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The Couch (Often) Is the Treatment: Giving Voice to Homeless and Street-Involved Youth and their Service Providers In Central East Region

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The Couch (Often) *Is* the Treatment: Giving Voice to Homeless and Street-Involved Youth and their Service Providers In Central East Region

A report prepared for Central East Office of the Ministry of
Children and Youth Services



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Executive Summary

In the Spring of 2008, the Central East Office of the Ministry of Children and Youth Services committed to a review of transfer payment funded residential services within the Children's Mental Health sector. The review process examined a wide range of issues and themes within service delivery mechanisms pursuant to this sector and worked collaboratively with service providers to ensure that multiple perspectives and approaches informed the process. To this end, the review engaged not only with children's mental health service providers, but also with the Francophone Community and aboriginal communities within the geographic boundaries of Central East Region. The region provides funding for three youth homeless shelters¹ within the Children's Mental Health funding envelope and therefore one additional group that needed to be given a voice was that of homeless or street-involved youth and their service providers.

In the fall of 2009, Dr. Kiaras Gharabaghi and Dr. Carol Stuart, both from the School of Child and Youth Care at Ryerson University, set out to explore the issues and themes related to homeless and street-involved youth in Central East Region. One of the core objectives was to learn more about the connections between mental health and homelessness, and specifically, the experiences of service providers and youth of the transitions between mental health services and homelessness services.

As such, the project sought to formulate responses to the following questions:

- Who are the homeless and street-involved youth in CE region and how have they been connected to CMH?
- How is their homelessness connected to their experience within the CMH system?
- What are the challenges faced by organizations seeking to provide services to homeless and street-involved youth in CE region?
- What are the strengths and gaps in the organizational and service-based linkages of CMH residential services and residential services offered specifically to homeless and street-involved youth?

One of the core objectives was to learn more about the connections between mental health and homelessness.

¹ We will refer to the residential programs serving homeless youth and funded by MCYS Central East Region as 'shelters', although in some cases, these programs operate with a group home license in order to be able to serve clients under the age of 16 and/or clients placed there by Children's Aid Societies.

- What core elements would shape a regionally specific vision for fully integrated and linked children's mental health services that include homeless and street-involved youth?

After multiple interviews and focus groups with service providers and youth, as well as out-of-region experts and stakeholders, Dr. Gharabaghi and Dr. Stuart concluded their field research and synthesized the data gathered. This report, accompanied by a literature review, is the outcome of that process.

In very general terms, it was found that there is a substantial and competent group of service providers already working in Central East Region to provide crisis intervention and support services to homeless and street-involved youth. Some services are based in larger agencies and institutions with programs and services that extend beyond this particular group of service users. Other programs and services are relatively small and target specifically homeless and street-involved youth. While all service providers who participated in this study expressed their desire to develop on-going relationships with other service providers in order to best meet the needs of homeless and street-involved youth, it is apparent that services to homeless youth tend to occur quite apart from other mental health services and there are several significant but not insurmountable barriers to effective cross-sectoral collaboration and service delivery approaches.

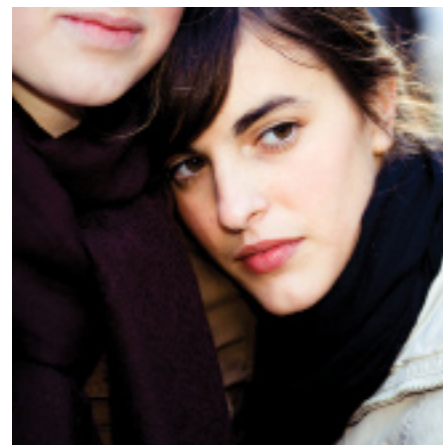
It was also noted that there are multiple funding sources for programs and services targeting this group, including federal, provincial and municipal ones. One effect of such diversity in funding is that service providers are not always aware of the services available in the community, resulting either in low use of available resources or in some cases in an unnecessary duplication of programs and services.

Youth homelessness in Central East Region is a persistent and potentially growing phenomenon that has already been well documented through the various reports and studies published by individual agencies and community groups (see literature review). Virtually everyone who participated in this study confirmed that youth homelessness is of great concern in all of the geographic areas in the region, and that furthermore, service systems developed to address the needs of homeless youth are operating at or near their capacity most of the time; in some cases, service providers are extending themselves beyond their resource base to provide services to youth facing extraordinary circumstances, often related to mental health concerns.

All of the communities within the jurisdiction of Central East Region demonstrate similar demographics and related needs for services for homeless youth. The service providers interviewed in this study indicated that they are regularly faced with young people suffering from serious mental health issues, but that their ability to respond to their needs is limited. It is therefore reasonable to conclude that the often articulated perception of York Region in particular as being exempt from social issues such as homelessness because of economic affluence is false; in fact, homelessness and related mental health concerns amongst youth within this region may at times look different because of geography and economic context, however, fundamentally the themes and issues as well as the scope of the problem do not profoundly differ from other regions in Ontario.

The core theme that emerged from all of the discussions with service providers and youth themselves was the theme of 'relationship'. At every level of the service-system, providers and users made reference to the importance of on-going relationships, be that in the context of service provider professional networks or service user motivation to access and use services that are available. Related to the theme of relationship was the theme of collaboration, and the costs entailed in maintaining an effective culture of collaboration. Service providers across the spectrum of programs and services confirmed the value of participating in collaborative initiatives as well as networking opportunities; however, they also made it clear that such participation is time-intensive and therefore not always possible. In other words, collaboration requires dedicated funding so that the coming together of professionals from all sectors and across service-providers is not reduced to one-time activities or special events.

While we tried very hard to maintain our focus on mental health connections to homelessness, particularly from a systems perspective, it became apparent very quickly that service providers within the youth homelessness sector as well as homeless and street involved youth have a quite different approach to thinking about mental health. From their perspective, mental health concerns are abundant within this group, however, these concerns are one of many issues and themes relevant to the daily experiences of the youth. It was very notable that the issue of safe and stable housing clearly dominated all discussions throughout the process, and that mental health concerns are very much integrated into a long list of needs and issues that contribute to the sustainability of transitioning beyond homelessness and street-involvement.



The core theme that emerged from all of the discussions with service providers and youth themselves was the theme of 'relationship'

In this report we (Dr. Gharabaghi & Dr. Stuart) present a synthesis of the data gathered from stakeholders, service providers and youth, and we also provide some discussion about the possible implications of this data for system change and future funding considerations. We note from the outset that the various service providers and stakeholders we met through this process were most impressive in terms of their dedication to assisting homeless and street-involved youth as well as their visions for an even more effective way of ensuring that this vulnerable population within Central East Region is afforded meaningful opportunities for sustainable change and growth.



Methodology

This project was developed in partnership with the Central East office of the Ministry of Children and Youth Services and forms one component of that office's Residential Services Review. The project included consultation with a wide range of informants and stakeholders, including executive leadership of MCYS-funded agencies serving homeless youth, regional experts and peripheral stakeholders within the homelessness system in Ontario and beyond as well as youth themselves. Specific data on the extent of homelessness in the various municipalities and regions in Central East is available through the community plans (in response to the Federal Housing Initiatives in 2006) and therefore the emphasis in this study was to listen to the multiple perspectives of service providers, stakeholders and youth with a specific focus on the role of mental health services in the continuum of services available to youth who are homeless, hard to house, and/or street involved. To that end, a series of interviews and focus groups were conducted across the region, using a snowball sampling technique and targeting recruitment of participants who could speak to issues related to housing and mental health in the youth population.

Interviews were initiated with executive leaders (3) of services funded by Central East MCYS to provide housing for homeless youth (under the mental health funding envelope). Agency leaders were participating in an advisory group working with the region and the researchers to guide the Central East MCYS residential services review. These leaders referred the researchers to other stakeholders (4) who provided similar services or were considered to have expertise in homelessness issues in the region or in the Greater Toronto area. In addition to the names provided by the advisory group members, in the course of the research process the researchers became aware of additional service providers who were familiar with the population and they were also invited to participate in an interview. Six invitations were extended to a variety of direct service providers running municipally funded shelters, youth recreation programs and a mental health support group. One interview was completed and additional information was received by email.

Front-line staff were recruited by asking the executive leaders of each funded agency to make information about the project available in their employment locations. Staff were invited to contact the researchers directly in order to arrange for a confidential interview. There were no phone calls received and no staff were interviewed.

The emphasis in this study was to listen to the multiple perspectives of service providers, stakeholders and youth with a specific focus on the role of mental health services in the continuum of services available to youth who are homeless, hard to house, and/or street involved.

Youth participants were recruited using posters with brief project information, including group interview dates and contact information. These posters were distributed by staff in the (MCYS funded) youth shelters. Youth over the age of 18 were invited to contact the researchers directly or to show up at the group meeting in a local drop-in program. Cash payment of \$25 was provided to each youth who agreed to attend the focus group or be interviewed individually. A total of 3 focus groups and 1 individual interview were completed in Newmarket (6), Richmond Hill (9), and Oshawa (6) representing 22 youth.

All interviews and focus groups were audio-taped with participant consent. The audiotapes were reviewed independently by each investigator and themes were distilled from the data. A collective review of the themes identified commonalities as well as themes unique to each group of participants.

All research protocols employed in this study had been reviewed and approved by Ryerson University's Research Ethics Board.

Themes from the Data

I. Service Providers

Several core themes emerged from the discussions with service providers, however, the most central concerns was funding. While virtually all of the service providers indicated that current funding streams were adequate for on-going operations, all lamented the limitations in service provision that results. First and foremost, service providers are concerned about the staffing levels they are able to maintain. In the residential programs for homeless youth, staffing ratios are typically very low in spite of significant needs. Shelters typically operate with a staff/youth ratio of 1:7 in the evenings only. As a result, adequate levels of safe supervision and care cannot always be provided for youth with notable mental health concerns. One result of this is the exclusion of youth with significant mental health issues from such services, as service providers are concerned about the safety of these youth as well as the safety of other youth in the program as well as staff. Service providers are also concerned about the lack of meaningful access to mental health services, and even where such access might be gained, the resulting appointments and related travel costs and time would render supporting these youth prohibitive since it requires extra staffing for transportation and follow-up.

Inadequate staffing levels also impact transitions for youth. All of the residential service providers indicated insufficient resources to prepare and then support youth transitioning from residential services to independent housing situations, resulting in significant relapses in terms of financial collapse, loss of housing and other issues such as involvement with the criminal justice system, drug use and abuse as well as mental health episodes in which self harm or even suicide are significant risks.

In spite of concerns about staffing levels, service providers are taking considerable initiatives to ensure youth have access to and are involved in necessary services wherever possible. All of the residential service providers are actively engaged in advocacy on behalf of “their” youth with other service providers representing other systems, including housing, health care, adult mental health systems and where applicable, the children’s mental health system, education and child welfare. Staff from these service providers participate in case conferences where appropriate, and are actively involved in the development and monitoring of plans of care and goals for the youth. Indeed, a major strength of these residential



service providers is their ability to connect the youth with outside resources and to monitor how the youth are experiencing those services as well as assisting with advocacy on behalf of the youth where necessary.

Aside from the issue of funding, service providers highlighted the need for informality and pragmatism in developing rules and regulations for serving this particular population. Virtually all of the service providers emphasized the unique nature of the needs pursuant to homeless and street-involved youth, and suggested that programs and services that are helpful to these youth must be able to maintain easy access, tolerance for repeated failure to achieve goals as well as longer term engagement of the youth. To this end, both the residential service providers and the drop-in services focus much of their work on providing for the basic needs of the youth (food & shelter) and connecting with them with a view of developing longer term relationships. Recognizing that many youth will not be able to make an immediate connection with a service provider and follow through on expectations, it is generally thought that connecting through the provision of logistical and practical supports will deliver more effective relationships in the long term.

Service providers within the homeless youth sector see themselves very much on the periphery of social service systems within their community. In their experience, homeless and street-involved youth experience a great deal of social stigmatization which is often also transferred to the service providers. While all of the service providers who participated in this study regularly make an effort to maintain connections and positive relationships in their neighbourhoods and local communities, they also see themselves as chronically having to make the case for services and supports for homeless youth and “hustle” funding for their programs and services. While these service providers did not use the term themselves, it is reasonable to characterize their self-perception as “informal services” that stand in the shadow of “formal services” delivered by larger and better funded institutions, such as children’s mental health centres, hospitals and child welfare agencies.

In their experiences of interaction and attempted collaboration with the formal service sector, service providers describe instances of meaningful collaboration and partnership as well as instances of failed collaboration and communication difficulties. The “informal sector” associates with itself a particular sectoral culture which values pragmatism and grassroots initiatives more so than clinical sophistication and organizational prestige. Moreover, the service providers lamented the formalities associated with accessing

formal sector services, such as extensive intake processes as well as appointment-based meetings that youth are not always able to follow through on. In general, service providers indicated relatively low motivation on the part of youth to engage with formal services long term. As was also indicated by the youth themselves (see below), service providers indicated that formal services that are commonly used are those that can respond during crises, in particular hospitals.

On the other hand, all of the service providers also highlighted partnerships with formal service providers that were of great value and that had proven sustainable. In differentiating such partnerships from other collaborative initiatives, time and time again service providers highlighted the importance of inter-professional relationships with specific individuals within the formal service sector. One area in which such partnerships have proven particularly valuable is in relation to assessments for youth experiencing mental health concerns. Ontario Shores (adolescent unit) was described as responsive and helpful in providing quick assessments and responding to youth who had greater needs than could be managed within the shelters. While there are still significant issues related to managing the implications of assessments and collaborating on developing appropriate service responses, at least the assessment function itself resulted in enhanced access to other types of services within the formal sector. Notably, however, other hospitals and other assessment services in other areas did not receive the same positive comments with respect to assessments and consultations..

It is notable that many of the informal sector service providers have sought to develop their own specialized services, including counselling services, employment-related services and housing services. In several cases, community partnerships have proven unsustainable for a variety of reasons, resulting in a service provider making efforts to imitate services already available but difficult to access in the community.

While the majority of services available through the informal sector are intended for youth ages 16 and up, the vast majority of youth using these services are 18 years of age and older. Service providers within the informal sector noted repeatedly the difficulties associated with providing services to the 15-17 age group. Anecdotal evidence points to a systems gap, whereby youth in this age group are too old for the formal children's mental health system and too young for the informal homelessness system and adult mental health services. One outcome of this systems gap is that these youth often find themselves experiencing very difficult situations that provide

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a foundation for long term system involvement, including trauma related to street life, substance use and addictions, and, in the case of girls, sexual abuse and exploitation as well as teenage pregnancy.

In response to these issues, service providers suggest that there is a need for much greater emphasis on early intervention initiatives by both sectors, as well as need for the formal and informal sector service providers to work together on identifying and intervening with children and youth at risk of homelessness. Service providers were not able to provide a great deal of detail on what such collaboration on early intervention might look like, which in and of itself may well be a reflection of insufficient on-going networking and collaboration between the sectors.



Themes from Data

II. Stakeholders

Stakeholders in the homelessness system from outside of Central East Region echoed many of the issues and themes cited by the service providers themselves. In addition, however, these stakeholders raised several other themes as well as heightened the urgency of developing new approaches to responding to homeless youth.

Several of the stakeholders participating in this study provided estimates of the number of homeless and street involved youth with mental health issues. These coincide with estimates cited in the literature, and varied from 30% to 45%. The most common mental health issues cited were depression, personality disorders and anxiety. There was also frequent reference to trauma from earlier childhood experiences.

Stakeholders indicated much more strongly than the service providers that the day to day experiences of working with homeless youth frequently felt like “an imposition from the formal systems onto the informal ones”. Perhaps most notable in this context were the anecdotes related to youth transitioning from formal mental health services to the homelessness system. Stories about youth being dropped off without plan or even medications at homeless shelters after spending weeks in in-patient psychiatric hospital wards or jail abounded. Stakeholders were very critical of the lack of collaborative efforts related to ensuring that youth with mental health issues had access to appropriate services and care. They also were very clear in their view that “typical” homeless youth shelters with an average staffing ratio of 1:15 (in the Toronto area) are not appropriate placements at the best of times for youth with serious mental health issues, however, when such placements are made without any inter-system communication or consultation, the ethics of the system come into question.

A great deal of the dysfunction within the transition from formal to informal systems was associated with a lack of understanding on the part of the formal system of the specific issues and struggles of homeless youth. Both the personal and the community resources available to homeless youth are typically over-estimated by the formal system, and this is reflected in the approaches to working with homeless youth within the formal system that assume a high level of stability and predictability in the lives of the youth.

Stories about youth being dropped off without plan or even medications at homeless shelters after spending weeks in in-patient psychiatric hospital wards or jail abounded.”

Stakeholders provided a range of suggestions related to resolving the gaps between formal and informal systems. In one case, considerable pessimism resulted in a lack of confidence that the formal systems could change their approaches sufficiently to become useful to homeless and street-involved youth, and therefore the most meaningful strategy was for the informal system to develop its own services mimicking the services offered by the formal systems but taking into account the specific needs of homeless youth. The 'One Stop Shop' concept that underlies much of this thinking was frequently referenced. On the other hand, some stakeholders were critical of this perspective, arguing that informal services are not well suited to offer clinical services in part because these service providers would not be able to attract qualified staff given lower funding levels. These stakeholders advocate for more concrete approaches to collaboration, including the sharing of staffing and knowledge resources between formal and informal systems. As a very specific strategy, proponents of this approach suggested that formal service providers could allocate limited staff time for clinical positions to be transferred to the informal sector, resulting in a greater appreciation of the needs of homeless youth by having such transferred staff share their experiences back in their primary formal work place. Conversely, the informal sector can assist the formal sector with training and developing cultural competency with respect to homeless, street-involved and under-housed youth and families that would assist the formal sector to improve its own services and to develop more meaningful outreach capacities to a greater diversity of peoples.

Stakeholders in the youth homelessness system also agreed with service providers within that system that housing represents the most urgent and acute need of homeless youth, and that therefore a national housing strategy ought to take precedent over all other types of services. Particularly for youth with mental health issues, the efficacy of treatment within either system is significantly compromised when the youth have no stable and safe place to live. Stakeholders expressed grave concern over the ever-increasing visibility of substance use and addictions, and specifically, concurrent disorders whereby mental health concerns and addictions are presenting themselves simultaneously.

Stakeholders emphasized the urgent need for early intervention strategies targeting specifically younger homeless youth, notably ages 16 to 18. From their perspective, mental health issues tend to be less complex and less entrenched within this age group, and therefore it is still possible to influence the experiences of these youth positively. What is needed, however, is access to a greater

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range of services that can take into account the developmental and cultural specificity of this group of youth, including services that are able to connect with youth and their families. At least one project in Toronto that works with homeless youth and their families has demonstrated considerable potential and good outcomes to this point.²

Stakeholders also noted the potential of peer mentorship programs as a way of reaching youth who would not on their own access services in the formal system. Particularly with respect to mental health services, peer mentorship could potentially help youth overcome their hesitations to engage with formal sector service providers as well as ensure greater follow through with multi-step access procedures.

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²The Family Re-Connections Program of Eva's Initiatives has been operating through foundation grants since 2003, and although it has never been formally evaluated, tracked service and client outcomes as well as youth and family testimonials are very promising.

Themes from Data

II. Youth

There were 22 youth that participated in 3 communities and 6 of them were female, the rest were male. Four of them were parents themselves (3 young men and one young woman) who were actively parenting or trying to. As is identified within surveys on the backgrounds of youth in homeless shelters, the overwhelming majority had experienced multiple placements in foster care and group care, both child protection and residential mental health services and almost all of them identified family “problems” from an early age. About half had finished high school and had aspirations for post-secondary education, if they could find the funding to support this direction. Four of the group members had immigrated with some of their families to Canada.

Collectively the 22 youth identified the following behavioural issues or diagnoses: Depression, Addiction and Substance Use; Bipolar Disorder; Violence (resulting in criminal charges); Cutting and Self-harm. The youth gave voice to the following themes in their discussions:

i. Clean, Safe, Housing and Employment: “Once you have that luxury of [good/safe] housing...”:

Having access to clean and safe housing in their own community was the number one concern before youth could consider any other health issues. Not all of the youth who participated in the focus groups were living in shelters. Indeed, shelters were often seen as accommodations of last resort. The youth shelters represented on the advisory committee were generally thought of as safe, though not preferred since they were crowded and you had to live with unknown peers. However, adult shelters were seen as very unsafe.

“I’ve been clean for 2 months. Staying at the shelter is tough, there’s a lot of drugs there.”

If possible youth preferred to stay with the parents of friends, supportive friends or sleep in cars or alleyways rather than going to a shelter. Employment or collecting Ontario Works was a prerequisite

for finding clean, safe accommodation and staying in a shelter worked against getting employment, while Ontario Works did not provide sufficient funding for clean accommodation.

“When they give you housing, they give you a “shithole”, it’s infested with bugs ... Maybe you are going to rent a room, or it’s falling apart... [Subsidized housing] is full of bugs, cockroaches or bedbugs and you have to deal with that... It’s horrible... I gave up my housing.”

Solving the housing dilemma required having someone to live with, and often the only person(s) that the young person had to live with was someone else who was homeless or facing difficult conditions of their own. Family members were either not appropriate (due to previous abuse or mental illness) or not available as a support system until the youth could show some long-standing evidence of having changed their life. In order to be healthy and to move forward with their lives they felt that they needed to leave their “Street” friends but at the same time these friends were the only support system available. Staying with the current support system meant risking relapse to substance abuse or criminal activity.

“Just because you have that little room or that bachelor apartment, doesn’t necessarily mean that you are out of the street; you are still “streets”; you might have somewhere to go back to, but it’s not necessarily a safe place, or a clean place that you can maintain and get yourself on your feet to go to school. You’re only a heartbeat away from... Just because you have 4 walls around you doesn’t mean that you are housed. When it comes to maintaining it of making something of it; you’re still homeless; you’re still not out of the clear.”

Youth stated clearly that housing in their home community, and more housing for youth having difficulty was essential, but that the members of local communities resisted having subsidized or inexpensive housing in their community. The youth also described a need for practical support for employment and were generally unaware of how to engage in job searches effectively given today’s economic climate to get a job. Youth described mentoring each other to understand the system; particularly Ontario Works, being able to get ID, health cards, and how to find the appropriate funding for the things that they needed, including ongoing medical care and medication. When service providers such as Ontario Works social workers and addictions counselors came to the centre it was not only convenient, but the youth were more likely to get the practical help that they needed.



“... just because you have 4 walls around you doesn’t mean that you are housed.”

ii. Addictions

Substance use, substance abuse and addiction were part of the ongoing struggle that youth engaged in to deal with the stresses of life, including diagnosed mental illness, family violence, parental mental illness and poverty. Many of the youth identified depression and turning to drugs at an early age, generally 12 to 13, as well as ongoing use of substances throughout their lifetime. They knew of no resources to deal with addictions or substance abuse prior to the age of 18, and indeed indicated that they might not have been ready at that time but felt it was important to deal with.

“You can try and lead someone, but ultimately at that age they are going to do what they do. Offering them non-judgmental resources that they can go back to. They have to go through the system, they have to go to jail, and when they’ve had enough and they see-Listen-I CAN DIE then they’ve had enough and pretty much that’s when.... And now I can stand up for myself, I can say NO, I know where you’re going and that path leads THERE and I’m not going THERE.”

“A good worker has to have that patience, you’ll have your bad days, but a good worker will just take it as an understanding of your person....Getting better takes time... You learn a little bit each time”

Use of substances, mixing substances, or overdosing often resulted in hospital stays for youth or their friends, and typically young people were responsible for taking their peers to a secure setting to detoxify or to deal with suicidal threats (almost invariably a hospital emergency room). Waiting lists to get into programs are long and the motivation to change may have left the person by the time they get access to the service. Since they had moved into adulthood, institutions such as Pinewood or Penatang were available to them to deal with their addictions. Most of the clients in these settings were over 40 and in the eyes of the youth, were chronic users whom they did not want to resemble; in some cases, youth spoke very positively about the safety and non-judgment they encountered at some adult-based addictions (detox) services.



*“getting better
takes time... you
learn a little bit
each time”*

iii. Personal Responsibility and Unconditional Acceptance: “You choose your path you know...”:

Most of the youth were very clear that the source of their problems was family. Parents had struggled with unemployment, addictions, violence, and mental illness and rarely were the interventions effective or practical; if they were present. By the time they reached the age of 15 or 16 they were on their own and determined to make it, or they were close to exhausting the child welfare and children’s mental health residential programs-having been to most of them.

Helping relationships that made a difference were characterized by youth as ones that existed over a long period of time (3 to 5 years) and allowed youth to move in and out of the relationship. Youth came to the person when they were ready to make some personal changes and felt accepted and cared about by the person. They could return, after a period of addiction, depression, homelessness and be accepted and begin trying again to move their lives forward and a few other young people that we spoke to felt privileged to have found someone that could do this for them. In general, it was rare to find a counselor who was this accepting and would be available to them when they were ready. Most of the time, they were focused on practical day-to-day realities like finding a place to sleep and food. Only when these were achieved could they return to a safe accepting relationship that would help them work on personal issues and enhance their mental health.

Young people also provided assistance to each other, mentoring new youth on the street into understanding how to get ID, how to access Ontario Works, where they were safe, finding a place to sleep, and they watched out for them as they got deeper and deeper into addictions or criminal activity; trying to ensure that they didn’t make a fatal error and getting them to hospital when necessary. They recognized that when you were a teenager, you don’t really care and don’t necessarily want to be helped and that you still need someone to watch out for you -- that was the role of the older peers.

“When you are on the street, you’re swimmin’ with a bunch of fishes and whatever they’re doin’, you’re doin’,... Cause they’re makin’ sure that you eat and stuff.” “When you are off, you’re housed, but you’re alone, it’s still not normal.”

Basically, if their friends go for help, young people will follow them and go for help too, when they are at that younger age. There are

also more people willing to help, even when help is not necessarily desired.

“When you are 14, everybody wants to help you. Friends take you in; group homes; “

“When you were younger it didn’t matter, you didn’t care. It kind of dawns on you when you are 18 or 19 and you realize you have nowhere else to go and you get depressed, into alcohol or drugs, or go to jail. You choose your path, you know....”

Youth felt that voluntary commission for substance treatment or for mental illness was essential to successful treatment. Getting in for treatment required a commitment on the part of the young person, and they had to do the work while they were there. Once the work was done, support for transitioning out was essential. The residential treatment centre is safe. Everyone accepts the young person, and there are no temptations or risks presented. Once they return to the community they have no money, no place to live and plenty of temptation. Youth felt that they needed a lot of practical support, right at the start as well as following treatment. A social worker or support person might be assigned, but without family or a home to return to they needed plenty of hands-on guidance in order to get a job, find a safe place to live, and maintain an addiction free lifestyle and/or mental health. While jail time did not necessarily include treatment, the transition back to community had even fewer supports in place and the same risks.



Once the work was done, support for transitioning out was essential.

Synthesis of Key Messages

I. The Apparent Double Bind: Collaboration is Essential and Impossible

There is broad consensus that collaboration amongst service providers and across sectors is essential in order to achieve efficient and meaningful services for homeless and street-involved youth. This is particularly true for youth transitioning into the homelessness system as a result of complex mental health issues. While the homelessness system lacks both the expertise and the resources to manage complex mental health needs, the formal mental health service system is ill-equipped to deal with underlying life issues faced by many of these youth, including issues of poverty, housing and life skills. Collaboration is therefore a key component of dealing with the challenges entailed in transitions for youth both into the homelessness system and out of it; into stable housing, positive developmental growth and financial security. All service providers in this study recognize that they cannot meet all of the needs of youth all of the time, and given significant funding shortages related to their capacity to hire staff to support youth in their transitions, a seamless system of services in which multiple service providers work together to meet those needs would be highly desirable, according to both youth and service providers.

On the other hand, service providers encounter a very challenging dilemma in this context; specifically, the experience of collaborative initiatives and attempts at broad cross-sector collaboration has not always been a positive one. While a great deal of time and energy is invested in developing frameworks for collaboration, actual collaborative program and service delivery is often short lived. Notwithstanding all parties' good intentions, other organizational priorities often render it impossible to maintain a presence on planning committees and communication forums that sustain such collaborations. As a result, the fading of collaborative initiatives is a common phenomenon in the helping sectors, and there is almost never an opportunity to address emerging problems within such initiatives until it is too late.

Given the centrality of relationships in sustaining collaborative initiatives as well as in building broad networks of professional partnerships and joint initiatives, it is essential that time and resources be available to support the on-going communication and face to face meeting needs of such relationships. It is also critical that there be opportunities for networking at every level of service provision, not

While a great deal of time and energy is invested in developing frameworks for collaboration, actual collaborative program and service delivery is often short lived.

just the executive management level. This is particularly important in the context of the unstable and unpredictable life circumstances of homeless and street-involved youth because the window to connect these youth to meaningful service is often very short; as a result, it is the workers in the shelters, drop in programs and outreach programs, as well as transition workers attached to a wide range of informal and grassroots programs that must have access to helping networks and partnerships in order to deliver effective service in the moment.

Such an approach to meaningful collaboration requires funding as well as on-going evaluation of evidence or measurable outcomes of collaboration efforts, such as co-location of programs, services or staffing, an increase in inter-agency case referrals and an enhanced perception of the part of workers that service-providers are working in partnership. Developing and sustaining frameworks for collaboration, experience has clearly shown, is a professional endeavor in and of itself, and it is time consuming and resource intensive in its own right. Supporting and sustaining such efforts therefore requires dedication of scarce time and monetary resources, and particularly from the perspective of the homelessness sector, available resources are almost always invested in urgent service needs rather than networking, partnership development or broad collaborations across agencies and sectors. Dedicated funding for collaboration initiatives would therefore strengthen the climate for developing collaborative frameworks for service provision significantly.

Synthesis of Key Messages

II. The Access Dilemma: Embedded Mental Health Services

Coping with mental health and addictions is a secondary issue in the face of homelessness. Most of the youth who access shelter services have [undiagnosed] concurrent disorders; facing substance abuse or addictions along with an (often) undiagnosed mental illness. Service providers, stake holders and youth were very clear that the primary issues faced by this group were safe, clean housing and sufficient income or employment to support housing and food needs. Listening carefully to the voices of both youth and stakeholders it appears that young people are rarely ready, at the age of 14 to 17 when children's mental health services are provided, to accept service and make changes. The young people who end up in youth shelters, are those who have no family support, and probably no family involvement in mental health treatment. Their mental health needs go "underground", either because they actively reject treatment or because their primary needs at that point in time are housing and food. When they are ready for support or treatment, the services are not available to them, because mental health services require a formal diagnosis or assessment for a diagnosis, and all of those things take time. Because of the earlier resistance or because of their movement through a variety of placements and their lack of family involvement, they do not have the necessary medical records or psychological assessments and meeting the assessment requirements can take several months by which point they are no longer interested or they need to move on from the shelter services provided.

Both stakeholders and service providers described examples where medical services (health care and medication) and/or mental health services were provided in a model that embedded the service in the agency sometimes through partnership and sometimes through funding provided directly by the agency. These services were generally thought to be essential and useful to young people who accessed them at the point at which they were in crisis or heading into crisis, but they were not cost-effective, because use of the service could not be predicted. They did, however, enable the agency to provide service or the youth to access service at the point of readiness. As the youth described, a caring, supportive person had to be there when they needed them and they had to be able to keep returning after a point of crisis or breakdown and each time they were able to get a little more help and assistance

Young people are rarely ready, at the age of 14 to 17 when children's mental health services are provided, to accept service and make changes.

out of the time they spent with that counselor. Since the service provider could not predict steady income or demonstrate consistent outcomes on the part of youth who are accessing services, funding stopped and service had to be terminated or the service provider ended the partnership to focus on their own individual practice, where they could achieve financial profit. As long as efficiency and cost effectiveness are criteria by which service provision is defined, youth will be unable to access mental health service at the point at which they are ready and need it. The result of not being able to access service at this point leads them back into crisis service provision through hospitals or jail and ultimately cycles them back to focus on only housing and food.

A critical component of mental health service provision for youth who do not have the safeguards of family is helping them understand the importance of a diagnosis to being able to readily access help, without making them dependent on a diagnosis. Another critical component of mental health service provision is understanding that youth will return (when they're ready for help) to a safe non-judgmental location and relationship that has been previously established. This may well happen after the age of 18.

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Synthesis of Key Messages

II. What Now? Transitional Support and Planning

While every youth living in a youth shelter has his or her own story and unique experiences, often one can delineate aspects of two common factors in the lives of many of the youth: a) they have no family that can provide them with safe housing, food and shelter or b) the friends that they have been relying on for safe shelter are taking risks and participating in activities [drugs or criminal activity] that the young person now recognizes as something that he/she does not want to participate in, and yet he/she does not have the strength to reject the activity and stay with the friend(s). Staying at the youth shelter is often the only option available other than a car, alley, or doorway by yourself when you come out of jail, treatment, or the hospital and you want to try and “stay clean” and not “swim with the fishes”. In most cases young people do not have any idea how to look for housing, how to apply for Ontario Works, where to get a health card, a driver’s license or other picture ID, or how to get a prescription filled. They want to stay in their home community; transportation to appointments and government offices is limited to an inadequate bus system, and daily life simply becomes about figuring out how to get through the paper work necessary to find enough money to get out of the shelter.

Planning for transitions from one location or service to another is essential; but in addition to planning, personal support and repeated teaching is necessary for young people to learn how to be adults, particularly if they have spent their teenage years in the foggy place of substance abuse and/or emerging mental illness and treatment. Practical hands-on support that is available when and where the young person is located is critical to transitions from one location and jurisdiction to another and yet service funding is jurisdictionally specific and collaboration is rare, providers are under-resourced and professionals are overworked and stressed by their own housing and family needs.



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Implications for Funding Mental Health Services for Couch Surfers and Car Sleepers in Central East

It is readily apparent that service providers targeting homeless and street-involved youth make due with minimal funding in relation to the services that are needed to adequately serve this group. This impacts their capacity to serve youth with serious mental health issues, as the levels of care and supervision required for these youth cannot be consistently provided by the staffing level of residential service providers or drop in programs. This study, however, was focused on the specific points of confluence between the Children's Mental Health sector and youth homelessness and street-involvement. The findings of this study have several important implications for funding approaches to residential services and other types of support services as these affect youth eligible for involvement in both the children's mental health sector and the youth homelessness sector.

Youth ages 14-17 with mental health issues compounded by other life challenges are often caught in-between service systems and require special attention because they are frequently not adequately served in either system. One of the core issues in this respect that was identified by both service providers within the homelessness system as well as by the youth themselves relates to the definition of outcomes for these youth. The research literature confirms that these youth consistently achieve the least impressive outcomes within treatment services when outcomes are defined as sustainable resolutions of identified problems. For youth who come from families in conflict and/or unable to provide for basic needs, outcomes are even further compromised, which again is consistent with research findings that indicate the importance of on-going family involvement in treatment to achieving successful outcomes.

Youth who participated in this study indicated that system involvement prior to homelessness was most useful when it yielded long term relationships and organizational connections that they could re-visit at a later stage. Youth categorically rejected the utility of services that sought to resolve their problems based on pre-programmed expectations related to change and growth. These kinds of approaches were seen as confirmations of failure and potentially as contributors to on-going trauma as youth battle through the challenges associated with street life. A meaningful measure of outcomes, therefore, must include an assessment of

the capacity the youth has to draw on pre-existing relationships with service providers to manage both basic needs (food and housing) as well as mental health needs. This type of outcome is, of course, extraordinarily difficult to measure, since it does not become actualized until well after (sometimes years after) a service has already been delivered.

Funding for mental health services that is tied specifically to outcomes defined in the traditional sense (the sustainable resolution of identified problems) may not prove particularly useful for this group of youth. In order to provide meaningful service to these youth, funding approaches must be based on a much longer term perspective that views the youth from a developmental perspective in which the capacity to absorb professional help and translate such help into meaningful and positive life changes evolves over time and through experiences with different systems.

Funding frameworks for the provision of mental health interventions and services must address the centrality of relationships as a core concept of service provision. In this context, it is important to conceive of relationships from multiple perspectives: relationships between service sectors, relationships between professionals from multiple service providers across sectors as well as relationships between specific professionals and specific youth. With respect to the first two types of relationships, funding is impacted by the on-going costs associated with effective collaboration while with respect to the third type of relationship, funding is impacted in as much as relationship-focused approaches to service provision may require on-going involvements with youth that do not yield the kinds of outcomes commensurate with current funding criteria.

Ultimately, in order to develop a fully integrated and inter-connected system of services that can provide for the mental health needs of youth also impacted by homelessness and street-involvement, funding structures have to support a framework of collaboration that is based on an on-going face-to-face contact between professionals at all levels and from all sectors. There is no shortage of good intentions and commitment to working together within Central East Region; there is, however, a shortage of material and human resources to support such collaboration on an on-going basis, which is far more extensive a process than event-driven approaches such as periodic conferences, workshops or other kinds of gatherings. In addition, it is apparent that collaborative initiatives must be informed by more than good ideas and good intentions. The development of collaborative initiatives is not synonymous with service excellence or usefulness. Collaboration must be accompanied by on-going

In order to provide meaningful service to these youth, funding approaches must be based on a much longer term perspective...

(and ideally independent) evaluation frameworks that monitor the effectiveness and efficiency of the collaborative enterprise. Changes in the socio-economic context of service provision, broader demographic structures and other factors may well render one collaborative enterprise obsolete and call for adjustments, new partnerships or other forms of system change. Perhaps most importantly, developing meaningful structures and processes to give voice to system users, in this case youth, is essential in order to ensure that any framework for collaboration does not become a mere invention of restless professional minds.



Developing meaningful structures and processes to give voice to system users, in this case youth, is essential in order to ensure that any framework for collaboration does not become a mere invention of restless professional minds.

Recommendations

We undertook this study on behalf of the MCYS Central East Regional Office with a view of offering insight into the connections between the transfer-payment Children's Mental Health system and the issues and challenges faced by youth homelessness service providers. The recommendations below will speak specifically to this connection, however, we also recommend that MCYS Central East Office remain engaged with the plight of homeless youth within its jurisdiction to the extent that this is possible. While many homeless youth within this region have 'aged out' of the children's services systems and sectors, most are alumni of these systems and services and most are in need of support now that they have reached a stage in life where they are perhaps better able to utilize some of the supports that could be offered to them. Based on the literature reviews as well as the data we gathered through interviews with service providers in Central East Region, stakeholders from within and outside of the Region as well as interviews and focus groups with youth, we are able to offer the following specific recommendations:

1. There are additional service providers and stakeholders in Central East Region who were not consulted in this study, either because we are unaware of them or because we only learned about them late into the process and were unable to connect with them before submitting this report. We recommend that this report along with the literature review be forwarded to these service providers and stakeholders for additional comments and feedback.
2. The residential services offered to youth ages 14 to 17 within the homelessness system are of great importance to the well-being of these youth; greater emphasis on ensuring that the services offered within this system are linked to programs, services and expertise within the children's mental health system is necessary. This could be facilitated by funding human resources specifically deployed to ensure on-going collaboration between these sectors.
3. Substance use and addictions, often combined with mental health issues, are major concerns for young people with unstable housing. The current service system provides no specific response to this concern. We strongly recommend a concerted effort to study the feasibility of developing programs and services (co-lead by the formal and informal systems) to address this issue.
4. Develop an inventory of formal and informal services for mental health and homeless / street involved youth in each of the

local communities in Central East Region. Such inventory should specifically seek to identify the funding sources and existing collaboration and partnership arrangements across formal and informal sectors. The inventory should also clearly distinguish the ages of youth using specific services and/or the ages of youth being targeted by these services (a partial inventory can be surmised from this report and the literature review, however, a complete inventory was beyond the scope of this study and would require a dedicated resource to ensure currency and accuracy).

5. Funding for a 2 year pilot program across municipal, regional, provincial and federal levels, to bring together service providers addressing the needs of homeless and street-involved youth. This could involve a minimum of four annual symposiums centered around specific communities. An evaluation strategy should accompany such a pilot project from the start and be clearly linked to the federal National Housing Initiatives already present in communities.
6. Development and funding of 'Community Collaboration' staffing positions housed in informal systems organizations (such as the three members of the reference group) in order to enhance the presence of these organizations at every level of service networks within children's mental health, child welfare, education, youth justice and addictions. These positions could also assume a similar role with respect to adult services that might facilitate transitions for youth out of the homelessness systems.
7. Consideration be given to studying possible approaches to early intervention strategies specifically aiming to prevent homelessness in Central East Region. Early intervention initiatives present great opportunities for promoting collaborative work between formal and informal sectors. This may once again require academic support to develop a literature review of effective strategies in other jurisdictions in Ontario, Canada and internationally, as well as consultations with stakeholders in other systems, notably the education system.

Youth Homelessness and Mental Health: A Literature Review and Synthesis

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Youth homelessness has been a chronic challenge in Canadian society for many decades, although attention to this social issue has only been present in academic and research literature on a broad scale since the mid-1980s. Until that time, homelessness amongst youth was often articulated either as a peripheral issue related to imperfections within the formal children's services systems or alternatively, as a sub-issue of youth justice and criminal behaviour. Precise demographic studies of youth homelessness are absent in the literature, with academics generally agreeing that population counts are difficult to conduct due to the many different manifestations of homelessness and the relative invisibility of much of these social sub-strata. Grey literature specific to particular municipalities has provided estimates on several occasions using a variety of methodologies for the purpose of counting homeless youth¹. Clearly youth without a place to live, whether "couch surfing" or residing in shelters is an issue, and a variety of regional (York Region Alliance for Homelessness), national (Raising the Roof) and international (Street Kids International) groups are addressing the issues of providing housing and preventing homelessness.

There are many definitional challenges presented when attempting to determine the nature and extent of issues that need to be addressed in the population of homeless youth. The term 'homeless youth' captures a range of personal situations amongst young people, as well as several assumptions about age (most commonly this



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¹ In 1999, York Region Homelessness Task Force estimated that 54% of the 496 people who were homeless, were under 25 and 25% were under 14. (cited in 2002 Youth Summit Report). The York Region Alliance to End Homelessness updated these figures in 2007/08 reporting that 557 youth were served between 3 youth specific locations (Sutton, York, and Pathways) and 600 contacts were made with youth under 24 years through the Street Outreach service (cited in 2009, Get Honest).

term involves youth ages 16 to 24). Other common terms used to describe a similar demographic include 'street-youth', 'street-involved youth', 'runaway children', 'un-housed youth' and 'street children'. Perhaps the most generic term that includes but is not exclusive to this demographic is 'at-risk youth'.

The literature from Canada and the US in particular includes a wide range of scenarios that might result in a young person being considered homeless; these include the following:

- A young person living on the streets, without permanent shelter, for a consecutive period of time;
- A young person living on the streets, without permanent shelter, for intermittent periods of time, ranging from occasional days and nights to frequent days and nights;
- A young person living in shelters for at any period of time;
- A young person living in unstable housing situations;
- A young person living at home but spending some nights elsewhere due to problems in the home;
- A young person 'couch surfing' at the homes of friends or relatives;
- A young person living at home but spending significant amounts of time on the streets (street-involved);
- A young person living in formal residential care or incarcerated but approaching discharge with no place to go;
- A young person living at home but repeatedly absent from home during overnight periods;
- A young person with housing at risk of losing that housing.

In addition to this wide range of scenarios that might result in a young person being considered homeless, the literature also reflects a wide range of life experiences of such individuals. While there is general agreement that the specific situation of each homeless youth is unique to that individual, several characteristics have been found to be common:

- Unstable family situations often associated with abuse and/or neglect;
- Substance use on the part of care-giving family members;
- Mental health challenges for the youth or for care-giving family

members;

- Developmental challenges for the youth or for care-giving family members;
- Challenging histories of involvement in other major youth sectors, and notable difficulty in the education sector;
- Entrenched poverty;
- Substance use leading to other social problems, such as prostitution and criminal behaviours;
- Difficulty adjusting to the Canadian social climate for newcomer families or youth;
- Negative experiences in other service systems, including children's mental health and child welfare;
- Abandonment of or escape from other services, including children's mental health, child welfare and youth justice-related services;
- Peer-related issues and an initial excitement about 'premature autonomy' and the 'adventure' of street life.



While the literature has a greater focus on the vulnerabilities of homeless youth and associated risk factors for their long term well-being, some literature has also sought to delineate strengths and resilience factors within this social group². Such factors might include:

- Highly developed risk management skills;
- Loyalty and support amongst peers;
- Street knowledge and an ability to negotiate contested spaces;
- Value systems that reflect pro-social attitudes even if behaviours appear to indicate the opposite.

In spite of such identified strengths and resilience factors, several risks and potentially catastrophic scenarios are also identified:

- On-going victimization at the hands of peers and community

² See especially Bender, K., Thompson, S.J., McManus, H., Lantry, J., Flynn, P.M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum*, (36)1, 25-42 and Griffin, S. (2008). The spatial environments of street-involved youth: Can the streets be a therapeutic milieu. *Relational Child and Youth Care Practice*, 21 (4), 16-27.

predators;

- Sexual victimization especially (but not exclusively) for homeless girls and young women;
- Health problems left un-treated, including escalating substance use and abuse;
- Mental health problems left un-treated;
- Suicide and self harm;
- Victimization and potential death from violence;
- Gang involvement and greater risk of criminal activity;
- Teenage pregnancy and related concerns, including higher rates of FASD and other issues related to unsupervised pregnancies (also 'home' abortions);
- Child abuse and neglect issues resulting from inadequate parenting on the part of homeless young parents.

Literature on youth homelessness in Canada, the US, the UK and Australia is characterized by a tension between problem-focused analysis of risk factors affecting this population on the one hand, and a desire to re-position homeless youth into a strength-based, anti-oppression and developmental context. As a result, identity themes and homeless sub-cultures are prominently present in much of the research pertaining to homeless youth, and analyses of systems and services designed to respond to the needs of these youth are carefully situated in a context of empowerment and human rights. Many research designs are developed as participatory research designs as a way of mitigating the conceptualization and resultant marginalization of homeless youth as individuals in need of rescue. There is near-consensus in the research literature that service systems wanting to respond to the needs of this particular group must be designed as collaborative enterprises with the youth themselves as active partners. Within MCYS Central East Region service area the work done by the York Region Alliance to End Homelessness and "Streetjibe" are leading examples of this approach.

Mental Health and Youth Homelessness

The formal research literature provides limited insight into the connections between mental health and homelessness. It is limited inasmuch as there is an abundance of descriptive research that frames the connection between mental health issues and youth homelessness, but there is limited research on effective ways of

responding to the needs of homeless youth impacted by mental health issues.

Estimates of the scope of mental health concerns amongst the homeless youth population in Canada vary considerably, with a low of 25% to a high of 45%³. The difficulties associated with quantifying the co-existence of mental health issues and homelessness include the lack of assessments at time of intake as well as the reality that many of these youth are visible in services only sporadically, and instead remain invisible in private locations frequently and for long periods of time. Moreover, given the transient nature of homeless life styles, assessment procedures that require appointments or unfold over multiple days are ill-suited for this population and therefore are often either not initiated or initiated but not completed.

Mental health concerns for homeless youth are articulated as contributing causes to homelessness as well as outcomes of homelessness. In other words, while for some youth their pre-existing mental health concerns result in circumstances of increasing risk for losing stable housing (such as failure in education systems, family stress and poverty), for other youth, it is accumulated trauma while living on the streets that results in the appearance of mental health concerns (eg: victimization through violence, sexual victimization, social alienation). In general, the issue of concurrent substance abuse and mental health diagnosis is rarely addressed directly and the incidence of both are summarized separately.

While it is known that a substantial portion of the youth accessing services within the homelessness services sector have previously accessed or been exposed to services in various children's sectors, including children's mental health and child welfare, precise numbers are difficult to establish. It would appear that there are significant regional differences in this respect, with large urban areas with abundant services generally having a higher proportion of homeless youth with prior service experiences than smaller, rural areas. Even within this differentiation, however, there are additional disparities between specific demographic groups; youth from newcomer families, for example, tend to have had less exposure to other

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³ Home base Drop In (2000) estimates that 10% have mental health issues, 70% have substance abuse issues, 50% have charges. York Region Youth Shelter (2000) estimates that 40% have mental health issues, 5% have substance abuse issues, 65% have charges. Similar data is available for other jurisdictions, including a 2008 report on youth homelessness in Victoria, BC (Community Council of Greater Victoria, 2008); a 2006 report exploring characteristics of homeless youth in Winnipeg (Bodnarchuck, J., Patton, D. & Rieck, T., 2006); and the just released "Changing Patterns for Street-Involved Youth" (December 2009) available at www.ysm.ca on the Toronto area.

service systems than youth who have lived all or most of their lives in Canada. Nevertheless there is strong evidence within the research literature that the transition from children's services sectors such as children's mental health and especially child welfare has contributed to the risk of homelessness where involvement with such children's services was incomplete or unsuccessful.

Service Systems for Homeless Youth with Mental Health Concerns

Surprisingly little academic research has been published that focuses specifically on the service needs and approaches for homeless youth impacted by mental health concerns. Much of the research that does exist focuses on quantitative studies related to accessing mental health services and outcomes associated with youth who complete treatment within mental health service providers. The grey literature is somewhat more informative in this respect and contains a number of common themes:

- The age restrictions of formal children's services (which often end at 16) present significant obstacles for access to mental health services for homeless youth within formal and institutional service providers;
- The service system designed specifically for homeless youth lacks the appropriate resources to provide specialized services for mental health concerns;
- The processes related to intake within formal mental health systems are often too bureaucratic and extensive for homeless youth resulting in major disincentives to seek access to these services and self-medication through the use of street drugs, creating substance abuse concerns for which there are no youth-based services;
- Organizational cultures and approaches within the formal systems are often not compatible with the day to day experiences of homeless youth, and frequently clash with organizational cultures and service approaches of the homelessness services systems;
- Where collaborative approaches between systems have been developed, improvements in service participation for homeless youth with mental health concerns have been noted, but not necessarily improved outcomes;
- A sequencing dilemma exists whereby participation in mental health treatment requires some level of stability in housing and

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life style, while such stability is difficult to obtain and maintain in the absence of active participation in mental health treatment services; of particular note here is the management of medications and monitoring of side effects and efficacy of such treatments;

- Peer-supported initiatives have demonstrated some promise in mitigating hesitation to access services on the part of homeless youth.
- In spite of what is generally a rather bleak outlook on the efficacy of existing services in relation to the needs of homeless youth impacted by mental health concerns, there are a number of common themes in both academic research literature and grey literature that may provide a foundation for system planning and service design moving forward. These include the following:
- Relationship is a central concept in virtually all aspects of change as it pertains to homeless youth; services for youth with mental health concerns must therefore incorporate opportunities for relationships to evolve between specific professionals and service providers on the one hand, and youth on the other hand;
- Streamlined and simplified intake procedures are critical components in any service system seeking to work with homeless youth;
- Collaborative approaches that include formal and institutional systems as well as informal and more community-based systems are more likely to attract interest on the part of homeless youth with mental health concerns;
- Holistic services that view mental health issues as part of the everyday experiences and related needs of homeless youth impacted by mental health concerns are more likely to appear relevant and attractive to the youth.

The Specifics in Central East Region

In 2006 the federal government initiated the Homelessness Partnering Strategy (HPS), two year funding strategy available to municipal and regional governments across Canada⁴ which replaced the National Homelessness Initiative and required community plans to address homelessness. A review of the community plans in those cities and regions serviced by MCYS Central East reveals that:

- The York Region Community Plan to address Homelessness

Relationship is a central concept in virtually all aspects of change as it pertains to homeless youth; services for youth with mental health concerns must therefore incorporate opportunities for relationships to evolve between specific professionals and service providers on the one hand, and youth on the other hand.

⁴ Funding is set to end in December 2009.

identifies both youth and mental health and substance abuse as priority areas for the coming years, providing an impetus for collaborative service development in York Region which can be built upon in other regions served by Central East MCYS. New emergency housing and transitional housing for youth in York Region is part of the community plan (being developed in Markham-Pathways project) and housing units specific to those with mental health or substance abuse issues is targeted. In addition, there is a plan to create pre and post treatment addictions centers.

- The Durham Region community plan (update 2007-2009) indicates that the youth shelter in Durham closed and there are no services for homeless youth, HPS funding was dedicated to provide this. There was limited mention of mental health as a priority.
- The City of Peterborough funds The Brock Mission and Emergency Youth Shelter. The Affordable Housing Action Committee commissioned the community plan update and it is unclear if City Council has endorsed it and applied for HPS funding. Transitional housing for youth and the need for a rehab centre or transitional housing for those with substance abuse issues were both identified as priorities.
- Northumberland County Community and Social Services funds shelter accommodation, but no specific youth services and the Northumberland Homelessness Advisory Committee is the planning and coordinating body and funding is provided through the Provincial Homelessness Initiative Fund (PHIF). Youth and mental health are absent from planning documents.
- The Simcoe County Alliance to End Homelessness appears to include Youth Haven Shelter, serving both male and female youth located in the City of Barrie; LIFT for Youth (CMHA and Kinark) a Teen Food Bank and social group for youth operated from the Midland Youth and Recreation Centre in North Simcoe; The Door (mobile) Youth Centre in Erin; Nottawasaga Futures - Youth Project in various centres, providing entrepreneurial youth opportunities; Youth Centre – The Hub – drop-in, clothing exchange in Bradford operated by Crosstrainers Youth ministry. The community plan developed by the Alliance actually represents 6 different communities (Barrie, Oriilla, Bradford, New Tecumseth, North Simcoe, Collingwood) and identifies little in the way of a focus on youth or mental health. Transportation and services for aboriginal people are highlighted in most communities. (See Elias, 2009 for an analysis of the challenges of collaboration in this specific rural community plan.)

Summary

While the research literature pertaining to homeless youth in Canada and elsewhere is extensive, it is also very broad and captures a wide range of topics and themes. There is limited research available that specifically would help to illuminate the path for developing effective service responses to homeless youth impacted by mental health concerns. On the other hand, there is sufficient evidence available to conclude that mental health issues are indeed abundant amongst homeless youth and that such issues further complicate the transition to becoming housed and mitigating everyday risks for homeless youth.

Research demonstrates clearly that some of the core issues to be taken into account when developing service responses to homeless youth include those pertaining to

- access to such services,
- the centrality of relationships from the perspective of homeless youth, and
- the need to differentiate the circumstances of individual homeless youth rather than formulating universal responses.

The grey literature in particular highlights the challenges associated with providing services to a group of youth who fall between the cracks of systems designed on the basis of age limits. A relatively strong children's mental health system responsive to the needs of children up to the age of 16, and a relatively accessible adult mental health system fail to capture the needs of youth ages 16 to 24, who do not fit either system particularly well because of developmental needs and/or systemic cultures that they find difficult and unresponsive. While the service system for homeless youth in Canada has been progressive, innovative and effective in working with limited resources, the funding formulae in place for children's and youth services in Ontario in particular are not effective in enabling that system to provide adequately for homeless youth with mental health concerns and the funding system for homeless services in general is primarily adult focused and jointly administered by municipal and regional governments supported by provincial and federal funding initiatives. Ultimately, therefore, one can surmise from the available literature that systemic responses to this group of homeless youth will require collaborative approaches between multiple systems that feature a sharing of resources and knowledge on an on-going basis.



References

The following list of references is divided into two components. The first component provides a list of academic and grey literature references that are either annotated or include an abstract; the second component provides a list of additional references without annotation or abstracts.

Part 1: Research articles and grey literature with abstract or annotation

Aviles, A. & Helfrich, C. (2004). Life skill service needs: Perspectives of homeless youth. *Journal of Youth and Adolescence*, 33, 331-338.

The present study describes the service needs related to life skill development from the perspective of sheltered homeless youth. Qualitative semi-structured life narrative interviews addressing the use of services at an emergency shelter were administered to 30 youth. All youth were residing in an emergency shelter located in a large metropolitan area at the time of interview. Youth identified factors that influence their ability to access and utilize services, categorized as service availability, factors serving as access and/or barriers to services and lack of available services. Youth identify service delivery approaches and staff characteristics as impacting service delivery. Services such as counseling and childcare were identified as facilitating development and acquisition of life skills.

Baron, S. (2008). Street youth, unemployment, and crime: Is it that simple? Using General Strain Theory to untangle the relationship. *Canadian Journal of Criminology and Criminal Justice*, 50(4), 399-435.

Researchers have called for greater attention to be paid to the variables linking unemployment to crime. In particular, it has been suggested that people's interpretation of their labour market situation plays a large role in shaping their responses to it. Utilizing general strain theory, this research examines the role that unemployment plays in the criminal behaviour of 400 homeless street youths. Of particular interest is the way that these youths interpret their labour market experiences and how together these interpretations and experiences influence criminal behaviour. Findings reveal that the effect of unemployment on crime is mediated and moderated primarily by other variables. In particular, unemployment is conditioned by external casual attributions that lead to anger over unemployment, which in turn leads to crime. The direct effect of unemployment on crime is moderated by monetary dissatisfaction and minimal employment searches. Anger over unemployment is also the result of negative subjective interpretations of economic situations and a continued attachment to the labour market. In addition, these negative subjective perceptions, the lack of state support, a decrease in social control, and prolonged homelessness lead to greater participation in criminal activities directly. Criminal involvement is also encouraged by peers, deviant values, and a lack of fear of punishment. Findings are discussed and suggestions for future research are offered.

Baron, S.W., Forde, D.R. & Kennedy, L.W. (2007). Disputatiousness, aggressiveness, and victimization among street youth. *Youth Violence and Juvenile Justice*, 5(4), 411-425.

Utilizing a sample of 125 male street youths, the article examines how homelessness and deviant lifestyles

increase exposure to conflict and how the interactional dynamics of these disputes lead to violence and victimization. Results indicate that street youths' deviant peers leave them more likely to perceive harm and to use force to settle disputes. Perceptions of harm and the willingness to use force to settle a dispute are also associated with drug use, the gender of the harm-doer, and the intensity of the conflict. In turn, drug use, deviant peers, and the willingness to use force are associated with increases in violence as an offender; and this violence, along with alcohol use, is associated with victimization. Findings are discussed in terms of how lifestyle and dispute context and evolution are important to understanding street youths' conflict and victimization.

Barry, P.J., Ensign, J. & Lippek, S.H. (2002). Embracing street culture: Fitting health care into the lives of street youth. *Journal of Transcultural Nursing*, 13(2), 145-152.

The purpose of this article is to describe a unique model for the provision of comprehensive primary health care for homeless youth in Seattle, Washington. Through the description of our program, we argue for the use of youth-centric instead of youth-friendly programs. This means a change from using the friendly health program as the central focus to having the young people be the starting point and adapting the health service to meet their needs. We describe how our model of care optimizes chances for homeless youth to establish positive connections with caring adults. We also show how homeless youth have their own street culture, which is of primary importance to them and which has a powerful impact on how they use and view health care.

Bender, K., Thompson, S.J., McManus, H., Lantry, J., Flynn, P.M. (2007). Capacity for survival: Exploring strengths of homeless street youth. *Child and Youth Care Forum*, (36)1, 25-42.

The majority of research on homeless youth has focused on the multitude of problems faced by this vulnerable population. The current study, while acknowledging the hazards of life on the streets, seeks to explore the personal strengths and informal resources street youth rely on to navigate their environments. Qualitative data from seven focus groups conducted with street youth ages 18–24 were analyzed using content analysis. These data, rich with interactions among youth participants, highlight three important themes: developing “street smarts,” existence of personal strengths, and informal resources relied upon by youth to survive. Results provide valuable insights into the strengths of homeless youth that can be useful to providers in assessing street youths' service needs and increasing the likelihood of long-term positive outcomes.

Boivin, J-F, E. Roy, N. Haley & G. Galbaud du Fort (2005) The Health of Street Youth. A Canadian Perspective. *Canadian Journal of Public Health*. 96-6, 432-437.

To review epidemiologic studies of the health of street youth in industrialized countries, with a special focus on Canadian youth. We identified 52 peer-reviewed studies from searches of the MEDLINE database and bibliographies of published papers, for data on blood-borne and sexually transmitted infections, mental health problems, pregnancy, violence and mortality. Rates of hepatitis B, hepatitis C, and HIV infection are much higher among street youth than among their non-street peers. Likewise, the prevalence of all mental health problems assessed in street youth is greater than that in non-street youth. Pregnancy is more frequent among street than household youth. Street youth also experience high levels of violence: a large proportion report physical abuse or assault. Finally, mortality is about 11 times the expected rate based on

age and sex and is mainly caused by suicide and drug overdose. Current research results are useful to orient public health interventions for street youth, but further epidemiologic research is needed. The need for Canadian data is particularly acute in specific areas including mental health, violence, pregnancy, and sexually transmitted infections such as, for example, herpes infection and syphilis.

Broadbent, R. (2008). The real cost of linking homeless young people to employment, education and training. *Youth Studies Australia*, 27(3), 30-38.

This article explores the implementation of the Victorian Youth Employment, Education and Training Initiative (YEETI). This statewide initiative delivered brokerage funds to homeless young people through their housing advocates. One of the findings of the project was that the main barrier to young people achieving a stable continuum in their lives was their difficulty in maintaining links to education. The data revealed that a significant proportion of young people requested brokerage funds for education fees. The research identifies two key themes that could lead to a more strategic approach to youth homelessness policy and program delivery.

Buckner, J.C. (2008). Understanding the impact of homelessness on children. *American Behavioural Scientist*, 51(6), 721-736.

Focusing on the central aim of many published studies involving homeless children in the United States, this article summarizes findings on the effects of homelessness on children's mental health, health, developmental status, and academic achievement. Researchers have repeatedly documented that poverty is associated with higher rates of problems among both homeless and low-income housed groups of children in comparison to children in the broader population. Although the majority of studies have found homeless children to evidence greater problems than low-income housed children, results are inconsistent. Factors that may account for these discrepant findings are discussed, and recommendations for additional research are offered.

Bucher, C. & Coward, C.E. (2008). Towards a needs-based typology of homeless youth. *Journal of Adolescent Health*, 42(6), 549-554.

Research on homeless youth consistently suggests a need for a broad matrix of services to facilitate a successful transition into housed society. This paper seeks to develop distinct matrices of services for youth according to their involvement in, or experience with, high-risk factors. Such a typology may increase the ability of providers to maximize the impact of scarce resources and organize treatment and reintegration efforts to match the needs of vulnerable youth. Methods: Seven risk categories were identified in the literature: abusive experiences, involvement in prostitution, involvement in criminal activities, suicidal ideation/attempt, living circumstances, alcohol/marijuana use, and the use of drugs other than alcohol and marijuana. K-means cluster analysis was then used to separate 422 homeless youth based on their involvement in or experience with these categories. Results: Four distinct treatment needs were identified: Group 1-minimal treatment; Group 2-therapeutic housing with an emphasis on substance abuse; Group 3-therapeutic housing with an emphasis on behavior management; Group 4-comprehensive treatment. Conclusions: According to this typology, less than 18% of this sample are adequately served by the current system of federal intervention, whereas the largest group is in need of comprehensive services to successfully re-enter housed society.

Cloke, P., Johnsen, S. & May, J. (2007). The periphery of care: Emergency services for homeless people in rural areas. *Journal of Rural Studies*, 23(4), 387-401.

Until recently, homelessness in rural areas has received little recognition because of overwhelming assumptions about the urban-centredness of homeless people and their needs. This paper seeks to build on recent research that has begun to uncover some of the problems and characteristics of rural homelessness, by suggesting two significant dynamics which together can shape the experience of different groups of homeless people in rural environments. First, rural places reflect particular local qualities which contextualise both the circumstances of homelessness and the provision of services in response to those circumstances. Secondly, the contemporary governance of homelessness unfolds rather unevenly in different rural areas, producing distinct local service environments with varying degrees of 'insider' and 'outsider' status in relation to joined-up responses to the needs of homeless people. These dynamics are articulated through three case studies: a remote friary in a deep rural area of southern England; a small hostel run by a vibrant non-statutory organisation in a small town in the west of England, and two advice centres in a coastal resort in the north-east of England. Through these case studies we highlight the importance of both local reactions to the homeless other, and local relations between central government funding, local authority initiatives and charitable organisations, in the production and consumption of spaces of care in settings set in, or serving, rural environments.

Elias, B.M. (2009). *WITHOUT INTENTION: RURAL RESPONSES TO UNCOVERING THE HIDDEN ASPECTS OF HOMELESSNESS IN ONTARIO 2000 TO 2007*. Dissertation, in partial fulfillment of the requirements of a Ph.D. University of Toronto, Department of Adult Education and Counselling Psychology.

This thesis analyzes the impact of the political decision to broaden the scope of the Government of Canada's three-year National Homelessness Initiative (Human Resource Development Canada, NHI, 2002) from an urban focus to one that includes smaller communities. This change provided the opportunity to study the phenomenon of homelessness and how rural responses are formed. This author postulates that this focus of attention on an almost invisible phenomenon—rural homelessness—and the accompanying community planning processes funded by the Supportive Community Partnership Initiative (SCPI) will impact local social policy development. A multi-dimensional analytical approach was adopted and considered three components: first, a policy review, a broad look at the policy agenda framework in Canada; then, a case study to illustrate implementation issues related to the National Homelessness Initiative; and, finally, a reflection on current practice in order to realize a holistic critique of the SCPI experiment. (Abstract by Author)

Fisher, M., Florsheim, P., Sheetz, J. (2005). That's not my problem: Convergence and divergence between self- and other-identified problems among homeless adolescents. *Child and Youth Care Forum* (34)6, 393-403.

Mental health symptoms, victimization experiences, and rates of substance use among homeless youth were assessed using typical clinical intake questions and standard questionnaires. Youth were also asked what they regarded as their primary problems. Results indicated that issues likely to concern health professionals, such as past victimization, high rates of substance use, and psychological symptoms, are often not regarded as problems by homeless youth. Also, based on responses to a coping interview,

homeless youth indicated that they rarely sought help from mental health professionals, and tended to cope with problems in a variety of other ways. Despite obstacles to the provision of services, many youth indicated a willingness to talk to a counselor about self-identified problems and there were some points of convergence between self- and other-identified problems.

Giffords, E.D., Alonso, C., Bell, R. (2007). A transitional living program for homeless adolescents: A case study. *Child and Youth Care Forum*, (36)4, 141-151.

Under the Runaway, Homeless, and Missing Children Protection Act in (P.L. 108-96), Congress authorized the Transitional Living Program for Older Homeless Youth (TLP). TLP provides grants to community and faith-based non-profit and public organizations for longer-term residential supports (up to 18 months) to youth ages 16–21 in order to promote their successful transition to adulthood and self-sufficiency (National Network for Youth, Issue brief: Runaway and homeless youth act reauthorization [Available online at <http://www.nn4youth.org/site/DocServer/NNYandVOAFinalUpdate.pdf?docID=304>], 2007). This article describes a transitional living program in Long Island, New York designed to enable youth in a residential setting (ages 16–21) to develop and internalize independent living skills through the provision of shelter and support services which prepare them for living independently in the community.

Grewitz, A., Hart-Shegos, E. & Medhanie, A. (2008). Psychosocial status of homeless children and youth in family supportive housing. *American Behavioral Scientist*, 51(6), 810-823.

Shelter-based studies have documented risks to homeless children's development, but scant information is available about children residing in family supportive housing, a key strategy for preventing long-term homelessness. This study assessed the psychosocial and health status of 454 formerly homeless children living with their families in 17 supportive housing communities. Findings indicated that children had good access to physical health care. However, children faced significant psychosocial risks and manifested behavioral, emotional, and school challenges. Housing agencies lacked infrastructure or expertise in children's mental health. The authors propose that supportive housing provides a valuable but hitherto underused opportunity to support children's psychosocial functioning.

Gwadz, M.V., Gostnell, K., Smolenski, C., Willis, B., Nish, D., Nolan, T.C., Tharaken, M., Ritchie, A.S. (2009). The initiation of homeless youth into the street economy. *Journal of Adolescence*, 32(2), 357-377.

Homeless youth (HY) who lack employment in the formal economy typically turn to the street economy (e.g., prostitution, drug selling) for survival. Guided by the theory of social control, the present paper explores factors influencing HY's initiation into the street economy. Eighty HY (ages 15-23) were recruited from four community-based organizations. All participated in structured interviews and 25% participated in qualitative interviews. Almost all HY had participated in the street (81%) and formal economies (69%). Five main factors simultaneously influenced initiation into the street economy: social control/bonds, barriers to the formal economy (e.g., homelessness, educational deficits, mental health problems, incarceration, stigma), tangible and social/emotional benefits of the street economy, severe economic need, and the active recruitment of HY into the street economy by others. Qualitative and quantitative data sources were congruent. Intervention efforts are needed at multiple levels of influence to promote HY's success in the formal economy.

Haggart, J.E.V. (2007). Because You're Homeless, You're a Bad Kid": The Criminalization of Youth Who Are Homeless in York Region. Thesis, in partial fulfillment of the requirements of a M.S.W., York University, School of Social Work.

Criminalization essentially refers to turning a person into a criminal. The majority of research in the area of the criminalization of youth who are homeless has focussed on urban contexts. In suburban contexts, such as York Region, the experiences and acts of youth who are homeless are different and, thus, their experiences of criminalization are also different. Through an exploratory, pseudo-Participatory Action Research design, semi-structured interviews were conducted with four youth who were currently or recently homeless in the Region. Findings include that youth who are homeless in York Region may experience criminalization as they are assumed to be, as well as felt they are perceived and treated as criminals. Criminalization is notably carried out and sustained by police, employers and general community members, as well as to a lesser extent by shelter and service workers, security guards and landlords. Findings also revealed the youths' responses to criminalization, such as internalizing criminalizing attitudes and projecting these on their peers, coping strategies, a critical analysis of criminalization and suggestions for social change. (Author)

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

This study explored needs of homeless children and shelter services available to them. The first phase of this mixed-method study consisted of open-ended interviews of key personnel in six diverse homeless shelters in metropolitan Atlanta, Georgia. This qualitative data gave direction to the creation of a questionnaire used in a larger follow-up survey of shelters in the state of Georgia. Roughly two-thirds of the 102 reporting shelters that served children provided food, clothing, and school supplies with 40% offering some form of transportation. More than 75% of the shelters were full and did not have space currently available for children, with an additional 10% having only one or two available beds. Most of the shelters lacked important services in the areas of medical and developmental assessments, access to education, childcare, and parent training. Forty-seven percent lacked onsite worker training in the characteristics and needs of homeless children. In addition, while the McKinney Act legally mandates ways to serve homeless children, findings indicate that over half of key informants in homeless shelters were unfamiliar with the law.

Johnson, G. & Chamberlain, C. (2008). From youth to adult homelessness. *Australian Journal of Social Issues*, 43(4), 563-583.

Governments have shown an interest in early intervention strategies to reduce youth homelessness, but critics say that early intervention programs lack clear outcomes. This paper investigates what happens when early intervention programs are not in place and young people progress to adult homelessness. The paper assesses the 'social adaptation' hypothesis that the longer young people are homeless the more they adapt to homelessness as a way of life. The paper uses information on 1,677 individuals who first became homeless when they were 18 or younger. Three-quarters of the sample had progressed to adult homelessness (defined as 25 or older) and one-quarter were now young adults aged 19 to 24. The findings confirm that the longer people are homeless, the more difficult it becomes to get out of homelessness. However, the social adaptation account overstates the extent to which people accept homelessness as a 'way of life'. People can return to conventional accommodation if they are given long-term support. The paper concludes with three policy recommendations.

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

Employing in-depth interviews with street children and service providers, and case analyses, this article explores programs and/or organizations in Toronto, Montreal, and Guatemala City that have been successful in attracting street children. Four key elements regarding service delivery are proposed: provide direct and immediate basic services; build a sense of community that is safe and supportive; create linkages to mainstream culture; and, advocate for needed resources and/or better treatment.

Karabanow, J. (2008). Getting off the street. *American Behavioural Scientist*, 51(6). 772-788.

This article explores the ways in which young people across Canada attempt to exit street life. Through semi-structured interviews with 128 young people and 50 service providers in six Canadian cities, the goal of the research was to identify the strategies and challenges of street exiting to inform service providers and policy makers as to the complexities and struggles involved in young people's experiences with street disengagement. Findings suggest that there are several interrelated dimensions to the exiting process including contemplation, motivation to change, securing help, transitioning from the street, changing daily routine, and redefining one's sense of self.

Kidd, S.A. (2007). Youth homelessness and social stigma. *Journal of Youth and Adolescence*, 36(3), 291-299.

Building upon previous exploratory qualitative research (Kidd SA (2003) Child Adol Social Work J 20(4):235-261), this paper examines the mental health implications of social stigma as it is experienced by homeless youth. Surveys conducted with 208 youths on the streets and in agencies in New York City and Toronto revealed significant associations between perceived stigma due to homeless status and sexual orientation, pan handling and sex trade involvement, and amount of time homeless. Higher perceived stigma was also related to low self esteem, loneliness, feeling trapped, and suicidal ideation, with guilt/self-blame due to homeless status having the strongest impact on mental health variables.

Kidd, S.A., Miner, S., Walker, D. & Davidson, L. (2007). Stories of working with homeless youth: On being "mind-boggling". *Children and Youth Services Review*, 29(1), 16-34.

This study examines the narratives of 15 youth workers on their experiences with service provision for homeless and street-involved youth. Workers discussed a need to have a versatile approach which can be tailored to an individual youth's circumstances. Establishing a connection based upon valuing, respecting, and liking a youth allows for the development of a trusting relationship which is essential for effective interventions. Also addressed was the social context of this work including relationships among staff, agency structure, and the impact of the stigmatization of homelessness. Lastly, the process of becoming an effective worker was addressed, including the establishment of clear boundaries, recognizing the rewarding aspects of the work, and avoiding burnout.

MacKenzie, D. & Chamberlain, C. (2008). Youth homelessness 2006. *Youth Studies Australia*, 27(1), 17-25.

The third national census of homeless school students, conducted in 2006, found that the number of homeless students had decreased since 2001. There were 9,389 homeless students in 2006 compared with 12,227 in 2001. Three groups were over-represented in the homeless population: Indigenous students, young people from single parent and blended families, and teenagers who had been in state care and protection. The number of homeless young people aged 12 to 18 decreased from 26,060 in 2001 to 21,940 in 2006. An increase in early intervention services appears to account for most of the decrease in youth homelessness.

Mann, R.M., Senn, C.Y., Girard, A. & Ackbar, S. (2007). Community-based interventions for at-risk youth in Ontario under Canada's Youth Criminal Justice Act: A case study of a "runaway" girl. *Canadian Journal of Criminology and Criminal Justice*, 49(1), 37-74.

This article presents findings from ongoing research on interventions for violent and at-risk youth in Ontario through partnerships authorized under Canada's 2003 Youth Criminal Justice Act (YCJA). After briefly describing and theoretically situating the YCJA's "preventative partnership" (Garland 2000) strategy, we analyse an interview with a 16-year-old Ontario high school student (one of 85 interviews with female and male youth recruited through high schools, community agencies, youth advocacy networks, and correctional facilities between 2002 and 2006). In this interview, "Connie" describes her experiences with family and peer violence and her efforts to deal with these experiences through a range of escape and help-seeking behaviours. Drawing broadly upon governmentality discourses on advanced liberal governance, our analysis focuses on the ways in which victimization, running away, child protection involvement, criminal activity, and social exclusion are linked. We also discuss the promises and challenges of efforts to address the needs of youth caught up in this trajectory through community partnership strategies.

Marshall, B.M. (2008). The contextual determinants of sexually transmissible infections among street-involved youth in North America. *Culture, Health & Sexuality*, 10(8), 787 – 799.

Young people living on the urban street are at a significantly increased risk of HIV and other sexually transmitted infections (STIs). Much research examining the epidemiological basis for their heightened susceptibility has concentrated on the individual behaviours and characteristics associated with acquiring these infections. However, contextual factors, including the social, structural and environmental forces that influence sexual risk behaviour, are increasingly found to play an important role in shaping the transmission dynamics of HIV and STIs within these marginalised populations. This paper reviews research describing the individual and contextual factors that have been shown to influence street youth sexual behaviour and provides an analysis of the potential impact of such factors on HIV and STI transmission. In order to implement effective sexual health programmes for street-involved young people, innovative programmes are required that take into account the unique social and structural context of youth homelessness. Interventions to reduce the elevated prevalence and incidence of HIV and STIs among this population must explicitly target multi-level factors influencing the transmission dynamics of these diseases.

Nabors, L., Sumajin, I., Zins, J., Rofey, D., Berberich, D., Brown, S., Weist, M. (2003). Evaluation of an intervention for children experiencing homelessness. *Child and Youth Care Forum* (32)4, 211-227.

This study evaluated a two-part intervention provided during a summer program for children experiencing homelessness. First, teachers and the mental health team implemented a behavior management system to reinforce positive classroom behaviors. Second, a team of undergraduate and graduate students delivered mental health promotion services during classroom and small group activities. Mothers' and teachers' ratings indicated that the children's emotional and behavioral functioning was within normal limits and did not change over the course of the program. Mothers reported higher than normal levels of family distress. Lower school achievement was related to poor behavioral and emotional functioning and attrition. Strategies to ensure that "low achievers" and children with behavior problems do not drop out of summer programs need to be developed; shelters or schools may be optimal settings for providing family-focused interventions for this population.

Nichols, N.E. (2008). Gimme shelter! Investigating the social service interface from the standpoint of youth. *Journal of Youth Studies*, 11(6). 685 – 699.

Using institutional ethnography, I demonstrate how one young man's efforts to find housing are shaped in relation to a complex institutional maze through which the immigration, child welfare, social assistance, and sheltering systems are linked. My goal is to show how a particular person's narrative can be used to illuminate the general organisation of the bureaucratic world. In this article, I explain how youth homelessness occurs against a complex backdrop of relations - relations that are obscured from the standpoint of a young person who simply lacks a secure place to sleep.

Noom, M.J., de Winter, M. & Korf, D. (2008). The care-system for homeless youth in the Netherlands: perceptions of youngsters through a peer research approach (Report). *Adolescence*, 43.170, 303-317.

The aim of this study was to examine the perceptions of homeless youth of the care they receive. Since we wanted to involve homeless youth as participants in this project, we adopted the approach of peer-research. This form of collaborative research has a major role for homeless youth in making an inventory of the problems. A parallel is drawn between the parent-adolescent relationship and the relationship between social worker and homeless adolescent.

Novac, S., Serge, L., Eberle, M., & Brown, J. (2002). On her own: Young women and homelessness in Canada. Ottawa: Status of Women Canada. Retrieved from: <http://dsp-psd.pwgsc.gc.ca/Collection/SW21-91-2002E.pdf>

This report explores the causes, demographics and patterns of homelessness among young women (aged 12 to 24) in Canada. It includes case study reports for eight cities based on interviews with more than 100 informants and previously unpublished data. Gender- and ages specific issues (i.e., sexual violence, pregnancy, service gaps for mid-teens, minors and the child welfare system) are discussed. A critical review of programs and policies shows how they fail to assist young women who are homeless and those at risk. The report includes suggestions for change in services and programs, and recommendations for policy directions by various governments.

Proulx, J, Bourque, D & Savard, S (2007). The Government-Third Sector Interface in Quebec . *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, 18 (3), 293-307.

In this paper, the authors analyze different forms of interface between the government and third sector organizations in Quebec. In order to do so, they studied relationships in eight different fields of activity: homeless youth services, housing for intellectually deficient people, support organizations for natural caregivers, community leisure centers, community housing for the elderly, daycare centers, social economy organizations for domestic assistance, and services specializing in employment for handicapped people. Following a review of international literature on the relationship between the government and the third sector, the paper analyzes these relationships on the basis of the typology developed by Jennifer M. Coston, which is adapted to the Quebecois context. In the eight activity sectors studied, the authors found the presence of four different types of interface between the government and the third sector: 'subcontracting,' 'coexistence,' 'supplementarity,' and 'co-construction' relationships.

Skott-Myhre, H. (2008). Towards a delivery system of services for rural youth: A literature review and case study. *Child and Youth Care Forum*, (37)2, 87-102.

The majority of the literature on homelessness conceptualizes it as an urban problem and a wide body of research exists that provides estimates of metropolitan street youth and qualitatively describes their experiences. Similar descriptions and population estimates are virtually absent for youth who experience rural homelessness despite the number of urban homeless youth with rural origins. Indeed, although some metropolitan literature does remark on rural youth homelessness, it comments only on its invisible nature. This exclusion has significant implications in that it marginalizes the rural homeless and hinders the development of social policy to address the issues this population faces. Drawing on existing literature on rural youth homelessness, discussions with service providers in a rural area and a small number of interviews with youth, this paper begins to explore key issues facing homeless rural youth, existing intervention options and recommendations for the development of service delivery systems.

Thompson, S.J., Zittel-Palamara, K. M., Maccio, E.M. (2004). Runaway youth utilizing crisis shelter services: Predictors of presenting problems. *Child and Youth Care Forum*, (33)6, 387-404.

The evidence is clear that the problems of runaway youth are immense, varied, and persistent. Services must be designed to address these problems and the factors associated with them. This study investigated a sample (n=156) of runaway youths admitted to basic shelter services and evaluated the individual and family factors associated with various problem domains, including: family relationships, abuse, mental health, substance use, and educational difficulties. Findings demonstrated that family-oriented issues were the predominant predictors of youth problems. Results point to the need for developing and evaluating new approaches in solving problems of runaway youth that incorporate strengthening family relationships.

Thrane, L.E.; Hoyt, D.R.; Whitbeck, L.B.; Yoder, K.A. (2006). Impact of family abuse on running away, deviance, and street victimization among homeless rural and urban youth. *Child Abuse & Neglect*, 30(10), 1117-1128.

Various demographic and familial risk factors have been linked to runaway behavior. To date, there has not been a systematic investigation of the impact of size of community on runaway behavior. This

study will compare runaways from smaller cities and rural areas to their urban counterparts. Methods: A convenience sample of 602 adolescents was interviewed between 1995 and August of 1996 in Missouri, Iowa, Nebraska, and Kansas, USA. Multiple regression was used to examine the association between gender, neglect, sexual abuse, physical abuse, geographic and family structure change, and community size of first runaway to predict age at first runaway, deviant subsistence strategies, and street victimization. Results: Findings indicate that adolescents exposed to neglect ($b=-.20$) and sexual abuse ($b=-.16$) ran away sooner and were more likely to be victimized on the street. Rural adolescents who experienced higher levels of physical abuse relied more heavily on deviant subsistence strategies ($b=.15$) and remained in abusive homes longer ($b=.15$) than their similarly situated urban counterparts. Conclusions: Rural youth who have been subjected to elevated levels of familial abuse are at greater risk of deviant subsistence strategies, which increase the likelihood of street victimization.

Varney, D. & van Vliet, W. (2008). Homelessness, children and youth: Research in the United States and Canada. *American Behavioural Scientist* 51(6). 715-720.

This issue of American Behavioral Scientist makes available some of the most recent research on the growing social, economic, and human development impacts of homelessness on families-specifically, on the lives of children and youth. The seven studies from the United States and Canada compiled here provide important evidence-based insights to inform efforts aimed at combating homelessness among children and youth. They represent a variety of methodologies, including rigorous, person-centered approaches that reveal the complexity of the homeless experience for young people and the heterogeneity of the young homeless population. As a body, the studies highlight the importance of understanding the diverse contexts in which homeless children and youth live and tailoring supportive services accordingly. Thousands of homeless young people remain unrecognized and underserved. The work in this issue illustrates the urgency of bringing researchers, policy makers, and practitioners together to work toward adequate and affordable shelter for all.

Veeran, V. (2004). Working with street children: A child-centered approach. *Child Care in Practice*, 10(4), 359-366.

This paper reviews the theoretical approaches that espouse a child-centred approach in intervening with street children. It focuses on two major themes, namely the rights of the child and client self-determination as proposed by Adler (Corey, 2001). The discussion acknowledges that providing street children with opportunities to participate in decision-making regarding their own lives is imperative. Notwithstanding their alleged marginalization, substantial motivation is provided for the adoption of a client-centred approach that upholds the rights of the child. The paper draws attention to the fact that despite the ratification of the United Nations Convention on the Rights of the Child (1989), many street children experience deprivation with regard to their basic human needs. It is envisaged that whatever the circumstances for children being on the street, their involvement and participation in alleviating their plight will not be compromised.

Werb, D., Kerr, T., Li, K., Montaner, J., Wood, E. (2008). Risks surrounding drug trade involvement among street-involved youth. *The American Journal of Drug and Alcohol Abuse*, 34(6), 810-820.

Background: Street-involved youth have been shown to be involved in the street-level illicit drug trade in a number of jurisdictions, though little is known about risk factors and sequelae of this behavior. The present study was therefore conducted to investigate factors associated with the street-level drug

trade involvement among street-based youth. Methods: We used logistic regression to examine factors associated with drug dealing among participants in the At-Risk Youth Study in Vancouver, Canada. We also examined motivations for drug trade involvement and types of drugs sold by participants. Results: Overall, 529 street-involved youth were followed during the study period, of whom 307 (58.0%) reported having been involved in the drug trade in the last six months. In a logistic regression analysis, crack cocaine use (Adjusted Odds Ratio [AOR] = 1.84, 95% CI: 1.28-2.67), homelessness (AOR = 1.58, 95% CI: 1.04-2.40), and having been assaulted by police (AOR = 1.85, 95% CI: 1.14-3.00) were independently associated with drug dealing among cohort participants. Among participants who reported drug dealing, 263 (85.6%) individuals stated that the main reason that they sold drugs was to pay for their personal drug use. Conclusions: In our setting, street-involved youth implicated in the drug trade are characterized by drug-related and socio-demographic vulnerabilities. These individuals also appear to be motivated by drug dependence and report elevated levels of police violence. Our findings have immediate implications for drug strategies targeting street-level drug dealing.

Whitbeck, L. B., Hoyt, D. R., & Bao, W. N. (2000). Depressive symptoms and co-occurring depressive symptoms, substance abuse, and conduct problems among runaway and homeless adolescents. *Child Development*, 71(3), 721-732.

This study examines factors that contribute to depressive symptoms and to co-occurring depression, substance abuse, and conduct problems among 602 runaway and homeless adolescents. The respondents were interviewed in shelters, drop-in centers, and directly on the streets in four Midwestern states (Missouri, Iowa, Nebraska, and Kansas). Results indicate that although family-of-origin factors contribute to depressive symptoms and co-morbidity among runaway and homeless adolescents, experiences and behaviors when the adolescents are on their own also have powerful effects. The authors discuss the findings from a life-course perspective focusing on mechanisms through which street experiences accentuate or amplify already high levels of psychological distress and behavioral problems among this population of young people.

Wilks, N., Hiscock, E., Joseph, M., Lemin, R., Stafford, M. (2008). Exit this way – young people transitioning out of homelessness. *Social Alternatives*, 27(1), 65-70.

Youth homelessness is increasing in inner-city Brisbane despite numerous services targeting this phenomenon. Therefore, it is important to understand the underlying facilitative factors and obstacles that act to motivate or inhibit young people to make the transition out of homelessness. Using data from semi-structured interviews conducted with formerly homeless people, this article seeks to identify factors and services that have been instrumental in creating realistic, accessible and sustainable exit points for homeless young people in Brisbane. Information collected from participants highlighted the need for affordable and stable accommodation throughout the transition process. Additionally, continuous and uninterrupted support from service providers that fosters feelings of social inclusion was emphasized as particularly important in the move to a more stable lifestyle. Results are designed to be applied to inform and direct future service initiatives so as to fill current gaps in service provision. Thus, a number of recommendations are made. Firstly, it is suggested that service providers pursue initiatives that increase the supply of affordable and stable accommodation to the client group. Additionally, it is suggested that services are persistent in their delivery of support, which may be achieved through peer support and mentoring programs. Service providers can build upon this feeling of continuous support, while also

fostering a feeling of social inclusion, by assisting in the formation of links with local community groups and organisations. It is also recommended that service providers increase their connectivity across the service sector, forming a 'web' of support for those undergoing transition.

Yonge Street Mission, (2009). Changing Patterns for Street-Involved Youth. A Project of Yonge Street Mission and World Vision Canada. Available at www.ysm.ca

To identify the changing needs of street-involved youth in Toronto, The Yonge Street Mission (YSM) conducted interviews with agencies serving youth and hundreds of street involved youth from all backgrounds, in all parts of the city. The study confirmed some expectations about the changing circumstances of youth, but also produced some surprising results, and provided solid evidence to support changes in policy and programs designed to support street involved youth. (Author)

Zerger, S., Strehlow, A.J. & Gundlapalli, A.V. (2008). Homeless young adults and behavioural health. *American Behavioral Scientist*, 51(6), 824-841.

Young adults (ages 18-24) are especially vulnerable to homelessness in the United States, and those experiencing homelessness exhibit high prevalence for many kinds of abuse and negative health outcomes. This article reviews common behavioral health issues facing homeless youth and assesses collective wisdom on effective treatments and services for this vulnerable population. On the whole, the research remains focused on individual-level risk and protective factors and service use patterns and preferences, which detracts from the structural issues that have shaped these individuals' experiences in the first place and are key to resolving them.

Part 2: Additional references without abstract or annotation

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