



Chapter 3.3

Social Housing Policy for Homeless Canadian Youth

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The responsibility to provide social care outside the family is assigned to the child welfare system. However, young people between the ages of 16 to 24 are in a “twilight zone,” in which they can receive only basic social care, including housing, if they are willing to put themselves in the care of the child welfare system. Yet there is abundant evidence that many young people are homeless because neither the family home or the child welfare system was able to provide a safe and adequate environment (Janus et al., 1987; Mathews, 1989; Powers et al., 1990; Simons & Whitbeck, 1991; Dadds et al., 1993; Fitzgerald, 1995; Hagan & McCarthy, 1997; Whitbeck et al., 1997; McCaskill et al., 1998; Ringwalt et al., 1998; Gaetz et al., 1999; Hoyt et al., 1999; MacLean et al., 1999; Ryan et al., 2000; Hyde, 2005).

The Effects of Not Having Safe, Stable Housing

Being homeless at this critical life stage of development increases young peoples’ risk of negative health trajectories, and adversely affects their developmental path into adulthood. As well, homelessness may prevent

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them from completing their education, and thereby limit their ability to secure stable employment. Stress may compound their risks of developing mental health problems, such as depression and anxiety, and may lead to the use of substances for relief. In turn, dependence on substances aggravates other risks to their physical health and overall well-being. Without access to affordable, safe, and stable housing, these individuals are faced with an endless array of complications.

When young people are homeless, the stress of finding a safe shelter to sleep and rest every night is overwhelming. Many end up living on the streets and in places and spaces not designed or fit for rest (Deisher et al., 1992; Rew, 1996; Ensign & Santelli, 1997; Unger et al., 1998; Klein et al., 2000). Prolonged exposure to poor and unsanitary living conditions, such as sleeping on the streets and exposure to the elements wears down the health of young people.

The social conditions in which homeless young people find themselves add to their risks of declining health because of a lack of access or poor access to nutritious food (Dachner & Tarasuk, 2002; Tarasuk et al., forthcoming), exposure to diseases and pestilence such as fleas, lice, or bedbugs (Hwang et al. 2003, 2005), physical and sexual violence (Whitbeck & Simons, 1990; McCarthy & Hagan, 1992; Hagan & McCarthy, 1997; Kipke et al., 1997; Whitbeck et al., 2001; McCarthy et al., 2002; Stewart et al., 2004; Whitbeck et al., 2004), and the chronic experience of social stigma and alienation in the communities where they reside.

This is not an exhaustive list of the conditions and outcomes that researchers and service providers have documented in their work with homeless young people; it is only a beginning, considering these individuals experience health disparities early in life that will negatively affect their adult life with the added risk of premature mortality (Hwang, 2000; Cheung & Hwang, 2004). Considering that the numbers of young people who are homeless in Canada are rising each year and the social and individual costs are increasing as well, the solution is clear: housing for young people in this circumstance is badly needed.

Housing Policy and Child Welfare in Canada

Young people under the age of majority, usually age 18 or 19 (depending on the province), are considered “minors,” and are therefore under the

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care and responsibility of their parents or a legal guardian, which may be the child welfare system. This means that minors are socially constructed in the category of “children,” unable to make decisions about what is good or bad for themselves, by themselves. These children therefore lack access to essentials on their own because they are “owned” and cared for by their caregivers; and their caregivers have legal responsibility over minors until they reach the age of majority.

Child protection is the responsibility of provincial governments; each province operates slightly differently regarding how teenagers are handled by the child welfare system. When a family breakdown involving minors occurs, the provincial agent responsible for protecting the rights of any minors is the child welfare system. In practice, however, minors who enter the child welfare system at age 15 or 16 are not considered as vulnerable and as much in need of care as young children. At this age, young people are often discouraged from entering the child welfare system, and encouraged to return home through the principle of family preservation.

Entry into the child welfare system apparently occurs only when individuals can demonstrate that they are in critical need of care and protection by the state. Often, young people at this age receive limited assistance from the system and are forced to choose between returning to their family environment or fending for themselves. Homelessness among youth is linked to chronic family conflict and involvement in the child welfare system during childhood. Young people become homeless as a result of “aging out of care” – that is, leaving government care without appropriate skills and provisions to ensure they are in stable, living circumstances with sufficient supports – or by running away from the child welfare system.

When young people between 12 and 19 are not cared for by the child welfare system or are unwilling to stay in the child welfare system, they turn to the streets. For many young people, returning home is not an option for numerous reasons (e.g., emotional abuse, sexual abuse, neglect, family conflict, etc.). Homelessness at this life stage is compounded by the fact that other systems, such as provincial housing systems, do not recognize the plight of youth who become homeless as their responsibility, but as that of the child welfare system.

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The stories in this chapter illustrate the complexity of the systems with which youth become involved. They demonstrate how circumstances, social policies, and discrimination towards youth in the housing market exacerbate the problem and plight of youth homelessness. The names in the case studies are not real, but the situations are.

John's Story

John, now 20, lives in the Central Okanagan area of British Columbia. His parents are divorced. His father runs a successful business. His mother has a history of mental health concerns and drug abuse. John's father is remarried, but John does not get along with his stepmother.

John turned to drugs as a teenager to escape the problems at home. He developed symptoms of mental illness, including hallucinations, delusions, and intense paranoia. His behaviour at home frightened his father and stepmother. His father decided that he could no longer keep John at home and turned to the mental health and child welfare system for help. Mental health professionals, including a child psychiatrist, believed John was experiencing a psychotic break and he was placed on antipsychotic medication. Child welfare was hesitant to respond, but after much advocacy on the part of John's mental health team, he was taken into the care of the government.

When John was 17, he was placed in a group home for adolescents in the care of the child welfare system. He was housed with younger adolescents. He took his prescribed medication, but continued to use drugs, and did not participate in the behavioural program offered. Before long, he was discharged after physical assaulting a staff member, and consequently developed a reputation within the system as being a safety risk. Foster care was not an option, and there were no housing options available to address his mental health problems.

At 18, John found himself at a local emergency shelter for youth. The professional supports in John's life focused on helping him find rental housing and making the transition to adult services, as he would soon be 19 – too old for the child welfare system. John found housing in the form of a travel trailer located next to a house. It was substandard, but the only option available to him, so his social worker reluctantly ap-

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proved. Within a month, John was evicted and returned to the shelter. In total, John spent the better part of six months at the shelter.

The transition to adult services did not go smoothly. John would not attend scheduled appointments with his adult mental health worker and was labelled as difficult. As his mental illness was attributed to his drug use, the adult system blamed John for his circumstances. He was treated as less deserving of service than others who came into the system. Nevertheless, he continued to go with his social worker every other week to see his doctor and get his medication.

John's 19th birthday was on the horizon and his professional support team turned to his father one more time to see if a return home was an option. John's father was not prepared to take him back into the family home, but John did do some work for his father from time to time. Staff continued to try and find housing for John. John's father agreed to contribute to John's rent so that he could find something better than another trailer. John found a suite in a local hotel that was prepared to rent on a month-to-month basis during the off-season. John moved into the hotel shortly after his 19th birthday. Youth services could no longer serve John. The adult mental health system was made aware of his living situation, but did not provide any services to him.

Within a few weeks of moving into the hotel, John took in a fellow 19-year-old who was struggling with a cocaine addiction. The hotel suite slowly turned into a drug house. John, who had used marijuana regularly, started to use crack cocaine. The police came to the hotel on more than one occasion. John was eventually evicted, as the situation did not change. He found himself on the streets with nowhere to stay. He is now 20, and has been in and out of adult shelters, stayed with friends, and been on the streets. His future is uncertain.

Child Welfare System: The Reality

In British Columbia, the child welfare system is responsible for serving children and youth in need of protection, outlined by the *Child, Family and Community Services Act*. While the Act outlines the criteria that determines when a child is in need of protection, the systemic responses do not always protect those whom the system is designed to serve. The child welfare system serves young people until they reach the age of ma-

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majority (19) in British Columbia. For young people who come into the care of the government, the Ministry of Children and Family Development (MCFD) is charged with providing a place for them to live. The options include:

- foster homes;
- group homes;
- independent living suites;
- emergency shelters and transition houses;
- safe houses;
- financial support to find housing in the private rental stock.

Housing options available to children and youth look very different dependant on the area of the province where a young person lives.

John accessed the government system of care after advocacy on the part of a child psychiatrist. He was fortunate to have access to residential services, but when his behaviour and mental health issues became problematic, his housing options were limited.

That John was able to find housing was unusual, as residential services are often hard to come by, especially for teenagers. The few foster parents available are seldom interested in taking in teens, since they do not have the skills or abilities to handle the behaviours that someone like John presents. Group homes can support high-risk young people, but they are expensive and there are fewer beds available than the number of young people who require them. Foster homes are at a premium, with foster parent recruitment and retention an issue. Priority for residential care is given to young people in the continuing care of MCFD, especially those under 12.

However, life in care is not always what it is cut out to be. Placement breakdowns, moves to different homes, and frequent upheaval is sometimes common. Young people in the child welfare system have been known to have as many as 30 moves into and out of foster homes and other placements. Some young people successfully make the transition to a life of independence, but those with the greatest challenges are often the ones that the system cannot support. The residential resources available to young people cannot address the problems such as addictions, mental ill-health, learning disabilities, and other challenging behaviours.

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While John was able to access care in the child welfare system, teens who are having problems at home and may be in need of protection do not always get the help they are looking for and have limited options. Only those who face the most extreme situations within their family home are considered for care.

Parent-Teen Conflict or Family Abuse? Sarah's Story

The line between parent-teen conflict and physical abuse where a young person is deemed as in need of protection can be very blurry, as the following example illustrates. Sarah was 16 when she was referred to a local community service agency after running away from home. By all accounts, Sarah had a functional family, with two loving parents and siblings. She attended school regularly and had excellent grades. When Sarah was contacted by a local outreach worker, she disclosed that leaving home was the result of the ongoing physical abuse by her father, which had come to a head when her father found out that Sarah was dating a boy at school. Her father limited her contact with the outside world, and as a function of the family's religious affiliation, she was only allowed to associate with those within the religion. The outreach worker referred Sarah to a mental health professional because she was having suicidal thoughts.

The physical abuse was reported to child protection authorities, who commenced an investigation. Sarah's father admitted to the abuse and promised the child protection social worker that he would not abuse his daughter again. MCFD considered the situation one of parent-teen conflict, closing the investigation with no further action. Sarah's father contacted the outreach worker who had been involved with his daughter and explained that such services were no longer required, and that if contact continued with the worker, he would proceed with legal action against the worker and organization. Sarah was told by the child protection social worker to go home, since there was nothing further that the child welfare system could offer her. She had no money and no other options, so she reluctantly returned home.

At this point, her father withdrew Sarah from school, to prevent her from having contact with the outside world. He kept the promise made to MCFD and did not physically abuse his daughter again. Instead, he

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chose to have Sarah's siblings lock her in a closet and physically assault her. She fled for the second time and contacted the mental health professional whom she had been introduced to earlier by the outreach worker and through this contact was able to find a place to live and receive governmental financial assistance. Sarah had a friend from school whose family offered to house her.

Like Sarah, youth who find themselves in an unsafe family situation and turn to the system may not always find the response they are hoping for. The child welfare system must weigh the stories of both the parents and the young person, and the young person often has less credibility than the parent. Teenagers are considered capable of protecting themselves in an unsafe family situation and told to contact the RCMP should they be subjected to abuse at home. As a result, young people who may require protective intervention are not taken into government care and become alienated from the very system designed to help them. Youth come to learn that discussing what is really happening at home might place them at further risk if they are made to return home. The next time something happens, they are less likely to seek out formal help, placing them at greater risk for homelessness.

Youth Agreements: A Non-Care Option for High-Risk Youth

To address the needs of high risk young people, who are seldom taken into MCFD care, the government has created a program specifically for high-risk young people 16 to 18 years of age. Known as Youth Agreements, the program involves:

Legal agreements between youth and MCFD is available to youth ages 16 to 18 who cannot return home to their family for reasons of safety, and youth who have no parent or guardian willing to take responsibility for them. It provides financial assistance for youth to live independently, as well as structure and access to services and support to help them gain independence and self-confidence, develop life skills, return to school and/or gain work experience, and deal with concerns such as mental health and addiction issues. Aims to protect the rights of youth to be healthy and independent, to receive guidance and support, and to be protected from abuse, neglect, and harm. Program is accessed through local MCFD offices.

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(www2.vpl.vancouver.bc.ca/DBs/Redbook/orgPgs/1/12939.html)

As with the formal system of care, the use of youth agreements varies based on the region of the province young people live. Some communities have the resources and make extensive use of the program whereas other communities do not. How the program is delivered also looks different, depending on where in B.C. the young person lives.

Youth Agreements are a cost-effective way to support high-risk and homeless young people and can prevent them from coming into government care. However, young people can be punished for the very things that brought them to ask for help in the first place. In practical terms, young people placed on a youth agreement must meet certain high-risk criteria in order to be accepted into the program. These include:

- unable to live with family;
- street involved or homeless;
- have untreated addictions or mental health concerns;
- not involved in a day program such as school or employment;
- may be involved in or at high risk of sexual exploitation.

Youth first attend a triage meeting and are told whether they are a candidate for the program. If accepted, they must complete a three-week trial period where they are asked to work on the issues that brought them to the program in the first place. Once the youth agreement is signed, the young person agrees to follow through with specific expectations and in exchange, the government provides financial and relational support to live independently in the community. The youth agreement is reviewed on a regular basis, and if the young person is not following the terms of the agreement, he or she is given a warning and can be dropped from the program. Although the government is responsible for young people in their care until the age of 19, and therefore has a legal responsibility to provide them with housing and supports, regardless of their situation, a youth agreement is different as the young person is not in the care of MCFD.

In many cases, a Youth Agreement works well. Since youth agreements provide financial support (up to \$450 a month for housing) for young people to live independently, they must find housing in the community. In a tight rental market, however, it can be very difficult to

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find a place. Youth Agreements are a cost-effective way to support high-risk and homeless young people and can prevent high-risk youth from entering into care. But within the program, young people can be punished for the very things that brought them to ask for help in the first place. As sole responsibility for follow-through rests with young people themselves, they have limited options if they are dropped from the program. Although the government is responsible for young people in their care until the age of 19, and therefore has a legal responsibility to provide them with housing and supports, regardless of their situation, a youth agreement is different.

In some cases, young people who are homeless and the highest risk youth in the community simply are often unable to secure a youth agreement. If they do manage to enter the program, finding a place to rent and achieve stability can be difficult, if not impossible. To expect a young person with limited resources to make it on \$675 a month in a tight housing market, when they lack the necessary knowledge and abilities, sets them up for certain failure. While Youth Agreements fill a gap for high-risk youth between 16 and 18, the reality that teens are not taken into government care has created a new gap in service. There are limited options available for those between the ages of 13 and 16 who cannot or will not stay at home.

Too Old for Care, Too Young for a Youth Agreement: Shannon's Story

Shannon, 15, has a history of conflict with her parents. She has been in and out of the family home numerous times since she was 13. Her mother finally told Shannon that she is no longer welcome at home. Shannon turned to her outreach worker for support. Shannon had no extended family she could live with, so she turned to MCFD. Shannon's mother told the social worker that she could come home, but she would have to follow a long list of expectations in order to return. The outreach worker knew that she had no intention of taking Shannon back and made unreasonable requests to make sure that this did not happen. But the social worker told Shannon there was nothing she could do, since Shannon's mother had made the offer, and there are no foster homes

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available for 15 year olds. Shannon was told that she could apply for a Youth Agreement in 10 months' time, when she would be 16, but until then, she was on her own.

Shannon stayed with a friend at first, and over the course of the next several months, moved from friend to shelter to the street. She began to use drugs and as a result, her schoolwork suffered. She was expelled for lack of attendance. Shannon took a part-time job, but could not hold it for long – she had trouble getting to and from work, because she never knew where she would be sleeping from night to night. She became depressed and felt suicidal. Shannon became involved with a 25-year-old man who provided her with a place to stay. She became pregnant, but miscarried. The relationship with her boyfriend broke down. She went back three times before finally deciding to leave him. She was willing to see a mental health worker, who helped her.

Shannon's 16th birthday is approaching. In the last year, she has lived in 15 different places, has dropped out of school, and has experienced a miscarriage. With her outreach worker, Shannon approaches MCFD about a Youth Agreement. She does what is asked of her and signs on to the program. It takes her two months to find a place to rent, and she has to move twice after entering the program.

Paradoxically, Shannon would have been eligible for the program at 15 if she had been pregnant or parenting. In the absence of other options, she was left to fend for herself and she experienced a year of instability.

Youth Aging Out of the System: Falling Through the Cracks

While Shannon was too young to receive services, John was too old. In British Columbia, services are terminated for young people in government care upon their 19th birthday, whether they are ready to live on their own or not.

The youth services system operates quite differently from the adult system. Young people may experience culture shock when they move into a different system of care. In John's case, he was at a disadvantage to begin with, as he had a reputation for being difficult, which followed him into the adult system. John was also seen as causing his own mental health problems. If John had been seen as "ready" to receive help, the adult system could give him the limited help that was available to him,

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provided he did what he was asked to do. Unfortunately, John was not able to do this, so he was labelled as “resistant” to service.

Many young people today live with their families until they are well into their twenties. They may not possess either the financial capacity or the life skills to live on their own. Those who do move out can turn to their families for material, financial, or emotional support.

By contrast, for young people in government care, 19 is the age at which they are expected to manage on their own. Whether they can take care of themselves is not a consideration. Yet addictions, mental health issues, street involvement, a traumatic history, and other circumstances can impede their developmental trajectory. It is no surprise then, that the literature shows such poor outcomes for young people exiting care.

Fortunately, as this article was being written, the provincial government announced the implementation of Agreements for Young Adults, whereby those that turn 19 years of age and in the care of the government or on a youth agreement are eligible to receive financial support for up to 24 months to enrol in schooling or rehabilitative programming.

A Lack of Safe and Affordable Housing for Youth: Brad’s Story

John’s story demonstrated some of the barriers facing all young people when they move out on their own. The Central Okanagan has one of the hottest real estate markets in Canada. With the average home costing about \$500,000, few young families can afford to purchase a home. This increases the number of people looking for rental accommodation, thereby pushing down vacancy rates and raising rents. Since 2006, the vacancy rate in the area has been between 0 and 0.6%, and average rent for a one-bedroom apartment is \$800 a month. By contrast, young people on income assistance receive \$375 a month for rent and those on youth agreements receive \$450 a month.

With such a limited supply of rental housing, landlords in the community can pick and choose their tenants. It is not uncommon for a landlord to hang up the phone upon hearing that the applicant is 17 or 18. For someone like John, finding housing is next to impossible. He has never rented before, has no housing references, and has limited life skills and an active addiction. His options include small travel trailers with

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insufficient amenities or hotels that rent to marginalized young people in the off-season. These hotels charge high rates and the tenant must move out in the spring when tourists come to town. There is very little low-income housing in the area, and wait lists are up to five years for the few units that do exist. Priority is given to single-parent families, seniors, and low-income working singles.

Brad, 18, has a history of crystal meth use. He was kicked out of his mother's home and lived in a local emergency shelter for several months. He struggled with his addiction, and while he did get addictions counselling, he did not follow through with a plan of care. However, he was determined to find work and housing. He found work, as he has a background in the food service industry. Working a 40-hour week, he made \$10 an hour plus some tips. His take-home pay is roughly \$1,300 a month. While he stayed at the shelter, he was able to save \$1,600 to put towards a place to rent.

Brad took the better part of three months to find rental housing. Finding a landlord that would consider renting to him was a challenge. When he approached a potential landlord with his housing support worker, Brad found someone willing to take him on. The challenge: Brad would have to pay \$1,000 a month for rent, or 80 percent of his take-home pay. He also has to pay for a cellular phone and transportation to and from work. He has limited income to purchase food and his apartment is bare, with little furniture and few household items. If his work hours were reduced, he could find himself homeless. He cannot save any money and lives from cheque to cheque. He uses the food bank when necessary, and brings food home from work. His apartment is far from the downtown core, and as a result, Brad has reduced his drug use considerably. By all accounts, he is doing extremely well, but he would be defined as "precariously" housed. One bad choice or unfortunate circumstance would put him back where he started.

What Happens When a Young Person Burns Bridges and Has Nowhere to Turn: Lisa's Story

Lisa, 22, has been on and off of the streets since she was 12. Her mother chose a never-ending procession of boyfriends over Lisa, and there was a

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family history of drug and alcohol abuse and mental illness. Lisa left home and came to the attention of child welfare, but her mother told social workers that Lisa was welcome home, so she could get no assistance. When she did attempt to return, one of her mother's boyfriends attempted to have sex with her. When Lisa told her mother about it, Lisa's mother did not believe her. At that point, Lisa left home for the last time.

Lisa quickly fell in with the wrong crowd. She experimented with alcohol and marijuana at an early age, and an older man introduced her to cocaine when she was 13. It was not long before Lisa was standing on a street corner, and at the age of 13, selling herself to feed her addiction. Lisa stayed in a number of different places, including the homes of adult sex trade workers and known drug houses.

Lisa began injecting drugs when she was 15. She has been sexually assaulted on several occasions, has had to stab johns who tried to assault her, and has collected debts for drug dealers. She has had a series of "boyfriends" who have physically abused her and lived off her earnings.

At 15, Lisa came into government care. She lived in hotels and re-connected with a former foster parent. Lisa stayed with this person for over a year, taking prescribed medication for a diagnosed mental illness and returning to school. She said that she wanted to finish school and become a youth worker, so that she could help young people who have been in the same situation as her.

Lisa's situation took a turn for the worse when her foster parent found drugs in her possession and needles in the home. With younger children in the home, she was unable to keep Lisa. Lisa quit school and found herself downtown once again using drugs and working the street. She made several suicide attempts, and overdosed on more than one occasion. She has been in and out of detox several times and has stayed at shelters time and again, only to return to the streets.

At 19, Lisa aged out of the child welfare system. Her life has continued down the same path, with one exception, a period of months during which she found stable employment in a restaurant and left the streets. But she was let go when the tourist season ended and found herself back on the streets, using drugs heavily. She was introduced to the criminal justice system after being charged for assault and prostitution, and has been in and out of jail. Lisa remains in contact with an outreach worker

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she met when she was 14, and still wants to finish school and become a youth worker. She struggles with her addiction and mental health and has not had stable housing for several months.

Successful Community Responses to Homeless Young People: Jake's and Jesse's Stories

While the stories told so far illustrate the systemic, community, and individual challenges that homeless youth face, some have successfully made the transition from the streets to longer-term housing. These stories identify some of the strategies that have been effective in supporting high-risk and homeless young people. The young people involved had social supports and were open to working on their situations.

Jake, 17, has a history of family abuse. Raised by his father, Jake was severely beaten throughout his childhood. At 12, Jake was brought to the attention of child protection authorities by a concerned school counselor. Jake had symptoms of attention-deficit disorder and had difficulty managing in school, getting into fights with his classmates. An investigation revealed that Jake was being mistreated at home.

Jake was taken into government care and experienced foster care, group care, and independent living. Jake did not manage well in group care, where he faced conflict with staff and youth. Each care option he tried ended with his being discharged due to an inability to follow program expectations. He was not welcome at his social worker's office, where he acted out, and he could only attend in the company of a youth worker. Some organizations refused to work with Jake, saying he presented a safety risk to staff. He found himself in the shelter system.

His social worker sought the assistance of a community organization to provide Jake with intensive support, so that he could find housing in the community. The support worker found a hotel room for Jake to rent in the off-season and attempted to build a working relationship with him. Initially, problems arose when Jake invited his friends to his room. However, the support worker, Jake, and the landlord were able to work on these issues and Jake became a good tenant. When the hotel was nearing busy season, the landlord offered him an extra month to stay and offered Jake a reference for his future housing searches.

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The support worker, focusing on Jake's strengths, including his independence and his desire to be free of the child protection system and to find suitable employment, developed a positive working relationship with Jake. He was referred to a local employment program, and was soon successful in finding employment. When he was laid off during the off-season, he was able to find employment again. Through this full-time job, Jake made friends who offered him a place to stay when their roommate moved out. Jake moved in with the group and remained there for close to a year.

Jake soon found himself facing eviction when the owner of the home sold the house. He was extremely discouraged and ended up quitting his job. He ended back in the shelter system, but still wanted to achieve stability. A pilot project had just started, in which Jake could enter a transitional housing suite temporarily. He did so and remained in the program for several months. Initially, he was using marijuana and was not motivated to find work, but eventually found a full-time job and registered for school. He has been a good neighbour in the program and has recently met a new roommate. They are getting along well and have talked about moving out together when they are ready. Jake is not out of the woods yet, but his resilience and determination have shown through over the past few years.

Jesse, 19, comes from a family with significant mental health issues. He did not enter government care, because he found himself in a bail hostel after being charged with a crime. He was 15 at the time, and although a return home was not an option, MCFD was not prepared to take him into care, preferring to wait until he turned 16 and to offer him a Youth Agreement. Luckily for Jesse, he developed a good connection with the bail hostel family and stayed for over a year, without breaching his bail conditions.

Like Jake, Jesse had the support of a youth worker who was charged with helping him find and maintain housing, attend to his health issues, find employment and connect him with disability coverage, so that he had financial assistance. Jesse eventually found a room for rent in the community. The path to independent living was not straight, as he struggled with alcohol abuse. This created problems with his roommates and Jesse was evicted from the home. Luckily for him, an-

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other residence was available and he made a transition from one home to the other. This time, he made an effort to work on the things that had caused problems in the first place.

Jesse was deemed unemployable by his family physician due to his mental health issues. He did odd jobs and volunteered at a local youth centre helping out with community clean-up and graffiti eradication.

Is There a Housing Policy for Young People?

The situations presented in this chapter provide some clear examples of the complexities that at-risk youth face in a mid-sized Canadian city. However, these stories of the difficulties and hardships youth face in finding safe, stable, and affordable housing are not unique, as the themes of prejudice, discrimination, exploitation, vulnerability, and powerlessness are common to at-risk youth across Canada and elsewhere. One consistent factor in the stories presented here are the many gaps in child welfare and social service policies that are intended to prevent youth from becoming homeless and the many barriers to accessing much-needed resources for basic needs and to realizing the essential right to appropriate and stable shelter.

The Homelessness Partnering Strategy replaced the National Homelessness Initiative on April 1, 2007. However, it does not include a specific initiative that addresses the needs of homeless youth. Many policies cover children and adolescents as long as they remain attached to their families and remain the responsibility of their legal guardians. But once young people step outside the structures designed to keep them inside their homes, there are few courses available to them.

At this time, limited money is available to address youth homelessness, and these funds are temporary and project-based, rather than long-term core funding. The fragmentation of social policies contribute to the creation and maintenance of youth homelessness.

One solution is the implementation of social policy that leads to the unification of various systems that affect at-risk youth to reduce the gaps and develop and implement a new policy to house at-risk youth. Collaboration between service systems and organizations is essential. The challenges in this work are many, but some things are absolutely necessary to help young people succeed. The following must be in place:

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- A supply of affordable, safe and stable housing designated specifically for the youth population
- Income supports that provide young people with the financial resources to pay their rent and meet basic needs
- Social supports that assist young people in developing the skills, knowledge and abilities to achieve self-sufficiency

The old saying that “it takes a village to raise a child” holds true as communities across Canada work to eliminate youth homelessness. In the case of youth, supports and resources need to be “scaffolded” to prevent youth from falling through the gaps in child welfare and youth service system and to ensure a sustainable trajectory for independence and healthy development into adulthood. Access to safe, stable, and affordable housing with age- and development-appropriate supports will be critical to end youth homelessness in Canada.

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References

- Cheung, A. M., & Hwang, S. W. (2004). Risk of death among homeless women: A cohort study and review of the literature. *Canadian Medical Association Journal*, 170(8), 1243-1247.
- Dachner, N., & Tarasuk, V. (2002). Homeless “squeegee kids”: Food insecurity and daily survival. *Social Science & Medicine*, 54(7), 1039-1049.
- Dadds, M. R., Braddock, D., Cuers, S., Elliott, A., & Kelly, A. (1993). Personal and family distress in homeless adolescents. *Community Mental Health Journal*, 29(5), 413-422.
- Ensign, J., & Santelli, J. (1997). Shelter-based homeless youth: Health and access to care. *Archives of Pediatrics & Adolescent Medicine*, 151(8), 817-823.
- Farrow, J. A., Deisher, R. W., Brown, R., Kulig, J. W., & Kipke, M. D. (1992). Health and health needs of homeless and runaway youth. *Journal of Adolescent Health*, 13(8), 717-726.
- Fitzgerald, M. D. (1995). Homeless youth and the child welfare system: Implications for policy and service. *Child Welfare League of America*, 74(3), 717-730.

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3.3 Social Housing Policy for Homeless Canadian Youth



- Gaetz, S., O'Grady, B., & Vaillancourt, B. (1999). *Making money: The Shout Clinic report on homeless youth and employment* (pp. 1-52). Toronto: Central Toronto Community Health Centres.
- Hagan, J., & McCarthy, B. (1997). *Mean streets: Youth crime and homelessness*. Toronto: Cambridge University Press.
- Hoyt, D. R., Ryan, K. D., & Cauce, A. M. (1999). Personal victimization in a high risk environment: Homeless and runaway adolescents. *Research in Crime and Delinquency*, 36(4), 371-391.
- Hwang, S. (2000). Mortality among men using homeless shelters in Toronto, Ontario. *Journal of American Medical Association*, 283(16), 2152-2157.
- Hwang, S., Martin, R. E., Tolomiczenko, G. S., & Hulchanski, J. D. (2003). The relationship between housing conditions and health status of rooming house residents in Toronto. *Canadian Journal of Public Health*, 94(6), 436-440.
- Hwang, S. W., Svoboda, T. J., De Jong, I. J., Kabasele, K. J. & Gogosis, E. (2005). Bed bug infestations in an urban environment. *Emerging Infectious Diseases*, 11(4), 533-538.
- Hyde, J. (2005). From home to street: Understanding young people's transitions into homelessness. *Journal of Adolescence*, 28(2), 171-183.
- Janus, M.-D., Burgess, A. W., & McCormack, A. (1987). Histories of sexual abuse in adolescent male runaways. *Adolescence*, 22(86), 405-417.
- Kipke, M. D., Simon, T. R., Montgomery, S. B., Unger, J. B., & Iversen, E. F. (1997). Homeless youth and their exposure to and involvement in violence while living on the streets. *Journal of Adolescent Health*, 20(5), 360-367.
- Klein, J. D., Woods, A. H., Wilson, K. M., Prospero, M., Greene, J., & Ringwalt, C. (2000). Homeless and runaway youths' access to health care. *Journal of Adolescent Health*, 27(5), 331-339.
- MacLean, M. G., Embry, L. E., & Cauce, A. M. (1999). Homeless adolescents' paths to separation from family: Comparison of family characteristics, psychological adjustment, and victimization. *Journal of Community Psychology*, 27(2), 179-187.
- Mathews, F. (1989). *Familiar strangers: A study of adolescent prostitution*. (Revised ed.). Toronto: Central Toronto Youth Services.
- McCarthy, B., & Hagan, J. (1992). Surviving on the street: The experiences of homeless youth. *Journal of Adolescent Research*, 7(4), 412-430.
- McCarthy, B., Hagan, J., & Martin, M. J. (2002). In and out of harm's way: Violent victimization and the social capital of fictive street families. *Criminology*, 40(4), 831-865.
- McCaskill, P. A., Toro, P. A., & Wolfe, S. M. (1998). Homeless and matched housed adolescents: A comparative study of psychopathology. *Journal of Clinical Child Psychology*, 27(3), 306-319.

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- Powers, J. L., Eckenrode, J., & Jaklitsch, B. (1990). Maltreatment among runaway and homeless youth. *Child Abuse & Neglect*, 14(1), 87-98.
- Rew, L. (1996). Health risks of homeless adolescents: Implications for holistic nursing. *Journal of Holistic Nursing*, 14(4), 348-359.
- Ringwalt, C. L., Green, J. M., & Robertson, M. J. (1998). Familial backgrounds and risk behaviors of youth with throwaway experiences. *Journal of Adolescence*, 21(3), 241-252.
- Ryan, K. D., Kilmer, R. P., Cauce, A. M., Watanabe, H., & Hoyt, D. R. (2000). Psychological consequences of child maltreatment in homeless adolescents: Untangling the unique effects of maltreatment and family environment. *Child Abuse & Neglect*, 24(3), 333-352.
- Simons, R. L., & Whitbeck, L. B. (1991). Running away during adolescence as a precursor to adult homelessness. *Social Service Review*, 65(2), 225-247.
- Stewart, A. J., Steiman, M., Cauce, A. M., Cochran, B. N., Whitbeck, L. B., & Hoyt, D. R. (2004). Victimization and posttraumatic stress disorder among homeless adolescents. *Journal of American Academy of Child & Adolescent Psychiatry*, 43(3), 325-331.
- Tarasuk, V., Dachner, N., & Li, J. (2005). Homeless youth in Toronto are nutritionally vulnerable. *Journal of Nutrition*, 135(8), 1926-1933.
- Tarasuk, V., Dachner, N., Poland, B., & Gaetz, S. (forthcoming). Food deprivation is integral to the "hand to mouth" existence of homeless youth in Toronto. *Public Health Nutrition*.
- Unger, J. B., Simon, T. R., Newman, T. L., Montgomery, S. B., Kipke, M. D., & Albomoz, M. (1998). Early adolescent street youth: An overlooked population with unique problems and service needs. *Journal of Early Adolescence*, 18(4), 325-348.
- Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *The Journal of Sex Research*, 41(4), 329-342.
- Whitbeck, L. B., Hoyt, D. R., & Ackley, K. A. (1997). Families of homeless and runaway adolescents: A comparison of parent/caretaker and adolescent perspectives of parenting, family violence, and adolescent conduct. *Child Abuse & Neglect*, 21(6), 517-528.
- Whitbeck, L. B., Hoyt, D. R., Yoder, K. A., Cauce, A. M., & Paradise, M. (2001). Deviant behavior and victimization among homeless and runaway adolescents. *Journal of Interpersonal Violence*, 16(11), 1175-1204.
- Whitbeck, L. B., & Simons, R. L. (1990). Life on the streets: The victimization of runaway and homeless adolescents. *Youth & Society*, 22(1), 108-125.

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