Can You Be Healthy on the Street?: Exploring the Health Experiences of Halifax Street Youth

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Abstract
This pilot study was funded by the Canadian Institutes of Health Research and offers an examination of the experiences and perceptions of street youth vis-à-vis their health status. Through in-depth interviews and a short quantitative survey with 15 street-involved youth in Halifax, Nova Scotia, this paper explores healthy and not-so healthy practices of young people living on the street. Qualitative interviews with ten health care and social service providers complement the analysis. More specifically, the investigation uncovered how street youth understand health and wellness, how they define good and bad health, and their experiences in accessing diverse health services.

Keywords: street youth, service delivery, health and homelessness, street life

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Résumé

Cette étude pilote a été financée par les Instituts Canadiens de Recherche de Santé et offre un examen des expériences et des perceptions de jeune de la rue vis-à-vis leur statut de santé. Par les interviews détaillées et une enquête quantitative courte avec 15 jeune impliqué de rue à Halifax, Nova Scotia, ce papier explore en bonne santé et pas ainsi les pratiques en bonne santé de jeunes gens vivant dans la rue. Qualitatif les interviews avec dix santé publique et pourvoyeurs de service sociaux complètent l'analyse. Plus spécialement, l'enquête a dévoilé comment le jeune de la rue comprend la santé et la pleine forme, comment ils définissent la bonne et mauvaise santé et leurs experiences dans le fait d'accéder aux services de la santé divers.

Mots clés: le jeune de la rue, la livraison de service, la santé et la vie sans foyer, de la rue

Introduction

Perceptions and experiences of accessibility, comfort, need, and health outcomes are key factors in determining people's utilization of human service organizations (Canadian Paediatric Society 1998; Ensign 1998; Karabanow 1999; Karabanow and Rains 1997). This study explores the perceptions and experiences of a sample of Halifax street youth regarding their health as well as available health care services and interventions. North American academic literature has empirically highlighted the difficult and often demeaning experiences of street youth who interact with *social service* providers (Alleva 1988; Henry 1987; Karabanow 2004; Kufeldt and Nimmo 1987; Kurtz, Jarvis and Kurtz 1991; Michaud 1988; Ray and Roloff 1993). Existing data also suggest that street youth exhibit high rates of risk-taking behaviors, face additional barriers to accessing health care, and experience a multitude of poor health conditions (Canadian Paediatric Society 1998; Caputo, Weiler and Anderson 1997; Ensign 1998; Ensign and Santelli 1997; Farrow et al., 1992; Karabanow 2003; Smart, Walsh, Adlaf and Zdanowicz 1992). However, scant attention has been paid to street youth's perceptions of their own health or interactions with *health care services*, such as hospitals, community mental health clinics and medical drop-in centers. Available data suggests that formal health services such as hospitals and clinics are underused by youth due to perceived barriers including rigid program structures, fragmented systems of care, requiring identification, travel distance from shelters/squats, cultural insensitivity and discrimination (Ensign and Bell 2004; Karabanow 2004; McCormack and MacIntosh 2001). Alternative organizational structures such as mobile health outreach services and storefront street youth organizations that focus on holistic and broad-based health and wellness needs have been found to reduce such obstacles (Ensign and Bell 2004; Karabanow 2004).

Evidence suggests that Canadian health and social services are in a tumultuous state—affected by a lack of resources, heavy caseloads, inadequate technologies, crowded facilities, and low morale plaguing day-to-day operations (Browne 1996; Campfens 1997; Yalnizyan 1998). At the same time, numerous authors have indicated that marginalized and alienated populations (such as street youth) require individualized and immediate attention within a caring, patient and safe environment (Bryant 2004; Edney 1988; Henry 1987; Karabanow 2003; Morrissette and McIntyre 1989; Price 1989; Ray and Roloff 1993; Wilkinson 1987). It is the interplay between these two realities that provide the foundation for this research.

Research that takes into consideration distinct yet interconnected world—that of street youth and health care, social service delivery and health policy—is important for several reasons. This study highlights the multiple perspectives regarding the problem of homelessness and point to best practice approaches that pertain to the issue. The number of people living on the streets is growing each year. Homeless youth make up an increasingly large proportion of the homeless population (Toronto Mayor's Homeless Action Task Force 1998) accounting for an average 6,500 homeless per night in 1997 in emergency shelters alone (Begin, Casavant, Chenier and Dupuis 1999). By focusing on street youth relations with health care providers and services, we gain insight as to how this population is being served.

For many, street life consists of high-risk activities that compromise an individual's overall physical, mental and spiritual health and wellness. In Canadian cities such as Vancouver, Montreal, Calgary, Ottawa, Halifax and Toronto, street youth culture has become infused with serious health problems, including HIV/AIDS, Hepatitis, drug and alcohol abuse, depression and suicide (Karabanow, Clement, Carson and Crane 2005). As such, it is imperative to gain an understanding of the context of "what happens" and "what does not happen" when street youth seek health care attention, and whether such interactions and interventions need to be improved or further developed.

Moreover, exploring street youth perceptions and experiences provides a rare opportunity to learn about these adolescents, their understandings of personal health issues, their interactions with various health care organizations, and their health related needs. Leading investigators have noted that research within this area must utilize context-specific methodologies that elicit information directly from street youth about preferred health care interventions (Ensign 1998) as well as the efficacy of such interventions (Booth, Zhang, and Kwiatkowski 1999; Kidd 2003). Such "first voice" data can provide very meaningful practical knowledge to service delivery professionals and policy makers.

Methods

This pilot study was funded through the Canadian Institutes of Health Research and incorporates both qualitative and quantitative methods to explore homeless youth's perceptions, experiences and understanding of health as well as their abilities to access health care services. The breadth of the investigation relied on in-depth qualitative interviews with 15 street involved youth, aged 16 to 24 years (which is the most common age range service providers target), and 10 health and social service providers who serve the street youth population. Youth were invited to participate through word-of mouth recruitment, posted advertisements and staff referrals at an alternative street youth drop-in service in downtown Halifax—a small city (population 378,000) on the Atlantic seaboard of Canada where homelessness is a growing concern—a one-night count in 2004 revealed 266 homeless people in shelters, drop-in centres and on the street (Halifax Regional Municipality 2005). A purposive sampling design was used to recruit service and health care providers from across numerous organizational structures and locations (i.e., hospitals, shelters, clinics, drop-ins, etc.) in order to include as broad a range of service delivery styles as possible.

The participants in this study included 12 males and 3 females who were, on average, 21 years of age. The vast majority, 86% (n=13), grew up in female-headed households; 73% (n=11) have lived for more than six months on the street; 80% (n=12) are currently not attending school and the average last grade completed was grade ten. Such a demographic profile is representative of the majority of research studies concerning this population. Nevertheless, the low number of female participants suggests caution in generalizing these findings to both sexes. In addition, the sample size is slightly skewed to older youth and future research should attempt to incorporate younger youth as well as more females.

Interviews consisted of a one-hour semi-structured nature and involved open-ended questions seeking to explore the experiences of street youth and service provider's vis-à-vis a variety of pressing health concerns. Interviews took place in cafes, parks, and street youth services' offices. Interviews were carried out by the lead investigator and two research assistants, both of whom were graduate students in social work. The interview guide was based on the following queries: What are street youth's perceptions, experiences and understanding of health and wellness? What are the most common health problems that street youth are experiencing or have experienced? What are promising programs and services to support street youth's health? What characteristics of programs/services/ interventions appear to attract and benefit homeless youth? Service providers and youth addressed the same questions and both groups' responses are presented together in the analysis. A short closed- and open-ended quantitative survey was also provided to youth participants in order to build an understanding of the population's demographic make-up and to validate qualitative interview findings.

Data analytic techniques included the generation of basic descriptive statistics from the closed-ended, quantitative data. The qualitative in-depth interviews were audio-taped with the permission of the participants and analyzed using an interpretive or constructivist grounded theory approach (Charmaz 2004) which allows the "data to speak" through the construction of thematic structures that are heavily laden with contextual matter. This was done in an iterative manner, allowing for data collection and analysis to occur in successive waves until no new information was forthcoming. In addition, analysis involved locating common and dissimilar themes and building thematic narratives from the data through open, axial and selective coding structures (Strauss and Corbin 1990). There is not one overarching narrative which fits the data sets. Rather, there are four interrelated 'narrative arenas' which attempt to provide meaning and context to the lives of street youth participants. These arenas include "street living," "understanding health," "looking for help" and "what services are needed." The following section offers an overview of the major themes that emerged from the data. These findings are organized by individual level issues and broader social and structural issues which impact on the health of the homeless youth in this pilot study.

The following sections offer an overview of the key issues to emerge from the open-ended qualitative data, beginning with a discussion of the context of life on the streets and how this serves to shape the participants' perceptions of "health."

What is "Health" Anyway?

When asked to define their feelings about "good health," the majority of the street involved youth included in this study suggested that being healthy meant an absence of disease and/or sickness. Moreover, youth elaborated that good health also meant "not hurting" from both a physical and emotional realm. Being healthy was seen as a state of "waking up feeling alright"—without experiencing coughs, nausea, headaches, body aches and depression. Some youth associated health with living life in moderation: "[Being healthy] means eating right and watching yourself. Not drinking too much, not smoking too much, not doing too much drugs and then you should be a little healthy." In addition, many youth spoke of good health as the ability to meet basic needs, having the opportunity to eat three healthy meals a day, being able to shower and feel clean, having adequate clothing, and a safe place to sleep at night. In other words, being able to take care of oneself was often seen as an indicator of health:

> *You know, just watching out for yourself, taking care of my body, like knowing I got to get some sleep when I really feel run down…seeing if there's any juice, orange, apple juice at the [name of drop-in center]… making sure I get to eat one good meal, that's important to being ok healthy.*

Participants often mentioned the amount of walking (and/or skateboarding) they do when talking about healthy activities. Moreover, the majority of youth noted that health was characterized by an absence of drug or alcohol abuse and its myriad effects (such as hangovers, confusion, paranoia, overdose and feelings of "being strung out"). Consuming hard drugs (such as heroin and crack cocaine) was also linked to periods of feeling suicidal in the lives of some participants (n=4): "I am always stressed and depressed, that what it means to be on the street…street kids get into drugs to deal with their lives…I get high to forget that I really don't have anything to look forward to…"

Poor health was often associated with a lack of concern for one's body: "[S]omeone that drinks a lot, smokes a lot, does a lot of drugs, doesn't do any exercise and doesn't eat right. Someone who just eats take-out all the time—just eats greasy food. It's not that they look bad, it's just that they're not going to be too healthy. Their life expectancy is going to drop."

Drug use was also mentioned as a challenge to feeling emotionally healthy:

> *I've gotten a lot, well, pretty stressed out before. You know when your head is not in the right place you're gonna be stressed out all the time or worried about everything. I mean my head is pretty level, but there are some nights when I get—when I drink a lot and the next day I'm right hungover and my mind's not in the right place. They call it waves of weirdness. You get waves of paranoia.*

A number of youth highlighted that feeling healthy meant caring about oneself, having good self-esteem, possessing a sense of comfort about oneself, feeling confident and empowered, being active rather than tired, and maintaining a sense of happiness:

> *I think self-esteem is a big thing, I don't have good self-esteem and having confidence and feeling good about your body, your heart, your mind is being healthy.*

> *When you can be in charge, you know, like you can take care of your self…not being needy and so angry all the time, like feeling good about who you are, really feeling good…*
> *Good health to me is when not [being] depressed, don't have to deal with stress all the time…waking up in the morning and not feeling like shit and tired.*

As such, health was not simply located within the physical arena, but was perceived by street youth as a more complex entity that overlapped with emotional well-being. One young woman described good health as: "I suppose having a comfort level with where you are physically and mentally and spiritually. To me that would be good health. And you know, taking care of yourself…"

Many youth spoke eloquently about the interrelation between physical and mental health: "I think I need to physically feel better in order to mentally feel better…" or "[T]he better you feel about yourself, the better you're gonna feel…"

When asked about their mental or emotional health state many youth commented that they were often angry, stressed, depressed, or "in a bad mood." A young woman stated that she consistently worried and that being depressed was "…my whole personality." Some youth demonstrated a form of learned helplessness and lack of hope for their futures. As one young man confessed: "[M]y main issue is with myself. Putting myself in a dark place in my head where nothing is ever going to go right so why am I trying?" Similarly, a young woman alluded to earlier plans of suicide:

> *I'm kind of past it now I think, but I do get to the point where I'm just fucking apathetic. I'm like, whatever! I don't think I would consciously plot my own demise anymore. I can say I've been in some dark places where I haven't given a shit…whatever! I get myself into situations like that sometimes.*

When asked what leads to being healthy, the majority of young people in the sample spoke of nutritional foods, exercise, feeling clean, and having a safe sleeping arrangement. Not surprising, these indicators of health were hard to embrace living on the streets—youth could not afford nutritional foods (and instead resorted to fast food products), could rarely access showers and clean clothes (except at a local drop-in center), and experienced for the most part problematic and unsafe shelter settings. For many youth, street life was the antithesis to good health, noting that the only way to be healthy meant exiting street culture and "living a normal life." Health was directly related to homelessness by one youth who noted: "[I]f you don't have a place to stay your body just wears out."

A number of youth also suggested the importance of friends to provide support and care—as a proponent of healthy living. This notion translated into choosing street companions that would "treat you well" and not "bring you down." One participant mentioned that his friends were the most positive aspect of his life at the moment: "I've got some really good friends that care about me…" which contributed to a hopeful outlook on his situation, "[T]hings are looking up." The notion of building a sense of street community was important for most youth,

especially when they perceived the general public as uncaring and disrespectful of their plights. Street friends acted as buffers, especially during work activities (panhandling, squeegeeing and flying a sign) to the often-derogatory comments and at times harassing and violent episodes launched from passersby. For the most part, youth perceived healthy lifestyles as incongruent with surviving on the street —for the majority, you did the "best you could" to exist day in and day out.

Travel was also mentioned as an important factor contributing to good health. As one youth stated he was able to "kick" his heroin addiction by "getting on a train and leaving town…you gotta leave the environment." Another youth stated that he was able to stop smoking crack by leaving the city he was living in and by starting to "smoke more weed" instead. Self-medicating with marijuana was an interesting theme throughout many of the interviews. Some youth stated that while trying to quit a "hard drug" they would wake up feeling sick until they smoked a marijuana joint. After a while they stopped feeling sick, but still found that smoking marijuana in the mornings prevented them from feeling hungry, depressed or angry: "I need to smoke a joint in order to keep my food down"; "…pot just…calms me down…"

Conversely, when asked what makes youth unhealthy, the majority highlighted common street activities such as cigarette smoking and hard drug and alcohol abuse. Not surprising, these activities hampered street youth's physical being. In addition, a number of youth spoke about the risk of Hepatitis and HIV/AIDS due to sharing needles and having unprotected sexual encounters. Prior knowledge about the risks of sharing needles was demonstrated by many participants' comments: " I don't share nothing and that's important to me. All my friends have Hepatitis C and I don't want it." Similarly, another young person suggests: "[A] lot of people get Hepatitis C and things like that when you do hard drugs—like when you use needles. That's why I try to stay away from that."

Participants highlighted the ill effects of the street environment—continually seeking out food, clothing, showers and shelter. Numerous young people suggested the relationship between poor, inadequate and unsafe housing environments (such as squats and low-rent boarding rooms) and unhealthy states: "[W]e need to have affordable housing that isn't mouse infested and full of asbestos." Such experiences created high levels of stress and anxiety in our street youth population: "I have to deal with stress all the time. Everyday." Other youth spoke about the ill health effects involved in attempting to deal with past trauma (such as family abuse); still others noted how one's health was closely related to low self-esteem, boredom and feelings of worthlessness:

> *Street kids are a bunch of messed up people…like with all the family stuff, like abuse and violence…that's always with us, always on my mind.*

The Good and Bad of Street Life

Street culture provides the context in which our participants understood issues of health and wellness. As such, we begin this discussion with themes of being homeless and rootless.

Freedom and Anxiety of Being on Your Own

For the majority of this sample, being on the street was akin to having freedom and escaping troubling past experiences. When asked what was good about street life, street youth made comments such as: "[T]here's not a lot to worry about…"; " [Y]ou don't have any responsibilities"; "I do what I want when I want to do it"; "I can leave a town whenever I want to"; "[I]t's the freedom"; and, "[T]here's a lack of rules." However, freedom and independence were soon overshadowed by the street's more negative exposures—hunger, cold, boredom and exploitation. As explained by one youth: "…it's kind of repetitive and it's sickening to have to find a place at night in the rain. It's not very fun." Street life acts as both a safe haven (for what young people are running away from) as well as an added source of anxiety and stress.

Harassment from Others

Most street youth noted that surviving on the street took its toll on their health and well-being. The constant search for food, shelter and work was an exhausting process, made worse by inclement weather and a perceived unsympathetic public. As one young street girl suggested, "[Y]ou get harassed by every kind of group. You get harassed by suits for God's sake. It's not just teenagers, you know, it's society." Youth spoke of street culture as "degrading" ("[I]t makes you feel like you're garbage") and "self destructive"—an environment consisting of overwhelming drug and alcohol abuse, youth violence (for many, sexual and physical assault), and illegal activities:

> *I don't think there's really anything that good about it [street life]. It's really hard. Like, you try to deny it [and say] 'Oh, it's great. It's fine', but you're really, in the back of your mind, you're really thinking, 'ah, this really sucks.' Everyone thinks the same way, but they just don't want to say. Your entire life is bad.*

Likewise, police interactions with these youth were rarely polite or congenial and more aptly described by our sample as "stressful," "disrespectful" and at times "harassing." Street life was summed up by one youth as:

> *Some nights you're stuck sleeping on the sidewalk almost freezing to death you know? That really sucks. When you're on the street there are a lot of people trying to get you doing drugs and stuff and that's no good. And, uh, a lot of times the cops are right prejudice against street people so I get beat up by the cops here and there.*

Travelling

Overlapping these concerns was the expressed need for "personal space"—a private retreat where they could feel safe and hidden from the malaise of street life: "[I]t does get depressing. You don't have your own bed to sleep in, your own physical things. Everybody likes to have your own things." Nonetheless, it is important to note some of the positive remarks made by youth regarding living on the street, for it is perhaps these advantages which keep some from exiting street culture. Many young people in our sample did not refer to themselves as street youth, rather as "wanderers" and "travelers"—attaching a rather romantic description of being carefree, in control of one's life, and only needing to look after oneself. One self-defined traveler described his life as:

> *…Going wherever you want. Doing whatever you want. You wake up one morning and you don't want to work, you just relax, sit in the sun, smoke cigarettes. If you want to make a lot of money you go out and make like 50-60 bucks and party all night. There's no reason I can't get up and leave. I could go to BC [British Columbia] tomorrow if I wanted to. There's no reason why I couldn't.*

Travelling for some meant not being homeless: "[S]ometimes if I'm staying in a city and I don't have a home, I'm homeless, but if I'm travelling, I'm travelling." A young woman summed up her street involvement as: "I'm sometimes a squeegee kid, but currently I'm travelling." Continual movement allowed some youth to escape a sedentary notion of homelessness. Moreover, several youth noted how the street became a "learning environment" and a place to grow, compared to the oft-described staleness and boredom of the traditional school and family setting. One youth who had left school at age 15 commented: "I would learn more on the street than I'd ever learn in school." For some, travelling was described as providing "a peace of mind."

A Sense of Belonging

Finally, there was much discussion around the notion of "street families" which offered a sense of being part of a supportive community of like-minded individuals:

"I mean like the punks, the squeegee punks and all that. It's like a brotherhood. Like a family for them. They travel all over the country and there are hundreds of them and they all know each other and they all stick together so it's like family for them." Thus, while the street was often viewed as unsafe and violent, there was also much discussion regarding the community of young people who survive by collectively supporting one another. A young woman described the street youth community as "a whole underground network." When asked what the best thing about street life was, one youth responded: "[M]ostly just the people. Everyone is always watching each other's back…"

For those who had past experiences with suicide and/or suicidal thoughts (n=5), friends were the most important factor in helping youth recover from or avoid acts of suicide: "…the fact there are a lot of people I care about that I want to stick around for. When I was down they begged me not to go anywhere—they needed me around. That's another thing that kind of helps."

Nevertheless, it is this same community that many youth speak of when trying to exit street life. They attempt to dislocate or disassociate from their supportive street community as a way to move towards a more conventional adolescent existence (Karabanow, Clement, Carson and Crane 2005). One youth had recently found an apartment to live in and attributed his improvement in lifestyle to "some solid influences in my life who don't use drugs or don't drink. And this goes back to the street. I only drank when I went out onto the street."

Daily Routines

For the majority of the street-involved youth in this study, daily street life involves a morning contact with the city's one of two drop-in centers; where they can access food, showers, clean clothes (and washing machines) and computer (especially e-mail) time. By late morning or early afternoon, the majority of youth have begun their work activities—squeegeeing, panhandling, busking, "flying a sign," and/or partaking in odd jobs. Many youth suggested that if they do feel ill, panhandling seems to be the best option since it requires the least amount of physical energy:

> *When I'm feeling sick I usually panhandle. If your legs are sore and your feet hurt you just want to sit down and start bumming change. I hate bumming change. Squeegeeing is kinda like bumming change, but not quite; it's different.*
>
> *You're running around. It's actually more work than a lot of people think it is.*

Street work activities tend to take up most of the day, some working in-groups, others on their own. By dinner time, most youth have acquired a small amount of

money from their work (approximately $15-$45) and will purchase dinner (primarily from fast food locations) and with left over funds (most often pooled together) acquire alcohol, cigarettes and/or marijuana for nighttime partying (most often at parks, squats or someone's flat). Each day takes on a surprisingly similar routine, with some small deviations (such as trying to find a place to sleep off a flu or hangover) depending on the way they feel from the previous day's activities. The majority of our participants noted consistent health issues derived from their street existence. The following section provides an overview of the various health risks associated with life on the streets.

Health Risks on the Street

Youth on the street face a number of adverse health issues. The majority of our youth participants noted common ailments such as colds (n=13), flues (n=12), skin rashes (n=12), lice (n=7), backaches (n=10), and foot problems ("boot rot") (n=12). Others highlighted the myriad of other health-related concerns associated with being homeless, such as drug and alcohol addiction (n=14), Hepatitis (n=5), hunger (n=12), being cold (n=7), feeling dehydrated and tired (n=6), lack of sleep and energy (n=9), injuries from fighting (n=4), food poisoning (when eating food out of garbage and recycling bins) (n=8) and for a minority, contracting HIV (n=2):

> *I'm not in shape; I have heart and lung pains, I always feel exhausted… lots of nausea, puking…and a lack of energy…*
>
> *Well the other day, I couldn't walk on my foot because of blisters…I couldn't do nothing it hurt so much…*
>
> *…I get food mostly from the trash, what people kick down, so lot's of time I'm eating some pretty bad stuff and I feel it like a few hours later…*
>
> *You name it, I got it…I got Hep [Hepatitis] C, but it's not chronic, ya I get a lot of headaches, stomach aches, feel pretty bad a lot of the time, my back aches…I feel pretty uneasy, don't have much confidence these days at all, also feel pretty dizzy when I wake up in the mornings.*
>
> *I have eczema. That really sucks, it's really itchy. It's hard to sleep sometimes it's so itchy.*
>
> *I feel so strung out most of the time, but everyone [on the street] seems*

> *to have habits…I think I need to stop drinking as much as I do soon otherwise my liver is going to give or my kidneys are going to give.*

In many cases youth reported drug addiction as their number one concern and linked drug use to increased anxiety about disease, loss of weight and inability to save money:

> *I think because I'm underweight I deal with energy, feeling inactive, laziness, tiredness…*
>
> *I lost so much weight because of that [crack cocaine]. I used to be like 250 [pounds] and when I stopped smoking it, I was like 130 [pounds].*
>
> *Drugs are the street—it's that simple. When you are in the street, you are in the drug world and there's nothing else…forget about your body, your mind…*

In many instances, there are health and social services to help youth address these issues. However, the reality for some youth is that the consequences of homelessness can be deadly. As the following health care provider states:

> *Kids do die on the street, I mean the physical toll it takes on the body, I mean these kids at 17 look to be about 45, it's quite humbling (Emergency Health Worker).*

Mental Health Issues

Overall, the majority of the street youth involved in this study suggested that street life enhanced one's feelings of stress, anxiety and depression—much of this related to the continual requirement to meet out basic needs of shelter, food and clothing. While many young people in the sample spoke of mental health concerns prior to street living, street experiences undoubtedly exacerbate emotional and psychological traumas:

> *I've had a lot of emotional problems growing up, and being on the street just seems to make them worse. I don't really ever feel happy… I'm always worried about things…like where will I be in two days? Where will I wake up tomorrow, stuff like that?*

For many, finding a safe and protected space to sleep was most challenging, especially in the face of a constant fear of "somebody coming up to me when I'm

sleeping and trying to fuck with me." This was related to both sleeping 'rough' and sleeping within the shelter system, with many youth believing it was safer on the streets. This concern for one's safety has led many young street people to acquire dogs for both companionship and protection.

Disconnected from Others

Participants also highlighted the emotional strains of being on the street; including a profound sense of feeling alone and unconnected with the rest of society. Street living was often described through feelings of disempowerment, lack of control over one's daily issues and being highly marginalized within mainstream culture:

> *[Street living] makes you feel like garbage, it's degrading to sit and ask people for money…you feel like you're not worth anything…like a dog.*

A youth worker also highlights such thoughts: "[S]o I think for a lot of youth, especially if they have been out there [on the street] for a number of months or weeks, I think the longer you get out there, the more disenfranchised and disempowered and non-person-like you feel, like you're miniscule…" As such, most young people in the sample experienced a sense of being different, being the "other" and overtly stigmatized in their day-to-day existence.

Health Seeking Behaviours

It was revealing that while the majority of street youth included in this study noted their precarious health status on the street, few have ever taken the initiative to visit a medical professional or a hospital. In the past six months, 70% of respondents noted that they had not used an emergency room; 77% had not visited a mental health service, community health clinic or family doctor; 93% of the sample had not visited a shelter health clinic; and, 85% had not visited a drug dependency service. All youth remarked that there was some form of resistance to accessing the formal health system, primarily due to a perceived discomfort and fear that they would not receive the intended care, or else would receive care in a very unsupportive and disrespectful manner: "[T]hey [hospitals and doctors] don't seem to like punks or street kids very much. Usually they have "a bad attitude with us..." and, "I feel like I get treated like a second class citizen a lot of times in hospitals." Participants voiced that mainstream health providers lacked an intimate understanding of their situations and would in turn be judgmental to their lifestyles. As one youth commented, "[A]lmost all the street people are scared of doctors…because they try to put us in the hospital or give us medication we can't afford." Moreover, needing to present identification, addresses and health cards, as well as experiencing long

waits for care and not being able to afford medication presented major structural obstacles within the formal healthcare sector: "I don't know how we could fix it, but needing a Medicare card is not a good system because people on the street don't have it" or "I'd like to be healthy. I'd like to be able to afford medication, but I can't." As such, most youth would not seek out medical support unless it was deemed an emergency (for example, feeling horribly ill, bleeding uncontrollably, and experiencing much pain and discomfort): "I'll just go to a doctor if I'm in really bad shape."

Some youth suggested that they seek professional help only when the causes of their symptoms prove perplexing. When speaking about his constant nausea and vomiting a young man noted, "I just want to figure out what is going on. It's starting to freak me out." It was also seen as one's own responsibility to seek out appropriate care. As such, the majority of the sample sought out health care from the alternative system—primarily drop-in health clinics or nurses at youth shelters. Popular was the sentiment of one youth who noted: "I would go to a drop-in centre before I'd go to a hospital." It appears that these forms of alternative service providers act as the initial point of entry for youth vis-à-vis their health conditions. Youth felt more comfortable, more respected and less judged within such informal settings:

> *The [name of community-based organization] is great, there's a lot of good people working there…the way that they try to find you help…they care a lot, you see it in the way they treat you, how they listen…don't ask a lot of questions…*
>
> *When I'm there [name of community-based organization] it just calms me, I just feel like I'm not being judged in any way…I think they respect street people.*

Moreover, young people felt that their needs could be met in a responsive and caring manner, without the need for personal identification and health cards, long waits, and the need to explain their street lifestyles. In addition, several youth noted that youth shelters/drop-ins can help fund needed medications.

The informal support system embedded within the youth shelter or drop-in model also has other benefits for street youth. First, they have already developed intimate and supportive relationships with the majority of youth. And second, they can present a more holistic approach to the overall health needs—providing shelter, clothes, food and showers in addition to direct health interventions. This model tends to reflect the CLSC (community health clinic) style of service delivery that exists currently in Quebec—a health/wellness service that employs medical practitioners, social work counselors, and outreach workers within a community-based orientation.

The advantage of such a system involves a continuum of support and care for street youth rather than simply 'fixing' the presented illness. Moreover, many youth settings appear to act as "brokers" between their youth clients and the formal health care system—helping street youth navigate their way through a complicated medical infrastructure and at the same time providing skills, knowledge and support to youth (Karabanow, Carson, Clement and Crane 2005). For example, young people in our sample praised the workers at one alternative drop-in center for helping them access needed health services like dentists, optometrists and foot doctors, as well as providing them with the means to obtain personal identification and health cards. As such, these organizations become important linkages between street youth populations and the formal health care system, providing the needed support for youth to access a somewhat confusing and alienating system. The following section offers several suggestions for the health policy and programming sectors to consider when attempting to address the health needs of homeless youth in Nova Scotia.

So What's Needed?

Both individual level and broader structural and environmental issues require urgent attention in order to adequately address the complex interplay of factors impacting the health of homeless youth (Raphael 2004). For example, the finding that alternative community-based organizations provide a key buffer role between youth and the formal health care system is noteworthy. The majority of youth participants in this pilot study suggested key characteristics of health services for street populations, including: accessible services (n=12), approachable staff (n=14), non-judgmental approaches to the provision of health care (n=13), adequate and ongoing training for staff (n=5), increased hours of operation of existing services and programs (n=10), and a more holistic approach to the issue of health that recognizes the interplay between physical, mental and spiritual components of good health (n=6):

> *It almost seems like Halifax is just realizing that there is an issue with homeless and under-housed individuals…There doesn't seem like there is an established network. I don't see a lot of the organizations working together…*
>
> *There needs to be more [services]. There's not a lot to do on the weekends. I think a lot of the drop-ins, outreach, whatever, needs to realize that holidays suck when you're homeless. All the long weekend means for us is it's that many more days without a shower or without a fucking decent meal.*
>
> *Going to [name of drop-in center] is a just a more pleasant experience…*

> *they [workers] know about street life about being homeless and that's really important…understanding our needs.*

> *I really think there needs to be places, kind of like Dans La Rue [Montreal street youth service] that just doesn't give you a bed and some clothes, they work with you on whatever needs you have, like counseling, housing, addiction stuff.*

The presence of caring, understanding and sympathetic workers appears to be a highly relevant and common suggestion from participants: "I think we need more people who are willing to go out there and reach out to the youth and we need more people who are trained in understanding mental issues or emotional issues that street youth are having." Youth spoke at length about the importance of having built trusting and compassionate relationships with workers: "[B]ut this [drop-in center] is really good. Like [name of worker] really cares about everybody. She actually cares, you know, and she's really good to everybody." Youth perceive themselves as alone and marginalized, as such, the importance of having someone "who can help" is most appreciated and honored: "[I]t's probably almost next to impossible to get in anywhere unless you have someone helping you." These sentiments are echoed by several service providers:

> *…A drop-in or walk-in type service where diversity is part of the message, staff who are there, staff who speaks and understand the language of street youth and who are just accepting and competent at the same time (Nurse).*

> *So I think for a lot of them [street youth], just knowing that there is somebody who is listening, that does care, that is trying to make some kind of a change, is important because we're not giving up on them (Social Worker).*

In addition, the use of free clinics and street outreach health practitioners were most often discussed amongst youth, especially in relation to such work existing in Montreal through Dans La Rue (street youth organization) and CLSC: "[T]hat's something they need in Halifax—street workers. Maybe there are some, but I don't see them." Street outreach personnel, such as street nurses, can provide hands-on, immediate attention to street populations within their own environments; reducing any of the complications and discomfort for youth approaching more formal health care structures.

Participants spoke about the need for more health professionals and about the fragmentation of services—some being offered in the day, no services available in

the weekend, few supports existing in the late evening—and advocated for a more centralized system of care which could provide services 24 hours a day, seven days a week in locations where young street populations survive:

> *If you look, everything you need is out there, but it's like, it's hard to get it all when it's everywhere, like, all over the city. You gotta go here and then there and then one place is closed one day. Everything should be more centralized, but that is hard…like everything should just coincide with each other, like run on the same schedule.*

These comments are supported by the majority of health professionals interviewed, as evidenced in the following statement by a youth worker:

> *A youth comes in and they say they're homeless and you try to tell them that you are going to help them and then you have to turn around and tell them that you can't because the services that are supposed to be open to them aren't, they're limited and they're unavailable.*

Several youth also mentioned the shortage of drug/alcohol detoxification services in Halifax and the long waiting lists for the existing few. Mental health services were also seen as severely limited. Interestingly and telling, one young man highlighted the need for peer-workers who as others have found (e.g., Galante, Dermatis, Egelko, De Leon, 1998) could have a more successful time attracting street youth and dealing with their health needs. Lastly, a number of participants suggested a more preventative, education-oriented program that could share the health risks associated with street life and promote health education to schools and communities around such issues as drug abuse, unsafe sexual encounters, and the sharing of needles. "I think people need to be educated more about that [street life]. Like stuff like heroin. Know a bit more. They show a little bit in school, but they don't show the whole story."

Conclusion

The findings of this pilot study not only highlight the problematic nature of attempting to achieve or maintain health while homeless, but also raise issues concerning the most meaningful ways to intervene with these young people. For example, street life presents a series of contradictions for youth. While it offers a supportive escape from a lonely, obstructive, and often violent family life, the street also exposes youth to another kind of risky, stigmatizing and lonely community existence. Likewise, street life creates numerous health problems that youth want addressed. Yet, many youth fear or feel alienated by the very people

who should be able to provide assistance to them. In addition, youth feel criticized by mainstream society for being lazy and abusive of the health and social service systems, however the findings show that youth are, in fact, very insightful about their health, and actively engage in pragmatic strategies to meet their needs or reduce the harmful effects of their behaviors. Youth participants eloquently described their understanding of health to include such constructs as "not hurting" emotionally, spiritually as well as physically, being able to "take care of oneself" and maintaining a sense of personal comfort, safety and confidence.

Street life brings out numerous health risks, however these risks are very much interwoven with a lack of appropriate housing, food, clothing and supportive networks. As noted by one health clinic nurse: "…Treating their health is often probably not the best because of the conditions they're living in…I think they [street youth] really struggle with dealing with the impact of knowing that they're not able to care for themselves as well as they would like to…" A social worker echoes this notion: "[T]here has to be a place that you feel safe, that you feel comfortable because otherwise all the other issues that may be impacting [your health] aren't going to be addressed. If you don't know where you're staying that night, how can you think about finding a job, how can you think about kicking a habit?"

The findings also support the small body of existing literature which suggests that street youth are more apt to approach alternative and informal services rather than formal health organizations when it comes to issues concerning their health and wellness (see for example Edney, 1988; Kidd, 2003; Karabanow, 2003; 2004b). In keeping with the key determinants of health, there is a need to better coordinate the interplay between the health services and policy sectors at the broader structural level, as well as the conditions that influence health at the individual level; such as, poverty, personal practices and coping skills and social networks. As indicated by the lived experiences of the participants in this pilot study, further action is required at both the policy and programmatic levels to adequately address the schism between the provision of formal health care and the complex health related issues associated with life on the streets. Furthermore, without a range of supportive physical and social environments for street involved youth, the health-related vulnerabilities experienced by this socially and economically excluded population will likely escalate over time.

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