systemic causes of homelessness for diverse groups.

By building on the theoretical insights of Fitzpatrick et al. [36,37], we analyze recent local counts and reflect on what they imply for prevention strategies for youth homelessness in Belgium. More concretely, we address the following research questions: (1) Based on local and regional point-in-time counts, what are the profiles and characteristics of young people experiencing homelessness in Belgium, and (2) what are the implications of these results for targeted prevention strategies? To answer these questions, we analyze the data of the point-in-time counts and one focus group with professionals of services for homeless young adults that followed to interpret the main findings.

2. Methodology

To conduct a thorough analysis and validate our findings, we employed a mixed methods design. We initiated the study with an exploratory quantitative analysis of the data obtained from the Belgian homelessness counts. Drawing upon our literature review (supra), we identified three distinct groups of young adults. In the second phase, we organized a focus group to discuss these results with professionals.

The first phase of this study consisted of a quantitative data analysis making use of the results of 18 local and regional homeless counts organized in Belgian cities and regions by LUCAS KU Leuven and UC Louvain in 2020, 2021, and 2022 (more information can be found on <https://kbs-frb.be/nl/tellingen-dak-en-thuisloosheid>, accessed on 1 August 2024). The development of the methodology and the design and support of the Flemish counts were carried out by the authors of this article. This article presents the first quantitative analysis of the 2020–2021–2022 dataset, with a focus on analyzing the results for young adults.

The point-in-time count is inspired by the “Scandinavian variant” of homeless counts [38] and provides a snapshot of the extent and profiles of homeless individuals on a specific day (e.g., 28 October 2022) in a specific Belgian city or region. These counts adopt an extended service-based approach, which implies the active participation of service providers, including shelters, outreach teams, social services, health insurance funds, community health centers, local police departments, social housing associations, etcetera. On this specific day, all services fill out a questionnaire for each homeless individual they assist (for this study and questionnaire, the researchers obtained formal authorization from the Social and Societal Ethics Committee of KU Leuven. All participants were able to refuse or withdraw their participation/their informed consent prior to enrollment in this study.). More specifically, this applies to all adults (18+) and to 16–17-year-olds who are living alone.

The definition of homelessness is based on the ETHOS-Light typology [39]. Building upon ETHOS Light, the focus of the count extends beyond basic support services for homeless individuals (ETHOS Light 2 and 3, e.g., winter shelters, crisis shelters, and transitional housing) and therefore extends beyond identifying those that are visibly sleeping rough (ETHOS Light 1). We also included other living situations to capture different forms of “hidden homelessness” [7,40]: “couch surfing” individuals who temporarily reside with relatives or friends (ETHOS Light 6) or individuals staying in non-conventional dwellings such as squats or garages (ETHOS Light 5). Lastly, we included individuals who must leave an institution without a housing solution or who need to stay in care due to a lack of housing (ETHOS Light 4). These institutions include prisons, general hospitals, youth care facilities, supported housing, psychiatric facilities, residential drug rehabilitation centers, and refugee centers for asylum seekers. The researchers added a seventh category to ETHOS Light, i.e., individuals at risk of eviction and therefore of losing their housing within the month [41,42].

The count methodology is designed to involve as many practitioners as possible who come into contact with homeless individuals. Therefore, staff from various local services were given the opportunity to complete questionnaires. The local coordinator, together with the researchers, provided information sessions on the questionnaire and the practical procedures of the survey. On the count day, questionnaires were completed online via Qualtrics, either by the social worker or by another volunteer/professional, with or without the homeless person.

These structured questionnaires consisted of questions on their sociodemographic (e.g., gender, age, nationality, health situation, household composition) and socio-economic (e.g., income components) characteristics, and the duration and triggers of their homelessness situation.

The second and final phase of this study consisted of a focus group to discuss the results of the counts. This focus group was organized in Leuven on 3 May 2022. Nine practitioners participated from various public and non-public social services providing support to homeless young adults. In the focus group, discussions centered on quantitative data from homelessness counts, especially concerning youth homelessness. The focus group lasted two hours and a note-taker was present to support with transcribing the proceedings.

The analysis of the quantitative data was conducted using SPSS. To avoid the counting of the same individuals in different locations, the questionnaire included an anonymous

client identifier, therefore making it possible to identify and remove record duplicates. The analyses were conducted utilizing bivariate analysis. The qualitative data were analyzed by using inductive thematic analysis. The focus of the quantitative analysis concerned the various profiles of homeless young adults. The qualitative insights were mainly used to clarify the perspectives of practitioners and policymakers, particularly emphasizing developing preventive policies for young adults experiencing homelessness.

3. Results

3.1. Quantitative Results: Three Groups of Homeless Young Adults

In the various counts of 2020, 2021, and 2022, information was collected on 11,424 adults experiencing homelessness. One out of five (20.4%) were young adults between 16 and 25 years old. Table 1 presents their living situations based on the ETHOS Light typology compared to the adult (26+) persons counted.

Table 1. ETHOS Light category for adults 26+ and young adults 16–25 years (source: authors’ calculations based on the recent point-in-time counts).

	Living Situation	Adults 26+		Young Adults 16–25	
		Number	%	Number	%
1	Living rough	566	6.2	62	2.6
2	In emergency accommodation	417	4.6	52	2.2
3	In accommodation for homeless persons	1975	21.8	534	22.7
4	In institutions	1021	11.3	312	13.3
5	Non-conventional dwellings	1238	13.6	180	7.6
6	With family/friends	2948	32.5	1047	44.5
	TOTAL ETHOS Light	8165	90.0	2187	92.9
+	Threatened eviction	691	7.6	137	5.8
	Unknown	214	2.4	30	1.3
	TOTAL	9070	100.0	2354	100.0
	χ^2	226.822(7) ***			
	Cramer’s V	0.141 ***			

Notes: *** $p < 0.001$.

In general, young adults (16–25) mainly stayed temporarily with family or friends (44.5%), in accommodation for homeless persons (22.7%), or in institutions (13.3%) (this includes prisons, general hospitals, youth care facilities, supported housing, psychiatric facilities, residential drug rehabilitation centers, and refugee centers). Compared to the adult (26+) group, homeless young adults were more likely to stay temporarily with family or friends (44.5% versus 32.5%) and were less likely to reside in non-conventional dwellings (7.6% versus 13.6%).

Prior evidence (e.g., Altena et al., 2010) showed that different subgroups can be identified in the population of homeless young adults. Building on the literature review, we first considered care history (Table 2) and migration (Table 3) backgrounds, leading to the identification of three distinct groups: youth care leavers, Belgians and no care history, and newcomers. The first group, “youth care leavers”, refers to young adults who have previously stayed in youth care facilities as well as foster care. The second group, “Belgians and no care history”, consisted of young adults with no history of receiving assistance, neither in a youth care facility nor in a psychiatric facility. The third group comprised “newcomers”. These were young adults who do not hold Belgian nationality.

Table 2. Prior stay in care facilities for adults 26+ and young adults 16–25 years (source: authors’ calculations based on the recent point-in-time counts).

	Prior Stay in Youth Care		Prior Stay in Psychiatric Care	
	Adults 26+	Young Adults 16–25	Adults 26+	Young Adults 16–25
	<i>n</i> = 8667	<i>n</i> = 2233	<i>n</i> = 8670	<i>n</i> = 2234
	%	%	%	%
Yes	4.9	22.3	20.0	14.4
No	49.8	48.7	41.9	54.6
Unknown	45.3	29.0	38.1	31.0
χ^2	747.020(2) ***		118.300(2) ***	
Cramer’s V	0.262		0.104	

Notes: *** *p* < 0.001.

Table 3. Nationality of adults 26+ and young adults 16–25 years (source: authors’ calculations based on the recent point-in-time counts).

	Nationality	
	Adults 26+	Young Adults 16–25
	<i>n</i> = 9067	<i>n</i> = 2254
	%	%
Belgian nationality	65.6	63.8
Other nationality	33.1	34.8
Stateless	0.4	0.6
Unknown	0.9	0.8
χ^2	4.591(3)	
Cramer’s V	0.020	

Among the counted homeless young adults, 22.3% had stayed in youth care and could be considered “youth care leavers”, whereas homeless adults comprised only 4.9%. Additionally, 14.4% of all counted homeless young adults had stayed in a psychiatric care facility, compared to 20.0% of homeless adults. However, for both variables, the information was “unknown” for almost a third of the homeless young adults (29.0% and 31.0%, respectively).

Nearly two out of three homeless young adults had Belgian nationality, with a similar result for homeless adults. One out of three had another nationality, and a small group of 0.6% was stateless. These last two groups constituted the category of “newcomers”. Only a small group of these young adults without Belgian nationality had previously been in youth care (2.1%). Consequently, there was a very small overlap between the first and third group (notably, there was a fourth category labeled “other” comprising a small share of individuals who did not clearly fit into the aforementioned classification. A small percentage of young adults with Belgian nationality had experienced a stay in a psychiatric institution but not in youth care (3.7%). As mentioned previously, for a group of young adults, it was unknown whether they had ever been in youth care (29.0%), whether they had ever stayed in a psychiatric hospital (31.0%), or whether the information was missing. These young adults could not be classified into any of the three groups.). In the following sections, the characteristics of these three groups of homeless young adults will be presented. Characteristics of the three groups are presented in Table 4.

Table 4. Characteristics of homeless young adults, in % (source: authors’ calculations based on the recent point-in-time counts).

	Youth Care Leavers			Belgian No Care History			Newcomers		
	<i>n</i> = 498			<i>n</i> = 457			<i>n</i> = 834		
	%	χ^2	Cramer’s V	%	χ^2	Cramer’s V	%	χ^2	Cramer’s V
Living situation	(<i>n</i> = 498)	37.856(7) ***	0.130 ***	(<i>n</i> = 457)	77.224(7) ***	0.186	(<i>n</i> = 834)	71.400(7) ***	0.174
1 Living rough	3.4			2.0			2.0		
2 In emergency accommodation	3.4			0.4			1.6		
3 In accommodation for homeless persons	21.7			25.6			24.2		
4 In institutions	18.7			3.3			17.7		
5 Non-conventional dwellings	3.6			8.5			9.5		
6 With family /friends	45.2			55.4			35.5		
+ Threatened eviction	2.8			4.6			8.5		
Unknown	1.2			0.2			1.0		
Gender	(<i>n</i> = 498)	0.507(2)	0.015	(<i>n</i> = 456)	17.277(1) ***	0.088	(<i>n</i> = 833)	25.301(2) ***	0.104
Male	59.6			52.0			67.6		
Female	40.0			48.0			32.2		
Other/unknown	0.4			0.0			0.2		
Nationality	(<i>n</i> = 494)	177.657(4) ***	0.283 ***	(<i>n</i> = 457)	-	-	(<i>n</i> = 819)	2303.573(4) ***	0.992
Belgian	89.8			100.0			0.0		
Other EU	3.4			0.0			19.9		
Non-EU	6.0			0.0			76.7		
Stateless	0.4			0.0			1.77		
Unknown	0.4			0.0			1.7		
	Youth Care Leavers			Belgian No Care History			Newcomers		
	%	χ^2	Cramer’s V	%	χ^2	Cramer’s V	%	χ^2	Cramer’s V
Income sources	(<i>n</i> = 498)			(<i>n</i> = 456)			(<i>n</i> = 833)		
No income	15.7	25.908(1) ***	0.108	15.1	26.219(1) ***	0.108	39.9	159.584(1) ***	0.260
Employment	14.5	0.005(1)	0.002	18.0	5.349(1) *	0.049	14.0	0.255(1)	0.010
Unemployment benefit	4.6	2.179(1)	0.031	9.0	9.027(1) **	0.064	2.3	30.038(1) ***	0.113
Sickness allowance	4.4	2.430(1) *	0.033	3.7	0.374(1)	0.013	0.7	26.008(1) ***	0.105
Basic income	55.6	19.953(1) ***	0.095	55.5	17.291(1) ***	0.088	38.5	37.677(1) ***	0.127
Disability allowance	5.2	15.719(1) ***	0.084	1.3	4.138(1) *	0.043	0.2	28.278(1) ***	0.110
Informal income	2.2	0.174(1)	0.009	1.1	4.472(1) *	0.045	4.1	16.050(1) ***	0.083
Other	5.4	8.872(1) **	0.063	3.7	0.300(1)	0.012	1.9	8.605(1) **	0.060
Unknown	3.4	0.910(1)	0.020	1.1	13.553(1) ***	0.078	3.5	1.187(1)	0.022
(Alleged) Health problems	(<i>n</i> = 495)			(<i>n</i> = 454)			(<i>n</i> = 813)		
No health problems	21.0	96.197(1) ***	0.208	52.0	33.873(1) ***	0.124	56.6	143.427(1) ***	0.248
Chronic health problems	8.5	4.008(1) *	0.042	6.6	0.005(1)	0.002	5.8	1.064(1)	0.021
Physical disability	2.8	5.262(1) *	0.049	0.9	2.149(1)	0.031	1.4	0.622(1)	0.016
Mental disability	27.7	141.249(1) ***	0.252	9.5	4.105(1) *	0.043	4.4	69.168(1) ***	0.173
Mental health problems	46.5	147.836(1) ***	0.258	15.6	28.958(1) ***	0.114	12.4	109.906(1) ***	0.218
Substance abuse	36.2	116.131(1) ***	0.229	13.2	13.660(1) ***	0.078	7.3	111.835(1) ***	0.219
Other	2.0	2.147(1)	0.031	1.1	0.268(1)	0.011	1.6	0.112(1)	0.007
Unknown	5.7	48.265(1) ***	0.147	10.6	11.243(1) ***	0.071	18.8	9.391(1) **	0.064
	Youth Care leavers			Belgian No Care History			Newcomers		
	%	χ^2	Cramer’s V	%	χ^2	Cramer’s V	%	χ^2	Cramer’s V
Causes	(<i>n</i> = 497)			(<i>n</i> = 455)			(<i>n</i> = 829)		
Eviction	12.3	0.071(1)	0.006	11.0	0.450(1)	0.014	10.3	2.781(1)	0.034
Renovation, property sale	0.6	6.799(1) **	0.055	3.3	4.222(1) *	0.044	3.3	6.326(1) *	0.052
End of lease	7.6	0.027(1)	0.004	10.1	5.716(1) *	0.051	6.3	2.354(1)	0.032
Unsuitable/uninhabitable residence	3.0	7.339(1) **	0.057	6.4	0.941(1)	0.021	9.4	20.611(1) ***	0.094
Relationship issues	20.7	20.024(1) ***	0.095	17.1	3.196(1)	0.038	5.9	71.682(1) ***	0.175
Conflict with family /friends		32.005(1) ***	0.120		44.492(1) ***	0.142	17.2	310.882(1) ***	0.364
Mental health problems	21.7	82.157(1) ***	0.192	5.1	18.987(1) ***	0.093	3.5	69.466(1) ***	0.172
Death	0.6	0.007(1)	0.002	1.5	7.519(1) **	0.058	0.1	4.925(1) *	0.046
Unemployment	4.4	2.617(1)	0.034	4.6	3.161(1)	0.038	2.2	5.054(1) *	0.046
(Domestic) Violence	9.5	7.139(1) **	0.057	7.0	0.047(1)	0.005	5.3	3.811(1)	0.040
Substance abuse	12.9	29.517(1) ***	0.115	5.1	4.265(1) *	0.044	2.1	51.243(1) ***	0.148
Financial issues	13.5	6.959(1) **	0.056	12.5	3.014(1)	0.037	5.3	35.091(1) ***	0.122
Leaving an institution	23.9	105.385(1) ***	0.218	3.1	37.822(1) ***	0.131	10.9	0.009	0.002

Table 4. Cont.

	Youth Care Leavers			Belgian No Care History			Newcomers		
	<i>n</i> = 498			<i>n</i> = 457			<i>n</i> = 834		
Immigration	3.4	64.793(1) ***	0.171	0.7	89.919(1) ***	0.201	39.7	654.226(1) ***	0.529
Force majeure	1.0	0.730(1)	0.730	0.9	0.200(1)	0.009	0.5	0.766(1)	0.018
Other	5.8	0.001(1)	0.001	4.4	2.101(1)	0.031	6.4	0.238(1)	0.010
Unknown	2.0	14.674(1) ***	0.081	2.6	8.801(1) **	0.063	4.9	0.398(1)	0.013

Duration	Youth Care Leavers			Belgian No Care History			Newcomers		
	%	χ^2	Cramer's V	%	χ^2	Cramer's V	%	χ^2	Cramer's V
(<i>n</i> = 498)	21.544(5) ***	0.098	454	53.539(5) ***	0.155	72.810(5) ***	0.177		
<4 months	23.7		28.4			22.6			
4–11 months	32.9		38.1			28.1			
1–2 years	18.7		18.7			12.3			
>2 years	14.9		7.9			13.6			
In residence	2.8		4.6			8.7			
Unknown	7.0		2.2			14.7			

Notes: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$.

3.1.1. Youth Care Leavers

Based on the results of the counts, we found that 498 homeless young adults (22.3%) had stayed in a youth care facility or in foster care. In the bivariate analysis, this group was compared to the other homeless young adults (1735 young adults, including young adults without a history in youth care and young adults for which this information was unknown).

Youth care leavers are a vulnerable group of young adults who frequently struggle with health problems. Concerning their specific living situation, youth care leavers stayed more often in an institution than other homeless young adults (18.7% vs. 11.9%). The former were more likely to have Belgian nationality (89.8% vs. 57.6%) and were less likely to have non-EU nationality (6.0% vs. 31.9%) than other homeless young adults. Furthermore, youth care leavers were less likely to have no income (15.7% vs. 26.8%) or rely more often on social welfare benefits (55.6% vs. 44.3%).

Regarding their health, youth care leavers more frequently faced health problems and were less likely to have no health issues (21.0% vs. 45.5%). Also, they were more likely to have (alleged) intellectual disabilities (27.7% vs. 7.8%), (alleged) mental health issues (46.5% vs. 19.5%), and (alleged) addiction issues (36.2% vs. 14.5%) than other homeless young adults.

In comparison to other homeless young adults, those who had stayed in youth care were more likely to experience homelessness due to conflict with family and/or friends (52.7% vs. 38.5%), discharge from an institution (23.9% vs. 7.5%), mental health problems (21.7% vs. 7.5%), relationship problems (20.7% vs. 12.7%), financial problems (13.5% vs. 9.4%), and substance abuse problems (12.9% vs. 5.7%). This group was, however, less likely to experience homelessness due to immigration than other homeless young adults (3.4% vs. 17.9%).

3.1.2. Belgian and No Care History

Among the group homeless young adults, 457 individuals (20.5%) had Belgian nationality and had no history of stays in youth care, nor in a psychiatric facility. In this section, the characteristics of this group are compared to the other homeless young adults (1774 young adults, including homeless young adults with a prior stay in care, homeless young adults for whom the information on prior stays in care was unknown, and non-Belgian homeless young adults).

The Belgians without care history were a group that became homeless mainly due to a conflict with family or friends. Compared to the other young adults experiencing homelessness, persons with Belgian nationality who did not have a history in care facilities more frequently stayed temporarily with family / friends (55.4% vs. 42.1%) and in temporary

accommodation for homeless persons (25.6% vs. 22.4%). They were less likely to stay in an institution (3.3% vs. 16.1%).

Belgian homeless young adults without care history were more likely female (48.0% vs. 37.2%) than other homeless young adults. Additionally, the former more often received social welfare (55.5% vs. 44.6%), an income from employment (18.0% vs. 13.7%), and unemployment benefits (9.0% vs. 5.2%) than other homeless young adults. Furthermore, they were less likely to have no income (15.1% vs. 26.7%).

This specific group did not as often struggle with health problems (52.0% vs. 37.0%), and less frequently reported (alleged) mental health issues (15.6% vs. 28.0%) and (alleged) substance abuse problems (13.2% vs. 20.9%).

The results on the causes of the homeless situation also show differences when comparing both groups. Belgian homeless young adults without a care history were more likely than other homeless young adults to experience homelessness due to conflict with friends of family (55.4% vs. 38.1%) and less likely due to mental health problems (5.1% vs. 12.1%) and discharge from an institution (3.1% vs. 13.3%).

Lastly, Belgian homeless young adults without care history were more likely to be homeless for a shorter period than their counterparts. For instance, they were more likely to experience homelessness for a period of between 4–11 months (38.1% vs. 31.3%) and less likely to experience homelessness for more than 2 years (7.9% vs. 12.9%).

3.1.3. Newcomers

A group of 834 (35.4%) homeless young adults were newcomers, meaning they had a nationality other than Belgian nationality (820 persons) or were stateless (14 persons). The most common nationalities were young individuals from Afghanistan (155 persons), Eritrea (83), Syria (57), Slovakia (39), and the Netherlands (37).

The newcomers were a group that became homeless primarily due to their immigration. Results on the living situations reveal that homeless newcomers more often stayed in an institution than other homeless young adults (17.7% vs. 10.9%). However, they were less likely to stay temporarily with friends or family (35.5% vs. 49.4%). Among this group of newcomers, there was a significantly higher proportion of males compared to other homeless young adults (67.6% vs. 57.0%). These young newcomers more often had no income (39.3% vs. 15.7%) or relied on an informal income (4.1% vs. 1.5%). Whereas half (51.7%) of the other young homeless adults depended on a social integration income, only 38.5% of the newcomers did so.

Homeless newcomers more often reported having no health problems compared to other homeless young adults (56.5% vs. 31.1%). They less frequently reported (alleged) mental disabilities (4.4% vs. 16.2%), (alleged) mental health problems (12.4% vs. 32.3%), and (alleged) substance abuse problems (7.3% vs. 25.3%).

The causes for becoming homeless were different for newcomers than for other homeless young adults. For newcomers, this was more often due to immigration (39.7% vs. 0.7%). They were less likely to become homeless due to conflict with friends or family (17.2% vs. 54.8%), relationship problems (5.9% vs. 18.7%), financial problems (5.3% vs. 13.1%), mental health problems (3.5% vs. 14.6%), or substance abuse problems (2.1% vs. 10.1%).

3.2. Qualitative Results

In the focus group, the results of the quantitative analysis of the homeless young adults, including the description of the three groups identified, were presented. The aim of this group discussion was to explore underlying causes, implications, and potential prevention strategies—specifically for young adults experiencing homelessness. In general, the focus group participants were not surprised by the strong presence of young adults among the homeless population. Some participants indicated that they felt this group was significantly increasing. After the presentation of the three groups, they particularly noted that they had estimated the proportion of youth care leavers to be larger. The newcomers were the group that was estimated to be smaller.

Access to rights (and hope)

Even though participants acknowledged that the 20% of young adults among the homeless population was a significantly large group, they expressed that they were not particularly surprised by this. The multifaceted nature was confirmed by local practitioners, who argued that there was a lot of diversity within the group of young adults. Participants confirmed the issues these young adults were facing, such as health issues, feelings of unsafety, substance abuse, inaccessibility of health care and social support systems, and an overall lack of future perspective. This observation corresponds to the “Inverse Care Law” [43], which posits that healthcare availability tends to vary inversely with the population needs. Those who most need health services—which are often the most disadvantaged population groups (e.g., [44])—are the ones who have the least access to them. Health and social support issues are known to be interconnected, as the quotation below highlights.

“Step by step, young people want to determine their futures. But a lot of young adults are stuck for a couple of months: what should I do first? Look for a job? Look for housing? Follow a course? Finish their education? One decision determines a lot of the other ones.”

(Team leader—youth care organization)

Many issues are related to structural exclusion mechanisms experienced by these young people, such as the lack of available (social) housing and the discrimination they face on the housing market. The instability of experiencing homelessness or housing exclusion complicates their ability to plan for the future or invest in long-term goals, causing individuals to “abandon their dreams”, as one participant argued.

Underreported health problems

“After six months of experiencing homelessness, young people have abandoned their dreams and aspirations, often leading to substance abuse due to a lack of future prospects.”

(Caregiver—non-profit organization)

The root causes of youth homelessness were also discussed, such as financial issues, migration background, or (sometimes sudden) events such as evictions. Participants referred to the possible underreporting of individuals with mental health issues or mental disability (see quotation below). Both percentages were deemed rather low by the participants. One possible explanation is that practitioners (who primarily completed the questionnaire regarding homeless individuals) may exercise caution in indicating (suspected) mental health or intellectual disability issues.

“In our organization, we are in contact with a lot of young people with such (mental disability) issues. Often, young people are very skilled in behaving socially desirable, and we understand too late what they actually mean.”

(Team leader—youth care organization)

Among newcomers as well, mental health problems may potentially be underreported. A large subgroup appeared to report “no health issues” compared to Belgian young adults, yet the focus group participants and evidence [45,46] suggests these young adults often experience high rates of traumatic and adverse experiences, and therefore have specific needs. Potentially, the (post-traumatic) stress experienced by newcomers during and after their migration journey is not always documented by caregivers as mental health issues in the questionnaire.

Vulnerable family situation

Interestingly, in the counts, care leavers appeared to be a relatively easy group to identify and map: These are young adults that are known in youth care facilities. Yet, the second group of young Belgian adults with no care history are often not known by local services, and therefore more difficult to identify as at-risk youth. These are the individuals who may face “hidden struggles” behind closed doors. The impact of family conflict often

led them to “run away”, leave home, or be “kicked out”, and therefore remain without a stable support network. These are the young people who are not always known by local services and are therefore more difficult to identify as at-risk youth. The lack of a supportive family environment exacerbates their vulnerability, often forcing them into couch surfing or other insecure housing situations.

“Many young people with intellectual disabilities, who often come from very vulnerable family situations but have never received any form of counseling, face significant challenges. Moreover, it is very difficult to initiate a support process now, for instance with the Flemish Agency for Persons with Disabilities (VAPH). It takes years to get them in the right place.”

(Team leader—general welfare organization)

The focus group participants indicated that growing up in families facing significant stress due to financial problems, addiction, or mental health issues; with single parents; or in blended families results in unstable and insecure life trajectories. This then leads to a very precarious living situation at the age of 18. Social workers from the local public welfare services indicated that some of these young adults left families that they had been supporting for years. Not one specific characteristic or risk factor could be identified in their trajectories. It was a confluence of circumstances that contributed to a very unstable and insecure childhood and ultimately resulted in homelessness.

Interestingly, there was a substantial share of young homeless adults who temporarily resided with friends or relatives. Those who were couch surfing relied on their social network, yet this does not come without financial risks. In Belgium, one’s benefit level depends on the size of the household (the so-called “Statute of Living Together”). Essentially, the more adults sharing a home, the less each person receives in benefits. Sharing one’s home with someone therefore may cause financial consequences. Support networks may therefore be less willing or able to provide shelter to friends or relatives facing housing exclusion.

Limited access to services and welfare conditionality

Another core theme that emerged in the focus group was the challenging access to services and the difficult transition from youth to adult services for young adults. The transition out of youth care is often very abrupt for young people reaching the age of 18. Even though there is the option to extend their stay in youth care until the age of 25, at least for young adults with Belgian nationality, this is not always their preference.

“It is remarkable to see how many young individuals leave youth care and become homeless. They have to exit care facilities once they turn 18 years old, and this is very disturbing.”

(Team leader—youth care organization)

The participants indicated that young people attempt to fend for themselves but quickly encounter numerous difficulties, such as the inaccessible housing market, finding employment, and the complexity of support services.

Practitioners also cited the challenging transition from youth services to adult services for young adults. The focus group members also highlighted the difficulty of accessing specific assistance for young adults. Available assistance is often not tailored to the needs of young adults (e.g., overnight shelters). Other specialized assistance, such as psychiatric care, is less easily accessible due to their lack of a fixed abode. Additionally, the presence of psychiatric or addiction issues sometimes renders these young individuals “too complex” for accessing assistance and shelter.

Young newcomers facing homelessness, including migrants and refugees, are known to encounter multiple challenges and additional barriers. Even though the participants agreed that access to housing must be guaranteed for all young adults, access to rights is equally important—certainly for this group. Young people experiencing homelessness with a migration background often do not have an ID or are not registered (and are thus administratively invisible in Belgium; see [47]). Belgium provides an alternative address

registration system for persons without a residential address, i.e., a so-called reference address, yet there are significant factors that influence its non-take-up in the homeless population [48].

“Young people are repeatedly faced with the inaccessibility of rights and social assistance. Often, they do not have an ID or a reference address. Obtaining such a reference address in Antwerp is really difficult. Young people do not have any knowledge about such -and other- rights. Our organization tries to help them in administrative application processes.”

(Care giver—non-profit organization)

Access to rights and services is limited, often due to imposed requirements such as having Belgian nationality, demonstrating having a local connection [49], fostering personal responsibility, or showing that they have “reached adulthood”. Welfare conditionality is known to hamper the access to welfare benefits and services, given that not everyone can meet behavioral or compliance requirements [50].

4. Discussion

Fitzpatrick et al. [36,37] advocate for a paradigm shift away from crisis-oriented and curative approaches towards homelessness, emphasizing the importance of preventive interventions addressing underlying root causes. Our study shows that these root causes of young adult homelessness reflect a complex interplay of personal, social, and systemic factors. These include experiencing adverse childhood experiences, family conflicts, educational disruptions, mental health challenges, and poverty. Based on our data, we delineate three distinct categories of homeless young adults: youth care leavers, newcomers, and Belgian youths lacking care history. Each subgroup exhibits unique profiles, backgrounds, and needs, necessitating a comprehensive and multifaceted approach to preventive intervention strategies.

Early interventions are crucial in supporting young people to prevent the exacerbation of their living situation or helping them swiftly exit homelessness and find stable housing. Interestingly, intervention research to prevent homelessness has largely been directed towards youth care leavers, who frequently are identified as high-risk groups. However, our data reveal that many individuals with no care background face homelessness but remain unnoticed by local services. This can lead to their underrepresentation in official reports, and an overall lack of targeted support and resources. The group of newcomers is generally known as being underrepresented, given their “invisibility” status (e.g., undocumented migrants, refugees). These groups often face additional barriers in accessing services and may avoid them due to fear of deportation or mistrust of authorities.

Inspired by Fitzpatrick et al. [36], we advocate for universal prevention measures for all young homeless adults, encompassing access to housing, social rights, and support systems. While securing affordable housing is a critical step in upholding human dignity, and this was also the most frequently mentioned reason in the focus group, it is insufficient on its own. Addressing young people’s broader needs, such as social inclusion and recognition, is essential [23]. Empirically investigating their needs is vital as well. For instance, we found that many of these counted individuals have previously faced significant family conflicts or issues within their social network, yet the largest group of homeless young adults appears to rely on their network and can be found sleeping temporarily with family or friends. It is therefore interesting to further investigate barriers they may face when accessing other services, such as shelters, and social rights. In line with the literature, we confirm that welfare conditionality restricts their access, increasing the risk of homelessness [49]. Hence, a rights-based approach is imperative, ensuring policies and interventions are aligned with human rights principles. Key elements of this approach, such as recognition of housing as a human right, participation, and inclusion are necessary, aiming to address the root causes of homelessness and ensure that all individuals can enjoy their right to adequate housing.

This rights-based approach is crucial to affording young adults agency and support tailored to their individual circumstances, rather than contingent on meeting specific conditions.

Ensuring accessibility and minimizing welfare conditionality are paramount, necessitating integrated care systems that accommodate young adults' autonomy and fluctuations in their engagement with services. Age-specific vulnerabilities underscore the importance of preventive policies within family and school settings to mitigate the risk of youth homelessness. Tailored prevention strategies are essential, recognizing the diverse needs of different subgroups. A specific recommendation by the focus group is to consider the substantial share of young homeless adults who temporarily reside with friends or relatives. An age-specific strategy can be to specifically address and eliminate policies that disincentivize people from sheltering those in need, such as the "Statute of Living Together". Because of this statute, support networks may be less willing or able to provide shelter to friends or relatives facing housing exclusion, thereby exacerbating their situation. Moreover, for youth care leavers, addressing transitional gaps during the transition to young adulthood is crucial, while follow-up care is essential for preventing the exacerbation of mental health issues (see also [51]).

Particularly for those with no care history, our data show that this is inherently a diverse group, including a large share of young women, those who rely on social assistance but cannot access the housing market or an earned income, persons who suffer from relationship issues, and those with family conflicts, amongst others, leading to homeless spells that are generally rather short. Prevention strategies therefore need to be multi-faceted, offering targeted support services for young women, enhancing community outreach efforts to identify individuals at risk, and encouraging collaboration between social services and community organizations to create a safety net. Similarly, newcomers require tailored interventions to address their prolonged spells of homelessness, language barriers, discrimination in housing and labor markets, and limited access to welfare provision. They also struggle to access welfare provision, such as social integration income, given they do not always meet the requirements, such as demonstrating an ID or a (reference) address [47]. Several participants of the focus group emphasized that the use of the reference address is still insufficiently utilized to provide young adults with access to welfare. Specific for those without legal residency, there are minimal provisions available to them, thereby exacerbating their situation and limited eligibility for public assistance programs. Furthermore, our data show they generally experience homelessness for a longer period of time. Targeted intervention strategies should address the language and discrimination barriers in housing and labor markets, their non-take-up of welfare provision, and the inaccessibility of emergency accommodation. In addition to underscoring the complexity of homelessness and the need for comprehensive, multifaceted intervention strategies, greater emphasis should be placed on monitoring and evaluating the effectiveness of strategic responses [52]. For instance, Hirsch and Mosher [53] propose using a simulation model to identify effective interventions and policies. Their study demonstrates the importance of developing a holistic, integrated approach by bringing together a wide range of stakeholders from different service sectors. By tailoring strategies to different subgroups and ensuring sufficient attention to a holistic approach, the overall effectiveness of policies and programs can be significantly enhanced.

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