

2014

System Pathways Into Youth Homelessness

During a 16 month period from 2013-2014, a research project titled System Pathways into Youth Homelessness was conducted by Resource Assistance for Youth (RaY), The Social Planning Council of Winnipeg (SPCW) and The University of Winnipeg (UofW). The research project sought to identify and examine youth's interactions with government systems and analyze how these system interactions impacted youth homelessness.

Mark Courtney, Christina Maes Nino, and Evelyn Peters

7/3/2014



Table of Contents

- 1. Executive Summary 2
- 2. Literature Review 3
- 3. Environmental Scan 6
 - a. Child Welfare 6
 - b. Justice System 9
 - c. Education 10
 - e. Employment Programs 12
 - f. Housing 13
 - g. Health 14
- 4. About the Project 16
 - a. Objectives 16
 - b. Methodology & Ethical Considerations 17
- 5. Interviews with Youth 19
 - a. Youth Participant Characteristics 20
 - b. Education Experiences 21
 - c. Child and Family Services Experience 24
 - d. Addictions 27
 - e. Health Services 28
 - f. Mental Health Services 30
 - g. Corrections 31
 - h. Social Assistance 34
 - i. Housing 35
 - j. Other Services Used and Challenges 37
- 6. Interviews with Government and Community Agency Staff 38
 - a. Barriers for Youth Accessing Support 38
 - b. Limited Resources 40
 - c. Preparation for Adulthood 42
 - e. System Conflict and Collaboration 44
- 7. Case Studies 45
- 8. Summit on Child and Family Services and Youth Homelessness 46
 - a. Discussion Table Results 46
 - b. Next Steps 49
- 9. References 51

- 10. Appendix 1: Interview Tools
- 11. Appendix 2: Youth Timelines
- 12. Appendix 3: Case Studies

I. Executive Summary

In Winnipeg, community-based youth serving agencies have raised serious concerns about young people who are becoming homeless due to numerous systems-based issues that are beyond the control of the youth themselves and the agencies supporting them. Researchers and policy experts across Canada have stated that to prevent and end youth homelessness, there is a need to understand the “systems” that lead youth into and out of homelessness.

The University of Winnipeg (U of W), The Social Planning Council of Winnipeg (SPCW) and Resource Assistance for Youth (RaY) partnered to conduct a research study to explore the systemic factors contributing to youth living on the street or in various types of insecure shelter for prolonged periods of time. Youth who have experienced homelessness were interviewed to develop timelines of their lives, identifying the government systems interactions they had. A majority of the youth (18 of 22) were involved with Child and Family Services, and instability and inadequate transitions from care and preparation for adulthood were said to be directly related to their later homelessness. Additional systemic barriers to sustainable income and housing were identified by the youth in their interactions with Justice, Employment and Income Assistance, and Health, Mental Health and Addictions Services.

Interviews were then held with government employees and staff of community-based youth serving organizations. Government systems serving youth who are homeless were analysed and case studies for each of them were developed. The research team identified specific policies and program gaps in government systems to be addressed if we wish to prevent or reduce youth homelessness in Winnipeg.

The Research Team for this project included:

Heather Bristow

Mark Courtney

Kelly Holmes

Sarah LaCroix

Christina Maes Nino

Denise MacDonald

Evelyn Peters

Thank you to all of the youth and agency staff who participated in this project, sharing their insights, stories and experiences. Samara Prystenski advised the team and supported youth to participate in this project. Additionally, the participants of the Research Advisory Committee shared generously of their time and wisdom, making the research possible. Many thanks to Heather Bristow, Marie Christian, Tammy Christensen, Jennifer Frain, Kelly Holmes, Amanda Hopps, Julia Robson, and Kerri Scott.

2. Literature Review

This research was conducted to enhance community and government understanding of the systemic causes of youth homelessness, guide appropriate long term prevention strategies and provide direction for public policy that meets the needs of youth in Winnipeg. The need for this study was based on past research, reports from

The focus of research has been the youth and has not looked to analyze the systems themselves

community agencies, and commentary from people who have lived the experience of homelessness. Unlike other child-youth related public policy areas such as domestic violence, childhood obesity, and bullying and suicide, youth homelessness has received relatively little attention from the public and from policy makers (Kidd & Davidson, 2009). What attention it has received can be described as reactionary at best and stigmatizing at worst (Gaetz, 2009). There have been multiple research and policy recommendations demonstrating that homeless youth (and those at risk for homelessness) are a highly vulnerable population, who require a stable combination of supports including appropriate and affordable housing, education and training, physical and mental health services and mentorship (The Corporation for Supportive Housing, n.d.; Higgitt et al., 2003; Patton, Lemaire & Friesen, 2008; Raising the Roof, 2009; Schibler & McEwan-Morris, 2006). Yet, our

interviews with youth and the people who work with them found that government systems serving vulnerable youth continue to be pathways into homelessness in Winnipeg.

Academic research has found that there are multiple, systemic “pathways” into youth homelessness via publicly funded-government systems such as the child welfare, juvenile corrections, education, housing, mental health and financial assistance systems, but the focus of research has been the youth and has not looked to analyze the systems themselves (Higgitt et al., 2003; Hulchanski, Campsie, Chau, Hwang & Paradis, 2009). Many adults experiencing homelessness have had negative experiences with large scale government systems including those mentioned above (Gharabaghi & Stuart, 2010; Gessler, Maes & Skelton, 2011; Serge, Eberle, Goldberg, Sullivan & Dudding, 2002). This is especially true for Aboriginal people, who experience barriers that are rooted in colonialism and therefore interact differently with government systems.

Although not an exhaustive list, the gaps and conflicts in government systems in Canada identified by previous research include:

- Lack of resources to prevent and alleviate youth homelessness when it occurs (for example a lack of affordable and suitable housing to rapidly re-house youth);
- Fragmented systems unable to coordinate supports for youth who require a combination of programs

and services to foster health and independence;

- Clashes between organizations that maintain formal, large, hierarchical, bureaucratic, rigid and highly professionalized operations and those that are small, community based or private, non-bureaucratic, mission-oriented, non-professional with voluntary organizational structures;
- Systems that are not well equipped to address adolescent issues and in particular those of adolescents transitioning into adulthood;
- Lack of coordination or transition between on-reserve systems and those in urban settings;
- A lack of understanding of what works (i.e. evidence-based practice that can be replicated and coordinated among systems); and
- Lack of political and public will to address youth homelessness.

All of the above pointed to the pressing need to undertake research that examined systemic processes and policies that are contributing to and/or confounding youth homelessness in Winnipeg.

During the implementation of this research project, a report titled *Homelessness in Canada: Implications for Policy and Practice* was released by the Canadian Homeless Research Network (CHRN). In this report, Gaetz, O'Grady, Buccieri, Karabanow, and Marsolais (2013) gathered research findings about youth homelessness from across

Canada and contributors articulated specific policy and practice implications.

The CHRN report parses the issue of youth homelessness across three distinct categories: a) individual and relational issues; b) structural factors; and c) institutional and system failures. In our study (*System Pathways into Youth Homelessness*) youth indeed described experiencing difficult individual and relational issues, and youth-serving agencies pointed to structural issues such as discrimination as contributing factors to youth homelessness. However, the focus of our research was with regard to youth interaction with systems, and this corresponds to the CHRN report's third domain: *Institutional and System Failures*. Several of the findings in the CHRN report are consistent with findings in this study:

- Many young people become homeless when exiting state care including child protection services, corrections, and mental health services (Gaetz et al., 2013, p. 479).
- Many of these institutions operate as silos, unable to share information with other institutions, which impedes client-centered exit planning (Gaetz et al., 2013, p.90); and
- Current policing strategies, which tend to be concerned with disorderly behaviour in public spaces, work to criminalize homelessness and is a counter-productive response (Gaetz et al., 2013, p. 339).

The CHRN report offers several system-specific recommendations that parallel the ones offered by our study:

- Child welfare legislation should be

The very ways in which institutional care is organized results in youth homelessness.

altered in order to allow young people to continue their involvement “until such a point as they are determined (through a comprehensive assessment strategy) to be ready to move forward with their lives in a productive and healthy manner” (Gaetz et al., 2013, p. 35);

- Youth are being discharged from correctional facilities should receive adequate support in securing long-term housing (Gaetz et al., 2013, p. 470);
- Interventions should be adequately informed about trauma and its impact on mental health (Gaetz et al., 2013, p. 224); and
- Supports need to be readily available at opportune moments in time, when youth are receptive to them, and in a context in which youth are comfortable in engaging them (Gaetz et al., 2013, p. 239).

Ultimately, the CHRN report finds that the very ways in which institutional care is organized results in youth homelessness (Gaetz et al., 2013). As its subtitle suggests,

the CHRN report is aimed at altering the policy and practice framework across several systems and sectors in order to affect outcomes for youth. Its recommendations are rooted in a focus on both prevention and rehousing. Systems must stop simply *managing* youth homeless and work to prevent it from occurring in the first place while rapidly re-housing those that do become homeless (Gaetz et al., 2013). Key among its recommendations is the concept of an integrated systems response, such that “different agencies and programs have clear roles and mandates, and work together as providers for the same clients [regardless of sector...] whether health care, supports for those with addictions and mental health challenges, housing services, child welfare [or] corrections” (Gaetz et al., 2013, p. 473). Our findings echo this call; a lack of system coordination was a recurring theme in our agency interviews.

Gaetz et al. (2013) offer several recommendations for how to effectively intervene for youth that do experience homelessness:

- There is a vital need for a mechanism of coordinated assessment, also referred to as coordinated intake (p. 484);
- Case management is a key component of effective intervention for homeless youth (p. 484); and
- Reconnecting with, and potentially being re-housed with family is seen as a vital strategy for youth, for those for whom it is safe to do so. The recommendations from our

research report are consistent with the national calls for more systemic interventions to preventing and ending youth homelessness.

3. Environmental Scan

This scan reviews policies, programs and services youth who are experiencing homelessness frequently encounter. Randolph et al. (2005) note that conducting an environmental scan is a "...good first step, resulting in a "snapshot" of the project environment" (p.533). The scan enabled the project team to identify which services are available and within which systems they exist. This assisted in the development of interview questions as well as identification of government employees and community-based youth serving organization staff to be included in the interview components of the research.

The review draws on academic research, program evaluations, and a broad range of policies, strategies and plans. Phone calls and meetings with key stakeholders were held to inform the development of the environmental scan.

a. Child Welfare

Entering Care

If youth are being hurt physically, sexually, or emotionally in their home, they can call the police or their Designated Intake Agency (DIA). There are 14 such agencies around the province as listed on the Manitoba Child and Family Service website. For Winnipeg, the agency is the **Child and Family All Nations Coordinated**

Response Network. The DIA is responsible for determining if there is a need for ongoing services. If there is, the child/family are referred to an ongoing service agency.

There are three different legal mechanisms whereby children or youth become the responsibility of Child and Family Services (CFS) in Manitoba:

i. Voluntary Placement Agreement (VPA) or Voluntary Surrender of Guardianship (VSG)

A VPA is an agreement between parents and a family services agency. A family can request help from an agency to temporarily take over guardianship if family members are experiencing difficulties in caring for the youth. The agreement is temporary, but can be renewed if needed. The youth's parent or guardian remains the legal guardian (Manitoba Human Rights Commission, 2007, 1).

ii. Family Courts

When a VPA is not signed and there is concern that the child/youth is not well cared for, family court judges decide who should look after the youth. A judge can issue a temporary or permanent order of guardianship to an agency. In the latter case, the youth is a "permanent ward" of the agency until the age of 18. During this process, the youth's social worker and the Office of the Children's Advocate are the key resource for navigating this process and dealing with problems once in care (Manitoba Human Rights Commission, 2007, 1-2).

iii. Voluntary Surrender of Guardianship

This occurs when a parent/guardian voluntarily grants legal guardianship to an agency (Manitoba Human Rights Commission, 2007, 1).

Services While in Care

There are few standards relating to growing up in care, and most of the standards relate to the physical needs of young people.

There is a standard for Age-of-Majority Planning which states that:

“The case manager ensures that a plan for a child aged 16 and older includes preparations for becoming an adult such as:

- Referral to appropriate adult services in keeping with the Manitoba Transition Planning Process Support Guidelines for Students with Special Needs Reaching Age Sixteen,
- Extension of support services and development of other support systems (for example, extended family, others), and
- Assessment and development of skills for independent living” (Manitoba Child and Family Services Standards Manual, n.d.).

There are four CFS authorities: the General Authority, Metis Child and Family Services Authority (henceforth referred to as “Metis Authority”), First Nations of Northern Manitoba Child and Family Services Authority (henceforth referred to as “Northern Authority”), the First Nations of Southern Manitoba Child and Family Services Authority (known as “Southern Authority”). This scan focused on two, the

General Authority and Metis Authority, who have both done the most extensive work on transitioning youth from care.

i. General Authority (GA)

The GA engaged youth that had been in care as well as other stakeholders to develop a youth engagement strategy in 2009. Part of this study asked youth in care how the agency could better help the transition out of care. Some positive transition tools were identified:

- Social workers directly involved in helping (e.g. took one youth shopping)
- A life skills checklist that allowed youth to identify gaps in the skills needed for success post care
- Group home employees that taught youth how to look for apartments
- Volunteers that help build life skills. (General Authority, 2009, 23).

Negative experiences were also identified:

- Life skills taught did not suit reality of independent life;
- No preparation in anticipation of turning 18; and
- Opinion that promises for support post-care were not followed through. (General Authority, 2009, 23).

The Youth Engagement strategy report grouped the youth participants’ views into five major points:

1. There need to be more supports in the CFS system
2. More emphasis on establishing connections with role models in the community and networks

3. Assessing whether a youth is ready to leave care at 18
4. Better planning for adulthood, especially around accessing employment and education opportunities
5. *Practical life skills programs.* (General Authority, 2009, 24-27).

This work led directly to the Building Futures program of the GA, developed in 2012/13. This program is available to youth formally in the care for the Child and Family Services system. It is partnership which includes the following resources:

- Youth service navigation and no-cost counselling through the Canadian Mental Health Association;
- Mentorship connection through Big Brothers, Big Sisters of Winnipeg;
- Financial counselling through Community Financial Counseling Services; and
- Employment supports through Youth Employment Services.

Additionally, a number of tuition waivers have been developed for youth aging out of care from any of the four authorities. The GA developed a resource, *Ready for Success*, for caregivers to enhance their knowledge in teaching life skills. A guideline for extensions of care has been developed, which includes a Life Skills Assessment and Transitional Planning Tool (more information is available in *The General Child and Family Services Authority Annual Report, April 2012 to March 2013*).

- ii. Metis Child and Family Services Authority Programs (Metis Authority)

The Metis Authority has a range of programs available to youth who are in the care, or aging out of the care, of Child and Family Services. These programs include:

- Circle of Life Program with planned, individualized and group support and mentoring;
- Volunteer One-to-One Mentor Program (Winnipeg) whereby a mentor provides support and assistance to develop strategies to overcome existing and future challenges;
- Youth Outreach - S.A.S.H. Program (Winnipeg) is specifically designed for youth who are at risk in an effort to develop relationships and work with them to develop safety plans. The youth are supported in reconnecting to family and social support/community networks;
- Skills for Life Program (Winnipeg) is designed to enhance youth's life skills to prepare them for interdependent living. One-to-one and group supports assist youth to gain skills in budgeting, banking, cooking, nutrition, self-care, safety, housing, access to community resources, etc.;
- Life Long Connections Program (Winnipeg) works to establish a life-long relationship with an adult for youth; and
- Metis Spirit Program (Winnipeg) with specific age of majority staff who support, coach and mentor youth to gain the necessary life skills required to live independently in the community.

(More information is available on the Metis Child and Family Services website at <http://www.metisauthority.com/links.php>).

Aging out of Care

Youth can generally stay in the care of one of the CFS authorities until the age of 18. There is a policy for extending this to a maximum of 21. According to the **Child and Family Services Act**, “the director, or an agency with the written approval of the director, may continue to provide care and maintenance for a former permanent ward for the purpose of assisting the ward to complete the transition to independence, but not beyond the date when the former permanent ward attains the age of 21 years (50(2), 1985).

According to the Office of the Children’s Advocate, there were 361 youth aging out of the care of CFS from April 1, 2011- March 31, 2012.

b. Justice System

Corrections

Many studies across Canada have shown that homeless youth have a much higher tendency to be involved with the law or be incarcerated. In some cases, the fact that some youth have nowhere to go if released, causes them to be incarcerated or plead guilty. (CHRA, 2002, 24).

There are two juvenile detention centres in Manitoba: the **Agassiz Youth Centre** (AYC) in Portage la Prairie (comprises Lakewood, a high security special-handling unit for young male and female offenders); and **Manitoba Youth Centre** (MYC), the largest youth correctional centre in Manitoba, on Doncaster Street in Winnipeg (Manitoba Justice, n.d.).

The **Youth Criminal Justice Act** (YCJA) replaced the Young Offenders Act (YOA) in 2003. It aims to be more focused on prevention, rehabilitation, reintegration, as well as “meaningful consequences for youth who offend” (Community Legal Education Association, n.d.).

Section 93 (1) of the federal Youth Criminal Justice Act states that once a young person turns 20, they are transferred to an adult facility to complete their sentence, unless the provincial director orders they stay at the youth facility (YCJA).

The fact that some youth have nowhere to go if released causes them to be incarcerated or plead guilty.

According to section 26, parents must be notified of the arrest, unless the youth has reached the age of 20 before their first appearance before a youth justice court (YCJA). A youth can be tried as an adult once they turn 14 (Section 64, 67). If given an adult sentence, however, they are not permitted to be held in an adult correctional facility if under the age of 18 (YCJA).

A youth’s criminal record is temporary. The length of time the record stays active depends on the length of the record and the types of charges. However, a criminal record may be extended or reinstated if the youth continues to get in trouble with the legal system (Manitoba Human Rights Commission, 2007, 3).

For youth under 17, “all reasonable alternatives to custody must be taken into account” (Manitoba Human Rights Commission, 2007, 3). The court can also refer youth to a child welfare agency if deemed appropriate.

Getting to court dates and parole may also be a challenge. There are a limited number of parole offices in Winnipeg and costs of transportation may be prohibitive for youth.

Community Justice Programs

- i. Cultural Integration Youth Outreach Project (CIYO)

Spence Neighbourhood Association has outreach workers who connect with Aboriginal and Newcomer youth (12-18) from the West End “who are considered high-risk of becoming involved in the criminal justice system or who may be experiencing trouble successfully integrating into the community”

(spenceneighbourhood.org/youth/youth-outreach). The project seeks to empower youth by providing cultural education, helping youth develop and stick to a personal success plan, and encouraging youth to share their culture with other youth in the community. Youth must be referred by an agency or SNA staff.

- ii. The Metis Justice Institute of the Manitoba Metis Federation (MMF) (www.mmf.mb.ca)

The MMF offers resources for those involved in the legal and corrections systems. The Justice Support Program, for one, helps Metis, Non-Status and Inuit community members that have been remanded, have been released from provincial or federal correctional facilities or have received community dispositions. It assists these individuals in finding housing, employment, health care, links with family and community and other means of reintegration with society.

- iii. Onashowewin

Onashowewin is an Aboriginal restorative justice program in Winnipeg. The agency works with victims and offenders, as well as community members and elders. It accepts referrals from a number of sources for both youth and adults who have been charged with a variety of offences.

c. Education

Every child has the right to education, which in Manitoba is guaranteed under the **Public Schools Act**. Between the ages of 7 and 17, all Canadians are required to attend school on a regular basis. As of November 2010, in Manitoba you must be 18 to quit school without parents’ or guardians’ consent. Youth can return to public school up until June 30 of the year they turn 21 (MB Human Rights Commission, 2011b, 1-3).

Brownell et al (2007) identified youth who interact with CFS, are in families dependent on income assistance, or are children of teenage mothers were identified as at-risk for dropping out of high school. Studies in Canada have suggested that there are often inadequate resources and aids at schools to help retain youth in school (CHRA, 2002, 21).

Every child has the right to education, which in Manitoba is guaranteed under the Public Schools Act.

Education and EIA

Under the **Enhanced Education Policy**, some individuals on EIA may qualify to receive assistance for post-secondary education. Among the criteria to be eligible, the applicant must "have been enrolled in EIA for at least six months; have no

previous student loan defaults; have not previously completed post-secondary training; maintain satisfactory attendance and progress; have not previously received training supported by EIA; and are not eligible for other educational funding” (Manitoba Family Services and Labour).

i. MyTEAM

According to Kanikanichihk’s documentation on the MyTEAM initiative, “EIA youth up to the age of 21 years who are at risk of welfare dependency, may have their EIA action plan modified to allow them to finish high school. No time limit is imposed to complete their high school requirements as long as they are making good progress” (Kanikanichihk, 2013, 2).

Alternative Schools and Education Programs

i. Argyle Alternative School

This is a program where youth advance at their own pace, but attendance is mandatory. Includes free breakfasts and a subsidized lunch, plus transit subsidies are available to encourage poor and homeless youth to attend. About one fifth of the students are homeless.

ii. St Norbert Adult Education Centre

Run by the Behavioural Health Foundation. This is an alternative high school for individuals 19 or older. There is a regular high school diploma program for youth under 18, but it requires permission from the youth’s parents and school in their catchment area (http://www.bhf.ca/adult_education/program.html).

iii. Transitional Education and Resources for Females (TERF)

A program through New Directions, available for young women (aged 14 and up) who have been sexually exploited through prostitution and are making the transition from street life back into the community. TERF takes into account the life experiences of the women, such as physical and sexual abuse (both in the family and on the street), drug use and health problems. A holistic approach is used to build on existing strengths through a combination of academic work, cultural studies and communication skill development. Young women can obtain their Grade 12 diploma through the program. (www.newdirections.mb.ca/services/training_ed/terf.php)

iv. Youth Education Service (YES) Program

As part of their Youth Crisis Stabilization System, Marymount runs the YES program which provides short-term help to youth experiencing “crisis” with the school system. Education Advisors work with families or schools to figure out where the student could be placed or supports needed to succeed. (www.marymount.com/main/services/education-services/youth-emergency-education-services)

Marymount also offers a **Bursary Program** that provides financial support to young people who have received services from, or resided in, Marymount for a minimum of six months. Bursaries are available to those registered or planning to enroll in a full or part-time post-secondary education or training program.

d. Employment and Income Assistance

In some cases, a person under the age of 18 can be eligible for EIA. The youth cannot be under the care of parents, foster parents, group foster home or in an institution (The Act, 5(1)(d)). Thus, parents have to be dead or no longer able to take care of the youth. In the latter case, the parents must give as much financial support as possible and the government covers the rest. Youth under 18 on EIA have all the responsibilities of adult EIA recipients – they must be looking for a job or in school.

Income assistance can also be granted if the youth under 18 has been identified in need of protection under *The Child and Family Services Act* and is either awaiting investigation or has been committed to the care of a child-caring agency (The Act, 5(1)(e)).

e. Employment Programs

i. Sara Riel Inc.

Provides employment help for adults living with mental health issues with their Work Placement Force Program (www.sararielinc.com/work_placement_force.php).

ii. Growing Opportunities – RaY

This is a pre-employment program staff work alongside participants to overcome their barriers, identify their goals, seek out training opportunities, find supported work placements where youth can learn, and empower youth who never realized how much they have to offer. (www.rayinc.ca/growing_opportunities.aspx)

iii. First Jobs 4 Youth and Youth Crew – Spence Neighbourhood Association

The First Jobs 4 Youth program provides employment for youth 16-18. Youth are paid to help deliver SNA's programs. Youth 12-16 can participate in the Youth Crew to be paid to provide hands-on services to the community.

(www.spenceneighbourhood.org)

iv. Training Resources for Youth (T.R.Y.) – New Directions

A pre-employment program for youth aged 16-19. Life skills training, job search skills, counselling, education, support, and work experience are part of the program. Youth must not be attending school or employed to participate.

(www.newdirections.mb.ca/services/training_ed/try.php)

Aboriginal Employment Programs

i. Honoring Our Gifts – Ka Ni Kanichihk Inc.

This program works with Aboriginal single mothers under 30 years old to create life plans and set career goals. The staff help women develop skills through training, employment or education and explore career options, gain exposure to workplaces and educational options, complete on-site work internships and receive certification

(www.kanikanichihk.ca/?page_id=51).

ii. Eagles Nest Program – Assembly of Manitoba Chiefs

The program provides personal and professional development to Aboriginal youth (15-30) who are out-of-school and unemployed. The goal is to support and

guide in returning to school, enrol in training, or obtain employment. The program is 12 months long which may be a barrier to youth without stable lives (<http://www.manitobachiefs.com/>)

Housing is identified by many social service providers as the most urgent issue to address in the fight against homelessness.

iii. MMF Employment and Training Program

Part of the Aboriginal Skills and Employment Training Strategy (ASETS), MMF offers employment supports and skills training to Metis, Non-status, and Inuit individuals who are either 1) unemployed or working less than 20 hours/week; 2) employed who are low skilled or lower income with dependent child(ren); 3) about to lose their job; or 4) on Employment & Income Assistance (<http://mmfemployment.ca>)

f. Housing

In 2002, a study by Canadian Housing Renewal Association (2002) said “Winnipeg does not suffer from a significant housing shortage, and it is easier to find accommodation, although often of poor quality (103). Ten years later, the picture is much bleaker. The vacancy rate in Winnipeg is appallingly low and funding to transitional housing and housing programs has been cut, making the possibility of finding any housing, let alone safe and good quality housing, is very low for homeless youth. Youth interviewed in other studies have shown a strong preference for independent living and may resist group home models or shared space (CHRA, 2002, 27).

Housing is identified by many social service providers as the most urgent issue to address in the fight against homelessness. The two main obstacles facing youth in finding housing are the incredibly low vacancy rate and the inadequate rental allowance provided by EIA. The apartment vacancy rate the Winnipeg Census Metropolitan Area (CMA) raised slightly from 0.7 in 2011 to 1.2 in 2012. This is still well below what is considered to be a healthy rate – 3.0 (MacKinnon, 2010).

The federal government used to be involved in social and low-income housing, but has largely moved away from direct involvement with housing. The Supporting Communities Partnership Initiative is one example (CHRA, 2002, ix).

If the family of the youth is also in precarious or public housing, the housing shortage and policy environment can place families in difficult positions. When a youth under 18 leaves the home, the parents can see a reduction in income assistance but if the youth wishes to return, the family may not be able to take them back in, as they will not receive additional **Employment and Income Assistance** until the youth moves in or they may have ended up in a shelter because of the loss of income (CHRA, 2002, 16).

Community Housing Programs and Supports

i. Housing Program – RaY

RaY’s Housing Program advocates for and researches affordable housing options for youth. RaY acts as a one-stop shop for information and options for youth needs concerning emergency shelter, housing and independent living. They maintain listings on the Winnipeg Rental Network and provide

a Homeless Outreach Mentor to help youth find appropriate housing and furnishings (www.rayinc.ca/Housing.aspx).

ii. Winnipeg Rental Network

The WRN provides links to rental units in Winnipeg. RaY and other network members help populate this list with affordable units (www.winnipegrentnet.ca).

iii. Safe Home Program –
Ndinawemaaganag Endaawaad Inc.

Ndinawe has a mandate to provide culturally appropriate resources and help for the growing numbers of Winnipeg's Aboriginal children and youth living on the streets. Ndinawe has a facility that provides supported independent units for youth (16-17). In conjunction, the program includes life skills training and capacity-building to help youth transition to independent living in the community. The suites are individual apartments with access to common areas and 24-hour staffing (www.ndinawe.ca)

iv. Housing First – At Home Chez Soi

This was a research project funded by the federal government and Manitoba government which offered housing and support to individuals whose mental health issues prevent them from securing a stable housing situation. It was a pilot project and the funding is now over. (www.mentalhealthcommission.ca/english/document)

v. The North End Women's Centre

Has transitional housing at 382-384 Selkirk Avenue and Betty Berg House in the West part of Winnipeg, a second stage transition housing facility providing safe housing and

various services to women recovering from addictions. (www.newcentre.org)

vi. McDonald Youth Services

MYS operates a walk-in counselling service, street outreach program and shelter. (www.mys.mb.ca)

vii. Rossbrook House

Rossbrook is a 24hr, 7 days/week drop-in centre for youth, located in central Winnipeg. After school, meal, educational, and recreation

programs are provided for street youth and youth who live at home but need a place to go. Mentorship is encouraged among the youth (CHRA, 2002, 106). (www.rossbrookhouse.ca)

Homeless youth have a higher risk for many diseases and health concerns...they are vulnerable.

Aboriginal Housing

The Manitoba Urban Native Housing Association (MUNHA) represents a total of 14 non-profit housing organizations across Manitoba. It provides almost 1,000 units of Aboriginal Housing in Winnipeg. They were maintained with the help of the federal government's Urban Native Housing program. In 2008, there were around 4,000 Aboriginal persons on wait lists for MUNHA housing in Winnipeg. The MUNHA website is not active and their phone number is no longer in service.

g. Health

Homeless youth have a higher risk for many diseases and health concerns than stably housed youth. They are vulnerable. (CHRA, 2002, 21). Hospitalization rates are higher

for kids in care and youth dealing with CFS (Manitoba Centre for Health Policy, 2008, 272).

i. Winnipeg Integrated Services

Co-location and integration of health and social services through ACCESS Centres throughout Winnipeg (<http://www.wrha.mb.ca/community/wis/>).

ii. Teen Clinics

These are drop-in clinics often offered at high schools, run by Women's Health Clinic, Klinik, Mount Carmel. Mount Carmel Clinic runs a teen clinic at St John's and RB Russell Schools as well as one at the Clinic location on Main St. Mount Carmel Clinic also has a Hepatitis C Clinic that does not require referral from a medical professional, provide primary health care, and run a sliding-scale dental program (<https://www.mountcarmel.ca/>).

iii. Health Clinic – RaY

The clinic offers emergency and long-term health care through their on-site Health Clinic on Tuesday and Wednesday afternoons. A Nurse Practitioner is available to discuss health issues and make referrals to specialists. The nurse accepts drop-ins, appointments, and regular visits (www.rayinc.ca/Health_Clinic.aspx).

Pregnancy

i. Mount Carmel Clinic

Offers perinatal support as well as child-birth classes for teens on request. Clients must “reside” in the Mount Carmel catchment area (North End and North Point Douglas) to access these services. (<https://www.mountcarmel.ca>)

ii. Pregnancy and Family Support Services Inc.

Offers support and counselling for pregnant women and new moms as well as drop-in day care. Communities 4 Families runs Wiggle, Giggle & Munch, “a drop-in program that offers parents and their toddlers and preschoolers two hours of active play and a healthy snack” (www.communities4families.ca/programs/view/17).

iii. Women's Health Clinic

The WHC provides pregnancy and parenting help www.womenshealthclinic.org

iv. The Adolescent Parent Interagency Network (APIN)

This is a network of agencies working together to ensure a high standard of service for pregnant and parenting teens. (www.apin.org).

Mental Health

One problem identified is that some youth may be living with disabilities that prevent them from finding adequate housing and/or employment but that do not meet the criteria set forth by **The Vulnerable Persons Living with a Mental Disability Act** and **Mental Health Act**. Youth must have an IQ under 70, even if they have FASD or another mental illness to qualify for most programs.

The Province's **Children's disABILITY Services** program, which offers support for respite, therapy, after School Care for Adolescents, supplies and Equipment, transportation and other supports – is available only to those 17 years old or

younger and living with their families (Manitoba Family Services and Labour, n.d). (www.gov.mb.ca/fs/pwd/css.html)

Addictions

“Homeless youth are more likely to use drugs than housed youth (Gaetz et al. 1999). Smart et al. (1991) found that alcohol and drug use among young people was strongly predicted by one variable — being on the street” (CHRA, 2002, 23).

Researchers have identified a link between substance abuse and mental health, arguing that often both must be addressed at the same time rather than in isolation for programs to be effective (CHRA, 2002, 23-24). If youth access treatment, they can find themselves back into drugs or alcohol if their community of peers are users. “Treatment facilities do not exist for the small number of solvent abusers” (CHRA, 2002, 104).

i. Addictions Foundation of Manitoba (AFM)

The AFM has a Youth Services program that address a continuum of needs, from prevention to treatment. They first determine with the youth if their involvement with alcohol, other drugs, and gambling (AODG) is negatively affecting their lives. If so, AFM offers counselling (one-on-one, group, and family) and assistance and support to in making positive changes. The Compass Residential Youth Program for 13 -17 year olds is an intensive eight-week residential program located in Southport, Manitoba.

Youth over 18 must access AFM's adult intake and counselling services or a shorter (21-18 days) residential program (<http://www.afm.mb.ca>).

ii. Behavioural Health Foundation (BHF)

The BHF runs a residential treatment programs and facilities for female youth and male youth from 12-17 years old “experiencing a variety of substance use and/or co-occurring mental health problems.” Youth typically stay for a minimum of 4-6 months and includes options for education and employment help.

“Alcohol and drug use among young people was strongly predicted by one variable – being on the street” (CHRA, 2002, p.23).

Aboriginal teachings and traditions are available as well (http://www.bhf.ca/youth_services/index.html). Youth over 18 must go into the adult program, which includes parenting help and family programming as well as employment and education help (http://www.bhf.ca/adult_services/index.html). Women over 18 can access BHF's Breezy Point program for women only (http://www.bhf.ca/breezy_point/index.html)

4. About the Project

a. Objectives

The objectives of the project were threefold:

1. To better understand the impact of government systems on youth who are homeless or at risk of homelessness;
2. To understand the ways in which government systems and community-based services interact and support youth and identify what

- gaps remain; and
3. To make recommendations, based on this improved understanding, about how to enhance government systems to better meet the needs of youth experiencing and at risk of homelessness.

b. Methodology & Ethical Considerations

- Kelly Holmes, Executive Director, Resource Assistance for Youth
- Amanda Hopps, Community Health Nurse, Winnipeg Regional Health Authority
- Julia Robson, Community Justice Worker/Spiritual Advisor, Onashowewin
- Kerri Scott, Housing Program Coordinator, Resource Assistance for Youth

Research Advisory Committee

A research advisory committee was established to guide the research team in its development and implementation of the project. The committee was comprised of key stakeholders from community-based youth serving organizations. Given that a majority of people experiencing homelessness in Winnipeg are Aboriginal, it was be critical for the committee to have representation from Aboriginal organizations in Winnipeg. The committee members included:

- Heather Bristow, Community Justice Worker, Onashowewin
- Marie Christian, Program Coordinator, VOICES – Manitoba’s Youth in Care Network
- Tammy Christensen, Executive Director, Ndinawemaaganag Endaawaad Inc.
- Jennifer Frain, Executive Director, New Directions for Children, Youth and Families

The Research Advisory Committee was a group of experienced individuals who gave their time, energy, wisdom, and resources from the organizations they represent to the project

This group of experienced individuals gave their time, energy, wisdom, and resources from the organizations they represent to

the project, performing the following functions:

- Advised the research team on the development of interview instruments
- Advised the research team on ethical considerations for working with youth experiencing homelessness
- Assisted the research team with focus groups and interviews with youth, as well as hiring peer researchers
- Advised the research team on individuals from community organizations and government systems to interview
- Reviewed and provided feedback on system case studies and draft recommendations
- Assisted in organizing Summit on Child and Family Services and Youth Homelessness

Peer Interviewers

Peer interviewers were hired and trained to conduct the interviews with homeless youth. The purpose of hiring peers was to involve community members with lived experience of homelessness in planning and carrying out a research project. This participatory research approach respects community members as holders of knowledge rather than simply data (Bennett and Roberts 2004). The peer interviewers were recruited from the Research Advisory Committee contacts and had personal experience with homelessness or with government systems the research was focused on. They were trained on conducting the interviews with youth and had input into the questionnaires they utilized. They and a Social Work practicum student placed at the SPCW received support in setting up and carrying out the interviews by staff at RaY.

Research Activities

The objectives of the research were achieved through the following activities:

1. Created an environmental scan of government and community-based services and supports that are available to homeless youth in Winnipeg.
2. Developed research instruments.
3. Recorded the narratives of youth experiencing homelessness in Winnipeg and their interaction with government systems:
 - a. Explored how youth accessed and interacted with government systems in Winnipeg;
 - b. Documented youths' experiences within and across government systems as well as with community-based youth serving organizations in Winnipeg;
 - c. Documented the government policies, regulations and legislation that affect the lives of homeless youth in Winnipeg.
4. Recorded the narratives of government employees:
 - a. Developed understanding of the ways in which they respond to youth homelessness;
 - b. Assessed what they see as successful policies and programs and the challenges they face creating and implementing them;
 - c. Explored what they defined as the key issues in relation to youth homelessness in Winnipeg and how they can be addressed; and
 - d. Analysed the points of discontinuity of care for homeless youth in Winnipeg and employees' understandings of how/why these occur.
5. Recorded the narratives of community-based youth serving organizations in Winnipeg:
 - a. Developed understanding of the challenges they face working with youth in relation to government systems;
 - b. Assessed what they see as successful government policies and programs;
 - c. Explored what they define as the

- key issues in relation to youth homelessness and how they can be addressed;
- d. Analysed the points of discontinuity of care for homeless youth in Winnipeg and employees' understandings of how/why these occur.
6. Developed "case studies" of government systems identified by youth and service providers in interviews.
 7. Held Child and Family Services and Youth Homelessness Summit with government and community organizations. Participants discussed the implementation of recommendations developed from the research.

Ethical Considerations

Current literature on ethical consideration and research with homeless youth in North America reveal that there are no specific guidelines researchers are mandated to follow (Ensign & Ammerman, 2007). As such the research team undertook a number of steps to ensure that participants' rights are safeguarded. These included consulting with the Research Advisory Committee, seeking advice from the University of Winnipeg's Senate Committee on Ethics in Human Research and Scholarship, and following York University's *Guidelines for Conducting Research with People who are Homeless*. Ethics board approval was provided by the University of Winnipeg's Senate Committee on Ethics in Human Research and Scholarship. *The Tri-Council Policy Statement on Research Involving Aboriginal Peoples* also guided the ethics of

this project.

Cultural Considerations

Research in Winnipeg has shown that at least half of those experiencing street homelessness in Winnipeg are of Aboriginal decent (Gessler, Maes & Skelton, 2011; Social Planning Council of Winnipeg, 2005). It can therefore be assumed that a large proportion of youth experiencing homelessness are also Aboriginal. Their experiences as they relate to government systems, community based organizations, and homelessness are unique, and the research needed to consider the impacts of ongoing colonialism. To ensure the research was implemented in a culturally appropriate way and that the ethics of research with Aboriginal peoples are upheld, representatives of Aboriginal-led organizations participated on the Research Advisory Committee.

5. Interviews with Youth

Youth participants in this project were recruited from RaY. RaY has the infrastructure in place to support a research project of this type, including the physical space to conduct interviews, trusting relationships with youth experiencing homelessness, and the ability to provide post-interview support to young people as required.

Qualitative researchers suggest that saturation (themes begin to be repeated) occurs after about twenty interviews. Therefore, a non-probability sample of 23

individuals who reflect the diverse experiences of male and female, Aboriginal and non-Aboriginal, and younger and older participants was interviewed. The intent was not to obtain a representative sample but to obtain an in-depth understanding of how these participants understood the role of a variety of systems in their experiences of homelessness. Youth were required to have experienced homelessness at one point in their youth (under the age of 30), “homelessness” being defined as living in temporary shelter, crowded or unsafe conditions, and/or in a public place or other site not intended for human habitation, for at least 10 days.

Data was collected via in-person one hour-long interviews. The research used a narrative approach to listen to the stories that youth told about their experiences (Clandinin and Connelly 2000). Narrative analysis gave participants the opportunity to articulate their own viewpoints and to offer their own evaluation of events and their place in them, creating new knowledge (Barton 2004, Labov, 1997). Youth research participants earned an honorarium for their time and information. Interviews were digitally recorded (with permission) and transcribed for subsequent analysis using ATLAS-ti, which is software designed for the analysis of textual data. Interviews were coded by government system and other community based service experience, focusing the analysis on the youth’s experiences with these services/programs. Visual timelines were also developed for each interview to aid in the analysis. These are included in Appendix 2.

a. Youth Participant Characteristics

Table I summarizes participant characteristics and experiences. Slightly more than half of the participants were male. The average age was 23 years old, and ages ranged from 18 to 29 years old. Almost half of the participants were currently couch surfing (living temporarily with friends or family members) and slightly more than one quarter lived in rooming houses. One participant lived in a group home. Of the three participants who described their experiences when they were recently homeless, one now lived in an apartment and two were in Manitoba Housing. Two participants were absolutely homeless, living in shelters or on the street.

Participants were or had been extremely mobile. Since they had left CFS care or their family home they had lived on average in 7.7 places, spending on average 7.8 months in each place. When the participant who had lived in a group home for the past 5 years was removed from the analysis, the average length of time per place for the remaining participants dropped to 5.3 months. Less than one quarter had family relationships (biological, adoptive or foster) that were supportive. Almost one third had difficult family relationships. Over half of the participants were Aboriginal, and almost half had children of their own, with the average number of children being 1.8. Half were receiving social assistance, and 15% were on a disability allowance. Almost one quarter had no income.

This then, is a young population who is extremely mobile, living in precarious housing, with relatively low support from family.

Table 1: Participant Characteristics

Gender (n=22)	45% Female	55% Male				
Age (n=22)	Range: 18-29	Average: 23				
Current Place (n=22)	45% Couch surfing	27% Rooming house	9% Shelter or street	9% Manitoba Housing	5% Apartment	5% Group home
Mobility since left 'home' (n=22)	7.7 Av. # Of places	7.8 Av. months per place				
Family Relations (n=21)	43% Some contact	33% Difficult	24% Supportive			
Ethnicity (n=21)	57% Aboriginal	38% Caucasian	5% Hispanic			
Children (n=21)	43% With children	1.8 Av. # of children				
Income (n=22)	50% EIA	23% No income	14% Disability	8% Other	5% Band funding	

b. Education Experiences

Of the 21 participants who stated their education level, only 5 had their high school and only one had some schooling past grade 12. The average number of grades

Of the 19 participants who talked about their experiences in high school, 10 indicated that they had a diagnosed learning disability.

completed was 10. Of the 19 participants who talked about their experiences in high

school, 10 indicated that they had a diagnosed learning disability.

Three of the participants felt that their school experience was positive. One described how her teachers tried to bend the rules to allow her to finish her high school after she had her son:

“They [teachers] got involved in like you know what can we do to make this situation a bit better and the only thing that could be done was switch my work experience cause I only had two months’ work

experience and two months of the work, but because I couldn't do the work side of it because having to deal with my son, they saw that I couldn't finish my courses in that timeframe in order for me to graduate, so they kind of, they're like you know we would have loved to help you out and be supportive on this but there's certain guidelines and rules and regulations we need to follow and so they helped me to the best they could, they even gave me bus tickets and stuff afterwards" (12F).

Fifteen participants described challenges they faced during their high school years. Two had difficulty because of learning disabilities. A 21 year old female participant whose ADHD was only diagnosed when she was 15, said that she was put into special programs: "Everything was lowered for me, yeah I got labeled pretty bad" (1F). A 24 year old male indicated that his high school experience was bad because other students didn't like him: "I guess the disability I have. ADHD I think it is, or something where you have trouble learning and stuff like that, getting frustrated easy" (2M). When he was asked if he received any supports for his disability he indicated: "Usually like when I get frustrated I just try to control it like drawing or watching TV, listening to music, going for long walks."

Two participants had complaints about the teachers. A 22 year old female participant who had recently finished grade 12 did not like the teachers there and felt it held her

back from doing her best (14F). A 28 year old male participant indicated that the teachers "treated [him] like shit" (9M).

Ten participants blamed their own characteristics or activities for not completing high school. In some cases they were kicked out, and in some cases they dropped out.

"I was always screwing around in school, skipping and caring about everything that teens care about" (4M) Male, age 25, kicked and dropped out.

"[The guidance counsellors] always thought I was crazy... It always messed with my head. And I just said to hell with this, I don't like these people, they're crazy, they don't know what the hell they're talking about and they think I'm just you know pardon my language, but fucked in the head. So I just kind of gave up that opportunity and said I didn't want it. That's not the way that I wanted to be treated, if I need it bad enough then I'll go back in the future, that's exactly what my plan was. Wish I had never made that choice" (5M) age 18, dropped out.

"I don't like to say that I am a violent person but I kind of am, I have anger issues" (7F) Female, age 17, dropped out.

"I had friends, I had the teachers, I had my CFS worker, I had a lot of people that were right beside me

telling me keep on, keep on, go to class make sure you're on time, you know stuff like that, but then I meet these other people, the wannabees. The bad asses (chuckle) yeah I tried to get with them and I see the goody good ones and they're calling me over 'cause they know I would go with them. But I don't know something just told me that's not me no more and I just went with the bad people and then I was like, started chilling with them more and then and then after that I just like, I, when I went back home like after I did dropout my mom got upset with me for that" (15F).

"There was nothing they could really do. They were telling me man, you got to show up to class more often but there was nothing they could really do. I missed quite a bit of it, I had no interest in it, like I didn't want to go to half of my courses because half the shit they teach you in school its fuckin useless, like it doesn't help you at all in real life, what the fuck do I need to know what b x cd, whatever fuckin letters of the alphabet, how the hell is that really going to help me life, it ain't going to do much...It was more important for me to hang out with my buddies and cut class and go smoke weed and shit like that" (16M) Male, age 22, kicked out.

"I became a pothead and just lost all motivation" (17F) Female, age 19, dropped out.

"The first high school I went to I got kicked out for not doing any of the work and then the second high school I got kicked out of for not going to class but I did all the work, and then the third time I went to school, I really only went there to sell drugs" (18M) Male, age 24, kicked out.

Clearly improved services might have kept at least a few of these youth in school, and possibly out of homelessness. More educational supports are needed for students with learning disabilities and for youth with children. It is striking that only four students mentioned a teacher or counsellor who was their advocate. Two students mentioned counselling, but one youth said he felt that they "thought I was crazy" (5M)

so he stopped going, and another said

Only four students mentioned a teacher or counsellor who was their advocate.

that counsellors "try and find a solution when they're actually making problems worse (1F). Another youth who was kicked out because drugs and alcohol mentioned he had ADHD, but his educational assistant was cut when he switched schools (16M). The interviewers did not ask participants what assistance they had sought during this time period of their lives, but participants' description of this period as a difficult one, accompanied by the absence of their

mentoring individuals who helped or tried to help them, suggests that youth facing the challenges these participants mention may be underserved.

c. Child and Family Services Experience

Of the 22 participants in the research, 18 indicated significant involvement with Child and Family Services (CFS or Child Welfare). Of these former youth in care, 10 youth experienced homelessness within the first year of aging out of care. The others lived with partners, family, or independently for 2-5 years before becoming homeless.

Some youth were not involved with Child Welfare for long periods of time. One participant indicated she was put in a group home and ran away after a few weeks (19 F). Another also reported “taking off” after a short period (8M). Nine reported that they had been in CFS care since they were young children. Over half had been a foster home or several foster homes and a similar proportion had been in a group home or several group homes. Only 4 participants indicated that they had been involved in the Independent Living Program.

Lack of Stability

A common theme especially among participants who had been involved with CFS for a very long period of time was the lack of stability. A participant who had been involved with CFS since she was four years

old described moving around before she was adopted: “I was in many foster homes and then my adopted mom fostered me for 2 weeks. I went back to my birth parents but then Social Services decided that I needed like long-term care. They asked my adopted mom if she would be willing to take care of me long-term and she said yes” (3F). Another participant who went into care at age 13 indicated that he was in a good foster home for 2 years but mostly “bounced around” (5M). A participant who was involved with CFS since birth, had many different foster homes until age 10 and then was in a few different group homes until age

18 (21M). For others, the lack of stability increased because they ran away from their living situations (4M, 8M). Another participant said that he always wanted to be on the street and drinking instead of in the different

foster and group homes so he would run away and only come back when the police would find him. The longest time he was on the streets consecutively was 10 months when he was eleven years old (22M). Finally, one participant who went into care at age 2 had the same foster home until he was 14, but then lived in various group home (20M).

Another theme expressed what participants seem to experience as a lack of control and information accompanying their placement. Some did not understand why they were moved, and others recounted stories of promises or expectations that were not met by the CFS agency. One participant

Of the 22 participants in research, 18 indicated significant involvement with Child and Family Services...10 youth experienced homelessness within the first year of aging out of care.

knew that her birth parents were abusing drugs and alcohol, “but I was really close to my dad, and like being in foster homes, yeah

“It was kind of difficult then ‘cause it’s like they told me one thing but they were doing another... I would spend lots of nights like crying and missing my birth family.”
-youth interviewee

it was safer but you could tell with some of them that they didn’t really care about you.” She noted that CFS told her adoptive mother that they [CFS] would pay for flights for her to visit her birth parents if she moved south with her adoptive mother but then “they kept saying no...so like it was kind of difficult then’ cause it’s like they told me one thing but they were doing another...So it was tough, like I would spend lots of nights like crying and missing my birth family” (3F). Another participant did not fully understand why he was moved from a foster home where he had lived for 10 years, to a group home. He speculated that: “I wasn’t getting along with [my foster mom] anymore, like she was saying I was stealing from her and she was yelling at me every day anyway, so why would I keep living with her I guess is what they were thinking ‘cause they were saying it was unhealthy for her and I guess from what she told them they also said it was unhealthy for me” (11M).

Two participants indicated that the misinformation they received contributed to their running away.

“They [CFS] told me that if I was good for a year at that group home that I’d be able to go back home, so I was good for that year and then they told me they wanted me to stay for another year or two and after that I just, I was running away almost daily, sometimes 2, 3 weeks at a time...” (4M).

“I was supposed to be able to have contact with my mom, like where the heck’s my mom...that never happened. That’s why I ran away really cause you know when you’re supposed to have contact and you’re supposed to be making progress and you’re basically trapped there waiting for them to do something for you and they’re not” (19F).

It seems highly likely that the unstable nature of care that some of these youth received would have interfered with success at school and personal development. One way to view the act of running away is as a way of establishing control.

Transitioning Out of Care

While a few participants had assistance from CFS workers in transitioning out of care, most of the participants were critical of their lack of preparation for living on their own. Of the 14 participants who spoke about CFS life skills training for transitioning into independent living, 9 either did not receive transition support, didn’t understand what they were taught, or found it was insufficient. Two participants

told us they did not receive life skills training through CFS, but did not offer any particulars. One participant stated that he was put into an independent living program through CFS at 17 but felt like he was not supported and not taught any life skills: “They didn’t really [teach me life skills]. I just had to learn on my own.” One 19 year old woman stated: “I just think that they let go of their kids unprepared, like at [age] 18 or whatever a lot. That’s why you see a bunch of homeless people.”

Another participant described how the lack of life skills for both her and her partner meant that they had to give up their baby:

“Just like a couple of like regular meetings with the staff to like figure out my plans, but no life skills whatsoever. I

“I just think that they let go of their kids unprepared.”
-youth interviewee

definitely wish I had though. And like it was just the basic high school kind of thing. Nothing really to prepare me for reality. We had no life skills cause he was, he got out of the group home system before I did and it was just like we had a baby and we had no life skills and it was overwhelming” (14F).

One participant said that he was put into independent living in an unsafe neighbourhood. He said he had received some budgeting training “but it didn’t stick” (16M). Another felt that CFS did nothing to support him besides “bus tickets for school” (8M). Two participants blamed their

worker for not arranging for life skills training. One 18 year old male participant stated: “My worker, he would never put me into any programs like that, he would always put me down and tell me my family was no good for me. I don’t know, he was a bastard that guy, I didn’t like him. But I guess some of the things I did learn were like anger management” (5M). A 19 year old woman who was in foster homes from the time she was 14 until she was 18 said: “I hate [CFS]. I’ll just say that they never really helped me and they pretty much weren’t really there for me when I needed them.” She indicated that CFS was supposed to set up independent living for her but didn’t follow through until a few weeks before she turned 18, and that her social worker

would “come and check up on me once in a while, but not like every week like all the other social workers do.” (7F)

Another 19 year old woman did not express hostility toward the CFS but stated: “I just think that they let go of their kids unprepared, like at 18 or whatever a lot. That’s why you see a bunch of homeless people.” She did not feel she learned necessary life skills: “My worker for Independent Living...she didn’t really make me do things, she did a lot of the things for me, so I didn’t really get to do it myself and yeah so I didn’t really learn anything...” (17F).

Five participants did not offer complaints about the program. A 28 year old male participant said that CFS helped him find his first rooming house (11M). One 20 year old

male participant said that he was taught some budgeting skills while in CFS (20M) and one 25 year old male participant said the CFS had helped him transition into his new place (21M). Only two participants had positive things to say about the program. A 24 year old female indicated that her first social worker had basically dropped her off and “booked it,” but that: “The second one she’s been in my life ever since [her second placement]...She always popped by, she treated me really good.” She received independent living training through CFS and still keeps in contact when she needs things like a reference for an apartment (15F). A 21 year old woman put herself into a mom and babe’s foster home with her oldest child. She indicated that: “The only program CFS has helped me with would be putting me into a mom and babe’s foster home. You have a baby, you need to learn how to budget, where to shop and everything all in your area, what to look for when you’re looking for an apartment, things like that. It went everything from budgeting, saving our receipts to apartment searching to the whole nine yards of being on your own” (12F).

Attempts to Return / Seeking Help from CFS

Some participants described attempts to return to former supports when circumstances began to break down. Several were able to access previous foster-home relationships for housing or resources. When asked where she was currently staying, one female reported residing “in an older foster home that I was in...that one

out of the three was the best that I’ve been in because they’re like a really loving family. I felt like they made me feel like I was part of the family too...and it’s nice to have that still.”

The majority of participants felt that there were problems with their transitioning out of CFS. Only two participants were positive about the experience and felt they had received adequate preparation. Three offered examples of ways the CFS had helped them after they aged out of care. However, nine indicated either they had received no preparation or this preparation was inadequate. This appears to be an area where a more systematic intervention could have helped to prevent homelessness.

d. Addictions

All of the participants mentioned previous or current addictions or used drugs or alcohol frequently. Two did not elaborate on their current situation with respect to addictions (5M, 22M). Three described using various substances, but did not consider themselves to be addicted (6F, 9M, 17F). Three more considered themselves to be addicted to drugs or alcohol but were not addressing the issue at the time (8M, 10M, 16M). Only 2 (11M, 19F), had made use of services to deal with these addiction. Both of these participants indicated that they received no support after rehab, and one indicated that, as result, she went right back to her old peer group.

“Not really, no [supports after rehab]. There’s things that you

could go to and I guess if maybe I had a place it would have been better, should have been in longer like the residential rehabs but I couldn't cause I went straight back to the streets, back to the people I hung out with, back to having nothing to do" (19F).

Self-treatment

The high rate of self-treatment raises the question of whether available services are accessible to or suitable for homeless youth.

Twelve of the 22 participants described dealing with addictions on their own. Two stated that being with family helped them to deal with their addictions:

"My basic style of treatment is just living with family because they're the ones who actually take me away from all that stuff" (20M).

"I was into like drinking and drugs, yeah I kind of got into that and now I'm out of it...cause my sister she doesn't take BS (14F).

Others stated that they overcame their addictions by stopping their association with old friends (4M, 13 F). Two female participants stopped "cold turkey" when they found out they were pregnant (3F, 1F). Six indicated that they dealt with their addiction on their own (2M, 12F, 15F, 21M). A male participant described his strategy: "I quit cold turkey. I locked myself in my room for three days with nothing but a pillow, a

blanket, Super Nintendo and a TV and I told my buddy, I gave him a quarter and said you could eat the food in my fridge if you didn't let me out for 3 days" (18M). A female participant described hers: "I just block myself from everybody, I pretty much lock myself away and then I'll try to get through all my addictions by myself" (7F)

The high rate of self-treatment raises the question of whether available services are accessible to or suitable for homeless youth. From the two youth who went to formal addictions treatment, it seemed neither had supports after treatment to remain sober. One who attended treatment said "I guess if maybe I had a place it would have been better. I should have been in longer like the residential rehabs but I couldn't 'cause I went straight back to the streets, back to the people I hung out with, back to having nothing to do."

While mental health issues and trauma were common for the youth, other needs took precedence when living on the street. One woman was referred to a counsellor, but told us "I haven't gone for any help or been in any kind of treatments. Haven't had time, in my kind of world like I live, I have to just deal with it."

e. Health Services

The youth we interviewed did not see the health system as a useful resource. Six of them stated that they generally avoid health care services. For one, it was fear of being judged in the emergency room. For another, it was because of fear of being

hospitalized for mental health. “I don’t want to be in a place like that where they’re going to dope me up.” Two participants only used the nurse practitioner at RaY (2M, 19F). Five accessed doctors at various clinics (3F, 10M, 13F, 14F, 18M), two had a family doctor (6F, 22M), and three used emergency room services (4M, 7F, 17F). Six generally avoided using health care services. There was similar avoidance of mental health services. None of the youth were currently accessing any mental health supports despite eleven having a diagnosed mental health issue and two additional participants naming their own, undiagnosed issue. Mental health issues included personality disorders, amphetamine induced psychosis, sleeping disorders, generalized anxiety, depression, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia.

Several participants described the challenges they faced in accessing health care services. Because many of the participants use emergency services, they experience difficulty with the wait times. Three participants spoke about the wait times being very long and two indicated that the long wait times made them avoid seeking health care when they needed it (9M, 17F, 19F). One participant who had stomach issues didn’t like people staring at him in the waiting room (4M). Three participants indicated that they didn’t have the money to pay for prescriptions (7F, 14F, 19F). One said she didn’t have the necessary ID to see walk-in doctors (19F).

Six participants avoided health care practitioners. Instead they deal with issues in their own ways.

“I get health care when I need it...but I have a broader definition of when I need it than other people.” (9M)

“I kind of self-experiment” (11M).

“I don’t go to the doctor, I’d rather suffer. I just have this feeling where I don’t need white man’s medicine” (15F)

“Only time when I really go to the doctors is when I want to get checked out...for like STD’s but other than that I just self heal.” (20M)

A participant whose lack of oxygen at birth gave him short-term memory loss said he did not seek out healthcare because he “doesn’t want to go sit in a fuckin’ loony bin or something like that” and didn’t want to be forced to stay in the hospital (16M). Another participant who had chronic back pain elected to self-medicate with marijuana because the prescriptions she had received did not work for her (12F).

While the interview did not probe the health status of participants, it seems likely that their circumstances would lead to many health issues. Yet, almost none have family doctors, some experienced various barriers, and 6 were explicit about their avoidance of the health care system. It seems that the health care system is not

oriented in a way that meets the particular needs of these youth.

f. Mental Health Services

While some of the participants described past mental health services they had accessed, usually while they were in care, not one was currently receiving these services. This is despite the fact that, of the 20 participants who addressed this issue, eleven indicated that they had a diagnosed mental health issues and two additional participants named their own issue. Mental health issues included personality disorders, amphetamine induced psychosis, sleeping disorders, generalized anxiety, depression, PTSD, OCD, and schizophrenia. Of the 17 participants who addressed this issue, 76% had experienced a recent trauma. Of the 9 participants who addressed this issue 56% had experienced sexual abuse as a child, and a similar proportion had experienced sexual abuse as an adult.

None of the youth were currently accessing any mental health supports despite eleven having a diagnosed mental health issue and two additional participants naming their own, undiagnosed issue.

A few participants described why they were not currently accessing mental health services. A 21 year old female participant who had been in counselling for 12 years stated that: “You know their little mind games they play around. They try and find a solution when they’re actually making

problems worse” (1F). A 25 year old male participant said that he had seen a psychologist at MYC but didn’t find it helpful (4M). A 19 year old female participant said she had gone to therapy arranged by CFS a few times but she didn’t like it because the therapist kept trying to make her talk about the past (7F). A 22 year old male participant saw a counsellor a few times but was afraid to open up because he didn’t want to be put in a psych ward (16M). Another participant, male, aged 28, saw a psychologist “for a bit” 4 years ago and did some therapy sessions but “he wasn’t the right personality type to be my shrink you know. I stopped going” (9M). A 27 year old male participant had been assigned a community mental health work but was currently between workers (10M). A 22 year old female participant indicated that the cost of a psychiatrist or psychologist prevented her from getting mental health support (14F).

Two participants indicated they just dealt with the issues themselves. “Since then I haven’t gone for any help or been in any kind of treatments. Haven’t had time, in my kind of world like I live, I have to just deal with it” (19F). A 29 year old female participant similarly said she didn’t have time to go to counselling. She was referred to Klinik for counselling because of her recent assault but had not been able to find the time yet to go (13F). Another 29 year old female participant stated: “I have so much wrong with me it’s not even funny...I deal with it myself” (13F).

From the youth, it became apparent that there is a complete lack of access to mental health services for individuals who have been diagnosed with mental health issues. Some of the factors for this systems inability to serve youth arise out of the realities of homelessness. Other factors such as the fear of mental health professionals, lack of treatment options, or lack of results suggest that the system does not allocate resources to ensure that these youth have access to mental health services that are suitable and effective. Clearly the mental health treatment for these youth will need to accommodate for the realities of being homeless, and be made available to youth in an environment where they feel in control and safe.

g. Corrections

Nine of the 12 males interviewed had experience with the correctional system, ranging from spending time in remand to long periods of time in adult correctional institutions. Of the six participants who were incarcerated as youth, two aged out of the care of Child and Family Services (CFS) care while in jail. All of the youth that were incarcerated experienced a period of homelessness within one year of release, many of them experiencing it immediately following release.

Early Criminalization

When asked why he first became incarcerated, one youth said he was jailed for “stupid stuff like shoplifting or stuff like that, I don’t do that no more now.”

Another youth responded: “I don’t know. I’ve done like quite a bit of time, [but] not even like really anything wrong, just not being able to get on my feet.” Many of the youth in our study returned to prison multiple times. When asked why he was arrested shortly after release, one youth

“I don’t know. I’ve done like quite a bit of time, [but] not even like really anything wrong, just not being able to get on my feet.”
-youth interviewee

responded: “Actually I don’t know—[it was] kind of on purpose. [I was having a] hard time—go ahead and arrest me.” It is clear that some youth initially become involved in justice due to minor offences, and become prone to recidivism.

Support Within the Justice System

Most youth did not receive support services while they were inside, and few received or took advantage of support offered upon leaving. One participant reported that he participated in programs at the Manitoba Youth Centre (MYC), but they were not effective: “I saw the psychologist in the Youth Centre and we did a bunch of like courses there, addictions courses and stuff but it never helped me at all” (4M). Another indicated that while he was in the MYC he followed a national substance abuse program and a nine month aggressive behaviour control program (8M). He felt the behaviour control program helped him somewhat. One participant indicated he had received no supports while in a correctional institution (9M) and one reported that the

only supports he received was seeing a doctor (11M). Two avoided programs that were available:

“I usually just stick to myself, do my time and try and get the fuck out of there” (16M).

“Like I said at that age I was like not really a person, say it like not really a person that gave a shit about much ‘cause I didn’t really have much of anything. I didn’t really talk to any of the staff” (20M).

One 29 year old male participant related his story of going to jail: “when I came home from school my door was kicked in and I opened it and looked and [a staff at the group home] was basically counting all my money... and I said ‘you know man you shouldn’t even be in my room. You’re staff, you’re breaking the rules and you’re stealing my money, like put my money down.’ And I kind of got mad and I threatened him and they phoned the police and then I went to jail. And when I got out I was homeless.”

This youth experienced homelessness upon release from jail, and his story is not unique. When asked about whether someone in corrections performed any exit planning with him, one youth related: “they just gather, like where are you going ... you know, like, we just have to write something down.” Another youth told us “when it comes to like being released there’s not really anything. Or it doesn’t seem to be that much when you’re getting released,

other than you have conditions and stuff like that, more restrictions.”

Aging out of Care While Incarcerated

A 25 year old participant first went to jail at the age of 15. “[I served] twenty-six months in the Youth Centre and the rest was federal. I knew I was going to be gone for a while, started building survival skills and stuff.” This youth aged out of CFS while incarcerated, and experienced homelessness shortly after discharge as a young adult.

i. Support in Exiting the Justice system

Three participants said they did not receive support on leaving the correctional institution (2M, 4 M, 9M). For one participant, the support he received was clearly inadequate. When asked by the institution for his Custody Release Plan he made up an address and then found out the place where he was going to stay would not take him: “and they said that a new place is basically Main Street Project, and it was like already snowing out and all I had was shorts and a t-shirt and flip flops.” However, Life’s Journey workers eventually found him housing and now “I’m going to church and stuff like that; I’m not doing no drugs or nothing no more” (21M).

Four participants avoided what was offered for various reasons (8M, 11, 16, 20). One participant indicated: “The jails are pretty overcrowded; they don’t have time to do one on one...When it comes to like being released like there’s not really anything or it doesn’t seem to be that much anyway when

you're getting released, other than you have conditions and stuff like that, more restrictions," but he also said "I kind of shied away from them (probation officers)" (8M). Another told us he did not need any supports and failed to attend an appointment that was made for him: "I think they asked me like if I needed anything, I just said 'no I already know what I'm doing'... they just asked me if I needed like some documents or anything you know... I think they did set up a Welfare program, I'm not sure if I went or not, I think they did do that" (11M). Another participant just "went on the run" after he was released (20). Finally another participant did not find any of the suggested support suitable.

"And then when I ask these guys for help all they used to do is suggest shipping me off to other programs. Like I kept asking them for help with housing, they're like oh well why don't you go to John Howard Society. I was like fuck no, my lawyer tried to get me to apply for that while I was in jail and I was like I ain't applying for no fuckin' jail program. That's a program where you get basically released to like a fuckin' halfway house. ..And then like a friend of mine here [at RaY], she told me about this program that I can go and I can apply for but they're a zero tolerance program for drugs and alcohol. Which probably wouldn't work out too good for me cause I will never quit smoking weed" (16).

Studies across Canada have shown that homeless youth have a much higher tendency to be involved with the law or be incarcerated. The youth participating in this study became involved in the justice system often for reasons that are related to lack of resources in child welfare. Youth in foster homes or group homes acted out or ran away and thus become involved with police. Youth living on the street engaged in minor offences and thus enter the justice system. Once involved in corrections, the youth entered a cycle of contact with the Justice system, extending into adulthood.

The Youth Criminal Justice Act mandates services for youth under 17 years old. Individuals may be incarcerated in one of Manitoba's Youth Correctional Institutions until age 20, when they must be transferred to an adult institution. Some of the youth interviewed aged out of the care of CFS while incarcerated. These youth appeared to be lost in a gap between the mandates of the Child Welfare and Justice systems in

Some of the youth interviewed aged out of the care of CFS while incarcerated. These youth appeared to be lost in a gap between the mandates of the Child Welfare and Justice systems in Manitoba.

Manitoba. For many of our youth participants, exiting from correctional services was a point of becoming homeless or returning to homelessness.

h. Social Assistance

Half of the participants received regular social assistance and 3 received disability allowance. Of the 22 youth we spoke to, 18 received EIA (regular or disability) at some point in their lives. Half of the youth who received EIA did so after becoming homeless. Six received EIA immediately after leaving their parents' home or the care of Child and Family Services (CFS). The other respondents first received EIA when they were in very unstable circumstances – for example, one just after leaving a detox program and after leaving an abusive partner. The youth who were homeless before receiving EIA worked, found odd jobs, panhandled, squeegeed, sold drugs and relied on friends, family and partners for income before turning to the government for income support. By the time these youth met with an EIA worker, they faced significant challenges and many had lost all their possessions. A young woman told us “by the time that I was ready to face the fact that I needed assistance and not powerless anymore that I could do it on my own, I got robbed and didn't have the ID.”

The evaluation of these programs centred on participants' relationships with their workers, and their difficulty navigating the system. Four participants had complaints about their workers.

“I keep missing some appointments or I keep failing to comply with certain tasks, like dropping off certain forms by a certain date, but it's only 'cause I don't have specified information and I don't understand.”
-youth interviewee

“I've been through 3 workers already, two of them really nice, but I had one worker ...she tends to fuck around a lot, she doesn't do her job right, she always finds excuses, excuses...” (1F).

“I do not like my worker...she doesn't do anything for me...I try to ask her for help and I always get turned down.” (2M)

“Your workers never call you back and it's kind of aggravating...and then my worker says you're only supposed to leave one message and she never calls me back and gets mad if you leave two.” (4M)

“For the most part [my workers] have been pretty good. I've had a few idiots though.” (13F)

Eight of the youth described difficulties getting on or staying on income assistance because of program requirements:

“I keep missing some appointments or I keep failing to comply with certain tasks, like dropping off certain forms by a certain date, but it's only 'cause I don't have specified information and I don't understand. Then when I go and try to pick up forms they tell me I need a form to bring in.” (5M)

“I just finished filing a report today. I received some kind of payment...”

MSGBA, I don't know what that means, it said that on my bank statement. Welfare is the most difficult [system to navigate]. (10M)

“By the time that I was ready to face the fact that I needed assistance and not powerless anymore that I could do it on my own I got robbed and didn't have the ID.” (19F)

The circumstances of being homeless present considerable obstacles for navigating the social assistance system. These obstacles include the lack of a stable address, the lack of a place to safely store documents, addictions, and learning disabilities. Yet it is clearly nearly impossible to imagine these youth becoming housed without social assistance of some kind.

A Pathway to Housing

Instability of income and housing go hand-in-hand. In reviewing the participants' timelines, it appears that a majority who were cut-off assistance had it happen when they were between couches and shelters, when addiction was an important element in their lives, or when they went to jail. The disruption in financial assistance prevented stability. All of the youth who lived

Stability in income is an important factor for youth maintaining their housing

independently in a house or rooming house were receiving their income from either the general assistance or disability assistance

EIA programs. This highlights that stability in income is an important factor for youth in maintaining their housing.

i. Housing

The youth who participated in this research had extremely unstable housing histories. Mobility, for many of them, started at a young age with multiple placements in the care of Child and Family Services (CFS). To prevent frustration and re-traumatization, we did not try to determine exactly how many foster homes, group homes, and emergency placements the 18 youth who were in the care of CFS had experienced. Since they left CFS care or their family home the participants had lived in 7.7 places on average. They spent, on average, 7.8 months in each place (this average drops to 5.3 months if the only participant with a stable, five year group home placement, is removed from the calculation).

First attempts at independent living were, for many of the youth, unsafe and unhealthy. One youth was introduced to drugs at his first residence: “I went to the rooming house, like smoked a bunch of crack ‘cause I didn't know what it was.” Others moved in with a partner upon first aging out of care. Often, the relationship broke down within the first year, leaving female youth particularly vulnerable: “we started getting into a lot of arguments and some of them got physical between us...[I left and went] straight to Winnipeg.”

At the time of the interviews, almost half of the participants were couch surfing (living

temporarily with friends or family members) and slightly more than one quarter lived in rooming houses. One now lives in an apartment and two were in Manitoba Housing. Two participants were absolutely homeless, living in shelters or on the street.

Manitoba Housing

Seven participants are applying for Manitoba Housing, and two were in Manitoba Housing. The main difficulty participants mentioned was the long wait list.

“The counsellors said we could get in touch but like they said it was like a long waiting list...we don’t know if me and my sister qualify.” (3F)

“I tried getting into Manitoba Housing but I don’t know, I don’t know when it will happen” (6F).

“It takes so long to get [Manitoba Housing] unless you have kids or it’s an emergency type deal, it’s very hard to get on there and it’s a very long waiting list” (12F)

“It’s pretty much a waste of time and you can wait up to a year for them to tell you that you’re not in their program so...” (16M).

One person had difficulty with the application forms and pointed out that homeless youth often don’t have ID which creates challenges in completing the forms. “When you are in situations like me a lot of people don’t have their ID or they have a

Though all of the youth interviewed experienced multiple episodes of homelessness, only seven of the 22 participants used various mission and homeless shelters in the city.

hard time getting it because you still have to pay for it.” (12F)

When they sought housing, these youth needed it immediately. The long wait list at Manitoba housing meant that this system was not deemed a helpful resource by youth in our study.

Independence and Interdependence

The youth we spoke to sought shelter in a variety of places, often relying on relationships with family, former foster parents, friends, friends of friends, and partners. Several participants talked about moving from place to place as a form of independence. When asked why they moved, words like “freedom” and “escape” were used. Some fled abuse, some experienced evictions, some left out of fear related to safety, and some left due to poor quality of housing. “I was stuck paying \$475 for a suite in a rooming house that had holes in the ceilings cut out, big gaping holes and black mould and bed bugs and ugh. Yeah that was a crappy place.” Other moves were related to relationship breakdown, or the youth wanted to prevent fights with or dependence on family and friends.

In addition to living with friends and family, the youth participants also had assistance

from friends and family to find private rental housing. Informal support networks were therefore of utmost importance for most of the youth. The housing they found was inadequate. One young man said “they got me a room ... and then a few days later I got jumped, beat up, so I’ve just been staying at Main Street Project.” Another interviewee described leaving his rooming house because: “just like well crack heads are unpredictable you know ... there was like needles getting thrown into the vents and stuff.”

Emergency Shelter Use

Though all of the youth interviewed experienced multiple episodes of homelessness, only seven of the 22 participants used various mission and homeless shelters in the city. The average age of participants using these shelters was 26 years old, compared to the average age of 23 for the whole group of participants. Four of the participants using these services were in their late 20s. Four participants were male and 3 were female. Five had stayed at the Salvation Army, 3 had stayed at Siloam Mission, 1 had stayed at the Main Street Project, and 2 had accessed the detox program at the Main Street Project. One young woman spoke of being ashamed to stay at a shelter: “I thought to myself like I was a failure ‘cause I didn’t have no home after that and I had to go [to the shelter]. That was like my last resort that I think that’s the lowest you could ever be is in a shelter.”

Emergency shelters and subsidized housing programs, like other formal programs, were described as being difficult for them to navigate. One young woman described trying to stay at an emergency homeless shelter: “to be allowed in there, you can’t be homeless and then the next day have a home and then be homeless again...you have to be homeless for like a really long time...but they weren’t really helpful people, they wouldn’t take you in right away, they would make you call all these other numbers. They’d expect you to do all these things and everything else and it’s like you can’t do it and especially when you’re on a pay phone.”

Based on low rates of shelter use for a group who have been absolutely homeless a number of times in their lives, it may be, as other researchers have found, that these shelters are viewed by youth as being a service that is not appropriate for them.

j. Other Services Used and Challenges

Of the 22 participants, 5 indicated that they were accessing no services other than social assistance or RaY. Two used the Manitoba Métis Federation for access to employment counselling (3F, 14F). One utilized Winnipeg Harvest (3F). Two used the Eagle Urban Transition Centre for job searches and the Eagle’s nest for an allowance, breakfast and lunch (3F, 14F). Two participants diagnosed with FASD used New Directions (4M, 22M), and three used Life’s Journey (6F, 21 M, 22M).

The number of services used seems disproportionate to the level of needs of this population. Fifteen of the participants access a variety of services at RaY and it may be that RaY meets a lot of their needs. It may also be the case that other services are not designed to meet the needs of this particular population.

6. Interviews with Government and Community Agency Staff

Through the environmental scan, an initial list of key government and youth-serving community agency positions to interview were identified. Individuals from the agencies were specified from personal and professional contacts of the Research Advisory Committee. Individuals were chosen for their extensive knowledge of or experience working in each government system that youth had sought assistance from. They were invited to participate in an interview, conducted by a member of the research team at a time and location of their choosing. Representation for interviews was from a range of frontline service delivery, policy and program development and well as leadership positions from systems such as: child welfare (including First Nations Child Welfare authorities), justice, health, housing, homelessness, and income assistance. Despite repeated attempts to contact multiple individuals, no interviews were held with staff working within the education or mental health systems. In total, 12 interviews were conducted with eight government agency and four community agency staff. Interviews were digitally recorded (with permission), and analyzed using Newman's three step coding technique (1997). Open coding was used to identify initial themes, axial coding followed

to reconsider and regroup information, followed by selective coding to choose supporting examples of the particular theme.

a. Barriers for Youth Accessing Support

Strict Protocol

Agency staff spoke about the timeliness, flexibility, and schedules of appointments.

When youth are requesting something, it is when they need it, and they need immediate follow-up.

When youth are requesting something, it is when they need it, and they need immediate follow-up. This is often impossible, particularly in the health system. One participant spoke about the mental health system being especially inaccessible:

“There are not enough beds or psychiatrists, they can't get in. When someone with a mental health condition can't get housing, they resort to crime or are involved more in violence. This goes hand in hand with addiction because they're not getting medication so they result to street drugs. This just adds to the complex issues in their lives.”

At an organization like RaY, the onsite nurse practitioner can refer to a psychiatrist, though it may take a couple months. Staff said that youth are so transient that in a couple months things can be completely different, and often they do not make their appointments. Long wait

times at emergency rooms was also identified as a barrier to accessing mental health care.

Interviewees perceived The EIA system to have similar barriers related to protocol: “if they [the youth] are not already on EIA and they need to do an intake appointment, then they get a worker, it takes weeks. And if you’re 5 minutes late or are a little anxious then they’ll get turned away. There are a lot of hoops and they’re not at the point in life to jump through all those hoops, they’re hungry, they’re tired, they’re fed up with all these systems that seem to be letting them down.”

One participant who works to support youth transitioning from CFS spoke to the challenge of different timelines across systems. Youth are unable to apply for EIA until one week before turning 18, yet on their 18th birthday they are cut off all support from CFS. She said: “as soon as they turn 18, they’re cut off everything – their group home, their foster home, everything. They latch onto somebody. Because they have to. They couch surf, get in a relationship, go back to their parents.”

The strict protocol of government systems was said by a number of respondents to be particularly difficult for youth who may not have the skills to navigate the set of rules:

“The social skills, the skills like going to an appointment, needing to wait, the patience needed. Getting to

appointments, remembering all the appointments they need to attend just to get basic needs. There are multiple appointments, just to get past, like the green light, to get what they need. [If they miss that appointment], it’s amazing how many weeks can go by before they can get the appointments again and support they need.”

“EIA often doesn’t work for those who age out at 18 many of them have mental health issues, trauma, they’re behind in school and for EIA

“EIA often doesn’t work for those who age out at 18 many of them have mental health issues, trauma, they’re behind in school and for EIA they need to make an appointment and then they don’t show up and they get a note in their file saying they’re unmotivated. Many of these kids are not these perfect little entities who are going to fit into this structured system.

they need to make an appointment and then they don’t show up and they get a note in their file saying they’re unmotivated. Many of these kids are not these perfect little entities who are going to fit into this structured system. So many have to go

through work preparation when these kids haven’t been able to make it through school or sit for 6-8 hours.”

“Decisions are made by bureaucracy that doesn’t do the frontline work, they have this idea about what kids should be. The government believes that if a youth can’t make a phone call to me, they’re not going to be successful in the program. So they expect youth to take on all of these

responsibilities to be successful later on. But that's not how a teenager dealing with all of these things in their life operates."

'Undesireable' Population

A number of service providers spoke about youth struggling due to negative perceptions of them from the general public. This was said to affect how government agency staff responded to them, often seeming to judge or dismiss them. It was also clearly linked to youth homelessness through causing landlords to exclude youth from private rental housing.

"Landlords are entrepreneurs, they're not thrilled about wanting to jump in and help our youth. Our government needs to be responsible for this. Systems working together is not going to eliminate the housing shortage."

"There are very limited housing options and when landlords see someone who they assume might not be a good tenant they choose not to rent to them."

"Landlords have waiting lists, everyone requires things that youth don't have. They want a rental history, but youth in care don't have a rental history. No one is connecting the dots."

Need for an Advocate/Guide

Tied to the experience of being considered 'undesireable,' a number of service providers from both government and community agencies said youth receive different treatment and more services if they have an advocate with them.

"If you're a male and you're trying to get on social assistance, it's really tough unless you have someone advocating for you. We've often advocated for people who have been turned away from EIA, told that they should go to work, and if they don't get support they just accept that and leave."

"If they're already on EIA, already have a worker, I get good response.

I

A number of service providers from both government and community agencies said youth receive different treatment and more services if they have an advocate with them.

Y

they need something like food voucher or bus tickets, I can usually get it quickly. If my clients go to ask for it, I'd say there's less of a chance that they will get that support."

b. Limited Resources

Struggles with Basic Needs Leads to Other Needs/Creative Coping

The frontline staff who worked with youth daily identified a link between what might

seem like unhealthy behaviours from the outside and a lack of basic needs fulfillment. Due to long wait lists for subsidized housing and low social assistance rates, one community-based service provider said youth find inadequate rooming houses.

“What they get [if they are on EIA] is a rooming house. What happens in rooming houses is not a lot of healthy activity, so to get out of a rooming house is difficult. A lot of times addictions [follow].”

Youth engaging in violent behaviour was explained by service providers as being a survival strategy. Avoiding emergency shelters and staying outside or in unsafe housing conditions was also said to be related to safety. Gang turf lines and potential exploitation from adults at emergency shelter locations is an important consideration. A staff person from the Justice system explained that youth often get brought back into that system when they do not have appropriate housing: “if they run away, then they are breaching and they come back in. The kids will take off from places they are not comfortable in, then we take them in and try to find a stable environment for them.”

Another interview participant said: “We had a client who was sleeping all summer long under a bridge, he was out all day long looking for a job. About one month ago, as it was getting cold out, he decided that he was going to do something so he would get put back in jail so he had somewhere to go for the winter.”

Limited Supports, Many Needs

Almost all of the participants noted the limited resources available to meet the needs of all youth experiencing/at risk of homelessness. The number of young people aging out of the care of CFS without support was brought up by a number of participants:

“If MYTEAM were available for 200 youth maybe they would be able to get the support they need so they’re not on their own. It’s a response, but does it really address the problem when there are 10 times more children leaving care than what is available?”

“Getting these kids to a stable home environment is sometimes very difficult. CFS is taxed so getting a good plan in place before youth are released is difficult.”

“Emergency placements, if a placement breaks down, are rarely available for ages 18-21. They have to go to a general adult shelter which is not a good place for them to go. For younger adults if extension isn’t possible they often lose the home they’re placed in, maybe because of roommates or conflicts.”

When speaking about transitioning from the care of CFS, the limited availability/flexibility of independent living programs was also said to be a gap. One service provider said they had surveyed youth and heard clearly that a

range of options was most desirable, rather than set programs.

“CFS needs to do more exit planning, starting a year before the transition and working more with community agencies for this transition.”
-community agency staff

The most critical resource lacking to prevent youth homelessness was said to be safe, affordable and appropriate housing: “Our government needs to be responsible for this. Systems working together is not going to eliminate the housing shortage.” One participant who worked with youth from reserve communities said that the limited housing on reserve is also a factor in youth homelessness in Winnipeg. He said youth come to Winnipeg to meet their housing needs and yet often became homeless because of the limited supply in the city.

c. Preparation for Adulthood

Preparation in Care

All of the participants who spoke about the child welfare system and its relationship to youth homelessness said preparation for adulthood was not being provided consistently or appropriately.

“CFS needs to do more exit planning, starting a year before the transition and working more with community agencies for this transition. There also needs to be more life skills training prior to exit,

for example they could come to [our organization] a year in advance to make a life map and plan for the exit. They could bring agencies to group homes to speak to youth in advance, to tell them what to expect, the dangers, the positives, just to prepare them.”

We heard from those with knowledge of the Child Welfare System that the current standard for transition planning is being revised. Even with new standards, interviewees told us there are significant challenges youth who have been raised in the Child Welfare System face in transitioning:

“There is no regulation that says youth should be assessed at age 16, for example. But it’s all discretion, only some will be assessed. So it comes down to a case worker who might decide to do this. Which means there might be a missed opportunity to become eligible for these adult services. There’s no mandate, no accountability and kids keep falling through the cracks.”

“For youth who have had very unstable placements, moving from foster home to foster home, they are behind. They may be alcohol affected, they will struggle to live on their own, to understand the training being provided to them. Sometimes even youth are incarcerated as they are aging out of care, we’ll try to extend that care to be able to support them as they are

being discharged, but often they don't want another agency looking over them, watching them."

We heard from people who work inside and outside of CFS that limited resources and limited trust are ongoing challenges:

"We try to negotiate a case plan with them as they're turning 15 but sometimes they're not interested, they're AWOL, some have been out of school since they were young. Some of our agencies have an age of majority unit who work with youth 16 and over to prepare them for independence, but the case numbers are very high."

"When we start working with kids, they are not prepared at all. We're getting them at the end, [when the worker thinks] 'oh my god, I have to do something with this kid.'" We're getting them in crisis mode because they know that in 6 months they will have nothing, no where to live, no income."

"As we move to caring for adults under the child welfare guise there are some growing pains. When youth are 18, we are not the guardian. We care for them, but we don't have legal power and authority. So how do you keep rules in a home, yet allow youth to make decisions? It's hard to make that mental shift for places that have always only cared for youth under age 18."

Preparation to Exit the Criminal Justice System

Though most of the respondents focused on the link between homelessness and inadequate transition preparation for youth leaving CFS, those who specifically worked with youth involved in the Criminal Justice System also connected this exit with homelessness.

"If you're being released from a jail, they bus you into the City, you don't have a dollar to your name, and there you are, on your own. There has been no discharge planning with them, at all... You need your basic needs met if you're going to change your life. There is not adequate planning for youth, they inevitably fail because of the requirements and structure."

Young adults who have been in the care of CFS and who are also involved in the Criminal Justice System were identified as being higher risk of experiencing homelessness. One interviewee explained: "They do not have a place to go, no one in their lives who will help them navigate their lives...for some people there isn't even a family member whose house or couch or floor or whatever where they can sleep."

d. Engaging Youth Who Have Experienced Trauma

Participants told us, either explicitly or implicitly, that government systems lack protocol which recognize and respond to the effects of trauma. Previous or ongoing experiences with these systems, particularly

CFS, break down trust between youth and adults paid to support them:

“Trust is a big issue for youth aging out of care, they don’t trust that we care, they don’t trust that we can support them. They don’t want to follow rules or they feel like they’re not safe in the environment they’re in.”

“I’ve had youth then tell me that they don’t trust me, they don’t believe what I say. I need to work to build that trust, make sure that I deal with their priorities, not my priorities.”

Though there is recognition of the need to collaborate, as youth are impacted by a number of systems, there is no clear or consistent mechanism for systems to do so.

Experience with the Criminal Justice System was also said by one service provider to affect youth’s willingness to use particular services. She said, “this culture that’s created once you’re in jail – there’s stigma around riding the transit bus, they have this thing where they won’t take the bus...Same with social assistance, they do not want to rely on social assistance. Going to see a probation officer, or doing the other things required of you by justice, there is a real fear for safety or even for people’s lives. They are afraid of running into particular people, afraid of gang connections. Breaches then occur not because of laziness but because of fear.”

Another participant spoke to the need for programming to be designed with knowledge of youth’s experiences: “We focus on education and training, education

and training. But healing needs to happen. If they can’t go to school because of underlying reasons, what makes government think they can then just go get a job?”

e. System Conflict and Collaboration

Participants from particular government systems and from community-based organizations told us government systems work in silos. Though there is recognition of the need to collaborate, as youth are impacted by a number of systems, there is no clear or consistent mechanism for systems to do so.

One example of effective collaborative planning for high-risk youth was said to be happening through the education system: “if they have lower IQs, schools will make a plan and they have more responsibility in terms of planning. If this is recognized when they are young, they will have housing, supports, income, etc. But only some people are eligible, it’s pretty rigid as there is a psychological assessment, they need to have an IQ under 70. And those who have the biggest risks tend to have the biggest gaps. If they’re not eligible, there is really nothing.”

Mandate Conflict

Conflicting mandates between systems or between community-based organizations and government systems were identified by three respondents as the main challenge to collaboration. For example:

“When the young parents falter and the kids are unsafe, we have to work desperately hard to have EIA continue to pay rent for parents so they can stay in their home while kids are temporarily in care. We’d like the kids to be able to return, but they sometimes have to move. It’s also difficult if we want parents to be able to practice having their kids with them, but there is no way they can afford a place big enough to practice caring for their children. No kid should be in care because of housing, that is not a reason for children to be in care. But it does happen.”

“As a community organization, we have a very different value system. I might value a kid getting up in the morning, going to a doctor then making it two hours in school. The government would not see that as a success.”

Limited resources was also said to be a barrier to collaboration. We were told that EIA attempted a committee to work with CFS a couple years ago, but the committee ended after a few meetings.

Policy Gaps in Child Welfare

i. Mandate

We were told that Manitoba’s mandate is very strong in terms of assessing risk of abuse or neglect before it happens. This is a positive thing, but also means there are considerable resources used. Once children and youth are brought into care, there are

limited resources. There are not specific policies that go over what it should look like to grow up in Child Welfare System. One participant said, “I think it’s one of the weakest areas in the mandate.”

ii. Consistency

There are, right now, over 10,000 children in CFS Care. Without any policies or mandates on what should happen as they age out, the transition is inconsistent. We heard from various participants that some youth go through independent living and benefit from those supports but participation in these programs seems to be “totally random.” We were also told the government is not holding accountable the services that are available, and there is no overseeing body.

7. Case Studies

Case studies on the government systems identified in this research as being pathways into youth homelessness were developed from the combined analysis of the interviews with youth and community and government agency staff. Recommendations in each case study were reviewed and supported by the Research Advisory Committee.

The case studies are available in Appendix 3 and include:

- i. Child and Family Services
- ii. Justice
- iii. Employment and Income Assistance
- iv. Addictions Treatment, Health and Mental Health Care
- v. Housing

8. Summit on Child and Family Services and Youth Homelessness

Despite a number of key reports from the Children's Advocate, recognition of the issue from all service providers and CFS Authorities, and ongoing efforts to develop improved programming, the *System Pathways into Youth Homelessness* research clearly identified the Child Welfare System as a primary pathway into youth homelessness. There is an immediate need to prioritize transformative change in the way youth age out of the care of this system.

On May 15, 2014 a half-day conference gathered front line workers, senior managers and policy analysts in youth care and child welfare to a summit on Child and Family Services and Youth Homelessness.

a. Discussion Table Results

Child welfare staff, administrators, and policy-makers, in addition to staff and directors of community-based youth serving organizations brought their experience and expertise to the discussion on what could be done about weaknesses in the child welfare system. Summit attendees were presented with the research findings from the study and they participated in discussions to review and refine the suggestions for the child welfare system in Manitoba.

i. Theme I: Extensions of Care

Participants agreed that age 25 was a more appropriate target age for some youth exiting the child welfare system. Many participants felt that social norms around expectations for independence have changed dramatically, and that most Canadian 18-year-olds do not live

independently. It was recognized that extending care to 25 will require legal change, and discussion then centered on the existing protocols for extending care, terminating care, and returning to care. The group suggested youth should be better resourced in finding permanent supports and enduring relationships whether biological family or adoptive family, or another anchoring relationship. It was anticipated that many of the proposed changes would require increased staffing levels and thus increased funding within the system. As well, participants discussed developments needed for new approaches to independent living.

SUGGESTION

Automatic termination of care of CFS at the age of 18 should end, and rather, youth should be given the choice to continue to receive services until the age of 25. This should be available to all youth, regardless of permanency status and ability to participate in education/work training.

In addition to increasing options for extensions of care, 'aging out of care' should not mean the youth's file is closed. They should be able to re-engage with CFS for support. Youth that refuse continued CFS care should have their files suspended rather than closed so they can return for support if needed.

Ideas for implementation included:

- Form partnership agreements and increase communication between CFS and agencies like RaY and other adult services

- Ensure services are standardized and delivered evenly across all authorities and agencies
- Ensure CFS workers have access to relevant resources and are utilizing them
- Establish a separate ‘aftercare unit’ with trained staff who can deal specifically with youth between age 18 and 25
- Extension should be seen as a right until age 25, unless youth opt out
- Increase support for biological families
- Plan for permanency
- Increase amount and range of housing stock

ii. Theme 2: Transitioning Out of Care

Participants told us transitional care should be standardized and made consistent across different support systems of care, while maintaining a client-centred orientation. They felt there was a need to identify, implement and then evaluate models of transitional care that have a proven track record. Participants proposed there should be age-based targets which could function as accountability mechanisms. Expectations around transitioning should be included in general standards of care, and need to be integrated into other systems and family supports.

SUGGESTION

Quality transitional care should be part of a system level mandate, with accountability mechanisms in place. Exit planning should be a client-centred activity, with a gradual process and clear communication about shifting

responsibilities. If youth are involved with the Justice system as they turn 18, integrated planning should occur for transitions from CFS and Justice.

Training for foster parents and group home staff should be mandatory to ensure all facilities and staff are able to exit-plan to a mandated standard.

Ideas for implementation included:

- Make use of existing assessment instruments to assist with identifying transition “streams” and readiness for independent living
- Resource and place youth in programs based on their interest, skill levels, and goals, as well as on system assessments
- Create “age” appropriate milestones, for both the youth and their service providers
- Increase and standardize training and resources for caregivers and workers, specific to transitioning from care
- Create competency-based experience for the youth
- Create exit plans with realistic time frames, genuine options, and milestones

iii. Theme 3: Preparation in Care

Participants told us that preparations for leaving care should be part of a youth’s plan from the very beginning of their time in care. As this would necessarily be a long term process it would require consistency throughout the period of care. Participants stressed the value of a continuum of care,

where relationships, role models, families, and social networks have a role to play in planning for successful independence. The group felt changes in regulations, standards, and licensing were required to enable the adoption of better models, tools, and training.

SUGGESTION

Preparation for transitioning from care should start as soon as a youth is taken into care, with age-appropriate and life skill training integrated into care. There should be a mandated standard of transition planning, to include a connection with a range of educational options, planning for sufficient income, appropriate housing, and stable capable supports.

Ideas for implementation included:

- Create formal case-planning tools with key components being mandatory
- Improve training for caregivers. Foster parents should have mandated training in the first six months of a placement related to the particular needs of children in their care. Training should also be coordinated and consistent across systems
- Increase emphasis on family supports including foster families, birth families, and cultural connections. There could be a continuum of licenses and funding frameworks, to include alternative supports

- Alter regulations which interfere with a worker's ability to develop individualized case plans
- Improve the adaptability and flexibility of the child welfare system to enable a focus on "futures" and relationships. We should adopt a "fostering community" view

iv. Theme 4: After-care/Emergency Supports

SUGGESTION

The community agencies providing supports for youth aging out of care require adequate, stable funding. Community-based programs designed to support youth in education, training and transition need to provide enough financial support to youth so they can focus on healing and achieving their goals in a healthy environment.

They should be at the table with government as new programs for youth are planned. Such programs must be created in a truly collaborative manner, recognizing the expertise of youth-serving agencies and youth themselves to identify potential barriers and create flexible supports.

Government and non-profit housing providers should partner with agencies who support youth to provide housing, support, and eviction prevention.

Discussion of this suggestion highlighted the need for improved integration between after-care supports and systems. Collaboration among youth-serving agencies should be improved, and communication with government should be improved. In

particular, service agencies should have a closer relationship with housing agencies. Participation in after-care should be client-centred, voluntary, and culturally relevant.

Ideas for implementation included:

- Improve funding and coordination support for existing programs. A new, government-run after-care program is unnecessary, as existing programs can be organized, leveraged, and scaled to meet the needs of young people
- Each authority should be empowered to engage with after-care support services, and referrals should come with adequate funding

b. Next Steps

Immediately following the Summit, a meeting was convened to discuss next steps, with a particular emphasis on what legislative changes may be needed and achievable to move forward with the suggestions emerging from summit. In attendance were senior staff from the General, Southern and Metis child welfare authorities, directors of residential care organizations, representatives from the Office of the Children’s Advocate, and directors of community-based youth serving agencies.

Participants agreed that while changes to the legislative framework are legitimately needed, they cannot be seen as the only solutions in the near-term. Nonetheless, it should be pursued immediately to enable

change to begin. Specific changes that require action include:

- Extension of care to be available up to age 25
- Extension of care be available regardless of status
- Extension of care should be a long-term commitment to youth, and not merely renewed annually.

Other observations arising from the lunch meeting that could help inform a process of program and policy change included the following:

- A different system of care is required for youth age 18-25. This system should function under the understanding that the “system” is no longer a guardian, yet youth have a *right* to continued support.
- Government must continue to implement the recommendations found in the Hughes Report. There is concern that momentum for change and implementation is stalling, and that the implementation team lacks a real mandate to proceed.
- There is a need to modernize Manitoba’s adoption program to reduce challenges relating to instability and transition to adulthood later in life.
- A review of the accessibility and adequacy of mental health services needs to be part of any strategy to prevent homelessness.

- Discharge policies need to be reviewed in all systems.

c. Summit Conclusion

The Summit on Child and Family Services and Youth Homelessness showed there is remarkable community agreement in Winnipeg on what is needed to stop the flow of young people from the care of Child and Family Services into homelessness. Some legislative changes are required as soon as possible. New programs, policies, procedures and systems will follow from these.

Everyone agreed youth must be meaningfully engaged in assessing any proposed changes.

Community-based organizations are also ready to play a more formal role in supporting young people towards healthy adulthood, but they require government collaboration and commitment to be effective.

9. References

- Altena, A., Brilleslijper-Kater, S., & Wolf, J. (2010). Effective interventions for homeless youth: A systematic review. *American Journal of Preventative Medicine*. 38 (6), 637-45.
- Barton, S. (2004). Narrative inquiry: Locating Aboriginal epistemology in a relational methodology. *Journal of Advanced Nursing*, 45 (5), 519-526.
- Bennett, F. and M. Roberts. 2004. *From input to influence: Participatory approaches to research and inquiry into poverty*. The Chancellors, Masters and Scholars of the University of Oxford. York, UK: The Joseph Rowntree Foundation. Retrieved from www.jrf.org.uk/sites/files/jrf/1859351786.pdf
- Burt, M. (2007). Understanding homeless youth: Numbers, characteristics, multisystem involvement, and intervention options. Retrieved from <http://www.urban.org/publications/901087.html>
- Bodnarchuck, J., Patton, D., & Rieck, T. (2006). Adolescence without shelter: A comprehensive description of issues faced by street youth in Winnipeg. Retrieved from <http://www.afm.mb.ca/About%20AFM/documents/StreetYouthReport.pdf>
- Boivin, J., Roy, E., Haley, N., & Galbaud Du Fort (2009). The Health of Street Youth in Canada: A Review of the Literature. Retrieved from <http://homelesshub.org/ResourceFiles/Documents/2.4%20Boivin%20et%20al%20-%20Health%20of%20Street%20Youth.pdf>
- Canadian Housing and Renewal Association. (2002). On Her Own: Young Women and Homelessness in Canada. Retrieved from http://ywcacanada.ca/data/research_docs/00000271.pdf
- Carter, T., Polevychok, C, Friesen, A. & Osborne, J. (date). Why do panhandlers panhandle in Winnipeg? Retrieved from http://www.homelesshub.ca/ResourceFiles/WHY_DO_PANHANDLERS_PANHANDLE_IN_WINNIPEG.pdf
- Child and Family Services Act (1985). Manitoba Family Services. Retrieved from <https://web2.gov.mb.ca/laws/statutes/ccsm/c080e.php>
- Clandinin, J. & Connelly, M. (2000). *Narrative Inquiry: Experience and Story in Qualitative Research*. San Francisco: Jossey-Bass
- Corporation for Supportive Housing. (n.d.). Supportive housing for youth: A background of the issues in the design and development of supportive housing for homeless youth. Retrieved from <http://documents.csh.org/documents/pd/youth/youthsh.pdf>

- Curran, A., Bowness, E., & Comack., E. (2010). Meeting the needs of youth: Perspectives from youth-serving agencies. Retrieved from http://www.policyalternatives.ca/sites/default/files/uploads/publications/Manitoba%20Office/2010/09/MB_needs_of_youth.pdf
- Community Legal Education Association. (n.d.) Youth Criminal Justice Act: Understanding Your Rights Under the Law. Retrieved from <http://communitylegal.mb.ca/documents/CLEA-YCJA-eng.pdf>
- Ensign, J. & Ammerman, S. (2008) Ethical issues in research with homeless youths. *Journal of Advanced Nursing* 62 (3), 365–372.
- Eyles, J. (1988). Interpreting the geographical world. In. J. Eyles and D. Smith (eds.). *Qualitative methods in human geography*. (pp. 1-16). Cambridge: Polity Press.
- Fitzgerald, M. (1995). Homeless youths and the child welfare system: Implications for policy and service. Retrieved from http://eric.ed.gov/ERICWebPortal/search/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=EJ503674&ERICExtSearch_SearchType_0=no&accno=EJ503674
- Gaetz, S., O’Grady, B., Buccieri, K., Karabanow, J., Marsolais, A. (Eds.). (2013). Youth homelessness in Canada: Implications for policy and practice. Toronto: Canadian Homelessness Research Network Press.
- Gaetz, S. (2009). Whose safety counts? Street youth, social exclusion, and criminal victimization. Retrieved from <http://www.homelesshub.ca/ResourceFiles/Documents/3.2%20Gaetz%20-%20Whose%20Safety%20Counts.pdf>
- The General Child and Family Services Authority (General Authority) (2009). Youth Engagement Strategy Phase I: Final Report. December 2009. Retrieved from <http://www.generalauthority.ca/docs/YES%20Final%20Report%20-%20December%202009.pdf>.
- The General Child and Family Services Authority (General Authority) (2013). The General Child and Family Services Authority Annual Report, April 2012 to March 2013. Retrieved from http://www.generalauthority.ca/docs/General_CFS_Authority_2012-2013_Annual_General_Report.pdf
- Gessler, S., Maes, C., & Skelton, I. (2011). The Winnipeg street health report. Retrieved from <http://www.mainstreetproject.ca/winnipeg-street-health-report.pdf>
- Gharabaghi, K., & Stuart, C. (2010). Voices from the periphery: Prospects and challenges for the homeless youth service sector. *Children and Youth Services Review*, 32, 1683–1689.

- Health Child Manitoba. (n.d.). About Healthy Child Manitoba. Retrieved from <http://www.gov.mb.ca/healthychild/about/index.html>
- Higgitt, N., Wingert, S., Ristock, J., Brown, M., Ballentyne, M., Caett, S.,... Operation Go Home. (2003). Voices from the margins: Experiences of street involved youth in Winnipeg. Retrieved from <http://ius.uwinnipeg.ca/pdf/Street-kidsReportfinalSeptember903.pdf>
- Hulchanski, J.D., Campsie, P., Chau, S., Hwang, S. & Paradis, E. (2009). Homelessness: What's in a word? Retrieved from http://www.homelesshub.ca/ResourceFiles/Documents/FindingHome_Full.pdf
- Human Resource Services Development Canada (HRSDC) (2013, March 8). "Government of Canada helps people who are homeless or at risk of homelessness in Manitoba." *Canada News Centre*. Retrieved March 9, 2013 from <http://news.gc.ca/web/article-eng.do?nid=724679>.
- Karbanow, J. (2005). Getting off the street: Exploring strategies used by Canadian youth to exit street life. Retrieved from <http://www.halifax.ca/qol/documents/GettingofftheStreet.pdf>
- Karabanow, J. (2004). Changing faces: the story of two Canadian street youth shelters. *International Journal of Social Welfare*, 13, 304 –314.
- Kidd, S. & Davidson, L. (2009). Homeless youth: The need to link research and policy. Retrieved from <http://www.homelesshub.ca/ResourceFiles/Documents/3.1%20Kidd%20Davidson%20-%20Youth%20Homelessness.pdf>
- Klodawsky, F. (2006). Landscapes on the margins: gender and homelessness. *Gender, Place and Culture*, 13, 364-381.
- Labov, W. (1997). Some further steps in narrative analysis. *The Journal of Narrative and Life History*. Retrieved from <http://www.ling.upenn.edu/~labov/sfs.html>.
- Leo & Martine (2005). The federal government and homelessness: Community initiative or dictation from above? Retrieved from <http://www.policyalternatives.ca/publications/reports/federal-government-and-homelessness>
- MacKinnon, S. (2010), Rising housing prices and low rental vacancy – a perfect storm for condo conversion. Canadian Centre for Policy Alternatives.
- Manitoba Child and Family Services Standards Manual. (n.d.) Manitoba Family Services. Retrieved from <http://www.gov.mb.ca/fs/cfsmanual/1.1.3.html>

- Manitoba Family Services and Labour (n.d.). “Children’s disABILITY Services.” Accessed February 4, 2013 from <http://www.gov.mb.ca/fs/pwd/css.html>
- Manitoba Family Services and Labour. (2012). 2009 Progress report. Retrieved from http://www.gov.mb.ca/fs/expenses/progress_rep/report_2009.html
- Manitoba Human Rights Commission (April 2007). “The Rights of Youth: Youth in Care.” http://www.manitobahumanrights.ca/publications/rights_of_youth/youth_in_care.pdf
- Manitoba Human Rights Commission (March 2011a). “The Rights of Youth: Criminal Justice.” http://www.manitobahumanrights.ca/publications/rights_of_youth/ycja.pdf
- Manitoba Human Rights Commission (March 2011b). “The Rights of Youth: You and School.” http://www.manitobahumanrights.ca/publications/rights_of_youth/you_and_school.pdf
- Manitoba Justice (n.d.). Criminal Legal Process. Retrieved from <http://www.gov.mb.ca/justice/criminal/corrections/index.html#youthcorrections>
- Patton, D., Lemaire, J., & Friesen, K. (2008). Still without shelter: A description of issues faced by street youth in Winnipeg in 2007. Retrieved from <http://intraspec.ca/StreetYouthReport2007October08.pdf>
- Preston, V., Murdie, R., Wedlock, J., Agrawal, S., Anucha, U, D’Addario, S., Kwak, M., Logan, J. & Murnaghan, A. (2009). Immigrants and homelessness – at risk in Canada’s outer suburbs, *The Canadian Geographer* 53, 288-304.
- Public Health Agency of Canada (2006). Street youth in Canada: Findings from enhanced surveillance of Canadian street youth, 1999-2003. Retrieved from http://www.phac-aspc.gc.ca/std-mts/reports_06/pdf/street_youth_e.pdf
- Raising the Roof. (2009). Youth homelessness in Canada: The road to solutions. Retrieved from http://www.raisingtheroof.org/RaisingTheRoof/media/RaisingTheRoofMedia/Documents/RoadtoSolutions_fullrept_english.pdf
- Rowel, R., Dewberry Moore, N., Nowrojee, S., Memiah, P. & Bronner, Y. (2005). The utility of the environmental scan for public health practice: Lessons from an urban program to increase cancer screening. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2568702/pdf/jnma00185-0085.pdf>
- Schafer, A. (2007). The expressive liberty of beggars: Why it matters to them, and to us Retrieved from http://www.policyalternatives.ca/sites/default/files/uploads/publications/National_Office_Pubs/2007/Expressive_Liberty_of_Beggars.pdf

- Schibler, B. & McEwan-Morris, A. (2006). Strengthening our youth: Their journey to competence and independence. Retrieved from <http://www.childrensadvocate.mb.ca/wp-content/uploads/Strengthening-Our-Youth-Final-2006.pdf>
- Serge, L., Eberle, M., Goldberg, M., Sullivan, S., & Dudding, P. (2002). Pilot study: The child welfare system and homelessness among Canadian youth. Retrieved from <http://www.cecw-cepb.ca/publications/596>
- Youth Criminal Justice Act. (2002). Government of Canada. Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/Y-1.5/index.html>

APPENDIX I: Interview Tools

Protocol for Youth Interviews Prior to the Interview

1. Confirm schedule, location, and onsite contact with agency
2. Check recorder and batteries
3. Check interview packages. Each should include:
 - a. Youth Interview Protocol
 - b. Consent Form (2 copies)
 - c. Youth Interview Guide
 - d. Blank paper, Post-it notes
4. Staff at the agency will have a location to conduct the interviews. They will also be introducing the youth to you.

During the Interview

1. Explain the research, make sure the youth is between 18-29 years old and has been homeless in the past
Homeless = having spent at least 10 nights in an emergency shelter, on the streets/outside, on a friend's couch, or in a car
2. Conduct Consent, ensure that youth have a chance to ask questions and let them know that they can speak to others about the research before deciding whether or not to participate (separate document)
3. Provide a copy of the Consent form to the youth
4. Re-confirm permission to record and start the recorder
5. Introduce the Interview by describing the timeline. Explain what a timeline is, and draw one on the sheet of paper. Start Question Framework (separate document)
6. Once the Question Framework has been completed, thank the participant for their time, answer any questions about the research and explain next steps
7. Provide the participant the honorarium; fill in tracking sheet
8. Let the participant know that the final document will be available at the location where the research was conducted by March, 2014

Youth Interview Guide

1. Record Housing History

**Where do you spend your nights right now? How long have you been staying there?
Or How long have you been moving between places?***

And

Where were you staying before that? (*keep asking until you reach the time before the person left their long-term guardian's home*)

Probes:

- What was the place like? Safety? Condition? Cost?
- What was your landlord like?
- Did you stay with anyone else?
- What were the reasons for leaving this place?

2. Have you had experience with Child and Family Services?

If the person was in care

We will write the places you have stayed in and out of care on the timeline. Tell me a little about each place (Note: If the youth has been in many places or doesn't remember, write 'multiple placements' and the general timeframes) *

Probes:

- What was the reason for leaving foster care or a group home? *
- How many social workers have you had? When did you see your worker and what sort of things did they do? *
- Did you receive any life skills training? *
- What happened when you turned 18? *
- Did your social worker, or the people you lived with, do anything to prepare you to leave care?

3. Have you lived in government or not for profit housing like MB Housing, Winnipeg Housing, Kinew Housing, Dakota Tribal Housing, etc. *

If NO: Have you ever applied? And what happened? *

If YES:

- How did you apply?
- How long did you wait?
- What was the place and the people like?

4. Education

Are you currently in school or in any type of training? *

Have you taken any previous courses or training? *Work backwards and ask about previous training* *

Probes:

- What is the last grade you completed? When was that? *
- What happened that you stopped going to school? *
- How did people in the school – teachers, counsellors, respond when you stopped going?
- Did you have any supports through the school?

5. Income

Where do you currently get your money from?

How long have you had this income?*

Probes:

- Do you use cheque cashing places or payday lenders?
- If you have a bank account, when did you open it? *
- Have you applied for EIA/Welfare? When and what happened? *
 - If they have been on EIA: Have you had different workers? *
 - If they have been on EIA: What is your worker like?
 - If they have been on EIA: Have you been cut-off? *
- Have you ever applied for Employment Insurance? When and what happened?*
- Have you been employed? *
- Throughout this time, did you get money from anywhere else? *

6. Identification

Do you have the following identification?

Health Card

SIN

Birth Certificate

Manitoba ID/Drivers' License

For each yes Do you remember when/how you got it? *

For each no What happened that you do not have it? Have to ever tried to get it?

7. Have you had any personal experience with the police? *

Probes:

- When? *
- How would you describe this experience?
- Have you been to court? *
- Did you have a lawyer? *

- Did you go to the remand centre? Were there any programs or supports there? *
- Did you go to a jail? Were there any programs or supports there? *
- What happened when you were released? *
- What were the conditions of your release? How did the conditions affect what you could do, or where you could live?
- Did you get referred to any other services after your involvement?
- Are there other times in your life that you were involved with police/courts/jail? *

8. If you have ever had an addiction, have you ever gone to treatment? *

Probes:

- When? *
- How would you describe this experience?
- How did you get to treatment (how did you hear about it? How did you apply?) *
- What happened when you were done treatment? Did you have any supports? *
- Were there other times in your life that you were involved with treatment? *

9. Have you ever stayed overnight at the hospital? *

Probes:

- When? *
- What was the reason? *
- What happened when you were discharged? *

10. Do you seek out healthcare when you feel you need it? *

Probes:

- Do you go to the same place/see the same provider?
- Are there things that prevent you from getting the health care you need?
- Are there things that prevent you from doing what your health care provider recommends?

11. Have you experienced any mental health issues or trauma? *

Probes:

- When? *
- Has a doctor, counsellor, psychiatrist or psychologist ever diagnosed you with a mental illness or learning disability? When? *
- Is there anyone who has helped you to deal with trauma you have experienced?

- Are there things that prevent you from getting the emotional or mental support you need?

12. Are there places (organizations) that you go for support now?

Probes:

- When and how did you first know them? *
- What is it about them that you find supportive?

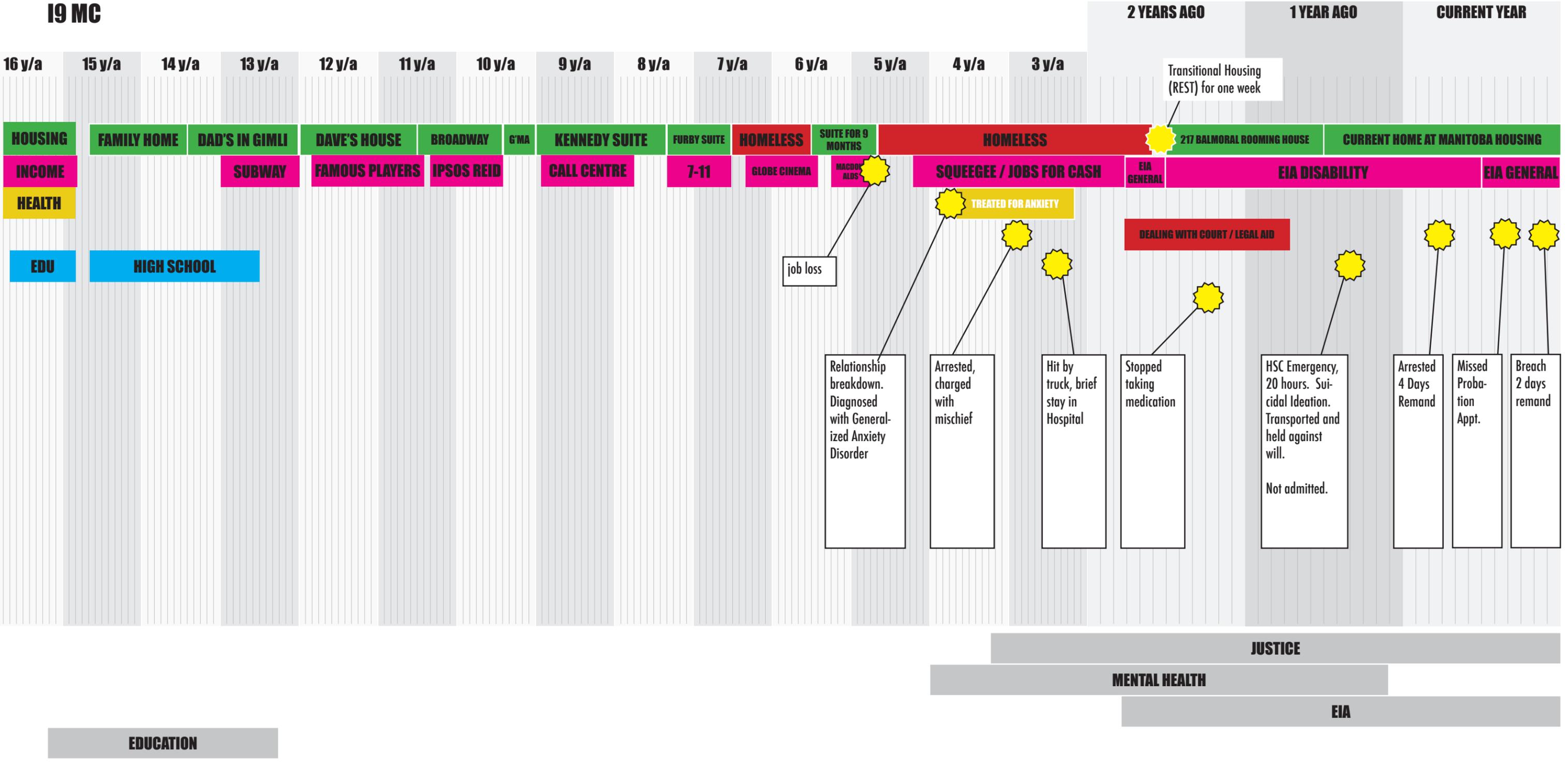
13. Who would you say has been a major source of support in your life? *

Probes:

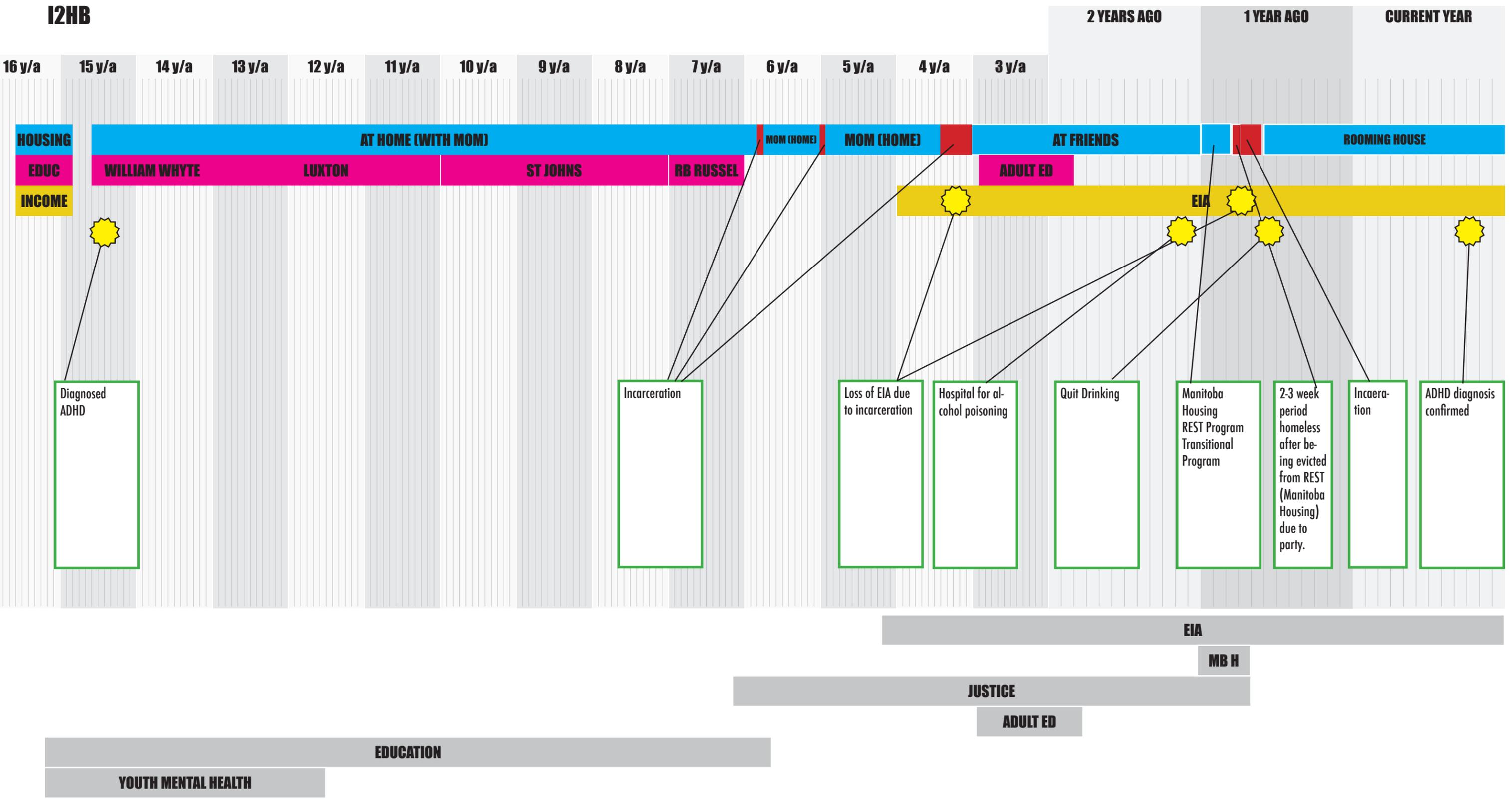
- If the person is not a friend or family member, how do you know them? *
- Have there been different supports in different periods of your life?
- What makes them a good support for you?

*For all of the questions, if they are marked with a *, try to identify when they were happening and write them on the timeline*

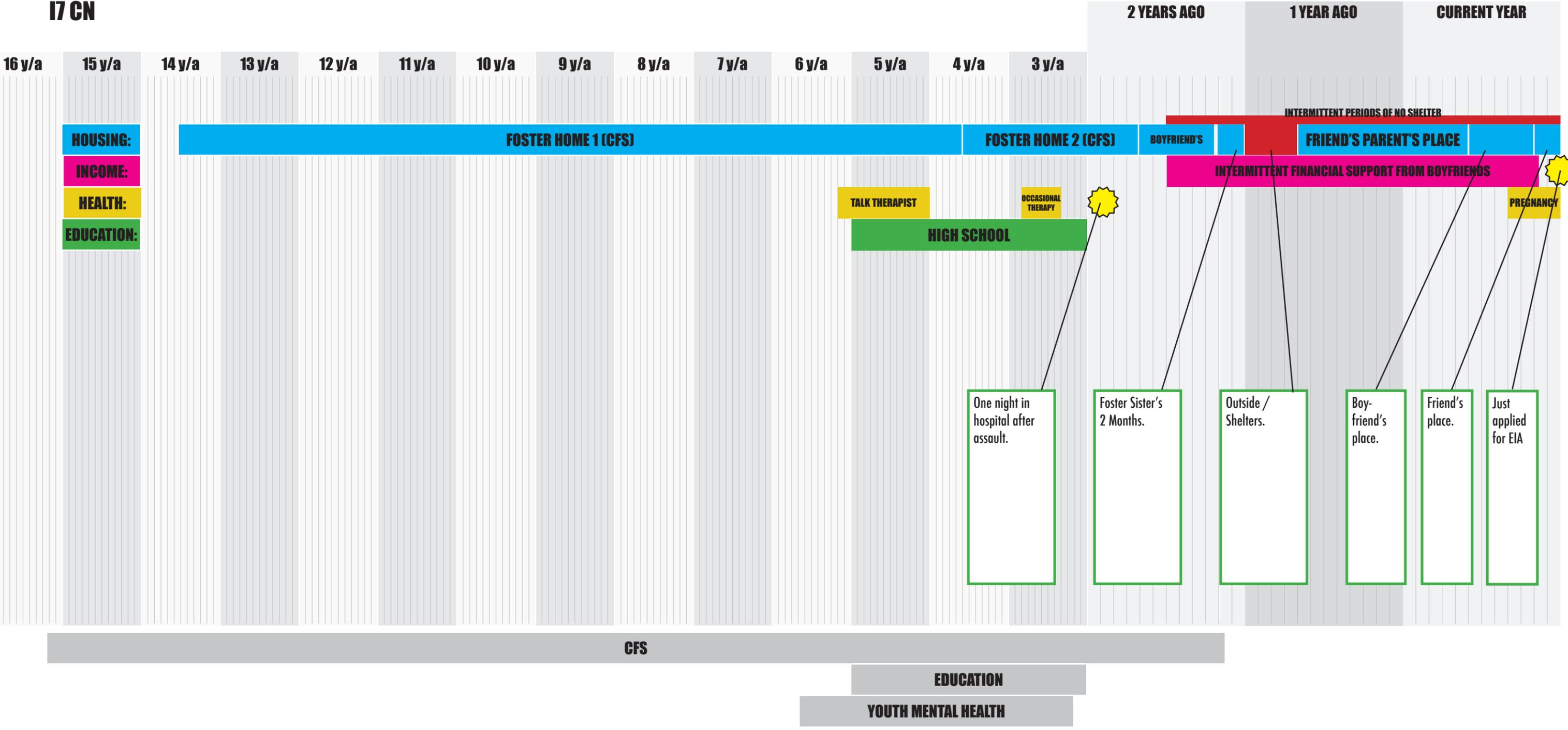
19 MC



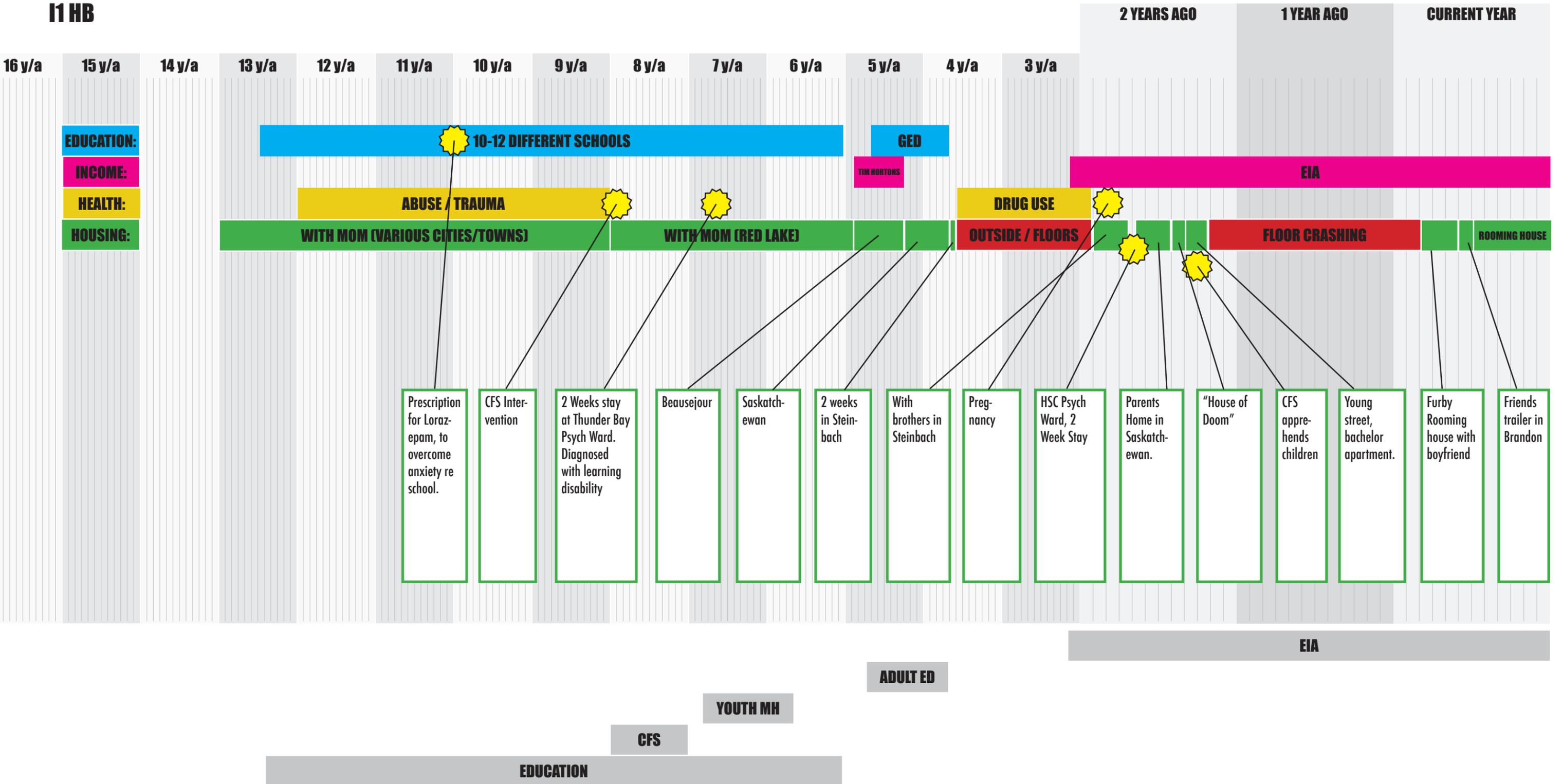
I2HB



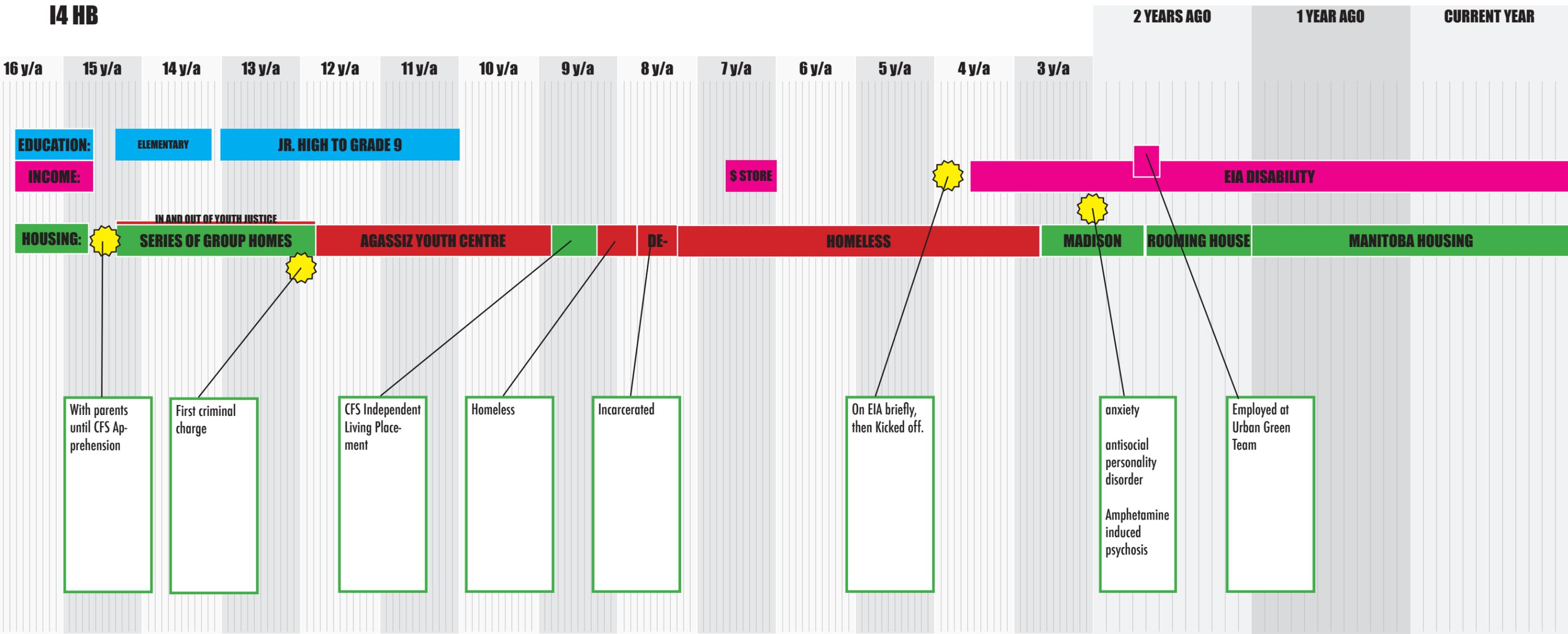
17 CN



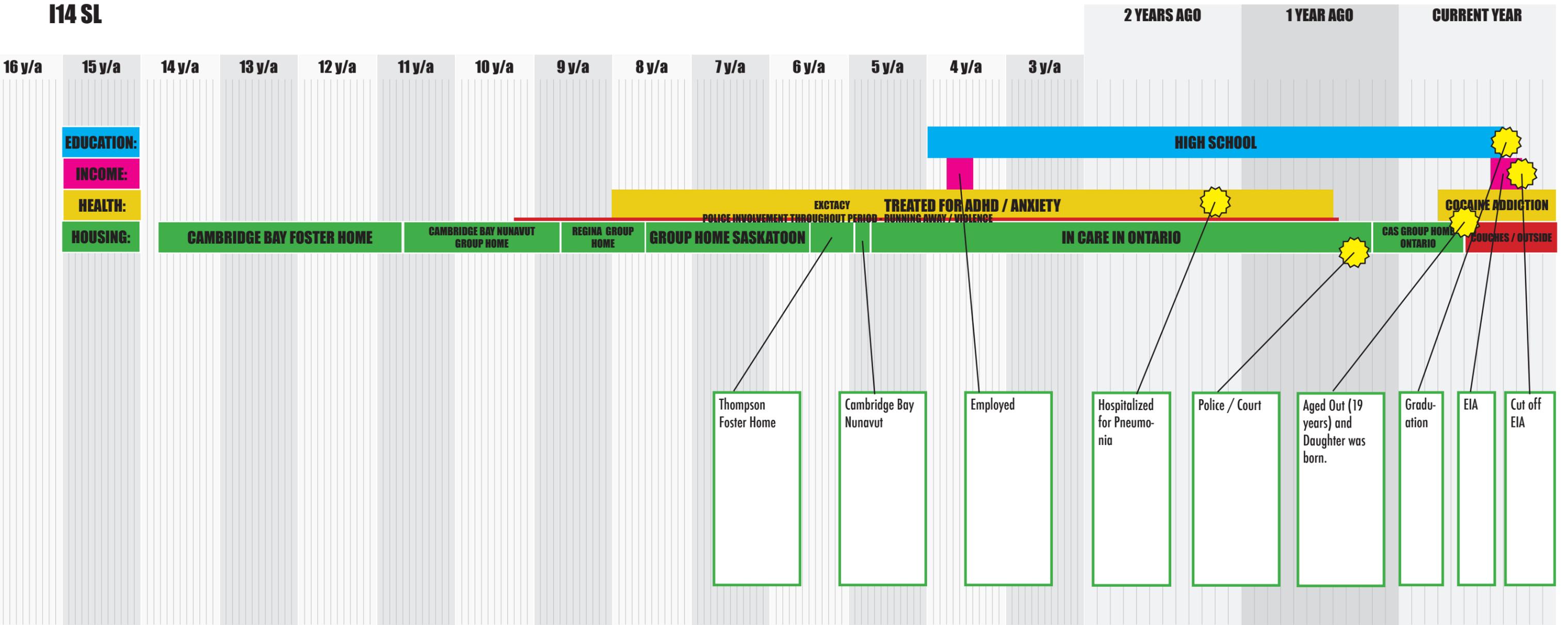
I1 HB



I4 HB



I14 SL



EIA

JUST

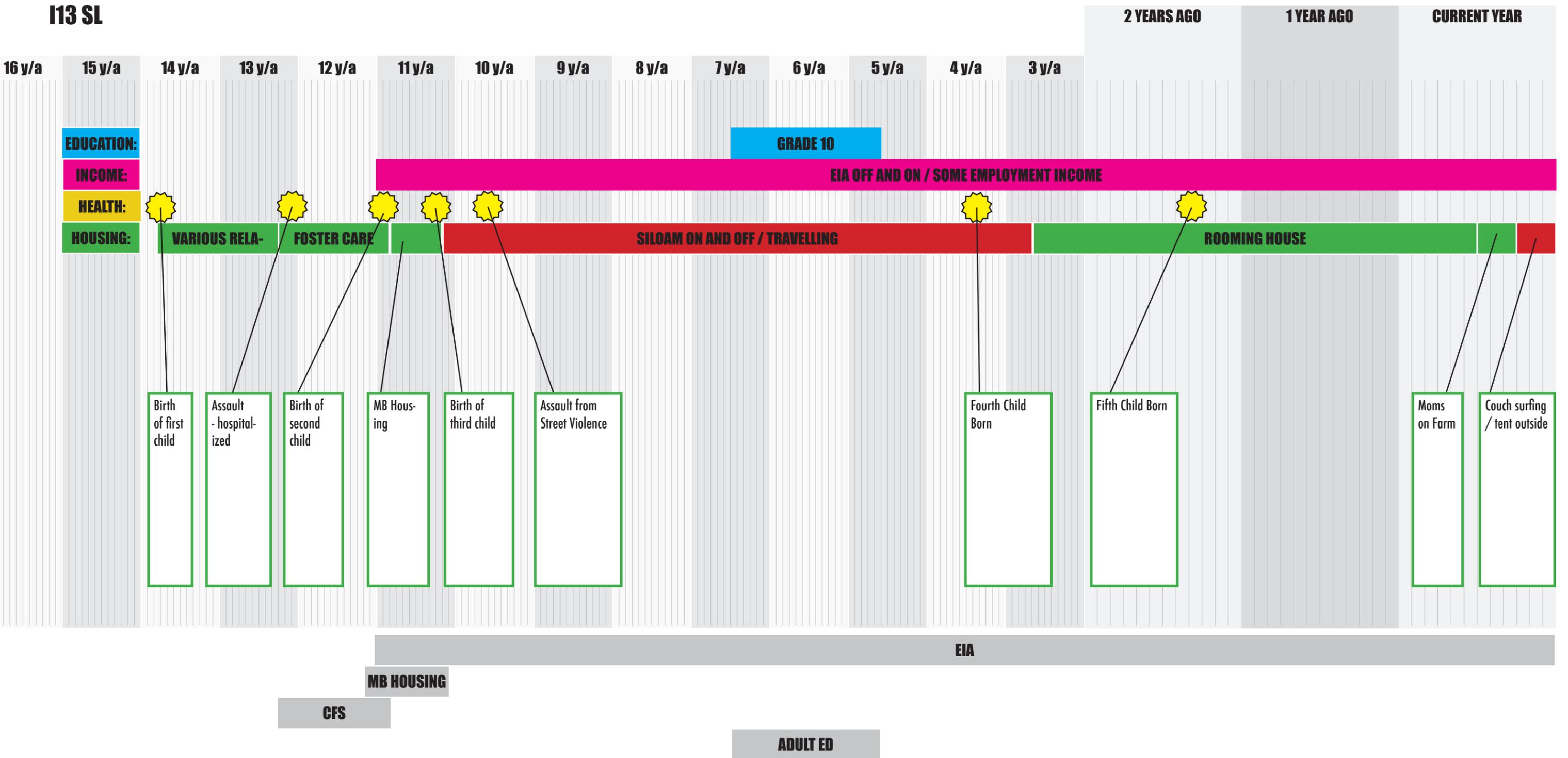
YOUTH MENTAL HEALTH

YOUTH JUSTICE

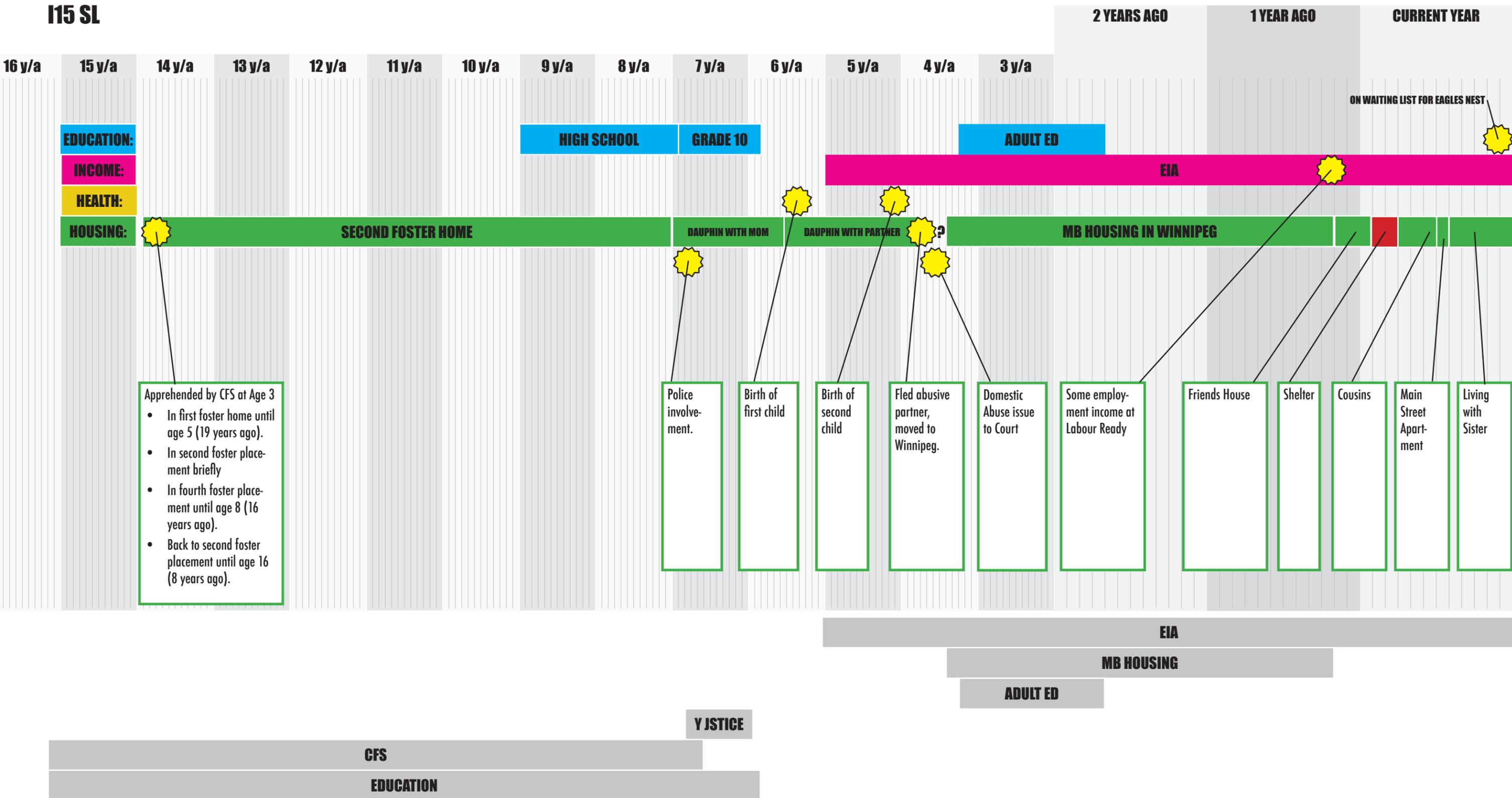
EDUCATION

CHILD WELFARE

I13 SL



I15 SL



Apprehended by CFS at Age 3

- In first foster home until age 5 (19 years ago).
- In second foster placement briefly
- In fourth foster placement until age 8 (16 years ago).
- Back to second foster placement until age 16 (8 years ago).

Police involvement.

Birth of first child

Birth of second child

Fled abusive partner, moved to Winnipeg.

Domestic Abuse issue to Court

Some employment income at Labour Ready

Friends House

Shelter

Cousins

Main Street Apartment

Living with Sister

CFS

EDUCATION

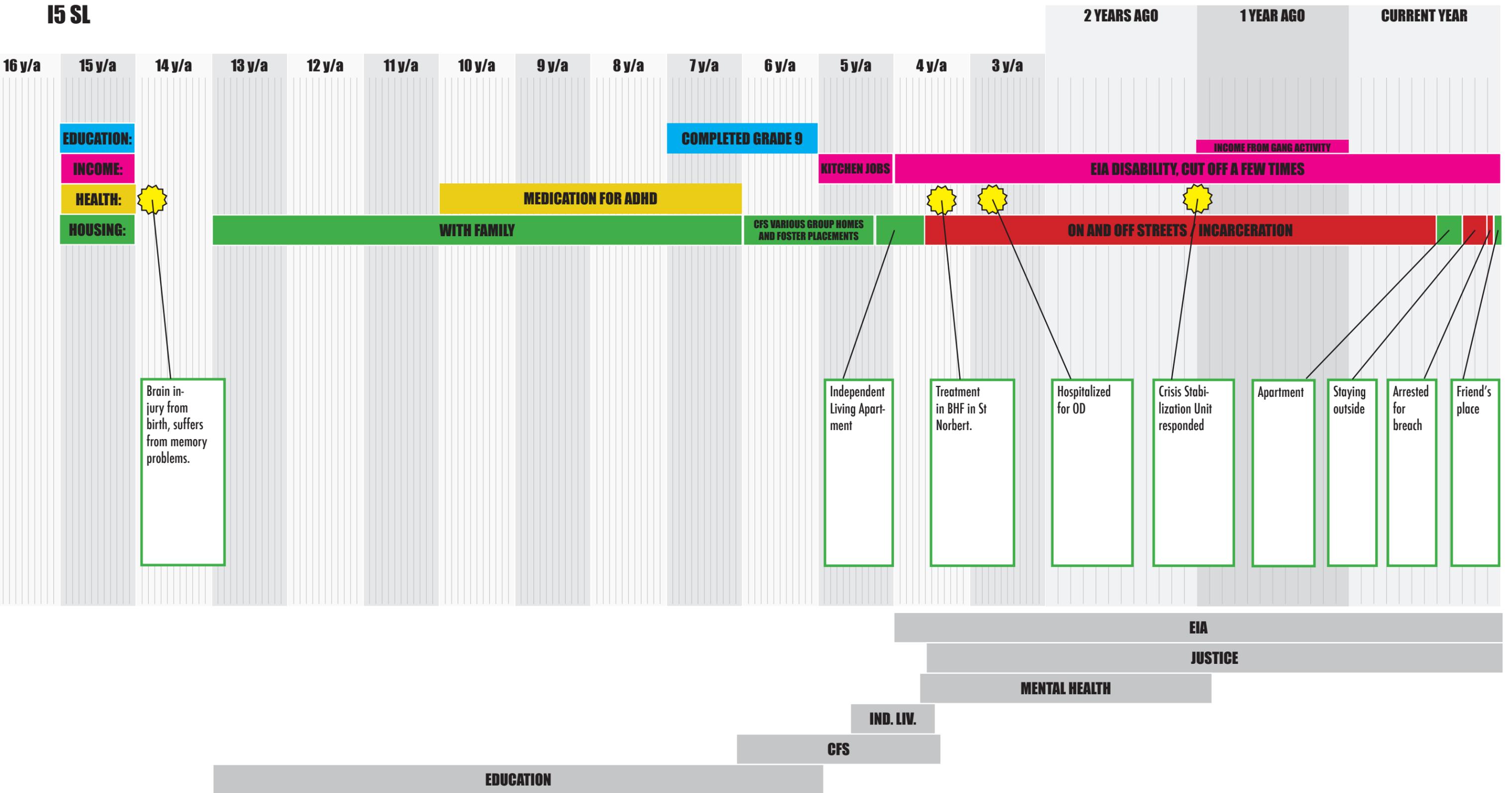
Y JUSTICE

EIA

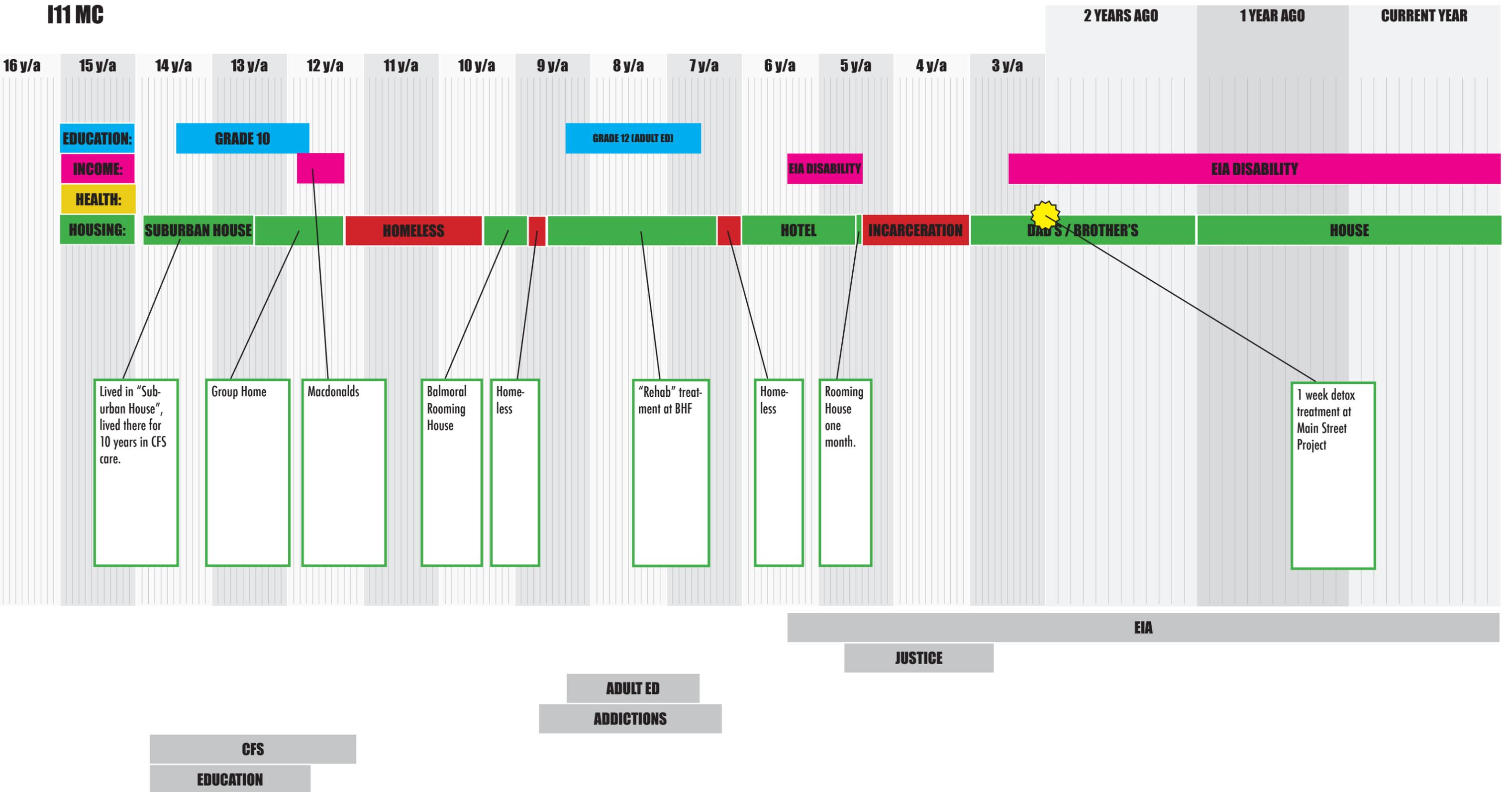
MB HOUSING

ADULT ED

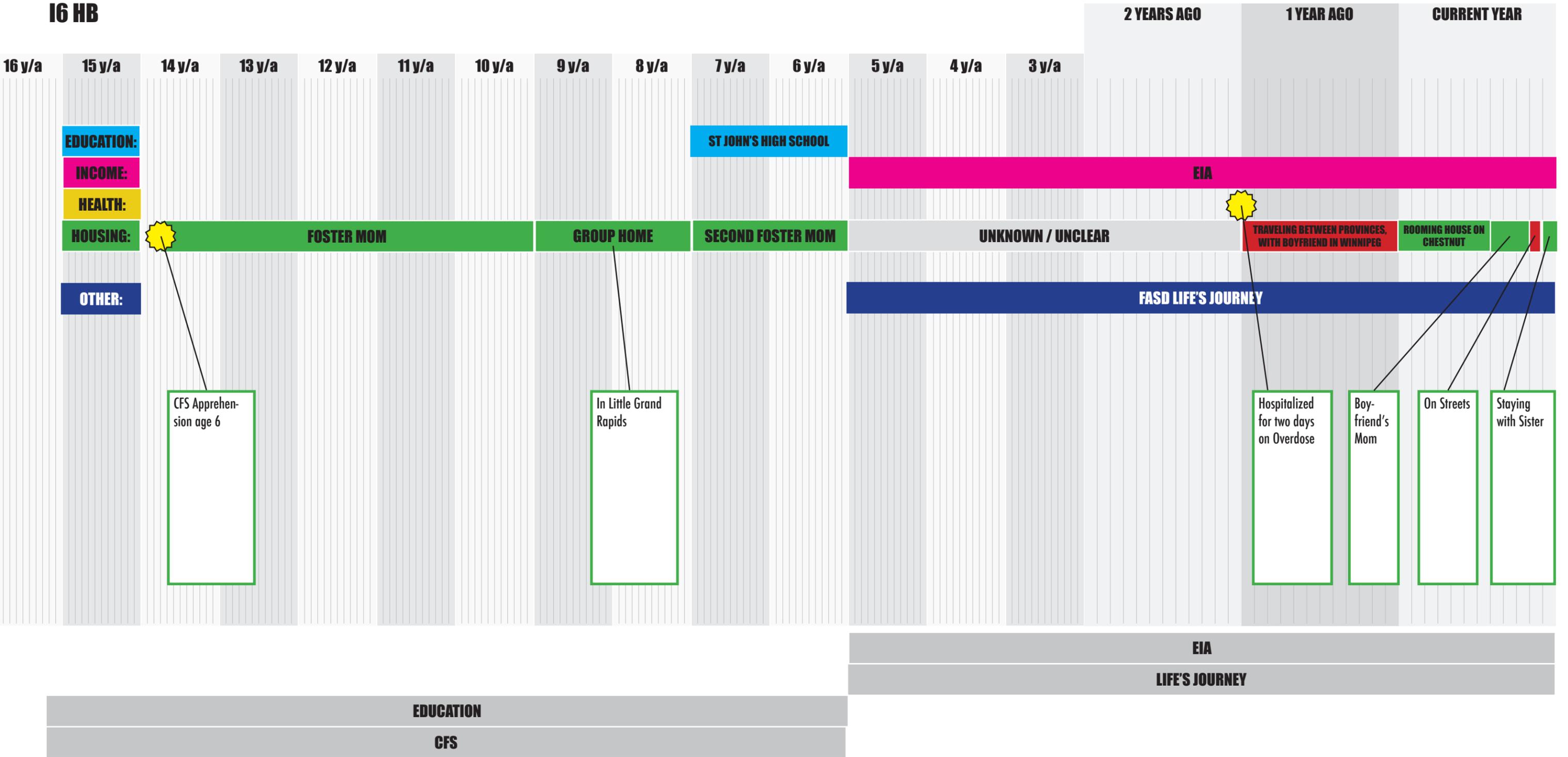
I5 SL



I11 MC



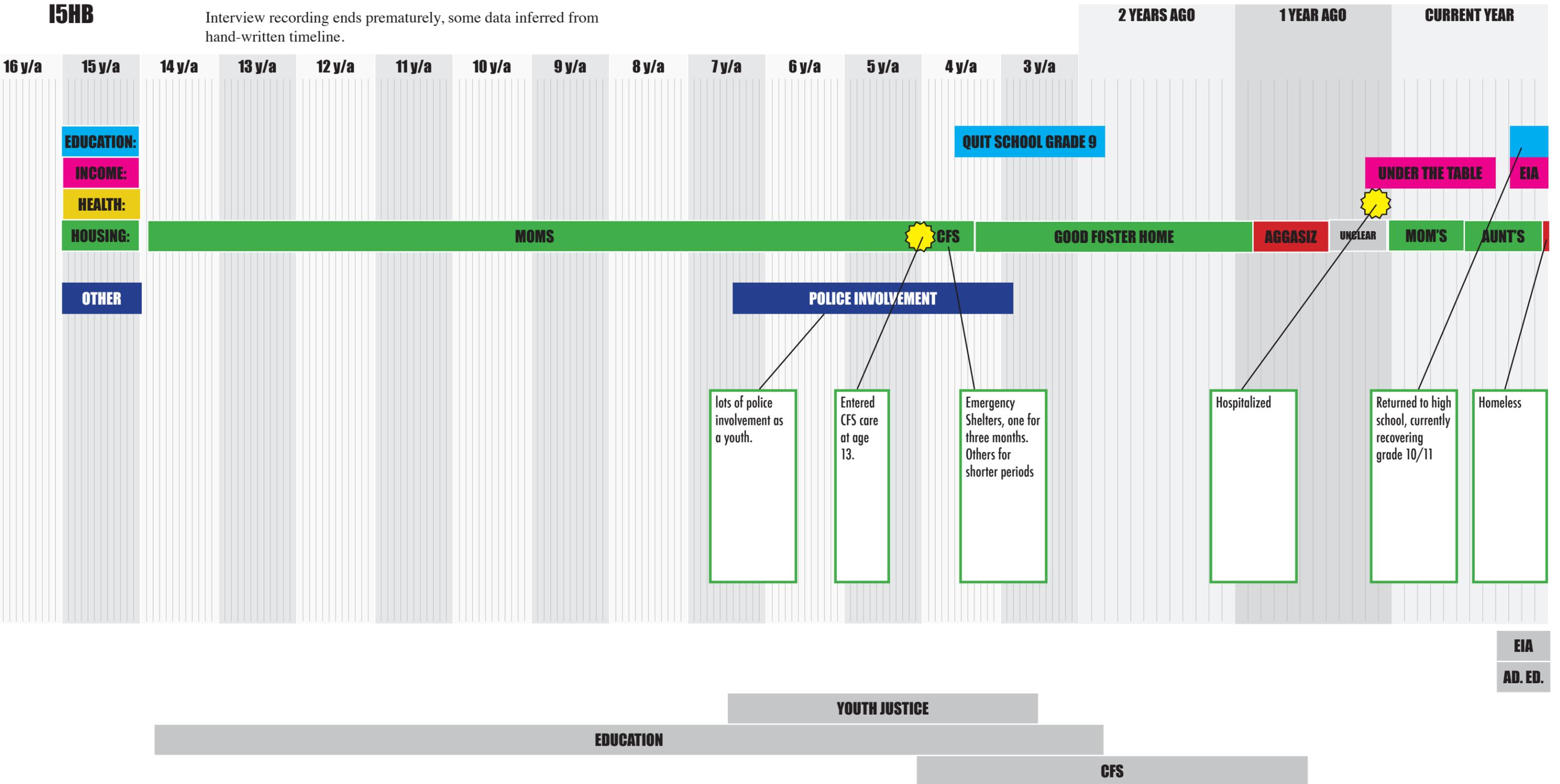
16 HB



APPENDIX 2: Youth Timelines

I5HB

Interview recording ends prematurely, some data inferred from hand-written timeline.



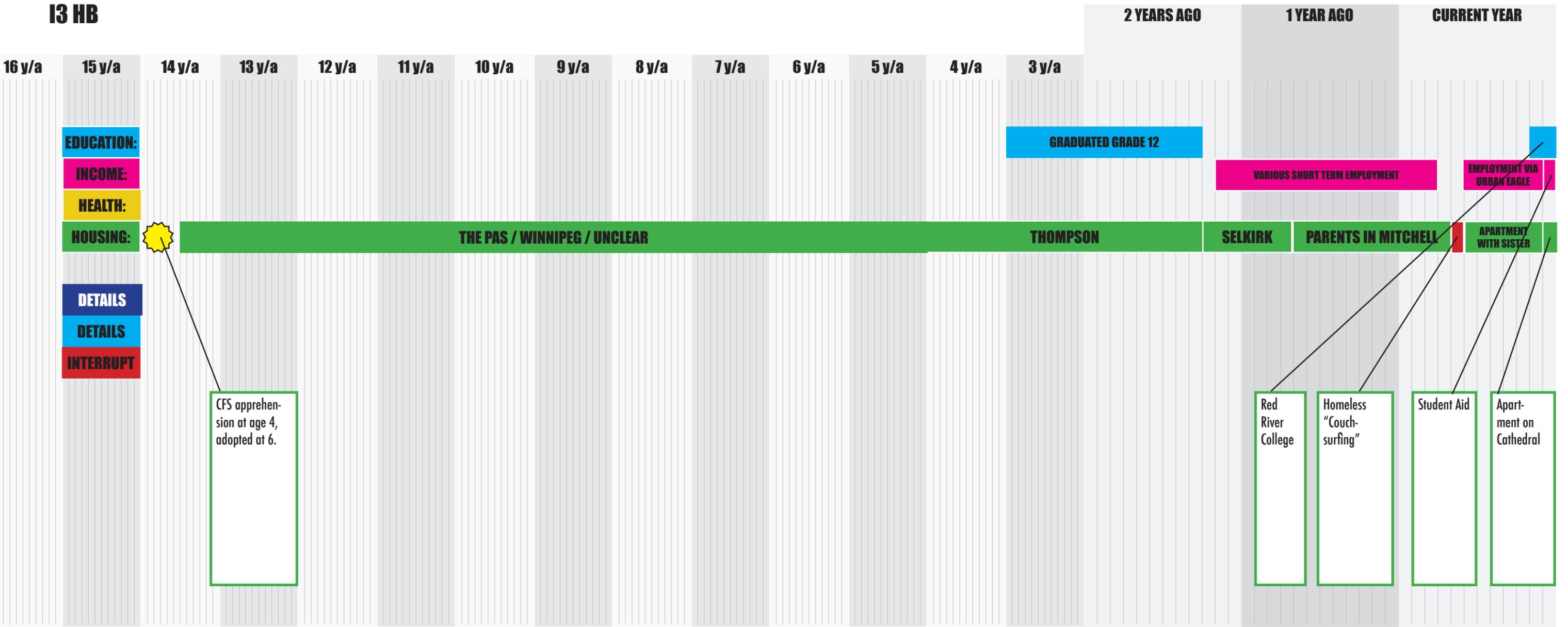
EIA
AD. ED.

YOUTH JUSTICE

EDUCATION

CFS

13 HB

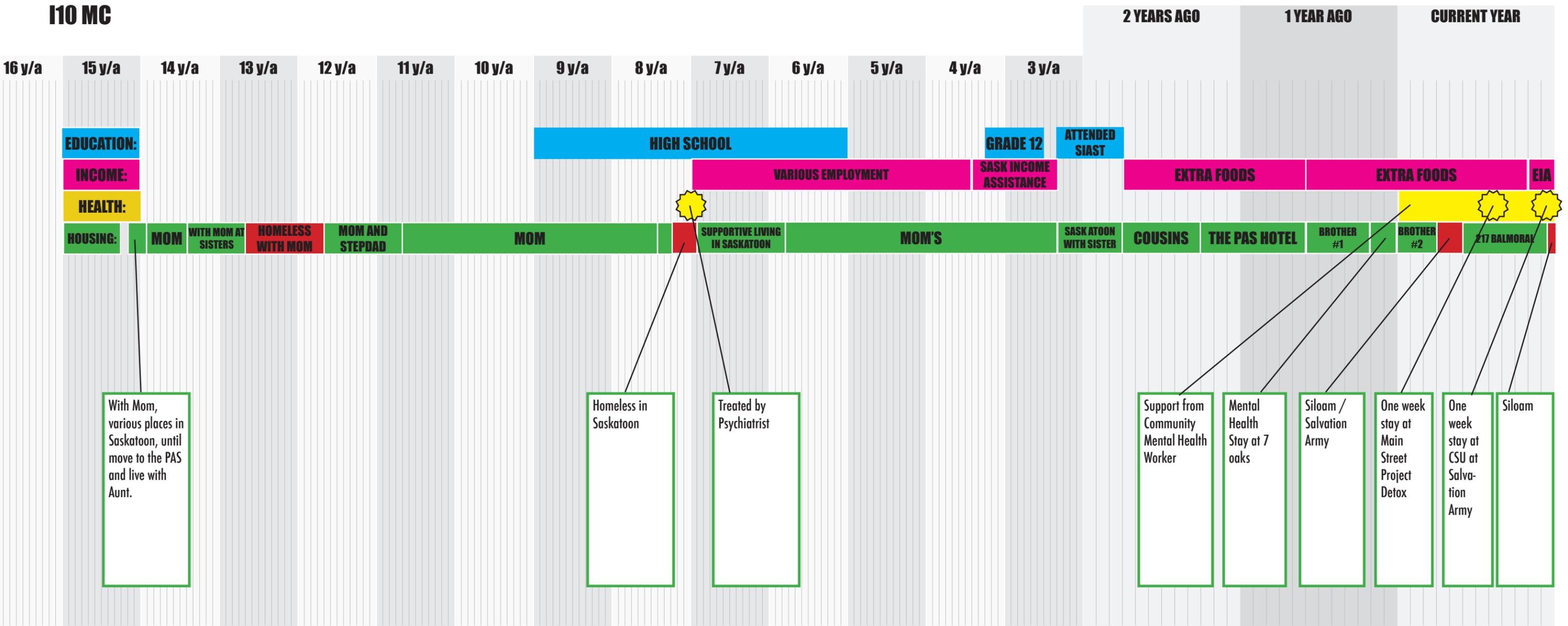


EIA

EDUCATION

CFS

I10 MC



EIA

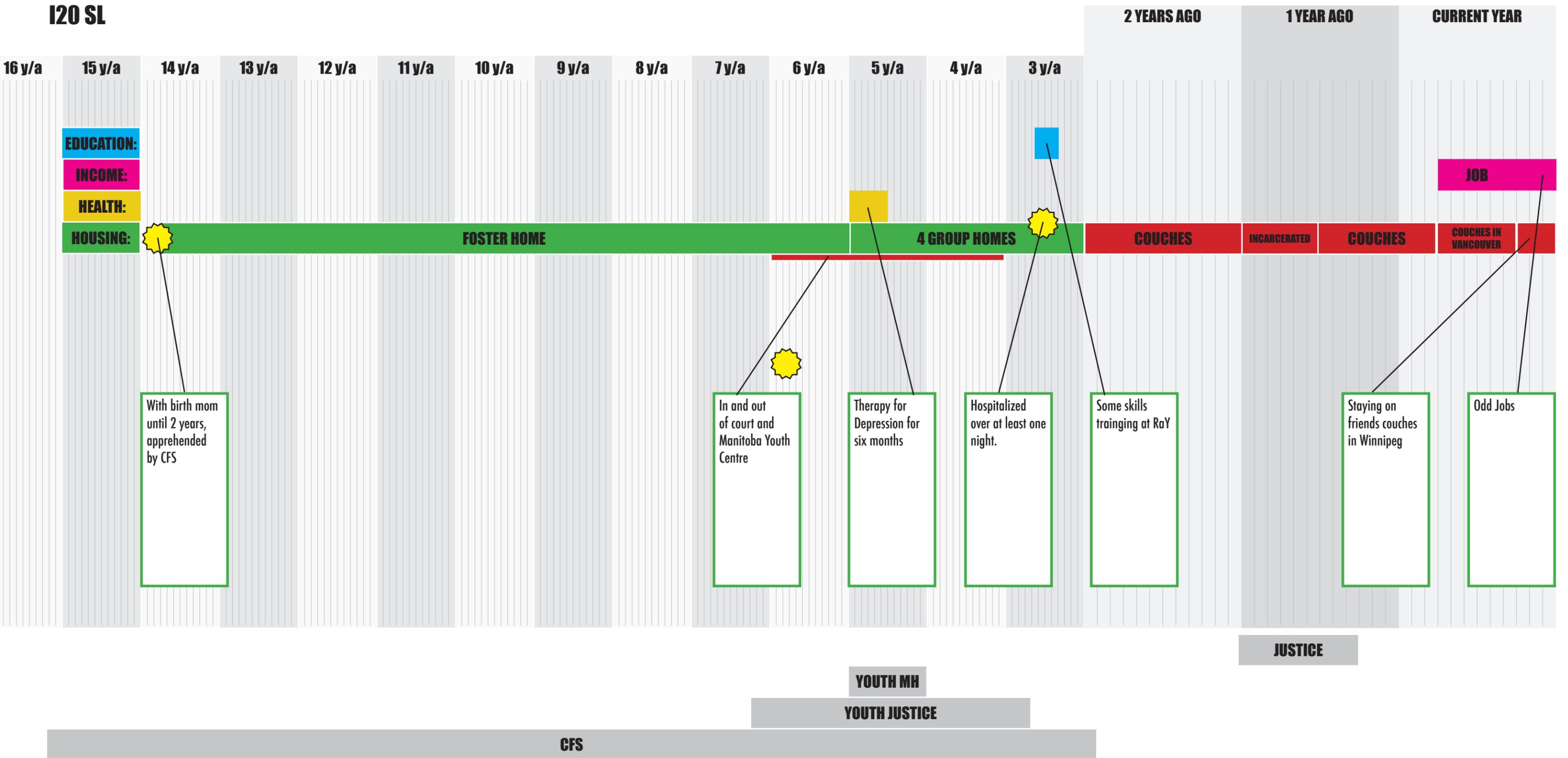
ADULT ED

EDUCATION

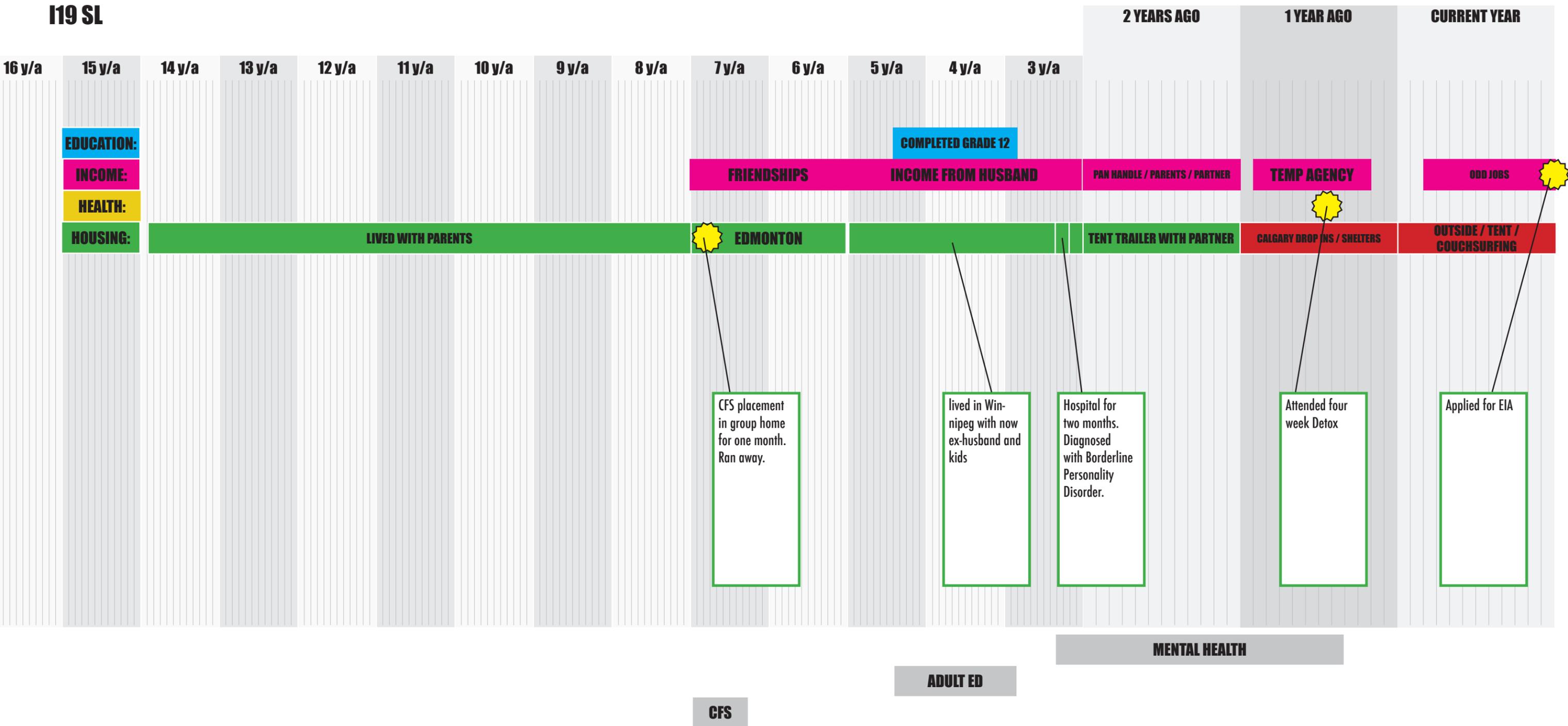
YOUTH MH

SUP. LIVING?

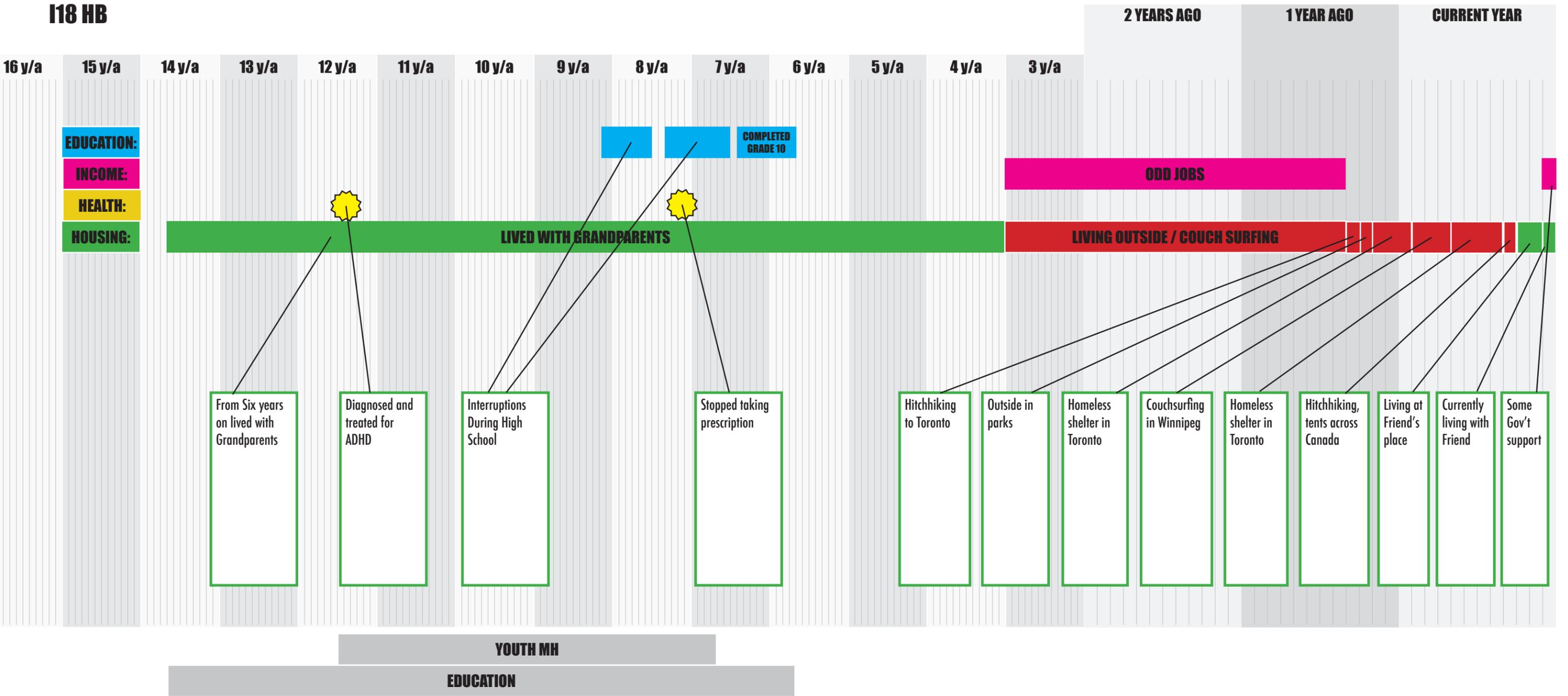
I20 SL



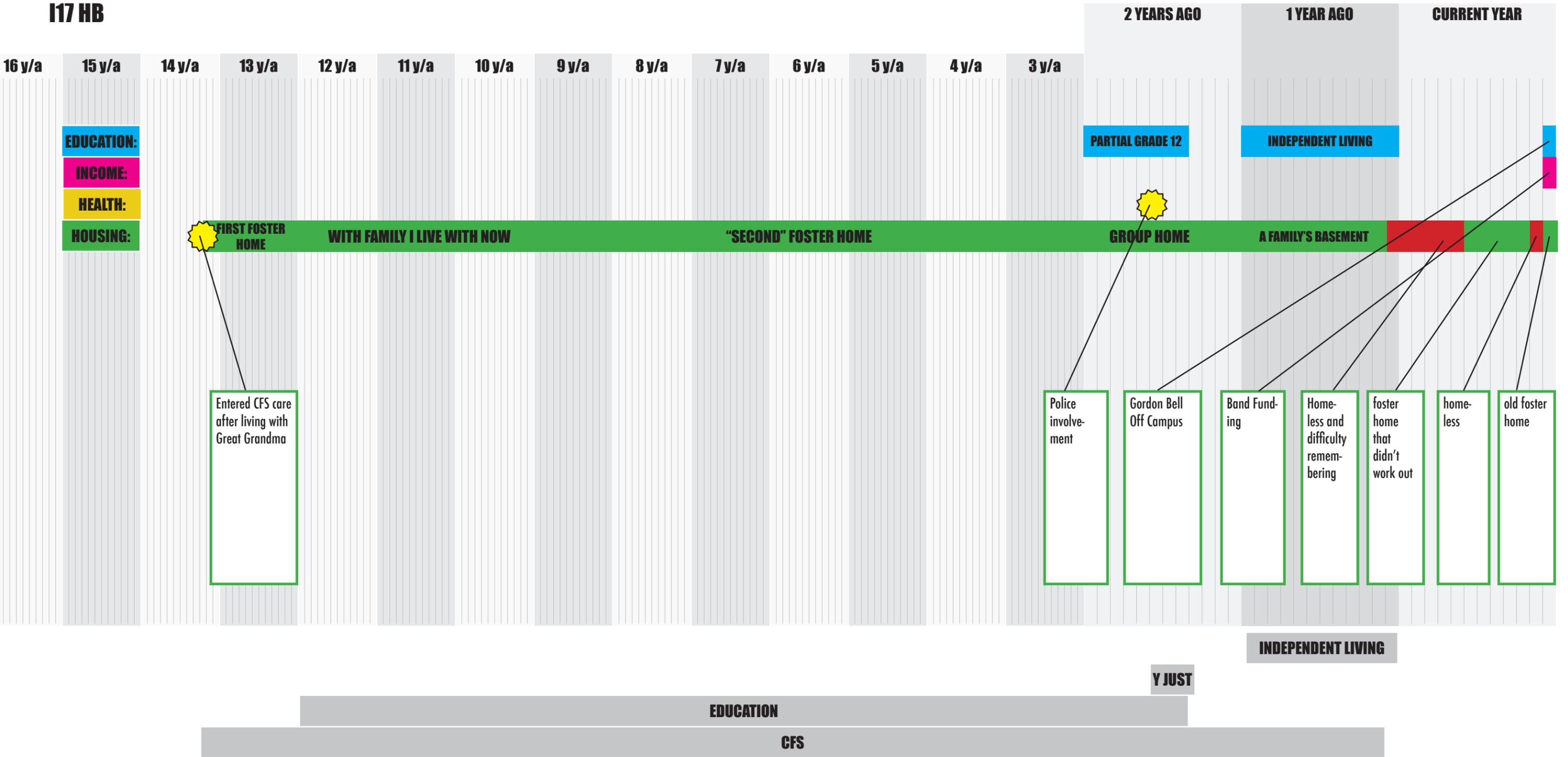
I19 SL



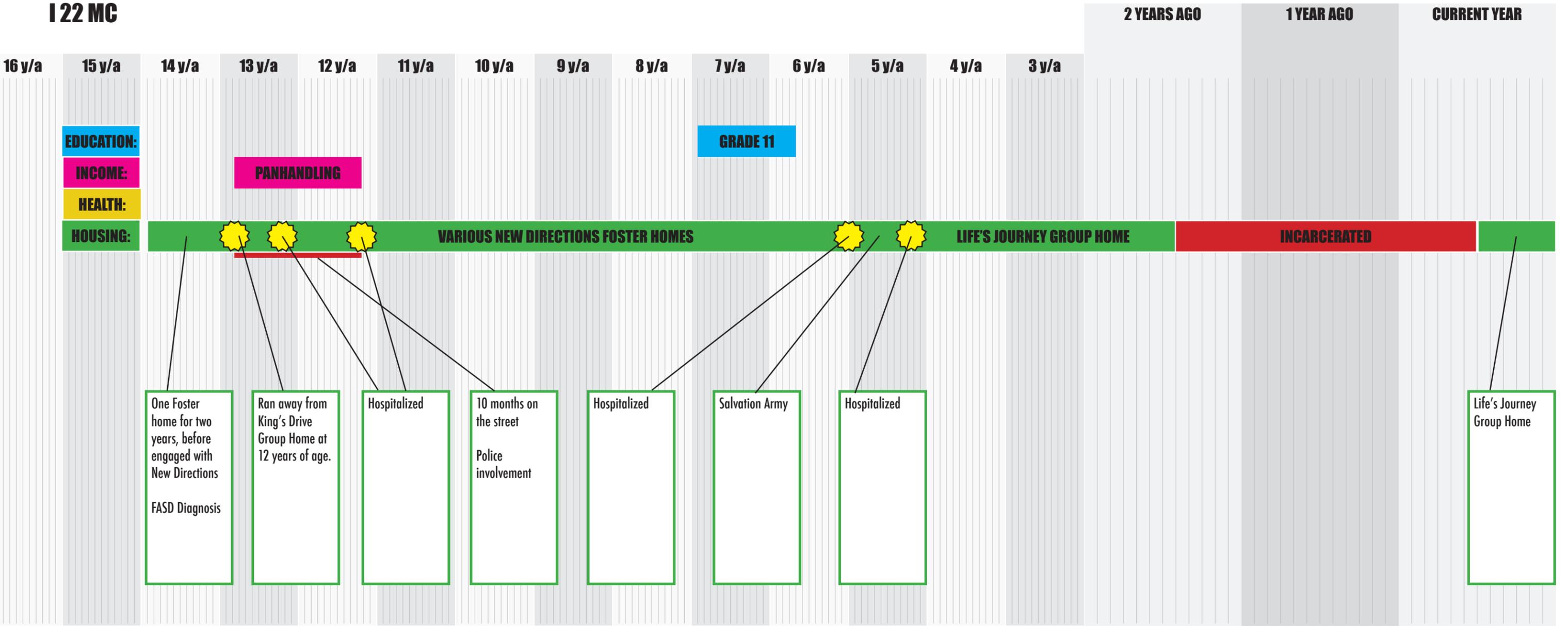
I18 HB



I17 HB



I 22 MC





SYSTEM PATHWAYS INTO YOUTH HOMELESSNESS

CASE STUDY: CHILD & FAMILY SERVICES

Youth who have been in the care of child welfare are much more likely to experience homelessness than youth who grow up in the care of their family. This has been recognized as a major problem by The Office of the Children's Advocate, residential care programs in Winnipeg, youth-serving organizations, and Child Welfare Authorities themselves. It is of particular concern given that children are taken into care to protect them and prevent harm, yet as adults they remain significantly disadvantaged. There have been programmatic changes, many of them innovative and effective. More substantive change is still required.

In 2013/2014, a research project titled *System Pathways into Youth Homelessness* interviewed 22 youth (aged 18-29) who have experienced homelessness and 12 individuals working in front-line agencies, policy developers, and Government staff.

WHAT YOUTH TOLD US

Involvement in CFS and youth homelessness

Of the 22 participants in the research, 18 indicated significant involvement with Child and Family Services (CFS). Of these former youth in care, 10 youth experienced homelessness within the first year of aging out of care. The others lived with partners, family, or independently for 2-5 years before becoming homeless.

Lack of stability

A common theme, especially among participants who had been involved with the CFS for very long periods of time, was the lack of stability. Participants indicated they felt they had very little control or trust in their interactions with CFS. Some participants indicated they regularly "ran away" from placements, which was seen as a way of increasing their own control over their situations, yet further contributed to instability. Two participants said the misinformation they received contributed to their running away. "I was supposed to be able to have contact with my mom, like where the heck's my mom... that never happened. That's why I ran away, really, 'cause you know when you're supposed to have contact and you're supposed to be making progress. [But] you're basically trapped there waiting for them to do something for you and they're not."

Transitioning to age of majority

While a few participants had assistance from CFS workers

in transitioning out of care, most of the participants were critical of their lack of preparation for living on their own. Of the 14 participants who spoke about CFS life skills training for transitioning into independent living, 9 either did not receive transition support, didn't understand what they were taught, or found it was insufficient. For example, one participant stated that he was put into an independent living program through CFS at 17 but felt like he was not supported and not taught any life skills: "They didn't really [teach me life skills]. I just had to learn on my own." And a 19 year old woman stated: "I just think that they let go of their kids unprepared, like at [age] 18 or whatever a lot. That's why you see a bunch of homeless people."

Attempts to return / seeking help at old foster homes

Some participants described attempts to return to former supports when circumstances began to break down. Several were able to access previous foster-home relationships

for housing or resources. When asked where she was currently staying, one female reported residing "in an older foster home that I was in... that one out of the three was the best that

I've been in because they're like a really loving family. I felt like they made me feel like I was part of the family too... and it's nice to have that still."

"I just think that they let go of their kids unprepared."

19 year old female participant

ANALYSIS OF POLICY

The majority of youth participants felt there were problems with their transitioning out of the child welfare system. Nine of the eighteen former youth-in-care either indicated that they had received no preparation or that this preparation was inadequate. A systemic intervention into transitioning may reduce risk of youth homelessness.

One area of need that service providers pointed to is the lack of a mandated standard. "There are no policies that go over what it should look like to grow up in Child Welfare System. I think it's one of the weakest areas in the mandate." Several agency-level participants perceived a significant lack of resources for transitioning youth. Many agency staff we spoke to believed extensions of care were only available to youth continuing their education, despite this not being explicit in legislation. We heard

about very promising programs, some being developed by Child Welfare Authorities, which will improve outcomes for many youth. These are exceptional and no youth we interviewed had accessed these supports.

Based on the reports from former youth-in-care in this study, an eighteenth birthday signals a significant change in circumstance for youth in CFS. For many youth, the attainment of age of majority triggers complete cessation of government's responsibility for a youth in care, a legal function enabled by the Child and Family Services Act. Several agency participants argued the current legislation represents a significant barrier to improving services for youth aging out of care.



Social Planning Council
of Winnipeg



THE UNIVERSITY OF WINNIPEG

WHAT AGENCY WORKERS TOLD US

Extend responsibility for care

All of the agency representatives who worked directly with the child welfare system, or who worked with youth as they were leaving CFS, indicated that continuation of care should extend beyond age 18 for all youth in care. Extensions are contingent on continuing school or participation in programming. Those who are probably the most vulnerable to negative outcomes may not qualify for, or may lose extensions of care. Extensions are also limited to one major decision about whether or not to remain a ward of CFS at the age of 18. If youth miss that option, either because they want to try out their independence and opt not to have care extended, or because their guardian (CFS worker) decides that the youth does not require an extension, the decision is irreversible. When youth receive extensions of care, there are more financial resources available for safer, healthier housing. There is also someone or somewhere that a youth can consistently turn to for assistance.

Improve effectiveness of life skills training and exit planning

Agency workers told us life-skill training should be more substantive and flexible to meet the needs of a range of youth.

They encounter youth on a regular basis who lack basic skills for successful independent living. Agency staff indicated that many youth are leaving care with inadequate exit planning. Youth in care require earlier and more comprehensive exit planning, beginning at or before age 16, yet youth may come to them two weeks before they turn 18 without a real plan for the future. Staff from CFS related that they try to negotiate a case plan with them as the youth turn 15 but

“Trust is a big issue for youth aging out of care—they don’t trust that we care.”

Front-line child care agency worker

sometimes they're not interested, they're AWOL, or simply not ready to engage with the process. As well, agencies that have an age of majority unit experience very high caseloads.

Rethink expectations of independence

Agency staff expressed concerns about how living independently is conceptualized and understood in the child welfare infrastructure. Some expressed concern that youth were being streamed into income assistance programs, and missing out on opportunities for employment or education. Others noted that youth with high needs, often due to mental illness and/or trauma, do not qualify for adult services yet need additional supports. They say there is very little funding to provide these “gap” services for medium-risk young people.

Build trust with youth

One front-line staff said “trust is a big issue for youth aging out of care—they don't trust that we care. They don't trust

that we can support them. They don't want to follow rules or they feel like they're not safe in the environment they're in.”

Another agency participant related, “I've had youth who tell me that they don't trust me, they

don't believe what I say. I need to work to build that trust, make sure that I deal with their priorities, not my priorities.” In particular, youth who have had very unstable placements struggle to engage genuinely with staff. Staff pointed to youth who are incarcerated as they are aging out of care. They are often not interested in having another agency looking over them, watching them. This speaks to the need for flexible supports, based on the youth's goals and needs rather than government or funding requirements.

ISSUES AND RECOMMENDATIONS

Issue: Many of the youth in this study began living independently shortly before or after they turned 18. Many of these youth experienced homelessness within their first two years of independence and continued to struggle with stable housing.

Recommendations: CFS should ensure that youth exiting care are prepared to live independently. These services should be fully available to all youth in care, regardless of permanency status and ability to participate in educational programming. This could be through ending the automatic termination of care at 18 and giving youth the choice to continue to receive services until the age of 25.

Issue: Several of our youth sought assistance, as adults, with former foster families. Others found support from other available sources such as biological family members, partners, friends, and gangs; some of these relationships led to negative outcomes. Currently, policy does not allow for these youth to receive support from the Child Welfare System after termination of care.

Recommendation: Youth formerly in care should be able to re-engage with CFS when they are in need, and have support reinstated. In addition, the mandate of the Office of the Children's Advocate should also be available for former youth in care. Youth that refuse continued care should have their files suspended rather than closed, and should be able to return to CFS for support if needed.

Recommendation: Youth also need informal supports. This can be supported through programs to assist youth

in establishing and setting expectations for family reconnection prior to exiting care.

Issue: Agencies currently attempt to offer a variety of services for youth transitioning out of care. The approach, capacity, and outcomes of these programs vary widely across the agencies. Several of these programs have been implemented outside of the child welfare purview.

Recommendations: There needs to be a body within government responsible for this. Quality of transitional care in child welfare should be part of a system level mandate, with accountability mechanisms in place. Exit planning should be a client-centered activity, with gradual process and clear communication about shifting responsibilities. Training for foster parents and group home staff should be mandatory to ensure all facilities exit-plan to a mandated standard. Suggestions for mandated transitional supports include connecting youth with a range of educational options, planning for sufficient income in adulthood, appropriate housing, and stable, capable supports based on the intensity required by the youth. The community organizations providing this support need adequate, stable funding.

While these recommendations endeavor to improve the existing system framework to better serve youth transitioning to adulthood, they do not address other issues embedded in the established structure. Though they are clearly important, it was beyond the scope of this study to make recommendations on increasing stability for children and youth while in care, nor ways to reduce the numbers of youth, and particularly Aboriginal youth, in the care of CFS.



SYSTEM PATHWAYS INTO YOUTH HOMELESSNESS

CASE STUDY: JUSTICE

Homelessness can be a pathway into the justice system. Being on the street, many of the means of survival like squeegeeing, petty theft, and self-defence can lead to involvement in the justice system. Those without resources, including a stable home, are considered a higher risk to re-offend, and are therefore more likely to be incarcerated. Similarly, the justice system is often a pathway into homelessness. Being discharged from jail comes with restrictions about where one can stay, gaps in education and skill development, and stigma. This cycle uses inappropriate resources for youth who have faced considerable struggle, leading to negative outcomes for the youth and society.

In 2013/2014, a research project titled *System Pathways into Youth Homelessness* interviewed 22 youth (aged 18-29) who have been homeless and 12 individuals working in front-line agencies, policy developers, and Government staff.

WHAT YOUTH TOLD US

Justice and youth homelessness

Of the 22 youth in our study, seven were involved with the Justice system either as a youth or young adult, and often both. Of the six participants who were incarcerated as youth, two aged out of the care of Child and Family Services (CFS) care while in jail. Of the seven participants who experienced incarceration, six experienced a period of homelessness within one year of release, many of them experiencing it immediately following release.

Discharged into homelessness

One 29 year old male participant related his story of going to jail: "when I came home from school my door was kicked in and I opened it and looked and [a staff at the group home] was basically counting all my money... and I said 'you know man you shouldn't even be in my room. You're staff, you're breaking the rules and you're stealing my money, like put my money down.' And I kind of got mad and I threatened him and they phoned the police and then I went to jail. And when I got out I was homeless."

I kind of got mad and I threatened him and they phoned the police and then I went to jail. And when I got out I was homeless."
Male youth participant

This youth experienced homelessness upon release from jail, and his story is not unique. When asked about whether someone in corrections performed any exit planning with him, one youth related that: "they just gather, like where are

you going ... you know like we just have to write something down." Another youth told us "when it comes to like being released there's not really anything. Or it doesn't seem to be that much when you're getting released, other than you have conditions and stuff like that, more restrictions."

Becoming involved in the criminal justice system

When asked why he first became incarcerated, one youth said he was jailed for "stupid stuff like shoplifting or stuff like that, I don't do that no more now." Another youth responded: "I don't know. I've done like quite a bit of time, [but] not even like really anything wrong, just not being able to get on my feet." Many of the youth in our study returned to prison multiple times. When asked why he was arrested shortly after release, one youth responded: "Actually I don't know—[it was] kind of on purpose. [I was having a] hard time—go ahead and arrest me." It is clear that some youth initially become involved in justice due to

minor offences, and become prone to recidivism.

Aging out of care while incarcerated

A 25 year old participant first went to jail at the age of 15. "[I served] twenty-six months in the Youth Centre and the rest was federal. I knew I was going to be gone for a while, started building survival skills and stuff." This youth aged out of CFS while incarcerated, and experienced homelessness shortly after discharge as a young adult.

ANALYSIS OF POLICY

Seven of 22 youth in our study had involvement with the justice system, including being jailed before, whilst, and after experiencing homelessness. Studies across Canada have shown that homeless youth have a much higher tendency to be involved with the law or be incarcerated.

These youth became involved in the justice system often for reasons that are related to lack of resources in child welfare. Youth in foster homes or group homes may act out or run away and thus become involved with police. Youth living on the street may engage in minor offences and thus enter the justice system. Once involved in corrections, many youth enter a cycle of contact with the Justice system, extending into adulthood.

The Youth Criminal Justice Act mandates services for youth under 17 years old. Individuals may be incarcerated in one of Manitoba's Youth Correctional Institutions until age 20, when they must be transferred to an adult institution. Some youth age out of the care of CFS while incarcerated.

These youth appear to be lost in a gap between the mandates of the Child Welfare and Justice systems in Manitoba.

Youth who exit from the Justice system can find themselves discharged into homelessness. A participant from Manitoba Justice explains why "homelessness is not something on our map; not something we've talked about... most the youth we work with have homes, they may not be the best homes, but they have them. If they run away, then they are breaching and they come back in. The kids will take off from places they are not comfortable in, then we take them in and try to find a stable environment for them. It's often when people fall out of our grasp that homelessness is an issue for them. When they're in our grasp, then it's not [an issue]. So it's not something we often turn our minds to."



Social Planning Council
of Winnipeg



THE UNIVERSITY OF WINNIPEG

WHAT AGENCY WORKERS TOLD US

Criminalization of poverty

Several agency participants expressed concern over the criminalization of youth due to circumstances beyond their control. One agency participant felt that the majority of criminal activity they see is related to poverty. "You need your basic needs met if you're going to change your life." They offered examples of youth shoplifting items to meet basic needs or needs of their children. A second agency participant told us "a good 50% of them are being charged as a result of being in care. You break a lamp and you're charged, you take a step off the property and the police are called. They push a staff because they're angry and they're charged. If the agency doesn't make sure the youth are going to their court appointments, they go back to jail."

One agency worker also pointed to a stigma that exists for street-involved youth. They noted it was difficult to get funding because the people they support are seen as criminals, despite very minor crimes they might commit. "The people that we do get are taking responsibility for their charges, but in the scheme of their life, their charges are the least of their problems". Negative public perception affects youth's sense of their opportunities: "people don't understand why youth are getting in conflict with the law; robbery might be a 12 year old-boy taking another boy's cell phone, or they're in jail for missing court twice, so the public doesn't want to support them. For a lot of the youth we deal with, it's like jail is a right of passage, and it's like 'who's gonna care if I go to jail?' They have cousins and family members in jail. And it's better to go to jail than sleep outside in February."

Discharged into homelessness

Agencies confirmed that in the adult justice system, some youth exit the jail or remand directly into homelessness in Manitoba. "If you're being released from a jail, they bus you into the City, you don't have a dollar to your name, and there you are, on your own. There has been no discharge planning with them, at all." A number of agencies related stories of youth with nothing, not even adequate clothing, showing up at their door straight from jail without warning. Government participants agreed that this was an issue: "Homelessness is a large issue for us, getting these kids to a stable home environment is sometimes very difficult. CFS is taxed so getting a good plan in place before youth are released is difficult."

Lack of exit planning contributes to recidivism. One representative told us: "We had a client who was sleeping all summer long under a bridge, he was out all day long looking for a job. About one month ago, as it was getting cold out, he decided that he was going to do something so he would get

put back in jail so he had somewhere to go for the winter."

Aging out of care in prison

Agencies report there is not adequate planning for youth and they inevitably fail to meet conditions of their release because the requirements are unrealistic. This is particularly important for youth who have been in the care of CFS, or who do not have family support. They do not have a safe place to go, no one in their lives who will help them navigate various systems to meet their needs. According to a community agency respondent "Justice isn't concerned with where people go. For some people there isn't even a family member whose house or couch or floor or whatever where they can sleep. There are kids who have been apprehended from birth and they don't have, even dysfunctional family members so they can crash on their couch."

Appropriate care after jail

One government participant told us that youth with high needs face more significant gaps in service: "High-risk kids with mental health issues are most difficult. There is no facility so it's always difficult to get them into an appropriate placement. We rely on CFS for the housing, we work with schools in communities, spiritual care, addictions treatment, we look after that. We try in the adult system, but there is legal mandate. An adult can refuse to do certain things but youth have a different legal ability to refuse."

A front-line agency participant indicated a lack of appropriate housing when some youth are to be discharged: "There are

kids who are deemed 'high risk' so it is impossible to find a home for them to stay at so they are put in the youth centre. There was a 12 year old we worked with who was sexually assaulted her whole life,

then put in a group home. She kicked a staff person, was put in the youth centre. Then the charges were dropped, but the agency responsible for her left her at the youth centre, for an additional 3 months because they could not find anywhere to put her."

Work together

Many agency participants articulated the importance of intersectoral communication. "We should all sit down at the table, Justice, the support from MYTEAM, EIA, Housing—to actually figure out how the youth can move forward. We [should] get things like day care, EIA, housing, set up 3 months before the youth turns 18. You can't apply for things until you absolutely need them, but you don't get them immediately, so then you have these gaps or you just can't get the services you need."

ISSUES AND RECOMMENDATIONS

Issue: Diversionary systems, including the drug treatment court, mental health court, and restorative justice programs were said to be under-utilized and youth go into jail for minor crimes or mental health reasons. At the same time, the criminal justice system is utilized to stabilize and assess youth, particularly those with extremely challenging behaviours. These supports through Justice are generally seen as positive by agency workers.

Recommendation: More research is needed on the type of supports required for youth with challenging behaviours, in particular mental illness, to prevent criminalizing young people while keeping them and the staff who work with them safe.

Issue: Youth are being discharged from the Justice system into homelessness. This often leads youth back into contact with the Justice system.

Recommendation: For those who are not diverted, youth and young adults require improved discharge planning when exiting a correctional institution in Manitoba. Discharge planning should be standardized and occur in advance of exit. Partnerships with community agencies, who can support youth after release, can

enhance this planning so long as the referral is appropriately resourced.

Issue: Youth in care of CFS while incarcerated may miss out on age-of-majority planning.

Recommendation: Youth that are incarcerated while in the care of child welfare should receive improved transitional planning. There should be integrated planning between CFS and Justice if a youth is aging out of care while in the justice system. CFS should review policies which lead to files being closed when youth are incarcerated. CFS planning should continue for youth even while incarcerated.

While these recommendations endeavor to improve the existing system framework to better serve youth, they do not address inequities embedded in the established structure. Other system recommendations from this study meant to stabilize housing and reduce poverty will also reduce interactions with the Justice system. The over-representation of Aboriginal peoples involved in the Justice system is a fundamental concern, though not specifically addressed by these recommendations.



SYSTEM PATHWAYS INTO YOUTH HOMELESSNESS

CASE STUDY

EMPLOYMENT & INCOME ASSISTANCE

The Employment and Income Assistance (EIA) program of Manitoba provides financial help to those with no other means of support. When youth become homeless, their lives fall into chaos, without a stable address and place to keep belongings. Addictions, trauma and learning disabilities contribute to numerous difficulties navigating the social assistance system. Finding other means of financial support, from employment or scholarships, becomes extremely difficult. Without adequate financial resources, finding and keeping housing is nearly impossible.

In 2013/2014, a research project titled *System Pathways into Youth Homelessness* interviewed 22 youth (aged 18-29) who have been homeless and 12 individuals working in front-line agencies, policy developers, and Government staff.

WHAT YOUTH TOLD US

A program of last resort

Of the 22 youth we spoke to, 18 have received EIA at some point in their lives. Half of the youth who received EIA did so after becoming homeless. Six received EIA immediately after leaving their parents' home or the care of Child and Family Services (CFS). The other respondents first received EIA when they were in very unstable circumstances – for example, one just after leaving a detox program and after leaving an abusive partner. The youth who were homeless before receiving EIA worked, found odd jobs, panhandled, squeegeed, sold drugs and relied on friends, family and partners for income before turning to the government for income support. By the time these youth met with an EIA worker, they faced significant challenges and many had lost all their possessions. A young woman told us “by the time that I was ready to face the fact that I needed assistance and not powerless anymore that I could do it on my own, I got robbed and didn't have the ID.”

Challenging to navigate

The youth's assessment of the EIA program centred on their relationships with their workers, and their difficulty navigating the system. Eight of the youth described difficulties getting on or staying on income assistance because of program requirements: “I keep missing some appointments or I keep

“I keep missing some appointments or I keep failing to comply with certain tasks, like dropping off certain forms by a certain date, but it's only 'cause I don't have specified information and I don't understand.”

Youth participant

failing to comply with certain tasks, like dropping off certain forms by a certain date, but it's only 'cause I don't have specified information and I don't understand. Then when I go and try to pick up forms they tell me I need [another] form to bring in.” Youth were cut-off assistance multiple times, often for being unable to comply with requirements. They talked about the difficulties in the re-application process. Participants also had complaints about their workers, for example, “your workers never call you back and it's kind of aggravating... and then my worker says you're only supposed to

leave one message and she never calls me back and gets mad if you leave two.”

A pathway to housing

Instability of income and housing go hand-in-hand. In reviewing the participants' timelines, it appears that a majority who were cut-off assistance had it happen when they were between couches and shelters, when addiction was an important element in their lives, or when they went to jail. The disruption in financial assistance prevented stability. All of the youth who lived independently in a house or rooming house were receiving their income from either the general assistance or disability assistance EIA programs. This highlights that stability in income is an important factor for youth in maintaining their housing.

ANALYSIS OF POLICY

Specialized Support

The MYTEAM program is a pilot project designed for youth who have aged out of the care of CFS and require support for their employment or education. It is meant to support youth to remain independent of EIA, yet has been designed in collaboration with the EIA department. Community workers told us that MYTEAM suffers from the same inflexible regulations based on government expectations more than youth's needs. Two frontline staff told us that none of the youth they have assisted in applying for the MYTEAM program were eligible. None of the youth we interviewed mentioned or received any support from MYTEAM.

Coordination

Manitoba's Strategy for Sustainable Employment and a Stronger Labour Market seeks to, among other things, improve coordination and supports for those who cannot work due to complex needs or multiple challenges. There are a variety of ways EIA is currently improving coordination. EIA program staff are participating in discussions with community organizations about EIA and mental health and there is increasing consultation on pre-employment programming. These positive steps can be built on to improve coordination specifically for youth experiencing homelessness.



Social Planning Council
of Winnipeg



THE UNIVERSITY OF WINNIPEG

WHAT AGENCY WORKERS TOLD US

Expectations of youth

Community-based agency representatives who work with youth every day agreed that the EIA system and its workers have unreasonable expectations of youth. One worker spoke about getting someone onto income assistance in the first place, “they need to do an intake appointment, then they get a worker; it takes weeks. And if you’re five minutes late or are a little anxious then they’ll get turned away. There are a lot of hoops and they’re not at the point in life to jump through all those hoops, they’re hungry, they’re tired, they’re fed up with all these systems that seem to be letting them down.” Another spoke about youth staying in programming funded by EIA: “decisions are made by the bureaucracy that doesn’t do the frontline work. They have this idea about what kids should be. The government believes that if a youth can’t make a phone call to me, they’re not going to be successful in the program. So they expect youth to take on all of these responsibilities to be successful later on. But that’s not how a teenager dealing with all of these things in their life operates.” Agency staff told us youth do not get the support they need from EIA workers if they go to appointments on their own. According to them, this is partly because the youth do not have the skills to ask for what they need in ways that EIA workers understand. Two people suggested it was because the EIA workers have a mandate of moving people off of EIA, believing that turning people away will prevent long-term dependence.

Timing matters

According to some participants, eligibility rules for EIA are not designed to work with other systems. CFS staff working to transition youth told us youth cannot apply for EIA until one week before turning 18, but the time between application and receiving a cheque is longer, leaving youth on

their own and without any income. These delays in income were also noted for youth being released from jail. Similarly, eligibility restrictions affect young parents with children who are temporarily in the care of CFS. According to a support worker for many youth formerly in the care of CFS, a cycle of child removal continues because the parents do not qualify for increased funding to afford a larger home. Their children remain in care, not because they are unfit parents but because of EIA eligibility rules. Waiting for financial support makes it very challenging for support workers who have found potential housing and compromises existing housing for the youth: “there was a girl we knew who worked for a while and went to EIA because she was going to school, but they told her to apply for Employment Insurance (EI). And she knew she didn’t qualify for EI and EIA knew she didn’t qualify, but she had to wait for six weeks to hear no. So that’s six weeks with no money. And she almost lost her Manitoba Housing because she had no income.”

Creative coping

Almost all of the community and government agency staff we spoke to said EIA rates are too low to provide for the basic needs of youth. When basic needs are not met, longer term goals like education, training, health and healing become secondary. Many spoke of the ways young people cope with low incomes, for example, “they latch onto somebody, because they have to. They couch surf, get in a relationship, go back to their parents [whose care they were removed from].” In addition to unhealthy relationships, the low EIA rates mean vulnerable youth are left with no option but inappropriate housing: “what they get is a rooming house. What happens in rooming houses is not a lot of healthy activity...a lot of times addictions [follow].”

“There are a lot of hoops and they’re not at the point in life to jump through all those hoops, they’re hungry, they’re tired, they’re fed up with all these systems that seem to be letting them down..”

Front-line agency worker

ISSUES AND RECOMMENDATIONS

Issue: Youth who are experiencing homelessness need adequate financial support to access appropriate housing. Without an advocate, they struggle to access and navigate the EIA system.

Recommendation: Youth who are homeless need to be able to access EIA workers with specialized training. EIA should have a team who specialize in youth.

Issue: Advocates at agencies spend a great deal of time and energy building relationships with a variety of workers, some of whom change regularly.

Recommendation: Community-based agencies would like to be at the table to do case-planning with EIA. This could be done through EIA workers designated to agencies who serve high numbers of youth on EIA. The EIA workers should spend time at the agency to meeting with participants and their support staff.

Issue: The amount of financial support provided by EIA does not meet basic needs, including housing.

Recommendation: Youth at risk of homelessness need additional financial support for appropriate housing. Eligibility for these supports should not be based on a diagnosis or extensions of care, and should not come with work requirements. A “transitioning to independence” program outside of EIA should be explored.

Issue: Programs with strict/universal requirements create gaps in eligibility and access.

Recommendation: Programs designed to support youth in education, training and transition need to provide enough so that youth can focus on healing and achieving their goals in a healthy environment. For this to happen, such programs must be created in a truly collaborative manner, recognizing the expertise of youth-serving agencies and youth themselves to identify potential barriers and create flexible supports.



SYSTEM PATHWAYS INTO YOUTH HOMELESSNESS

CASE STUDY ADDICTIONS TREATMENT, HEALTH, & MENTAL HEALTH CARE

Addictions, health and mental health programs and services, especially emergency services, are frequent points of contact for youth when they are homeless. Youth access these systems when they are in crisis, and often vulnerable. These are opportune moments to connect youth to the housing and supports they need. When youth do not get appropriate care and support for their health, addictions and mental health, their housing stability suffers. Youth we spoke to clearly identified experiencing addictions, symptoms of mental illness, and health concerns. Frontline community agency staff said they are seeing more symptoms of mental illness in the youth they work with. The potential for these systems to be pathways out of homelessness is not being realized in Winnipeg. No youth we talked to was currently receiving mental health or addictions treatment nor support. Many youth avoided the health care system all together.

In 2013/2014, a research project titled *System Pathways into Youth Homelessness* interviewed 22 youth (aged 18-29) who have been homeless and 12 individuals working in front-line agencies, policy developers, and Government staff.

WHAT YOUTH TOLD US

Distrust and negative experiences

The youth we interviewed did not see the health system as a useful resource. Six of them stated that they generally avoid health care services. For one, it was fear of being judged in the emergency room. For another, it was because of fear of being hospitalized for mental health. "I don't want to be in a place like that where they're going to dope me up."

There was similar avoidance of mental health services. None of the youth were currently accessing any mental health supports despite eleven (55%) having a diagnosed mental health issue and two additional participants naming their own, undiagnosed issue. Mental health issues included personality disorders, amphetamine induced psychosis, sleeping disorders, generalized anxiety, depression, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia.

A 21 year old female participant who had been in counselling for 12 years stated: "you know their little mind games they play around. They try and find a solution when they're actually making problems worse." A 19 year old female participant said she had gone to therapy arranged by Child and Family Services (CFS) a few times but she didn't like it because the therapist kept trying to make her talk about the past. A 22 year old male participant saw a counsellor a few times but was afraid to open up because he did not want to be put in a psychiatric ward.

Self-treatment

All of the youth we spoke to mentioned drug or alcohol addictions or frequent use. Twelve of the 22 participants dealt with their addiction on their own, and only two used detoxification services. Youth relied on family or friends to assist them with detox, including one male participant who paid a friend to keep him locked in a room for three days.

Several of the youth told us they have treated health and

mental health concerns on their own as well. One young woman had no doctors help her with her chronic back pain so she self-medicated with marijuana. A 29 year old female participant said, "I have so much wrong with me it's not even funny...I deal with it myself."

Inaccessible or inappropriate services

Several youth described the challenges they faced in accessing health care services. Because many of the participants use emergency services, they experienced difficulty with the wait times. Three participants spoke about wait times being very long and two indicated that the long wait times made them avoid seeking health care when they needed it. Three participants indicated that they did not have the money to pay for prescriptions while one said she did not have the necessary identification to see walk-in doctors.

The high rate of self-treatment raises the question of whether available services are accessible to or suitable for homeless youth. From the two youth who went to formal addictions treatment, it seemed neither

"I went straight back to the streets, back to the people I hung out with, back to having nothing to do."

Youth participant

had supports after treatment to remain sober. One who attended treatment said "I guess if maybe I had a place it would have been better. I should have been in longer like the residential rehabs but I couldn't 'cause I went straight back to the streets, back to the people I hung out with, back to having nothing to do." While mental health issues and trauma were common for the youth, other needs took precedence when living on the street. One woman was referred to a counsellor, but told us "I haven't gone for any help or been in any kind of treatments. Haven't had time, in my kind of world like I live, I have to just deal with it."

WHAT AGENCY WORKERS TOLD US

Accessibility and service design

Youth experiencing homelessness have unique requirements for accessibility. One person we interviewed in the health system told us, “when youth are requesting something, it is when they need it. And they need immediate follow-up.” Many of those who work with youth explained that they do not have the same patience or skills to navigate health services and end up frustrated unless they have an advocate with them. It also takes time and patience on the part of practitioners to develop trust with youth, something not often available at walk-in clinics or emergency rooms where youth tend to go for care. Mental health was seen as the least accessible and yet most in-demand system for youth experiencing homelessness: “There are not enough beds or psychiatrists, they can’t get in...they’re so transient that in a couple months things can be completely different, so they don’t make their appointments.”

When they do get services, they tend to be emergency services without a long-term support or treatment plan, and are then put back into community agencies where resources or expertise may be lacking. For example, one interviewee said when workers or foster parents take suicidal youth to hospital, they wait for so long, the crisis subsides. The youth then makes a contract with a nurse to not harm themselves, and they return to the care of the foster parents or agency staff. The underlying issues remain unresolved. The health and mental health issues, when unaddressed, get more serious in later adulthood.

“When youth are requesting something, it is when they need it. And they need immediate follow-up.”

Agency youth worker

Not “high needs” enough

Many youth fall through gaps in the system because they lack diagnoses, or are not considered to have high enough needs to require additional support. Qualifying for adult disability or mental health services requires an IQ of 70 or below. Some youth are not tested to see if they qualify for this, while others fall just outside of the threshold required for intensive supports. Yet, as respondents indicated, with a small amount of extra support and coordination, the youth would likely thrive. For example, if a young person is considered to have “emotionally disturbed behavior” there is a mandate for systems including Child Welfare, Education, Justice, and others to work together. Without that requirement, working together depends on individuals and is inconsistent.

Trauma-informed care

For agency participants in this study, health and mental health care are particularly important because of the previous and ongoing experiences of trauma. Recognition of this importance by decision-makers was seen as lacking: “we focus on education and training, education and training. But healing needs to happen. If they can’t go to school because of underlying reasons, what makes government think they can then just go get a job?” The results of untreated mental illness, which is often related to past trauma, can lead to further suffering: “when someone with a mental health condition can’t get housing, they resort to crime or are involved more in violence. This goes hand in hand with addiction because they’re not getting medication so they resort to street drugs. This just adds to the complex issues in their lives.”

ISSUES AND RECOMMENDATIONS

Issue: Despite self-identified health, mental health and addiction support needs, youth are reluctant to use traditional services due to inaccessibility, fear, and distrust. When they do use emergency services, the experience is often negative, increasing this fear and distrust.

Recommendations: WRHA should continue to provide health practitioners, who are trained in working with youth who are homeless, at locations where youth feel safe. These health practitioners are also gateways to psychiatric services, which youth would not otherwise seek out.

Additionally, all health practitioners who are likely to come in contact with youth who are homeless (including staff in emergency rooms and Access Centres) should be trained in trauma-informed care.

Recommendation: For youth to be able to navigate this system in adulthood, referrals from resource centres should connect youth to existing clinical services so they know how to access them independently. CFS should be connecting youth with family doctors so they have a health care provider they trust upon exiting care.

Issue: A number of youth were unable to have prescriptions, especially those for mental illness, filled because of cost. This led some youth to self-medicate.

Recommendation: Doctors and nurses with low-income patients should ask about accessibility of the medications

prescribed, and assist in accessing low-cost options or government assistance if needed.

Issue: Youth in addictions treatment leave without adequate plans for housing which will allow them to remain sober. Much of the literature on addictions treatment suggests it should be available as soon as someone expresses a desire to access it.

Recommendation: While not all youth accessing detox programs are interested in longer treatment, these options must be available immediately after detox. Second-stage housing or other appropriate housing and support should be available immediately after treatment.

Issue: Many of the youth we spoke to have had negative experiences with traditional health and mental health care. Going to a clinical appointment or waiting to access psychiatric services through a health care provider, for example, are not what youth are looking for. Community organizations are currently providing support for youth’s mental health although staff and management of these organizations feel ill-equipped/under-resourced to do so.

Recommendations: Healing and mental health supports, where youth can express themselves and deal with trauma, should be in places and with people they trust. There needs to be collaboration with clinicians or others organizations with mental health expertise for things like risk management, treatment planning and outreach.



SYSTEM PATHWAYS INTO YOUTH HOMELESSNESS

CASE STUDY: HOUSING

In 2013/2014, a research project titled *System Pathways into Youth Homelessness* interviewed 22 youth (aged 18-29) who have been homeless and 12 individuals working in front-line agencies, policy developers, and Government staff.

WHAT YOUTH TOLD US

Many houses, few homes

The youth who participated in this research had extremely unstable housing histories. Mobility, for many of them, started at a young age with multiple placements in the care of Child and Family Services (CFS). To prevent frustration and re-traumatization, we did not try to determine exactly how many foster homes, group homes, and emergency placements the 18 youth who were in the care of CFS had experienced. Since they left CFS care or their family home the participants had lived in 7.7 places on average. They spent, on average, 7.8 months in each place (this average drops to 5.3 months if the only participant with a stable, five year group home placement, is removed from the calculation).

First attempts at independent living were, for many of the youth, unsafe and unhealthy. One youth was introduced to drugs at his first residence: "I went to the rooming house, like smoked a bunch of crack 'cause I didn't know what it was." Others moved in with a partner upon first aging out of care. Often, the relationship broke down within the first year, leaving female youth particularly vulnerable: "we started getting into a lot of arguments and some of them got physical between us... [I left and went] straight to Winnipeg."

At the time of the interviews, almost half of the participants were couch surfing (living temporarily with friends or family members) and slightly more than one quarter lived in rooming houses. One now lives in an apartment and two were in Manitoba Housing. Two participants were absolutely homeless, living in shelters or on the street.

Independence and interdependence

The youth we spoke to sought shelter in a variety of places, often relying on relationships with family, former foster parents, friends, friends of friends, and partners. Several participants talked about moving from place to place as a form of independence. When asked why they moved, words like "freedom" and "escape" were used. Some fled abuse, some experienced evictions, some left out of fear related to safety, and some left due to poor quality of housing. "I was stuck paying \$475 for a suite in a rooming house that had holes in the ceilings cut out, big gaping holes and black mould and bed bugs and ugh. Yeah that was a crappy place." Other moves were related to relationship break-down, or the youth wanted to prevent fights with or dependence on family and friends. Only seven of the 22 participants used various mission and homeless shelters in the city. Those who did use

the shelters were older than the other participants. One young woman spoke of being ashamed to stay at a shelter: "I thought to myself like I was a failure 'cause I didn't have no home after that and I had to go [to the shelter]. That was like my last resort that I think that's the lowest you could ever be is in a shelter."

Accessing shelter and housing

In addition to living with friends and family, the youth participants also had assistance from friends and family to find private rental housing. Informal support networks were therefore of utmost importance for most of the youth. The housing they found was inadequate. One young man said "they got me a room ... and then a few days later I got jumped, beat up, so I've just been staying at Main Street Project." Another interviewee described leaving his rooming house because: "just like well crack heads are unpredictable you know ... there was like needles getting thrown into the vents and stuff."

Emergency shelters and subsidized housing programs, like other formal programs, were described as being difficult for them to navigate. One young woman described trying to stay at an emergency homeless shelter: "to be allowed in there, you can't be homeless and then the next day have a home ... and then be homeless again ... you have to be homeless for like a really long time ...

but they weren't really helpful people, they wouldn't take you in right away, they would make you call all these other numbers. They'd expect you to do all these things and everything else and it's like you can't do it and especially when you're on a pay phone."

Seven of the participants were applying to Manitoba Housing and two were currently living in Manitoba Housing. Those who had applied noted the long wait times. Others did not apply because the possibility of getting housing seemed too remote, explaining "it's pretty much a waste of time and you can wait up to a year for them to tell you that you're not in their program."

"I was stuck paying \$475 for a suite in a rooming house that had holes in the ceilings cut out, big gaping holes and black mould and bed bugs."

Youth participant

WHAT AGENCY WORKERS TOLD US

Transitions

The agency workers we spoke to recognized that major transitions caused anxiety for youth, especially the transition out of the care of CFS at the age of 18. The youth they work with might not have the trust or communication skills to discuss these transitions with support staff, so they make plans on their own: “they latch onto somebody because they have to. They couch surf, get in a relationship, go back to their parents.” Staff at resource centres frequently meet youth two weeks before their 18th birthday with no plans for their future: “when we start working with kids, they are not prepared at all. We’re getting them at the end, [when their social worker is] like ‘oh my god, I have to do something with this kid.’ We’re getting them in crisis mode because they know that in six months they will have nothing, nowhere to live, no income.”

Inappropriate housing in the first transition from CFS or a family home was identified as a cause of further challenges. When youth do not get extensions of care, they often only receive income from social assistance. The low benefit rates lead youth to live in rooming houses. “To get out of a rooming house is difficult. A lot of times addictions [follow]. They could get evicted at any time, they don’t know their rights. They get evicted over and over again and it becomes very difficult because they’re on the bad [renter] list.”

Preparation and resources

In addition to the need for communication and pre-planning with youth, workers told us there are simply not enough appropriate places for youth to live in. A CFS staff member said, “when our kids age out of care and then they move to the city, they end up in second-stage housing in the inner city or core area, where many kids are taken advantage of. They struggle in the neighbourhood and don’t have many informal positive supports.”

Interview participants told us the youth they work with lack resources to access appropriate housing. Beyond income requirements, many youth are missing identification documents, references and the skills to fill in a rental applications. The limited rental housing availability in Winnipeg was identified by a majority of agency workers as being a significant challenge. Landlords were said to be hesitant to rent to youth for both practical reasons like knowing the young person cannot afford the rent and judgments about the youth’s level of responsibility. One worker told us: “landlords choose who they accept or don’t, youth coming

from care are the last on that list. They don’t have a history of rental which is a strike against them. They rarely have co-signers and may not have a job, so even if they have their rent guaranteed at the beginning [because they are receiving an independent living allowance], once that money goes away, the landlord is very concerned. EIA rates don’t cover even half the rent.”

Independence and choice

While most of the agency staff we interviewed believed people within CFS recognize the need to better transition youth, a number of them said consistent action is still missing. According to one person with extensive knowledge of the Child Welfare system, “as we move to caring for adults under the child welfare guise there are some growing pains. When youth are 18 [or older], we are not the guardian. We care for them, but we don’t have legal power and authority. So how do you keep rules in a home, yet allow youth to make decisions? It’s hard to make that mental shift for places that have always only cared for youth under 18.” The interviewee

“They end up in second-stage housing in the inner city or core area, where many kids are taken advantage of.”

Front-line agency worker

noted that the number of youth on extensions of care has grown dramatically in recent years, yet the options for independent living for young adults remain limited. A frontline worker linked this limited choice

and inflexibility to youth leaving the housing they might have: “when I’m talking to CFS saying it’s not safe for [the youth] to be in a particular place, they won’t go back, I’m surprised how little flexibility there is in terms of other housing. [CFS will] tell me that’s all there is, there’s nothing else they can get even if the youth refuses to go there.”

Emergency shelters

Emergency shelters were described as being inappropriate for youth. One participant explained that a main shelter for youth has a three day maximum stay, which can be positive because youth should not be staying there for long periods. But for youth in care who do not want to return to their group home or foster home, there is no where else to go. Adult shelters were also said to be unsuitable. “Waiting in line to get in first thing in the morning... some of our youth are intimidated just standing in line with adults. Only being in one area [of the city] is also an issue because of turf lines. Kicking people out at six in the morning is not an incentive, it doesn’t support the youth in getting work or anything like that.”

ISSUES AND RECOMMENDATIONS

Issue: The young people we interviewed in this research moved many times after they first left the care of CFS or their family home, often because the housing they found was inappropriate. Agency workers agreed there is a severe lack of appropriate, affordable, safe housing for youth.

Recommendation: Independent living for young adults must be in a good home with appropriate supports based on the needs of the youth, not program requirements. Funding from government to increase the supply of housing specifically for youth is needed. Government and non-profit housing providers should partner with agencies

who support youth to provide housing, support, and eviction prevention.

Issue: Youth continue to age out of the care of CFS without a realistic plan for housing. Even if youth do not receive extensions of care, and do not want to engage in transition planning with CFS, they will likely require support with housing within a year.

Recommendation: Youth should not be discharged from the care of CFS without linking them to a range of options for appropriate housing and supports. The youth should be able to re-engage with CFS to receive support with housing if initial placements do not work out.