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Under a Bridge, At Missions and Shelters, In Alleyways, Wherever I Woke Up: An Exploration of How Structural and Everyday Factors Impact Mental Health Issues and Survival Strategies Among Young Homeless Women in London, Ontario

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"UNDER A BRIDGE, AT MISSIONS AND SHELTERS, IN ALLEYWAYS, WHEREVER I WOKE UP": AN EXPLORATION OF HOW STRUCTURAL AND EVERYDAY FACTORS IMPACT MENTAL HEALTH ISSUES AND SURVIVAL STRATEGIES AMONG YOUNG HOMELESS WOMEN IN LONDON, ONTARIO

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"UNDER A BRIDGE, AT MISSIONS AND SHELTERS, IN ALLEYWAYS, WHEREVER I WOKE UP": AN EXPLORATION OF HOW STRUCTURAL AND EVERYDAY FACTORS IMPACT MENTAL HEALTH ISSUES AND SURVIVAL STRATEGIES AMONG YOUNG HOMELESS WOMEN IN LONDON, ONTARIO"

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ABSTRACT

This thesis examines how structural and everyday factors impact the survival strategies and mental health issues of young homeless females in London, Ontario. Data were gathered through secondary analysis of information from a larger study of service utilization and mental illness among homeless youth in London, and fieldnotes were also collected. The most important findings pertain to how these youth navigate the complicated terrain of daily life and the multitude of social and health-related services that they struggle to obtain yet desperately need. The participants' experiences with healthcare, justice, and social support systems, reveal a multitude of intersecting structural barriers that make obtaining these much needed resources almost insurmountable, which often exacerbates their already vulnerable status as homeless females within the volatile context of street life. These data contribute important insights regarding the development of programs and policies that reflect and better account for these girls' challenging living situations.

Keywords: Youth Homelessness, Homeless Females, Mental Health, Street Experiences, Survival Strategies, Structural Factors, Social Factors, Service Utilization, Social Services and Supports.

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centre, which undoubtedly was an asset to the development of rapport with the study population.

I wholeheartedly thank all of my family and friends who have been by my side for the past two years of my studies, continually checking in on my progress, and pushing me in a forward direction with positive words of love, encouragement, and support. Special thanks to those friends who helped with the never-ending proofreading of several rough drafts; but most importantly, my Mother, who played a significant role as main editor for my thesis on an ongoing basis. She stayed up all hours of the night helping me improve the readability of my thesis by acting as an outside reviewer, telling me which specific aspects needed to be further elaborated in order for a non-Health Science student to be able to grasp the terminology and concepts being discussed. Being so immersed in the data makes it challenging to separate oneself, a researcher, from the richness of the information that is spoken by the youth; it is so easy to get caught up in their stories and forget to explain for the reader exactly what their street lingo means and what certain activities on the street entail.

I hope that my contributions, thanks to the help of those who have guided me throughout this journey, impact research on homelessness in London, specifically the experiences faced by young females and what it means to be a young woman living on the streets. I hope my research encourages deeper investigation into their day-to-day lives, and how they are influenced by various structural and social factors that are often beyond their control but have a powerful impact on their lives and health.

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LIST OF ABBREVIATIONS

Abbreviation	**Meaning**
ACE	Academic and Career Entrance program
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
CAS	Children's Aid Society
CIHR	Canadian Institutes of Health Research
DBT	Dialectical Behaviour Therapy
ER	Emergency Room
GED	General Education Development
HIV	Human Immunodeficiency Virus
ID	Identification
IV	Intravenous
LH	London Housing
NCCI	Nancy Campbell Collegiate Institute
OAHS	Ontario Aboriginal Housing Services
OCD	Obsessive Compulsive Disorder
ODSP	Ontario Disability Support Program
OHIP	Ontario Health Insurance Plan
OW	Ontario Works
PNA	Personal Needs Allowance
PPD	Post Partum Depression
PTSD	Post Traumatic Stress Disorder
RA	Research Assistant
SIN	Social Insurance Number
SOAHAC	Southwest Ontario Aboriginal Health Access Centre
UWO	The University of Western Ontario
WAYS	Western Area Youth Services
YAC	Youth Action Centre
YES	Youth Employment Services
YM	Youth Matters study
YOU	Youth Opportunities Unlimited
YWCA	Young Women's Christian Association

Chapter 1-Introduction

1   Introduction

Over the past two decades, issues relating to homelessness have received increased attention by the Canadian public and researchers alike. A major focus has been the identification of specific subpopulations considered to be 'at-risk' because of particular activities engaged in that are classified as 'high-risk'. This is on account of their behaviours perceived ability to pose certain harms to the general public through violence or the spread of certain diseases. These include youth struggling with mental health issues and who often use a range of legal and illegal drugs in order to combat their mental health symptoms (Draine, Salzer, Culhane, & Hadley, 2002; Drake & Wallace, 1999; Goering, Tolomiczenko, Sheldon, Boydell, & Wasylenki, 2002; Johnsen et al., 2006). Young girls and women have also been identified as being particularly vulnerable to becoming homeless, stemming from a range of factors including their higher risk for living in poverty, physical and sexual abuse, and other experiences of structural and everyday victimization (MacDonald, 2005; Taefi & Czapska, 2007). According to the organization Justice for Girls, teenage girls make up between 6-12% all the homeless people in major Canadian cities and 30-50% of all homeless youth in Canada (Czapska, Webb, & Taefi, 2008).

   Homeless youth are cause for increasing concern among Canadian researchers based on the distressing finding that young people under the age of 24 years account for a significant segment of the homeless population, and they represent the fastest growing portion of the homeless population (Karabanow, 2005; Kelly & Caputo, 2007). The majority of Canadian studies done with different groups of homeless youth have been conducted in large metropolitan cities, and even where statistics are available in smaller places like London discerning accurate numbers of young people is very challenging because of their very mobile, transitional lives. There are no accurate numbers regarding how many youth are homeless in the city of London, and only rough estimates for the entire population of homeless people exist. Recent data gathered estimate that the number of homeless people in London on any given night is approximately 2,000, which includes

those accessing shelters and transitional housing, those in hospitals and jails with no-fixed address, those who couch surf, and those who engage in the exchange of various services-often sexual—to secure housing for limited periods of time (City of London: OrgCode Consulting, 2010b; Gillespie, 2010; Oudshoorn, 2010).

Given the gap in our understanding of young peoples' experiences with homelessness in smaller cities like London, Ontario, along with observed increases in homelessness among this vulnerable population, there is pressing need for data that allows us to understand these young people's lives. My research seeks to do that, and thereby focuses specifically on how young girls create and use different survival strategies in their daily lives and also to deal with their mental health issues. This thesis frames my understanding of these issues against the context of broader structural factors like the organization of social and health-related services as well as gender. The research questions that have been designed to facilitate this study, which are examined in more depth later in my methodology chapter, include: which structural factors are most commonly identified by female homeless youth as posing challenges when seeking social supports and services?; what are the most frequently employed survival strategies used by today's female youth to resist and overcome these barriers?; and how are the experiences and structural barriers faced and resisted by female homeless youth unique from their male counterparts? Prior to outlining the structure of this thesis I will provide an overview of some of the definitions and terminology commonly used in studies of homelessness more generally, and youth specifically; including a brief discussion of the importance of gender.

There are several commonly accepted understandings and associated definitions used by researchers that relate to homelessness. The most broad definition encompasses those with no viable residence (e.g., on the streets, in emergency shelters) or those who move between unstable residences (e.g., friends' place, transitional housing; Kudfeldt, McDonald, Durieux, & Nimmo, 1988). "*Homeless people*" generally refers to individuals who are sleeping in shelters for the homeless and also fall into the absolute homelessness category (Jenks, 1994). According to the United Nations, "*absolute homelessness*" refers to the condition of people lacking physical shelter who mainly sleep outdoors, in

vehicles, abandoned buildings, or other places not intended for human habitation (Hwang, 2001). "*Relative homelessness*" is defined as the condition of those who have physical shelter, but one that does not meet the basic standards of health and safety— protection from physical elements, safe drinking water access, security of tenure, personal safety, and affordability (Hwang, 2001). For the purposes of this thesis, homeless youth, in the Canadian context, includes young people over the age of 16 and under the age of 24 who are not living with their parents and lack stable housing, employment, and the opportunity of attaining an education. The term is applicable to young individuals who are living in extreme poverty, and whose lives are constrained by inadequate income, and minimal access to the supports necessary for a successful transition from childhood to adulthood (Homeless Hub, 2009). As a preface, in some areas of my thesis I refer to the study participants as "girls", which is considered an acceptable term in local youth culture and I am not using such language because I am being dismissive or paternalistic, but because it is used by researchers throughout literature studying young females.

Homelessness is a phenomenon that is experienced along a continuum of contexts and related experiences. This continuum includes minimal street involvement on one end, those who are fully entrenched in street life on the opposite end, and those who have temporary housing arrangements but still spend a great deal of time on the streets found somewhere in the middle (Ramji, 2002). Homelessness does not mean the same thing for all young people who are classified as, or classify themselves as being, homeless. It is important to recognize that although youth on the streets share certain kinds of conditions and life experiences, they also have their own unique set of reasons for and perspectives about the current situation they are in. Some run to the streets because they are thrown out their homes by parents/guardians, many run to the streets after fleeing child protection systems or other violent environments, and there are those who are homeless due to employment and/or housing issues (Kelly & Caputo, 2007).

As a fundamental structural life condition that greatly impacts the experiences of youth, at home and when homeless, the workings of gender are very important but currently under-researched in most homeless studies with youth. Gender can work in

subtle as well as violently direct ways to affect the lives of homeless youth, and young girls experience certain conditions that young boys do not or they go through them very differently. In many cases girls do not get by on the streets independently, and their dependence on male partners or forced roommates can create violence and sexually exploitative living conditions that are very difficult to escape from (Scott, 2007). However, there is insufficient research into how these factors affect the survival strategies and mental health issues among young homeless women and girls, particularly in smaller cities. There is, thus, very pressing need for more in-depth understandings of these troubling issues in order to address them in ways that reflect the reality of these young girls' lives and can help make meaningful changes in their lives.

1.1   Outline of the thesis

Chapter Two features an in-depth review of the current literature from the fields of sociology, psychology, psychiatry, and nursing that relate to homeless youth, much of which comes from the United States or Western Europe. The foci in this body of work is health related issues and why people end up on the street, and the dominant methodological approach is quantitative. Chapter Three is where I discuss in detail my methodological approaches, the theoretical framework that shaped my understandings of the issues under examination, as well as the research design, research questions, ethical considerations, and limitations of the study. The next five chapters feature the data analyzed for the purposes of my study, and I have organized these chapters according to the different individual instruments that I drew upon for my secondary analysis of the larger data set from the Youth Matters study.

Chapter Four covers the demographic information collected from the participants, with focus on: age; gender; cultural background; marital status; parenting; sources of income; service utilization; and mental health diagnoses. Chapter Five features a discussion of health, social, and justice service utilization in great detail, with a specific focus on healthcare; mental health; prescription drug usage; community resources; incarceration; and victimization. Chapter Six provides housing history information, including living arrangements; satisfaction with living situations; and number of

undesirable moves made by participants. Chapter Seven comprises data from the vocational time-line, specifically employment/unemployment; source of income; and student status. Chapter Eight is where I present the participants' responses to the open-ended question instrument, with a particular emphasis on issues of social services and supports; resource centres; and stigma that are faced when accessing the aforementioned locations.

The final chapter of this thesis is the Conclusion, where I reiterate the focus of my study and highlight the most central research findings regarding the phenomenon observed in among my sample of young homeless girls in London. The themes focused on here relate to mental health, addictions, motherhood, stigma, and victimization, and they are discussed primarily to draw attention to these young women's lives but also how we might think about improving them; at the level of programmatic interventions, policy, and additional research.

Chapter 2- Literature review

2   Introduction

This chapter provides a review of the literature relating to existing research on homeless youth from various fields of study, such as sociology, psychology, psychiatry, and nursing. The main themes include: mental health and housing issues; gender and being female on the streets; day-to-day life; structural and individual factors; coping with street life; and the use of in-depth approaches to understand specific phenomenon for the population of homeless youth.

2.1   Mental Health and Political Re-Structuring

The 1960's were a time of significant change in the organization and administration of Canada's health care system. There was a general devolution of responsibility for certain kinds of health issues from the state to community/local systems, which meant that many hospitals and mental health institutions had few options but to discharge patients in the face of widespread institutional closures. This left long-time psychiatric patients and others who relied heavily on the various medical services/systems with nowhere to go for their services, and many subsequently became homeless (Lightman, 1997). One important outcome of these shifts relates to the "new" practice of provincial mental health facilities releasing patients to "no fixed address", criminal discharges to local emergency shelters, and the lack of appropriate social service and emergency shelter services in many South-western Ontario communities. This resulted in an inward migration of homeless individuals to certain mid-sized cities that still had decent mental health-related services, including London (London CAReS, 2007).

Another vital period in our province's history that has had a dramatic effect on trends that continue to impact mental health policy and the related experiences of those struggling with housing issues is the 1990s. In October 1995, the Ontario Government under Premier Mike Harris' Conservative Party cut shelter allowances for people on social assistance by 21.6% (Life*Spin, 2012). After these cuts, there were almost 15,000 people in London paying more than 50% of their income on rent and there was also a

marked decline in affordable rental units and social housing. These significant reductions meant that people living on fixed incomes or in social housing, who were often dealing with mental health conditions and other issues relating to poverty and social marginalization, were being housed in dangerous conditions that posed considerable risks to and often exacerbated the various challenging mental and physical conditions they were already struggling to deal with (City of Toronto, Mayor's Homelessness Action Task Force, 1999). In the period following the election of Harris's Conservative government waiting lists for social housing rose dramatically, as did emergency shelter use; which rose over 20% in London from 1995-2000 (Oudshoorn, 2010). Increases in the prevalence of homelessness over the past several years have been attributed to these structural reductions across social support and service provision systems (Begin et al., Government of Canada, 1999; Kauppi & Braedley, 2003).

In London and elsewhere, psychiatric hospitalization and related discharge planning has long been identified as a vulnerable point for homelessness (Forchuk et al., 2006). The reductions introduced under the Harris government regarding the provision of services have created troubling situations in which increasing numbers of mentally ill people are at risk of becoming homeless, and also made it more difficult for today's homeless to acquire services relating to mental health. Individuals with mental health issues often find themselves facing lengthy processes and structural obstacles through the Ontario Disability Support Program (ODSP) (Johnsen et al., 2006), which often exacerbates their mental instability and the quality of their lives. Data collected in London from 2001-2002 and 2002-2003 demonstrates that 11.8% and 7.6% of psychiatric ward patients were discharged to shelters, respectively, and in 2002 alone this occurred over 194 times (Forchuk et al., 2006). In 2003, the City of London stated that approximately 45% of individuals in emergency shelters were classified as having mental health issues. As these data clearly demonstrate, structural infrastructure changes and cutbacks regarding mental and social service provision intersect in dangerous ways with people's ability to find and be housed securely, and the interplay between housing as a primary determinant of other social determinants of health is also painfully obvious.

2.2   London's Housing Situation

This section focuses on the problematic issues related to the availability of safe and affordable housing in the city of London specifically. After the release of information gathered about housing issues within the city in 2003, the Ontario Non Profit Housing Association stated that London was considered the most in need of affordable housing for all of Ontario (City of London: OrgCode Consulting, 2010b). The reason for this was because less than 10% of housing in London is allotted for supportive housing for those who are considered low-income or on social assistance, which is insufficient considering an average waiting list of 9 years for affordable housing (Oudshoorn, 2012). According to the City of London (2011) in a municipal context there is an average affordable housing wait list of 8.2 years, and 'fast-track' list of 1.3 years in 2011, making 'housing first' for those who require housing urgently an unlikely reality in the near future. When all of the housing issues are combined it is clear that there are few options available for safe, affordable housing.

The current London Housing Strategy is to create 1,000 new units over the next 5 years, although the fiscal plan only predicts a total of 450 new developments over the next 3 years, and the new plan (that takes into consideration the cut) predicts only 115 new units being made available over the next 2 years (Oudshoorn, 2012). However, there is one important thing to note about housing in London when considering the building strategy described above; the city does not actually build developments themselves, they provide funds to private or non-profit entities which then approach the city to build (Oudshoorn, 2012). With the money currently available within the housing reserve fund, the city will match provincial and federal dollars granted to the builders over the next 2 years, but will be unable to do so in years 3-5 of the plan (Oudshoorn, 2012). This flaw in the system plan of building affordable housing makes it appear that London's housing goal will be unsuccessful, and will likely only reach half of the goal of 1,000 units. This will inevitably result in the continued increase of: the number of people on social assistance—OW and ODSP; the wait-list for those in urgent need of housing; and the number of people who are homeless simply because they cannot afford housing costs (Oudshoorn, 2012). Over the past five years the city of London has added 873 new

housing units, bringing the total number of units (representing various delivery models from rent-subsidy to public housing) to a mere 8,060 (Oudshoorn, 2012), which is insufficient to meet the needs of the continually increasing low-income and homeless population.

2.3   Gender & Being Female on the Streets

While men comprise the majority of the homeless population, the numbers of homeless women is increasing (Evans & Forsyth, 2004), although it is not entirely clear why this is. Among researchers who work specifically with young homeless girls and women, several issues have been identified as accounting for some of the gendered differences between the way that girls and boys experience living on the street. Females are more likely than males to have their children with them, and they are also more likely to be younger than males on the streets. In addition, females are more likely than males to couch surf and move within their established social networks in their searches for housing. Studies analyzing the causes of homelessness among women and girls have identified the role of familial sexual abuse, which can lead these youth to leave their homes and subsequently become homelessness. The ways in which these situations predispose such girls to further sexual abuse on the street and, for some, participation in sex work as a way to survive, has also been discussed (Tyler, Hoyt, & Whitbeck, 2000; Sweet & Tewksbury, 2000). Data that accounts for the how these issues relating to gender are experienced by young girls who are homeless, in particular how being female is experienced on the streets, are lacking. Gender is a vital determinant of health; and my data regarding this important issue and how it connects to other everyday and structural factors represents a vital contribution to this field of study.

2.4   Day- to-Day Life

Daily life is important to understanding the lives of homeless youth because of the constant struggle to find safe, secure shelter, generate an income, and obtain sufficient food (Dachner & Tarasuk, 2002), and the incredible amounts of physical and psychological energies required to get by. Homeless youth spend much of their time just trying to survive life on the streets, by meeting basic needs such as accessing meals and

shelter and they also spend significant portions of their day visiting various social services and supports. Being resourceful is also a key strategy for survival and involves finding ways to, for instance, stay warm while sleeping on concrete slabs in cold weather, cook food, dig in dumpsters effectively and safely, find ways to make an income, and walk far distances while carrying one's belongings. These groups of youth spend a large portion of their day moving around, looking for essential material items while also trying to locate resources and fly 'under the radar' from certain authorities (Lindquist, Lagory, & Ritchey, 1999). Life on the streets prevents any long-term planning, and living day-to-day from hand to mouth is very exhausting and setting goals beyond this is a challenge (Ulager et al., 2005).

In her benchmark Canadian study with homeless women in several cities, Scott (2007) demonstrates, among other things, how the social services system impacts and perpetuates the daily struggles women on the streets or in shelters endure. Among the women she interviewed, few have been successful in finding food, affordable housing, or places where they can work on their other problems such as addictions, mental health issues, or child support. While these women have received some kind of government/supportive housing, they are typically in rough neighbourhoods where other residents are engaged in various kinds of high-risk activities (i.e., drug use and selling). This form of 'housing' may meet the requirements on paper, but in reality these conditions make it challenging, if not impossible, for women to feel safe, begin to deal with their various psycho-social issues, and make a transition to independent living. More examinations of the ways that various agencies and structures, although intended to alleviate homelessness and social suffering more generally, often contribute to these problems are needed. This is particularly true for young women on the streets, and this is another area in which my data makes important contributions to the existing literature.

2.5   The Importance of Structural Factors

Traditionally, homelessness has been perceived to be a product of individual choices, including personal socio-economic failure, irresponsibility, and poor behaviour choices (Fitzpatrick, 2000; Main, 1998). Many researchers, including those who study youth,

focus on singular factors like drug use or people's choice to engage in 'risky' lifestyles as being the primary contributing factors in becoming homeless. Although prevalent, this "blaming the victim" approach is very problematic because in focusing primarily on individual factors the powerful structural factors which push people into difficult situations, which are often beyond their control, are overlooked. These structural factors include unemployment, poverty, lack of affordable housing, and political systems. In more recent studies, researchers are beginning to acknowledge the importance of these larger structural forces in creating conditions of homelessness, and the phenomenon of youth homelessness is now often understood as a complex situation that is affected by both individual circumstances and adverse structural factors (Main, 1998).

Some specific examples of structural factors that relate directly to the experiences of youth in London will be expanded upon below in the remainder of this sub-section, namely the organizational features and practices in shelters, staff-related issues in various support services settings, and challenges relating to the acquisition of financial support. Including a discussion of these issues provides important, and where possible local, references with which to illustrate in detail how these broader issues and forces directly impact the experiences of homeless youth in our city.

Structural issues relating to policy and eligibility criteria within the shelter system can prevent youth from accessing these services (Buckner, 2008). Many youth do not meet the eligibility criteria that shelters have; the following examples demonstrate barriers that prevent many from gaining access. In several shelters, the lack of personal identification containing a government issued photograph such as a drivers licence or health card may result in a youth being turned away, and unable to stay overnight if the staff feel that they look under the age of 16, as this is the minimum age allowed for entrance (Gallupe & Baron, 2009). Some shelters require permission from parents/guardians to stay at the shelters, this is a policy that is set by the agencies specifically (not government mandated) and by having such regulations many youth are automatically unable to stay overnight (Cosgrave et al., 2008; Kidd, 2007). It excludes youth that have left their family homes due to abuse, or were kicked out due to conflict with their parents/guardians, as these individuals are unlikely going to be in contact with

their parents, yet alone able to receive permission from them to stay in a shelter (Smart, Adlaf, & Porterfield, 1990). Shelter policy, specifically not allowing youth who appear be intoxicated or under the influence of drugs, can also exclude youth who are struggling with mental health issues and self-medicate through the use of illicit and licit drugs, which is a very common occurrence among street youth.

Staffing within the shelter system is another structural issue that impacts the experiences of those relying on this form of temporary housing. There is an expressed concern throughout the literature regarding the ability to recruit and retain sufficiently trained front-line staff members who are working one-on-one with homeless youth (Milne & Chesson, 2000; Walker & Townsend, 1999). It appears that in the majority of cases the most junior and inexperienced staff are serving youth, who have very complex and often shifting needs, which can result in very poor service and further social exclusion (Carpenter & Suto, 2008). Researchers suggest that the trends and problems faced by homeless youth may be changing at such a fast pace that education alone cannot prepare staff to work with homeless youth (Carpenter & Suto, 2008). Staff trained to work with homeless youth must be able to genuinely understand their situation and be familiar with the structural processes and supports they require to satisfy their immediate needs (Farrow, Deisher, Brown, Kulig, & Kipke, 1992). Many shelter workers are unable to provide youth with a feasible step-by-step plan to access the specific services that they require from the available social supports because the structural organization of this complex system is often not fully understood by the staff members themselves (Cosgrave et al., 2008).

As a result of the challenges in securing formal employment, many homeless youth are forced to navigate the complex social assistance systems in order to get the financial support they need; this primarily involves assistance programs such as Ontario Works. There are several barriers preventing youth from access and receiving social assistance services. They are primarily connected to the challenges that youth face when meeting the eligibility criteria for the receipt of welfare (Public Health Agency of Canada, 2006). The application process is terminated in the early stages of the paperwork if the youth lacks a social insurance number and health card. The fact that many homeless

youth lack personal documents and identification makes this system an institutional barrier. Additionally, in order to receive a monthly welfare cheque, the youth applicant must be either formally employed or enrolled in school. However there are stipulations associated with these criteria, they are only able to work a certain number of hours per week and if they are in school they must have a good attendance record—which is rarely possible considering they are occupied fulfilling more immediate needs including food security and shelter.

2.6   Coping with Street Life by Employing Survival Strategies

Here I will detail the coping mechanisms and survival strategies employed by homeless youth as a means to combat the struggles associated with street life. Within homeless literature there has been little investigation on the economy of homeless persons with the exception of panhandling and squeegeeing; with the focus being on adults primarily and only few studies discussing youths' strategies specifically. There is a need for a broader understanding of the situation of becoming homeless and also of the strategies that are employed by youth when dealing with managing daily life without a home (Flato & Johannessen, 2010). When homeless youth make use of the strategies of street economy it is not because they are choosing this immediately after becoming homeless, it is because they face countless barriers in acquiring employment, receiving social assistance, and being eligible for London housing programs. They are forced to employ such strategies as a way to manage daily life while in marginalized positions within society.

While it is essential to consider the impacts of the above-mentioned structural factors in the lives of homeless youth, it is just as important to acknowledge the individual, every day work that these youth do to survive; including the specific survival and coping strategies. The means and extent to which they cope with their difficult circumstances is reflective of their personal characteristics of resiliency in combination with their adaptive capabilities to make-do during challenging times. As active social agents in their own personal lives, homeless youth are able to exercise several kinds of individualized survival mechanisms and thus shape their own experiences of being homeless to varying degrees (Beckett, 2004).

In order to successfully live on the streets and meet one's basic needs on a daily basis, it is necessary to learn the strategies for survival in this unique social environment. The survival strategies used on the street include such activities as pan-handling, drug dealer, squeegeeing, boosting, and sexually-based. In contrast to the ways that these activities are portrayed in most of the literature, as being 'high-risk', 'devious', and 'perilous' behaviours, these activities can also be recognized as complex, inventive, and adaptive behaviours. These are also gendered activities, as males and females manipulate different strategies to accrue money; with males often using humour during panhandling and females using sex or beauty (Finkelstein, 2005). Males are most commonly engaging in drug deals, pan-handling, and stealing. While females also engage in these activities, they are more known to engage in sexually related actions as well (Finkelstein, 2005; Scott, 2007).

Throughout the literature, the term "street economy" appears often and in relation to the kinds of survival strategies employed in order to live on the streets. Examples include prostitution or survival sex, pornography, panhandling, stealing, selling stolen goods, mugging, dealing drugs, and scams/cons (Gaetz & O'Grady, 2002). The most frequently used terms relating to street work in the literature are "street capital" and "street competencies" (Lankenau, Clatts, Welle, Goldsamt, & Gwadz, 2005). The term *street capital* is referring to knowledge acquired through observation and experience; it is often related to drug use, sexual activity, criminal behaviours, and housing contingencies (Lankenau et al., 2005). The street knowledge learned enables a youth to develop survival skills to manipulate in the street economy. *Street competencies* are known as the practical actions and skills which emerge due to the accumulation of street capital; they include buying and selling drugs, sexual activity, shoplifting, and finding housing (Lankenau et al., 2005).

The literature that features discussions of such survival strategies from a positive viewpoint considers some of the beneficial aspects that these behaviours produce in young peoples' lives. The main themes include an increased level of self-esteem, self-efficiency, motivation, and personal identity development (Lankenau et al., 2005). The collective identity resulting from their social relationships, regardless of the fact that they

may be bound together through their joint participation in illegal and not always savoury activities, may increase youths' self-esteem and provides them with support in addition to the introduction of new or different survival strategies (Kidd et al., 2007; Rokach, 2005). Being accepted into street culture helps these youth develop resilience, independence, and loyalty for others (Finkelstein, 2005; Kidd & Shahar, 2008). Social networks are closely tied to street economy, most daily needs that are not met by different welfare services can be met through social network connections. In most cases these strategies utilized by homeless youth are passed from one cohort to another through the typical system of the educated homeless youth teaching fresh faces (Bodner, 2009).

2.7 Ethnography

Although this study was not ethnographic in nature because I did employ fieldnotes, which are a foundational technique in ethnographic research, a brief discussion of this research approach is warranted. Ethnography involves studying and understanding human populations through the observation of various groups of people and/or individual cultures within their natural environments. Ethnographic research was traditionally used to learn about 'different' cultures, which did not include European and later North American societies because they were used as the golden standard of civilization; and the nature of these societies' cultural organization was rarely under examination. This has changed, however, and more recent ethnographic investigations are conducted among marginalized populations not only around the world, but also in places like the United States, Europe, and Canada. The particular strength of ethnographic research is the focus on understanding how cultures work, which involves not just asking members of the society in question how they work but observing them to discern if what they say is accurate (Nichols, 2009). Having the researcher spend time in the participants' environments ensures that first-hand data is collected by the researcher who participates and observes as much as is possible in the research setting, and doing so often signals to the participants that he/she respects their way of life and is genuine in their efforts to understand them (Finkelstein, 2005).

As someone who was new to this approach I was unsure as to how spending time in places where the youth hang out would or could inform my understandings of the issues I was interested in. However, I quickly realized that ethnographic research can open up a whole world to researchers because it happens in 'real time' and forces us to be in the same, shared space as our participants; which yields data that is much more representative and current than can be offered through more formal means like surveys and even interviews. I learned that this approach has the potential to reveal, among other things, the scope of services, agencies, and institutional relations that shape a youth's step-by-step efforts to sustain safe housing. Ethnography allows different aspects of research themes to emerge, sometimes in unexpected ways, and one of the most powerful aspects of this approach is that it places great importance on learning about the issues from the words spoken by the participants themselves; in my case in the stories they share about their lives as a homeless youth.

2.8   Conclusion

My literature review reveals the complexities relating to the phenomenon and experience of homelessness and it also exposes a multitude of gaps in the current research on this issue in general and for youth specifically. This chapter reflects the different themes and issues that I reviewed before beginning my project, in order to better understand these gaps and to create a project that hopefully addresses some of these pressing issues that remain under-researched. This is especially important in relation to the stigmatizing issues of mental illness, gender, certain aspects of street culture or 'lifestyle', and the structural factors that impact the lives of homeless people. The main points regarding these key issues are reiterated here.

Mental illness and substance abuse undoubtedly are strongly associated with homelessness; however, in much of the research these are examined as individual behaviours and often described as being irresponsible or dangerous actions. What is sometimes overlooked is the fact that there are many structural factors linked with mental health care services and addiction programs that must be better understood. Those with mental health illnesses may desire to receive such services, but are unable to do so for a

variety of reasons that are outside of their control. These may include restrictive policies set in place by the support services, and the social factors which act as a deterrent to seeking treatment. A particularly important issue is the stigmatizing treatment many youth experience within health care environments, from service providers and various workers who often view their lives and homelessness or unemployment as being the fault of youth alone. It is crucial to move beyond the victim blaming, which has been demonstrated through my literature review as being very problematic and unproductive in research about homeless people.

Females have largely been under-researched in relation to homelessness studies, despite the fact that many researchers highlight that there is a gendered difference in the experiences of being homeless between males and females. This gap and inconsistent treatment of gender in the literature led me to focus on this as one of my major objectives, and I will address some of the specific issues faced by females living on the streets in London throughout my thesis in order to encourage further research on the themes of importance for females specifically.

Homeless youth are often depicted in the literature as passive victims rather than active participants in their own environment; this perspective devalues their resourcefulness and the strategies they use to cope with challenging situations in their everyday lives. In using this approach researchers are making little progress in improving a youth's life. I feel that it is more constructive to identify the positive and adaptive factors which have the potential to improve coping skills in replace of emphasizing the problems related to their circumstances. For this reason I have focused on the various survival strategies employed by London's homeless females. Themes connected to resiliency are crucial to understand, as they can enhance one's quality of life, even for someone who is temporarily lacking housing, or suffering from serious issues such as mental health and/or drug addiction problems.

Youth with little education face unique barriers when compared to other young people, which are compounded by living on the streets. Low-paid entry jobs in the work place do not provide sufficient income and security to afford housing in many parts of

Canada (Begin et al., Government of Canada, 1999, p. 18). Those youth who are lacking supports at home and have difficulty trying to find structural supports, very quickly become disconnected from the tools needed to succeed in the mainstream formal workforce, which could help them in their struggles with finding housing. In the face of this marginalization, they begin to use marginal sources of income such as panhandling, squeegeeing, or engaging in illegal activities including sex trade and drug dealing as a means to survive day to day life (Kelly & Caputo, 2007). These activities are important because they occupy a significant portion of the time youth spend attempting to acquire resources to meet the basic needs of living; and they need to be better understood in relation to the conditions of everyday life as well as the broader factors that intersect with –and often complicate-these parts of the young people's lives.

Chapter 3- Methodology

3   Introduction

Chapter Three deals with the methodology adopted during my study and it sets the stage for the presentation of my primary findings in the following chapters. I begin by discussing some of the important features of qualitative research, which has significantly informed how I have come to understand and shape my project as well as my views as a researcher. I then describe the theoretical framework that has influenced how I approached this project and the analysis of my data, that of critical social theory. Next, the main issues of focus for my study through my objectives and research questions are described. Since I have completed a secondary analysis for my thesis, I include an overview of the study I gathered my data from, Youth Matters—the largest study completed focusing on youth homelessness in London, Ontario to date. I also have specified the in-depth approaches that have been utilized to inform my understanding of the major themes revealed in the data. The chapter concludes with a discussion of the ethical considerations regarding my research and the limitations of my study.

Qualitative research is defined as the study of things or people in their natural settings and environments, and researchers adopting this approach are united in their attempt to make sense of or to interpret phenomena in terms of the meanings that people bring to them (Pope, 2006). This type of research encompasses various philosophies, research methods, and data collection techniques such as: in-depth interviews; participant and non-participant observation; focus groups; and document analysis. There are a multitude of methodological and theoretical approaches used to study and analyze information from a qualitative standpoint. These include: phenomenology; ethnography; grounded theory; action research; case studies; and several others.

Qualitative research is often done with marginalized populations because it provides opportunities to collect in-depth information with groups of people who, on account of their socially excluded status within society, rarely get asked for their input in studies or larger dialogues about issues that directly affect them (Hammell & Carpenter, 2004). Since I am interested in gaining as much information as possible about the lived

experiences of young girls who are vulnerable and often excluded within their families as well as our society, I felt it was important to use this kind of approach to obtain their unique perspectives about their lives. This approach is very different and much more personal than other research methods, quantitative for instance, which focuses on such things as large sample sizes, generalizable trends, and involves minimal interpersonal contact between researcher and the study participants (Hammell & Carpenter, 2004). Given my desire to hear how the females, in their own words, assigned meaning to various aspects of their lives qualitative research provided me with the necessary means to do so.

3.1   Critical Social Theory

In the literature, Critical Social Theory (CST) is defined as a school of thought that stresses the examination and critique of society and culture, drawing from knowledge across the social sciences and humanities. Critical theory is interdisciplinary, which permits more nuanced understandings of the effects of multiple factors that intersect and influence various issues and phenomenon. One of the primary sets of issues approached using CST relate to structural oppression and the constraints and suffering people experience due to cultural, political, social, and economic status and systems, practices, and institutions (Kyle, 2005). Another important and useful aspect of this theoretical model is that it places a focus on in-depth analyses of macro-level structural factors and how they influence the day-to-day lives of different groups of people (Kyle, 2005). Some of the methodological approaches that lend themselves to using CST to better understand various issues and experiences include those that are qualitative and dialogic, specifically those that combine first-hand observation with individual or group interviews and allow for conversation as well as reflection (Denzin and Lincoln, 2005).

The theoretical framework of my research is quite similar to the work of Paul Farmer, a medical anthropologist and physician whose research ideology is very closely in line with my study objectives and methods. Farmer elaborates on Johan Galtung's formulation of structural violence which he first introduced in the article "Violence, Peace, and Peace Research" in 1969. It refers to a form of violence where some social

structure or social institution directly harms people by preventing them from satisfying their basic needs. It is linked with the systematic ways in which social structures harm or otherwise disadvantage individuals in subtle and often invisible ways. For Dr. Farmer,

> "Structural violence is one way of describing social arrangements that put individuals and populations in harm's way... The arrangements are 'structural' because they are embedded in the political and economic organization of our social world; they are violent because they cause injury to people... neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency... Structural violence is visited upon all those whose social status denies them access to the fruits of social progress" (Structural Violence, 2012).

Farmer also asserts that structural violence is 'not the result of accident, they are the consequence, direct or indirect, of human agency'. Specifically, this human agency is influenced by structures that involve an unequal distribution of power. The inequalities that exist in terms of disproportionate life chances because of illness or poverty are directly caused by an unequal distribution of resources but the underlying problem is that 'the power to decide over the distribution of resources is unevenly distributed' (Structural Violence, 2012). This imbalance in the distribution of power systematically disadvantages the individuals and certain populations, who do not hold as much, if any, power at all.

Several Canadian researchers working with homeless populations, including street youth, employ CST in their work. An example comes from Marlene Webber (1991), who conducted qualitative research that was framed by a critical social perspective in her work with street youth. She argues that this approach was particularly effective to enrich her understanding of the vicious cycle of life on the streets faced by young people because it gave a primacy to not just everyday and macro factors, but allowed her to consider how these powerful forces impact one another on a daily basis for these youth. They often told her that the system "stinks" because they cannot get a place to live without having money, but without an address they cannot obtain financial assistance (Webber, 1991); they are caught within and between system cracks.

I heard very similar things over and over again during the time I spent observing homeless youth, who talked about their challenges with navigating the complexities of things like social assistance systems or medical treatment eligibility parameters. This prevents them from getting the supports and help they need, which causes them to commit fraud or criminal acts in order to secure the much needed income denied to them by larger structures. In this Catch-22 they are denied by what they refer to as "the system" and end up reproducing their already marginal and sometimes criminalized status in their efforts to find their own ways to obtain the services and supports they desperately need. From this discussion of CST it is clear how and why it aligns very well with my study interests and methodological approaches, especially in the way that it has helped me be attentive to how social and structural conditions impact, and often produce, experiences of marginalization, exploitation, and exclusion (Burton, 1997).

3.2   Research Questions

The following questions have been designed to guide my inquiry into the impact of structural forces on young homeless females' experiences relating to mental health and the strategies they adopt to survive on the streets of London: (1) When trying to seek social supports and services (i.e., for housing, mental health, social assistance), which structural factors pose the most challenges for homeless female youth in London?; (2) What kinds of survival strategies do these young women develop as they experience and attempt to cope with these obstacles?; and (3) What do these data tell us about gender and what it means to be female and homeless in London?

3.3   Research Design

As with most junior researchers attempting to formulate the initial stages of my first independent research project, I experienced a number of obstacles. The pragmatics involved in creating a study of my own would be nearly impossible to surpass within the two-year time frame of the Masters degree. One of the biggest challenges was finding out how to design and conduct my work with a population that is often deemed being "at risk". This was an important consideration given the many instances of research ethics boards halting or significantly hampering the projects of my peers and senior colleagues

who also worked, or wanted to work, with young people who are considered to be marginalized and/or vulnerable. At Western University, youth who are also homeless are classified as children under the age of majority *and* vulnerable because of their perilous living situation. Their categorization as being 'doubly' high-risk raised concerns among the members of my thesis committee regarding my ability not to do this research, but to go through the prescribed ethical process within the timeframe available. Other pragmatics to consider included the fact that I had no pre-existing relationships with the various agencies and organizations who deal with my population of interest, which is imperative when attempting to access a specific group of individuals for the purposes of interviewing them in a research study. Thankfully, one of my committee members, Cheryl Forchuk, who was conducting the largest investigation of homeless youth in London to date invited me to assist in her study (Youth Matters). It was suggested that I perform a secondary analysis with data already collected. Since the study was ongoing and data being continually collected, I also had the opportunity to engage with participants and have first hand experiences conducting the interviews. I began working as a Research Assistant for the study, allowing me the rewarding opportunity to complete participant interviews for those enrolled in the study that were still in the interview stages. Given the central importance of Dr. Forchuk's study to my own work, I will provide an overview of the Youth Matters Study (YMS).

3.4   Youth Matters Study

The Youth Matters study began in 2010 in partnership with The City of London, funded by the Canadian Institutes of Health Research (CIHR) and the Mental Health Commission of Canada. The study is in association with the Lawson Health Research Institute and the Youth Action Centre. The primary objective of this project is to understand different service approaches for mental health, addiction, and homelessness among youth, through the evaluation of three particular treatment approaches (housing first, treatment first, combined housing/treatment, and 'other'). To this end, the team members are analyzing an array of inter-related issues that impact homeless youth, with gender, addiction, and mental health being the key foci. The perspectives of key stakeholders, consumer survivors, and families (Nelson, Hall, & Forchuk, 2003; Ward-

Griffin et al., 2006) will also be gathered. When these findings are combined with the data from the youth, the researchers hope to be in a good position to develop a model with which to better understand how youth lose and regain housing (Forchuk, Ward-Griffin, Csiernik, & Turner, 2006), with a particular emphasis on how these factors relate to mental health (Forchuk, Turner, et al., 2007). The study population includes 187 youth (62 females, 125 males) under the age of 25, and includes those without stable accommodations who rely on emergency shelters, jails or other institutions, that have temporary housing ("couch surfing") and those with entrenched street-involved lifestyles. The participants are to complete four interviews at six month intervals, with a $20 honorarium being offered at each stage.

A complete list of the study instruments is as follows: *Access; Colorado Symptom Index; Co morbid Conditions; Community Integration Scale; Demographics; EQ-5D Visual Analog Scale; Food Security; Gain Substance Problem Scale; Health, Social, Justice Service Utilization; Housing History; Interview Impressions; Landlord Relations; Multnomah Community Ability Scale; Open-Ended Questions; Perceived Housing Quality; Recovery Assessment Scale; Short-Form-12; Vocational Time-Line* (Appendix D)*; Working Alliance Inventory.* Many of these instruments relate to data that do not pertain to the objectives of my study, and I chose to analyze those which connected directly to my research questions and study objectives. These are: Demographics, Service & Housing History (Appendix A); Health, Social, & Justice Service Use (Appendix B); Housing History (Appendix C); Vocational Time-line (Appendix D); and Open-ended Questions (Appendix E).

For the purposes of narrowing my sample I chose to include 10 female participant interviews from the total number of 62 females in the YM study. The process of purposefully selecting participants whose data adequately addressed my research interests began after identifying the gaps found within the literature. I did not randomly select participants because I wanted to address my specific study objectives and research questions, this involved a rigorous process of analyzing data from the entire population of females in the study for both the first and second interviews. I initially had set a potential range of 5-10 participants, and after reviewing the interview data soon realized that using

only 5 females' data was too little, so I then aimed for 8 in total. When I fully analyzed the database of interviews which holds data for each participant, I recorded the themes which were reoccurring in the females' responses to questions and in their own spoken words. I arrived at a total of 13 potential female participants which had very 'rich' data in their responses that could address my study objectives and adequately answer my research objectives. Then I began to narrow down based on the information enclosed in each interview. I chose to only use 10 of them because it was at this point that I reached saturation in my data analysis, and having extra participants did not further enhance the richness of my study data. Although this is a relatively small sample, it is consistent with qualitative research projects of this nature that seek to provide in-depth understandings of social processes and how individuals perceive themselves in different contexts (Denzin & Lincoln, 2005). Additionally, having a smaller group of participants allowed me to concentrate on data from not only the first interview, but also the second. The reason I did not include data from the third and fourth interviews is that the majority of females had only completed their second interviews at the time I was starting my secondary analysis.

3.5   Additional Data Collection Strategies

In addition to the secondary analysis conducted with my selected sample of 10 female participants, I undertook several other different data gathering techniques as a Research Assistant for the Youth Matters project. In addition to interviewing approximately 40 study participants, I also recorded my own ethnographic-based fieldnotes through participant-observation during my bi-weekly visits to the Youth Action Centre (YAC). As many of the study youth were recruited from the YAC I was able to build relationships with those who accessed the centre on a regular basis. These fieldnotes have helped in identifying certain themes that are influential in these young people's lives and allowed, in ways I did not always anticipate, the uncovering of various social patterns related to aspects of their youth culture. The conversations I had with females at the YAC revealed how the young women not only experience homelessness, but also how they organize and present these experiences to outsiders such as myself.

Fieldnotes used in this type of research are crucial in order to formulate a realistic representation of vulnerable populations. These young peoples' words, whether they cause discomfort to the reader or not, are critical to the task of sharing lived experiences directly through the words of the participants. The utilization of the person's own voice is almost completely absent in the majority of work relating to this field of research, which is why it imperative to focus on when analyzing the individualized experiences of being a young homeless female. It is nearly impossible to understand the lives of these young people adequately enough to structure the social supports and services that they require in order to enhance their everyday lives without allowing them describe how being homeless is faced as a female on the streets of London and how various strategies let them survive day to day. However there are many issues surrounding the representation of fieldnote usage. Bourgois and Schonberg capture some of the key points relating to the politics of representation through the use of fieldnotes. I have included some of the concerns related to fieldnote taking, and what Bourgois and Schonberg discuss about the main issues along with their rationale in support of the use of this method in research involving vulnerable populations.

A major concern is that researchers may mistake the persons' emotions as something which they were not intended, and thereby altering the message and context of their words. "We were careful, however, to maintain what we believe was the original sense as well as the emotion of what was spoken (Bourgois & Schonberg, 2009, p. 13)." Another issue connects with the content of the individuals' words and the researchers role in not distorting the language spoken by the participant, no matter how graphic or offensive it may be to a reader:

> "The stakes around negative images are especially charged when one explores the subject of drugs, crime, race, sexuality, poverty, and suffering…we did not sanitize or distort. We omitted repetitive curses and epithets, but we included enough brutal material to convey the strong, and sometimes abusive, emotions surrounding the hierarchical power categories that organize interpersonal interactions on the street… (Bourgois & Schonberg, 2009, p. 13).

One other very important issue related to the representation of fieldnotes is associated with the way that the researcher frames the person's voice, because they are the one who

decides what the words are telling us and what themes are revealed. It is the researcher's role to be objective and remember their positionality, so not to misconstrue the meaning behind what the individual said in their quotes or in the stories shared.

> "…we were torn between objectifying and humanizing; exploiting and giving voice; propagandizing and documenting injustice; stigmatizing and revealing; fomenting voyeurism and promoting empathy; stereotyping and analyzing. This book is especially vulnerable to ideological projections, because it confronts the social suffering of cultural pariahs through explicit text that expose socially taboo behaviours (drugs, sex, crime, and violence) and because it documents the politically and emotionally charged themes of race, gender, and indigent drug use. Silencing, censoring, and sanitizing are not productive alternatives… (Bourgois & Schonberg, 2009, p. 15)."

When working with younger populations or any vulnerable group, it is important that *rapport* is established between the participant and the researcher to ensure that mutual trust, comfort, and equality exists (Smith, 2008). Rapport is defined as a sympathetic relationship or understanding involving mutual trust or emotional affinity, and is used to describe the relationship between two or more people who are *in sync* or *on the same wavelength* because they feel similar and/or relate well to each other. Rapport is imperative to doing good qualitative research (Smith, 2008), particularly when the researcher first introduces herself in non-intimidating, friendly, and trustworthy ways. There are a number of other techniques that are suggested by researchers to be beneficial in building rapport, such as matching body language, maintaining eye contact, and matching breathing rhythms (Smith, 2008).

By consistently attending the YAC (where the majority of youth were recruited for the study) I formed trusting bonds and built respectful relationships with the youth who attend YAC. I made myself available on the same day every week so the youth began to know which day to expect me, which helped me become a familiar face there. I made significant efforts to build rapport in the small amount of time I spent at the centre, and quickly made my presence known by the majority of 'regulars' who attended the centre. This is a sample of some of the strategies I used to develop my rapport with the youth: playing cards in groups; working on crosswords and Sudoku puzzles with them;

inquiring about their progress with specific aspects/goals that were discussed previously; asking to read new poems or see new drawings; and getting to know most of the youth by their names. As I built rapport the youth would sometimes then introduce me to their friends, which meant that I became accepted by a large number of study participants through the social networks they permitted me to be a part of within their lives.

In relation to this process of building rapport is the aspect of positionality with respect to where I stand as a researcher about topics such as the representation of data, the issue of the "truth", and finally objectivity and subjectivity. My researcher stance stems from post-positivism and critical realism, which of both influence my thinking and positions on the above topics with relation to data collection and reporting. While a positivist believes that the researcher and the participant are independent of each other, post-positivists feel that theories, background, knowledge, and values held by the researcher have the potential to influence what is observed during data collection. Post-positivists address objectivity by being aware of the possible effects of biases that may occur while collecting data and with reporting ones research findings. A post-positivist critical realist recognizes that all observation is imperfect and has error which occurs outside of the researcher's control. They also believe that all theory is revisable, the critical realist is *critical* of our ability to know reality with certainty, which connects directly to the process of collecting and analyzing participant data. As a post-positivist researcher, there is emphasis on the importance of using multiple measures and observations, each of which may possess different types of error, and the need to use *triangulation* as a means to address the error arising from the multiple sources. In order to be mindful of potential sources of bias and error I chose to analyze various sources of data including participant interviews, focus group data, speaking with social service providers in the resource centre where I collected my own fieldnotes and participant observations. By analyzing a wide variety of sources I was able to create a better understanding for myself about what is happening in reality.

In addition to conducting my own fieldnotes I have also had access to a fellow PhD student's fieldnotes that have been recorded since the start of the study, which are considerably more detailed than mine. They focus primarily on the philosophical aspects

surrounding homelessness and the role of ethnographic research in his studies. They have supplemented the informal notes I have made and allowed me to triangulate his notes with the other forms of data gathered in order to ascertain a richer understanding of the main issues under examination.

3.6   Ethical Considerations

In this section of the chapter I will review the ethical issues relevant to my study and the experiences I had faced with the collection of data for the Youth Matters study. Since the study had already gained ethical approval (Appendix F; Appendix G) I did not have to personally obtain consent to speak to any youth in the study. As an RA on the study, I was required to review and sign the privacy and confidentiality contract of obligations for research assistants involved in the study. At the beginning of each interview I reviewed the study objectives; purposes of collecting interview data; the process of study completion with four interviews; and the aspects of confidentiality as well as the few situations where confidentiality can be broken in order to protect the safety of others in addition to the participant. The youth were informed that they could withdraw their given consent for participation in the study at any point during their interview, as informed consent is continual and can be revoked at anytime without facing any consequences of any kind. I was also required to state that no information disclosing participants' identity would be released or published, and they would be referred to as a numerical code for identification purposes during the study. For the purposes of my study I have referred to each participant by pseudonyms in order to protect their identity. These names were randomly selected and are by no way connected specifically to the persons identifying information. The names of my participants are as follows: Maxine, Erin, Cassie, Robin, Brandy, Erika, Sally, Rachel, Crystal, and Candace.

In cases where participation in the study creates discomfort for the participants, it is recommended that researchers follow up the interview with a de-briefing session, which includes asking the participant about their feelings after concluding the interview and/or reporting concerns to a study coordinator or on-site counselor (Ensign, 2003). This also allows researchers an opportunity to give youth a list of resources available to them,

including counselling and mental health service centres (Kufeldt & Nimmo, 1987). There were only a handful of occasions where I needed to include a study coordinator in the process of speaking with a youth following his/her interview, due to risk of suicide or other intentions to harm themselves that were mentioned during the interview session I conducted with them.

3.7   Limitations

I collected the majority of my participant data from the YM database, and was limited to the instruments and resources utilized by the study. While the study obtained data from several participants with varying degrees of homelessness, there was minimal access to the "hidden" or "invisible" homeless youth, and therefore, the entire population may not have been sufficiently represented. Another limitation of this study was that it was restricted to the participants who were accessible to the research team through phone or e-mail. If youth did not return for their scheduled interviews at six month intervals and were unable to be reached by staff, the retention of the study population decreased. A third limitation relates to the use of self-reporting, which is based on subjective responses and may be interpreted as something different by the researcher than what the participant was intending to portray in the words they used to answer the question asked.

While most youth attempt to answer honestly, they may lack sufficient insight or understanding of the interview or survey process to provide the most accurate information possible. Some participants may give incomplete or inaccurate responses as a way to get the interview completed as quickly as possible so they can get the cash honorarium and be on their way. Another consideration to make is that many participants may not want to respond to statements that would negatively impact their reputation or make the interviewer judgmental of their pasts. Youth are familiar with the stigma surrounding homelessness and are well aware of the discrimination that some service providers exhibit towards young people. For this reason they may provide fewer details from their life stories and/or alter the truth to prevent being judged by others who are not in similar situations, resulting in biased responses. Additionally, if the youth cannot accurately retell certain aspects of their life there is recall bias that occurs. These biases

impact the validity and accuracy of data, however, there is no way to confirm whether this is occurring or not.

The dynamics of the methodology adopted in this study are supplementary approaches informed by ethnography, including participant observation and the recording of fieldnotes. True ethnography-based studies involve researchers building rapport and getting to know their subjects over very long periods of time, and since I did not use ethnography methods specifically I am limited in the data collected using standard methodologies in this field. For my study, forming long-term relationships with the street youth involved in the study was not possible, mainly due to time restrictions associated with a two year Masters degree. There is the additional consideration that these young people are highly transient and some I only spoke with one or two times. For these reasons I made an effort to collect as much information as possible during each and every visit I had speaking to various youth from the Youth Action Centre. If I had the added benefit of collecting data in the form of fieldnotes and participant observation in the field for a longer period of time than I had available, I undoubtedly would have been granted the opportunity to secure more diverse and in-depth data.

3.8   Conclusion

This chapter laid the foundation of theory and research design for my study, as well as the questions that I developed to guide my project. During the initial stages of this project I had several proposed questions to my thesis committee that I wanted to ask, many of which focused on intellectually interesting but rather unfeasible issues for an MSc degree (i.e., how does ethnography inform our understanding of homeless females in London?). However, after meeting with the youth from the YAC these questions changed significantly and became more focused to reflect their concerns and realities, which often hinged on better understanding the broader picture and the impact that the various systems and institutions they engage with or try to have in their lives. Upon spending time with the youth and reformulating my research questions I also adapted my methodological approaches to better align with gathering the kinds of data that can help expose the dynamics of structural issues, namely participant observation and fieldnote

taking. Having the option to utilize such methods allowed me the opportunity to make my own personal observations about the various aspects of homelessness as experienced by youth, and it also provided my thesis with insights I would not have had otherwise.

Chapter 4 - Demographics, Service & Housing History

4   Introduction

This chapter features data from the instrument focusing on demographics, service, and housing history. Although there are 31 questions asked in this section, I am focusing only on those that are directly relevant to the issues that inform my study objectives. The chapter begins with an overview of the descriptive demographics associated with female youth in the study and then introduces the specific questions of interest that I am using from this instrument: parenting; employment; health/justice/treatment service utilization; and mental health diagnoses. I provide statistics for each aspect of the instrument that is focused on, for the female population as a whole in order to establish a baseline and conduct meaningful comparisons with my study population. This is followed by a discussion of relevant themes related to the responses to service and housing history that were provided by the 10 selected females, specifically those of stigma experienced with service providers; issues of access; restrictive policies; and eligibility criteria. I conclude with a presentation of relevant fieldnotes recorded while spending time at the YAC that pertain to the foci of the chapter.

A note about the presentation of the data: for purposes of comparison and contextualization I preface my discussion of the data from my 10 participants, which are drawn from these girls' first and second interviews conducted as part of the YM project, with information from the total sample of females in the project (n=62). In many instances there are discernible changes and trends that emerge in all of the participants' responses in interview one and two. Where these changes and trends from the total sample inform my study, they are included to flesh out and situate the experiences of my 10 participants in relation to those of all the girls who took part in the YSM project.

4.1   General Demographics

The demographics instrument is the first portion of the interview, following the informed consent and confidentiality form. The data focused on here for my purposes include: date

of birth; place of birth; ethnic and cultural background; education; marital status; and parenting.

Date of birth

I start with the question "What is your date of birth?" because it is important to determine the age of the participants, and because age is fundamentally associated with several major structural barriers connected to the theme of access for many young people who are seeking social services while on the streets. All agencies say they provide services to people who are 16 because if someone admits to being 15 they must be reported to CAS if they are considered homeless. The YM study includes participants who state their age as being a minimum of 16, and also under the age of 25. Amongst the female participants 68% were between the ages of 16-20, 27% were between 21-22, and 5% were between 23-25. The females from my study group of 10 fell into the following age categories at the time of the first interview: age 15(n=1); age 18(n=2); age 19(n=4); age 21(n=3). By the second interview the ages of my group of nine females, as one has yet to complete her second interview, were as follows: age 15(n=1); age 18(n=1); age 19(n=2); age 20(n=2); age 21(n=1); age 22(n=2). When selecting my participants I wanted a sample with females of different ages, which helped to observe how their experiences on the streets were impacted by their age.

During the data analysis I made an interesting observation about some participants' reported date of birth, with a few individuals' interview data stating two different years and/or months from interview one and interview two. Since participants often do not need to provide identification there is the potential that their stated ages are not accurate, and that the youth state that they meet the age requirements for various reasons. Most likely is that if they are under the age of 16 they do not want to be taken to CAS. This may be part of a more generalized pattern of thwarting systemic barriers to access services due to previous experiences given the fact that many of the programs and supports they need require them to be 16 years of age. Additionally, several YAC staff who have worked closely with this population, screening and enrolling youth in programs as well as the YM, have told me that youth who are not 16 years old will often lie about

their age to gain access to services as well as the honorarium provided in this study and other research surveys. This makes sense from the perspectives of the youth, given that they could make a total of $80 if they complete all four interviews ($20/interview). On several occasions I was approached by youth who asked if there were any other studies they could enroll in to get additional cash, and there were several enterprising young people who were signed up for more than one study at a time through the various social service resource centres. Two females from my study group had age discrepancies in their interview data, as they stated different date of births in the first and second interviews. This could have been done to make themselves eligible to participate in the project and receive the honorarium, however, it could have been a mistake on the part of the researcher who recorded their responses. Either way, this is an interesting trend and one that directly relates to structural barriers to services and financial support, along and the youth's unique and adapting response to such barriers. Youth on the streets develop creative strategies in order to secure money through their participation in research, which I have observed in working with the population of homeless youth myself, but have also been directly informed of this by youth who attend the YAC.

Place of birth

Among the total sample (n=62), 24 identified London as their hometown and the remaining two thirds of the individuals are from many different cities, provinces, and even countries. I have grouped the place of birth for the total sample into categories based on their distance from London. Within a two hour drive, there is one female who born in each of the following cities: Brampton; Guelph; Hanover; Kitchener; Mississauga; Owen Sound; St. Thomas; Sarnia; Strathroy; Toronto; and Woodstock. Broadening the scope are two cities within a six hour drive, including Almonte and Sudbury, where one and two females, respectively, were born. Looking at provinces and cities that are distances greater than an 8 hour drive away, we find one female coming from each of the following: Alberta, Montreal, Ottawa, Quebec City and Thunder Bay. Three females came from Oneida First Nation, which is a First Nations community, and one from Nunavut, Canada's newest Northern Inuit Territory. Then we come to those who were born in the United States and other countries around the world, with one born in the

United States, one from South Africa, one from Germany, and one from Australia. Another group that comprises a large number of individuals includes those who state their places of birth as being 'unknown.' This often includes females who were taken from the home by Children's Aid, were in foster care from childhood, or were adopted. The cities of birth for the 10 females selected in this analysis specifically include: two from London, two 'unknown', and one from each of the following: Hanover; Kitchener; Sarnia; Mississauga; St. Thomas; and a non-specific state in the US.

Ethnic and Cultural Background

After examining the ethnic and cultural backgrounds of the study participants as a whole, being of Aboriginal descent stood out because girls who identify as being of this cultural background were over-represented in the YSM , with 11 out of 62 female participants identifying as being First Nations. This reflects the fact that Aboriginal women in general are over represented in the Canadian homeless population (Native Women's Association of Canada, 2007). The experience of homelessness is different for Aboriginal women and girls than for others due to several personal and structural factors which lead them to the streets and make it challenging for them to escape street life. Personal factors that are especially problematic for Aboriginal females include family, substance use or misuse, poor health, and poor mental health (Native Women's Association of Canada, 2007). Structural factors are also a cause of homelessness for many Aboriginal female youth, including their painful experiences of colonialism, and the resulting multiple and extreme forms of oppression, racism, poverty, violence and institutionalization (MacDonald, 2005; Taefi and Czapska, 2007). Also directly relevant is the shortage of housing in First Nations communities; the deinstitutionalization of individuals without providing continual health care services, and the release of individuals from jail without adequate supports. Studies have demonstrated that Aboriginal women, youth in particular, tend to underutilize the existing shelters or programs available to them (Native Women's Association of Canada, 2007). This may be due to the lack of culturally appropriate services or it may indicate that shelters and other social supports have structural barriers that act to exclude female Aboriginal youth. Despite high proportions of Aboriginal females in the homeless population, services and programs are more oriented towards the

male population, which is a significant gender-based structural barrier. Additionally, the availability of emergency beds and other services specifically for Aboriginal females are limited even in the largest cities.

In London, there are several Aboriginal-specific services for women, men, and less so youth who are struggling with homelessness, mental health, addictions, and other health needs. The most well-known is At^Lohsa Native Family Health Services, which promotes the physical, mental, emotional, and spiritual health needs and healing paths of First Nations women, men, and children in violent relationships. At^Lohsa services are provided at more than one location in the city, one of which is the Native Family Healing Services (directly across from the Youth Action Centre and Youth Opportunities Unlimited) and they also have a shelter for Aboriginal women only called Zhaawanong. Additional resources include the N'Amerind Friendship Centre, the Southwest Ontario Aboriginal Health Access Centre (SOAHAC), and the provincial resource known as Ontario Aboriginal Housing Services (OAHS).

Marital Status

In response to the question "Are you currently: single, never married; separated; cohabitating with a partner; married; divorced; widowed; don't know; declined?" the most common answer to is 'cohabitating with a partner'. In the first interview 16 of the 62 females were living with their boyfriend or girlfriend. This number included three of the girls in my study at Interview 1, Maxine, Erin, and Cassie, and by Interview 2 Brandy, Robin, Erika, and Sally joined this group, meaning that seven of the 10 selected females for my study were living in common law arrangements.

Parenting

The demographics instrument asks three questions relating to parenthood: "How many children do you have under the age of 18?"; "How many of these children do you currently provide full or partial support to?"; and "What is your relationship to your child or children?" In the first interview, among the entire population (n=62), there were 28 children from 22 mothers. By the second interview the total number of babies for the

entire study population increased to 34, from 27 young mothers. The total number of children across the study group of females was actually 37; however, two children were taken by CAS, and one baby was put up for adoption.

These observations about the data from this section are not intended to frame the females with a negative lens, nor to criticize their lifestyles, nor make them appear to be unfit mothers, but rather to simply state the data from the study which clearly reveals that there are many secondary factors involved in the individualized situations that need to be further analyzed prior to making judgements about these young mothers. Of the 28 children tallied at the time of the first interview, 12 (or 43%) were being fully or partially financially supported by their mother at the time of the first interview. Of the nine newly born babies by the time of the second interview, four were being partially or fully financially supported by their mother's. Similar to the first interview, 44% of the mothers providing any form of financial support to their child(ren). Once the second interview occurred, four females who were initially providing support were no longer financially supporting their child. On the other hand, two females who were not originally providing support for their children at the first interview were providing some form of support for their children by the second interview.

Among the ten study participants four were mothers and there were a total of five babies between them at interview one, and six by the second interview. At the time of interview one, Rachel, Erika, and Erin each had one child of their own and Robin had two. None of these four females were currently providing financial support for their child(ren) during their first interview. At the time of the second interview Rachel had three children, none of which she was providing any support to, and Erin had lost the one child she had at the time of the initial interview.

These data reveal three primary trends surrounding motherhood among this particular population. The first is that these young mothers often bear more than one child, which may be linked with many factors that are unique to each female; however they all appear to share the similar emotional stresses of lacking the means to support their newborns and being forced to have them taken away by CAS. This is something

which causes a great deal of concern and frustration for the females who are mothers to more than one child and are forced to choose which child they are going to support if CAS already has one child in custody and the female gives birth to another baby. One major issue connected with this trend of multiple births is contraception, which is a topic frequently overheard in conversations between the females who attend the YAC. Birth control options are quite costly for those without a health care coverage plan that can reimburse the cost of prescription medications. When these youth are barely able to feed and clothe themselves, birth control methods are not a high priority on the list of basic needs. Being that condoms are a male form of contraception and females may have little control over whether the male chooses to use contraception use, their desire to be protected may be disregarded by their male partners and result in pregnancy. A second trend is Children Aid Society involvement, which is very common in these young moms' lives and many children are taken, for a variety of reasons, from the mothers at birth or early in the child's life. A third trend is that some mothers give birth and choose to put their baby up for adoption, knowing that they will be unable to provide adequate support for their child due to their currently unstable situation. Being a young mother and having to make such a life altering decision to give up your child is something that presents itself in their everyday struggles surrounding emotional issues, problems with coping, and in many times mental health diagnoses related to post traumatic stress.

4.2   Current Sources of Income

The most commonly stated source of income for homeless females who took part in this study is social assistance or welfare. However, the majority of these participants accumulate additional kinds of income from various formal and informal sources. Some of the more formal avenues for earning or finding cash in addition to welfare in are through the Personal Needs Allowance (PNA); Children's Aid Society (CAS) Allowance; GST cheques; child tax benefits (baby bonus); and money from family members—most commonly grandparents. Among the selected group of females Sally, Maxine, Rachel, Crystal, and Robin reported receiving welfare during both interviews. Sally and Maxine supplemented their social assistance cheques with pan-handling activities on the side. Erika also made a combined income from both welfare assistance and PNA during both

of her interviews. Candace also made PNA during the first and second interview; however, she was using it as her primary source of income unlike the other girls who used it in addition to other sources of cash. Brandy reported sharing her boyfriend's ODSP cheques in the first interview, and during the second she was receiving money from family, borrowing from her friends, and pan-handling on the side.

Other Sources of Income

This section addresses non-traditional/ informal sources of income. These typically consist of drug involvement (dealing, being 'middle men'), stealing, boosting (carjacking) and sexual favours or transactional sex work; all of which can be seen as survival strategies. During the first interview Sally, Maxine, Cassie, and Erin all stated some that they took part in some form of drug-related activities that brought in additional income. Erin, for instance, sold "pot" or marijuana and Seroquel, a commonly prescribed anti-psychotic drug for schizophrenia and bipolar disorder that sells for approximately $5/pill on the street (depending on the dosage). Many youth who are prescribed such medications sell them on the streets because either they do not work or they do not like the drowsy effects these medications produce. This underground market of selling prescription drugs is a significant trend and seems to be increasingly popular.

Another interesting trend is that females who report 'other' sources of income in interview often included new strategies in their repertoire by the second interview. For example, Robin was selling drugs during interview one, and in the next interview stated other income from 'hustling, drugs, stealing, and stolen goods'. Beyond these new activities, she was also finding additional income from other informal activities like stealing change from people's cars, getting money from her community support worker, and making income from disability cheques. Candace is the only study participant who explicitly stated that she used sexual survival strategies as a primary source of income. She reported doing a "trick here and there" during interview number one, and in the second interview stated, "I was working the streets, hanging out with others". She indicated that this yielded significant amounts of money (i.e., several thousand per month); however, there is no way of verifying this.

4.3   Health/Treatment/Justice Service Utilization

The final portion of the demographics instrument examines service utilization. The first question in this section is, "In the past five years, have you been hospitalized for a mental illness at any time for longer than 6 months?" Among the 62 females in the study, only two stated yes to this answer in the first interview and only one individual from the second. This is significant because so many of the youth have multiple mental health diagnoses, in combination with severe addiction issues, and yet less than 5% of them are receiving long-term treatment. The next question asks, "In the past five years, have you been hospitalized (lasting one night or longer) 2 or more times in any one year period for a mental illness?" A total of 14 out of the 62 stated that they were hospitalized for mental illness on more than two occasions over the period of one year, and three of these participants were from my study (Sally, Erin, and Brandy).

A subsequent question related to treatment, counselling, and harm reduction service utilization asks, "Have you ever received treatment, counselling or harm reduction services for your use of alcohol or any drug, not counting cigarettes?" This data from question are among the most crucial for the purposes of my analysis of treatment and counselling service utilization, as they demonstrate that these services are used by a significant portion of homeless youth in London. Of the 62 females, a total of 30 reported using these services in the first interview and nine of these participants were from the group selected for my study. The most common service utilized of the three is drug treatment, followed by counselling for sexual abuse and rape, and harm reduction services. In the second interview, the number of participants utilizing these services decreased to less than half of that stated in the first interview, with only 12 individuals reporting their utilization of these services. Candace and Robin were the only two females in my study group of ten that stated they accessed such services.

The last area of service utilization examined in this section is judicially related. The question asked is, "In the past six months, have you been arrested for criminal activity more than once; been imprisoned at least once; served probation; or other community sanction?" Of the 62, 19 answered yes to this question in the first interview,

which included Maxine, Crystal, and Cassie. In the following interview, eight individuals answered yes, with Robin being the only female from the study population who stated that she accessed justice related services in the past six months. The breakdown for these particular services is not clear, and so it is challenging to determine where the numbers are coming from. However, for most cases they are related to arrests, imprisonments, and community sanctions.

4.4   Mental Health and Other Diagnoses

This proved to be among the most informative aspects of the demographic instrument because it provides insight into the prevalence of mental illness among youth who are homeless in London. The instrument breaks down diagnoses into different categories, and there are three areas in this section: Primary diagnosis, Secondary diagnosis, and 'Other' diagnoses. The participant is asked to list any mental health issues that they have been officially diagnosed with by a physician, and not based on their own opinion or those who lack the medical expertise to diagnose such illnesses. The group of disorders and mental health related illnesses that are listed as options for the interviewer to check-off, are as follows: Developmental Handicap; Disorder of childhood/adolescence; Substance-related disorder; Schizophrenia; Mood Disorder; Anxiety disorder; Organic disorder; Personality disorder; Other; Unknown.

As these categories listed above are umbrella terms which contain several different mental health diagnoses I will present the specific disorders and illnesses as stated by the entire group of females in both of their interviews in a chart format. This will help in seeing the larger picture and incidence of each diagnosis. However, it is very important to consider that the data from this section can be misleading due to the overlapping of diagnoses. This overlapping is due to the fact that a female participant is asked to state every official diagnosis they have, but the instrument does not require them to specify whether these illnesses are associated with a single issue or if they are unrelated (i.e. post traumatic stress disorder, post partum depression, and depression may be listed by one female as their diagnoses, however they may all be related to the singular issue connected with an experience of losing custody of their child) and this increases the

numbers observed during data analysis making it seem as if the prevalence of one specific issue is higher than what may be accurate in actuality. In many cases the likelihood is that there is one primary issue that is associated with several separate diagnoses, but rather than not providing the data because of this concern I still felt it would be useful to demonstrate the various mental health issues that are listed by these young females. Following the presentation of the diagnoses and the number of times each appeared in the interview data I will focus on the 10 females selected for analysis in this study and the diagnoses they reported.

Table 1

Mental Health Diagnoses for Youth Matters Study Female Participants during Interview 1 and Interview 2

Mental Health & Other Diagnoses	1st Interview	2nd Interview
Depression	24	25
Substance Abuse	22	28
Attention Deficit Hyperactivity Disorder (ADHD)	12	19
Anxiety	11	14
Bipolar	11	13
Post Traumatic Stress Disorder (PTSD)	7	8
Mood Disorder	6	10
Attention Deficit Disorder (ADD)	5	6
Obsessive Compulsive Disorder (OCD)	3	4
Anger Management	3	4
Schizophrenia	2	2
Post Partum Depression (PPD)	2	2

Psychotic Tendencies	2	2
Personality Disorder (Multiple Personalities)	1	3
Dissociative Disorder	1	1
Panic Attacks	1	1
Manic Depression	0	1
Attachment Disorder	0	1
Paranoia Disorder	0	1
Tourettes	0	1
Unknown	3	3
Total	**113**	**146**

These numbers reflect an unfortunate reality, that many of these homeless youth have been diagnosed with multiple mental illnesses and disorders. For interview one the total number of diagnoses among the total sample is 113, which are spread amongst 59 individuals. By the second interview there were an additional 34 diagnoses reported among the entire population, which were shared between 20 individuals. I now turn to the mental health issues identified by each of the girls from my study group of 10 females, some of which stated new or additional diagnoses after interview one that are reflected in their data from interview 2.

In the first interview, Sally listed her diagnoses as depression, bipolar, and ADHD. Maxine's mental health issues were related to anxiety from her PTSD. Similarly, Rachel expressed that she had an anxiety disorder, along with ADHD and a mood disorder –depression. Erika is one of the females who had multiple diagnoses, including a substance disorder, mood disorder—depression, 'borderline bipolar', 'psychotic tendencies', and PTSD. Crystal and Erin both stated the same mood disorder—bipolar. Candace had a substance disorder, mood disorder—depression, and anxiety. Brandy had been diagnosed with depression in the first interview and ADHD in the second. Cassie and Robin each had a diagnosis of ADHD along with a substance disorder. The new diagnoses made during the second interview are as follows. Sally reported having a new substance related disorder along with PTSD. Candace added the following illnesses to her diagnoses, another mood disorder—bipolar-, manic depressive disorder, ADHD, and paranoia, so by her second interview she was diagnosed with seven different mental health related disorders and illnesses. These data are extremely troubling, as it reveals the sheer volume of serious in connection with various mental, physical, emotional, and psychological traumas these young girls experience.

4.5   Fieldnotes

I will now present some of the fieldnotes that I recorded while attending the Youth Action Centre on a weekly basis during their afternoon resource hours from 3:00-7:00 p.m., and on many occasions for a few hours following the closing of the centre (7:00 p.m.) because I completed participant interviews offsite. The quotes and statements I

have included below illustrate some of the major themes and issues discussed above, but these data are very different because they are in the words of both my participants along with other females that attend the YAC.

Marital status

In this section of fieldnotes I am going to describe a story from one of my experiences at the YAC. I recorded some personal observations surrounding the obvious issues related to common law relationships between couples that attend the centre.

> On one afternoon I showed up at the YAC at 3:05 p.m., the centre opens their doors every weekday at 3:00 p.m., often a few minutes earlier as youth wait outside the entrance to come in. As I entered the building I could see 10 kids waiting inside the main hallway just talking to one another, it appeared as if the doors were not yet open. As I made my way around the corner I could hear high pitch screaming and thudding noises. From behind another group of about 10 people I could see a fight, but could not really see what was going on. The youth would often engage in horseplay and pretend to fight each other in the YAC at times, so thought it could have been just that. I then witnessed a girl punching a very tall guy (later learned, her ex common law partner) in the face with all of her strength. She was yelling things about his personality, and what she thought about him, things he did to her, and how much she regretted ever living together for the long period of time that they shared an apartment. The group of approximately 20 youth, male and female, just watched as they stood about the entrance to the YAC.

> At this point, I was scanning the group for other staff members who may be waiting to get in and just not yet noticed the commotion, I saw the one male student who was standing a little ways down the hall, on his phone and not paying attention to the fight. As I am a very small woman, intervening was not a safe option. I began calling the centre and some of the staffs' cell phones only to find out the meeting went late and they were on their way. This was only after he stood there taking the beating for several minutes, he just looked straight in front of him

and took punches to the side of his head and face before he started stumbling away. There were people right next to the confrontation who simply moved out of the way to avoid being injured themselves. No one tried to intervene, no one attempted to persuade her to stop—everyone just stood around waiting for the centre to open.

Two females, one was middle aged, and the other was her early twenties showed up to resolve the conflict. The male left the centre and later returned with visible bruising and redness all down the one side of his face and head. The female responsible for the violence was taken outside to be calmed down as the cops were on their way to find out what is going on. She stood outside with a worker awaiting their arrival. I was later informed that she made statements of wanting to jump in front of the traffic because she wanted to die because she could not go home considering the circumstances. At this point the worker called a mental health worker who demanded mandatory suicide risk admission at one of the local hospitals. This process took several hours with many other staff members discussing this occurrence and how it could be better dealt with in the future because the initial worker may have exaggerated the suicidal risk. As an observer I observed how the staff reacted to such an occurrence and made notes about how it was approached and resolved by the various individuals involved. After spending a great deal of time at the centre I learned that these types of issues and violent confrontations occur on a regular basis between couples, most often those who live in common law relationships or have children together. Considering that this population of young females live with their boyfriends in many cases the staff members were often seen providing counselling services at times where the females needed someone to talk to about their problems at home living in common law.

Parenting

The theme of motherhood is evident in many young homeless females' lives, and on almost every single day that I attended the YAC I observed countless females coming and

going, carrying their newborns, pushing babies in strollers, and bringing toddlers into the location. There is ample baby interaction occurring in the centre, often with more than two babies on any given afternoon. There were times where I glanced around the room and counted more than four babies at a time. Mothers often grouped together, passing their babies around and discussing topics related to being a mom and how to provide care for their newborns.

This theme of young parenting intrigued me greatly, as I observed several females who appeared to be homeless or street involved pushing babies in strollers throughout the city, namely the downtown core and east of Adelaide Street areas. I could overhear several voices listing names back and forth in a process of name selection for girls who were expecting and wanting to have a unique baby name. There was always advice being passed amongst the group, dealing with feeding, diaper changing, and good places to find cheap clothes. I have provided some of the statements told to me directly from various females at the YAC below.

> *"...just trying to get my son home' (who was taken by CAS)."*

> *"...busy just doing my best to take care of my son."*

> *"Don't want to bring my baby to the YAC, there's too many people who just come up and touch her and want to hold her, no offense to anyone, but some people here are dirty and have shit (diseases), I don't want anyone to touch her unless I'm close enough to them to trust them holding her."*

> *"I'm pregnant and can't get any prenatal care because I don't have my health card, I've called my mom six times she won't give me the card, so I'm trying to get her to at least email it to me so I can try to get seen and make sure everything is okay."*

Employment history

The following quotes overheard by youth at the YAC reveal some of the themes linked with employment history and the barriers faced when trying to acquire various jobs in the community.

> *"I'm only in school because I have no SIN number so no one will hire me."*

> *"No one wants to hire me because I look like a homeless kid, so they just assume I'm lazy and not a hard worker, even though they don't know that when I have a job I show up every day and bust my ass."*

> *"Shelter says I'm not allowed to work, they don't want you to get a job, they push you to finish school."*

> *"Too many problems with my mental health, I'm unreliable to jobs because I have too many bad days."*

> *"I need help with my resume; they need programs to teach you how to make a good resume even when you don't have that many jobs."*

> *"I don't have any experience, and no one will let me prove myself so I have to make money under the table, that's my only option."*

Income sources

This section covers the most common formal income sources received by youth on the streets, such as Ontario Works, Ontario Disability Support Program, and Personal Needs Allowance.

> *"OW is used to control poor people really, that's basically it, you can't go anywhere when you're on it"*

> *One female told me of her experience with disability assistance: "Didn't get ODSP cheque, so I got three eviction notices cuz I couldn't pay rent on time. Then it took so long to try and get cheque re-issued because the worker is useless and hates me*

for no reason. I'm easy to talk to but she's just so rude to me for no reason. She doesn't care than I'm getting booted from my apartment, she's like oh I don't know when it will be done, call back."

"HAH, what's PNA like $20 bucks, what does that go to, food? You can't eat and survive on that."

This next quote relates to the 'other' income sources, which are accrued through various survival strategies and activities that bring in cash under the table.

"Not sure how to describe it, kinda like a different kind of economy, it still works like a business, a boss and people who do bitch work, like running shit in the drug world, kinda the same thing you know?"

Service utilization

I have listed some topics and statements below that relate to various service utilizations, namely mental health based, jail experiences, and drug treatment programs. I will also provide a personal experience about when I went to the YAC where I felt targeted by the youth as a new face. I remember feeling very uncomfortable at the time and thought I was being tested by the one youth, which was the case. The statement is from a male, but because it is related to a previous relationship with a woman I thought it was useful to this section.

"Like when I go to doctors for mental health problems they totally categorize you as someone you're not, they ask if you are on painkillers because they just assume you're a junkie."

"Ya like I got arrested for trying to kill my wife when I was 19. She was a bitch, and she lost it on me one day because some broad came over and was like oh here's ********* keys, of course she had to answer the door. She started throwing stuff at me and like punching my head. I'm telling her there was a bunch of people there and it's not like I was fucking her....she didn't need to know I was doing her friend though, HAHAHA! Girls are fucked man, like all of them, psychos! But ya

she called the cops cuz I took a knife from the cupboard out just to shut her up and make her back off from hitting me. I shoulda used it for the shit I went through for it, woulda been worth it she was nothing to me. Well cops came and obviously believe the girl so I got locked up."

"So many people here that I can see just from here have been in jail that I know of because they always talk about it like it's a cool thing to be arrested for domestic and assault charges."

"The cops remember your face once they see you on the street, from then on they grill you every time they see you no matter what you're doing or who you're with."

"Treatment doesn't work here (in London), because the wait is too long, when you're ready to go they tell you to wait, by the time you get in you don't commit to it because you're already back on the drugs or booze. Everyone that I know who did treatment has gone back or is still addicted. Short term programs are pointless, you just leave wanting it worse."

4.6   Conclusion

This chapter addressed several important features within the demographic instrument of the YMS survey that pertain to my study. These topics are directly connected with my objectives because they inform some of the key events in these females' everyday lives on the streets, and include insights into the various structural and social factors that act as barriers to these youths' receipt of social services and supports.

Homeless females in London are extremely vulnerable, as they are often unable to secure employment, often require social assistance in order to survive on the streets, and often have to turn to a multitude of people and places in order to devise strategies just to survive. If they are of First Nations decent the situation can be even worse, as many employers along with landlords discriminate against this group of people specifically. Women of Aboriginal decent are disproportionately represented among the poor and homeless, and have experienced problematic levels of discrimination and pre-existing disadvantage.

Many young females on the street face the additional challenges associated with being pregnant. Being a young mother can be an extremely overwhelming experience for the average woman, yet alone a young girl who lacks permanent housing, and is having difficulty supporting oneself as it is. Females who are pregnant or have young children of their own face additional stigma and factors specific to this group, making it nearly impossible to get off the streets and into more stable living arrangements.

In terms of structural barriers surrounding health care access and service delivery, from what the participants indicate it seems the primary barrier to accessing care/supports for homeless persons is connected directly to the negative attitudes of health professionals who are providing the services these youth seek. Youth report facing stigma in a multitude of health and social services within the city, and such experiences lead them to avoid accessing them again in the future. It would be valuable to better educate health professional on how to best relate with homeless youth in order to influence better service delivery and subsequently health outcomes.

The information reported on the astounding array of mental health issues experienced by these youth is among the most important set of findings in this chapter. These individuals go through trauma, multiple kinds and times in their lives, and often these issues are not treated in ways that reflect how the youth live or how they respond to medications. These mentally ill or challenged youth are going through these experiences while homeless. They need not only affordable housing, but affordable housing that includes supports to deal with their mental health and/or addiction issues. However, no level of government is currently focusing on supporting individuals at their homes, other than seniors. A program to provide services to youth who are living in low-income housing that require additional services for mental health or addiction issues may increase the effectiveness of treatment programs. It is apparent that treatment programs being offered to youth in London are not adequate to meet their needs. The youth reiterate this throughout their interviews and I can attest to their comments made at the YAC regarding the flaws and downfalls of treatment services, for both mental health and drug addictions in London.

Chapter 5- Health, Social, Justice Service Utilization

5   Introduction

This chapter presents data from the instrument that covers various aspects of service utilization and the different avenues through which homeless youth are accessing resources in the community, specifically, those that are health, social service, and justice related. These data build on the general trends regarding these important themes that were introduced in Chapter Four. The health services focused on include: office visits with service providers; outpatient appointments within Hospitals; crisis lines; and mental health related. Another issue examined is prescription medication usage, along with the side effects experienced by youth who have been given these medications for their mental illnesses. The social services include relate to local shelters, resource centres for youth, and food bank usage. For the justice service utilization I chose to cover a variety of encounters with different positions of authority, such as police and other community law enforcers that are found in shopping malls or security staffed locations. The final theme included in this chapter relates to the various types of victimization experienced by young females, which is followed by a selection of fieldnotes that are organized in relation to the primary themes covered in this chapter.

5.1   Health and Social Service Use

The first section of this instrument reviews the healthcare and social services that have been received along with specific providers and professionals that have been visited within the past month. Since the majority of responses for the questions in this instrument are in the participants own words the answers vary dramatically, as does the content of their responses. The data from this instrument is extensive, and for the purposes of this chapter I will be primarily looking at the ten selected females for this study, and data from both interview one and interview two are included for the purposes of comparison.

Office Visits

When asking about office visits, the main question asked is: "In the past month have you seen a health or social services provider at his or her office?" This question has sub-questions broken down into parts a.) to f.) for individuals who have utilized multiple services or have seen several different providers or workers. Sally reported seeing two individuals in the first interview, her outreach worker and her psychiatrist. In the next interview she saw a social worker from The John Howard Society, which is an organization that provides services for individuals who are at risk of being in conflict with the law or have come into conflict with the law. She also saw a worker from the Family and Health Services provided at the Salvation Army, as stated in her second interview.

Erika utilized similar services and reported contacting her social worker along with the psychiatrist she was seeing at the time. She was arrested a few weeks prior to her first interview and stated that she met with another social worker from the jail while she was arrested. During Erika's second interview she reported seeing the same social worker as from the previous interview. Brandy was seeing a psychiatrist for her anger management problems at the time of the first interview, but she did not provide any answer to this question during her second interview. She was no longer seeing the psychiatrist for anger management counselling or chose not to keep her appointments for the month prior to her second interview.

Crystal is another female who was seeing a psychiatrist at the time of the first interview. She was also meeting with a Western Area Youth Services (WAYS) worker prior to this interview. WAYS is an accredited children's mental health centre that supports children, youth, and families throughout Southwestern Ontario. They provide residential care, youth justice services, foster care, and various community supports. Crystal also stated that she was seeing a drug counsellor, an OW worker, and a psychologist during her first interview. By the second interview she was still seeing all of the providers mentioned above with the exception of the psychologist, who she had not seen within a month of the second interview.

In the first interview, Erin mentioned that she had seen a counsellor over the past month, but what kind or for what service/need is not known. In the second interview she was seeing her community support worker to arrange specialist appointments for an unspecified health concern she was dealing with. Candace is the only female in the group of ten who stated that she went to see her family doctor in his/her office, which she reported doing in the month prior to the second interview. She did not provide any information related to this question during her first interview, so there cannot be any comparison made for services accessed between the two dates. Similarly, Robin did not report using any health services which involved going to a provider's office specifically. She did, however, report seeing a nurse during her second interview but did not provide the reason as to why she went to see her.

Outpatient Hospital Services

The fourth question from this instrument asks about hospital outpatient services, "In the past 6 months have you had services at a hospital where you didn't stay overnight; NOT including ER visits, and NOT including laboratory or diagnostic tests?" Very few females report accessing any health care services which are not through the emergency department, which is a noteworthy finding. Among the selected individuals there was only one female, Crystal, who responded to this question. In other questions where only one girl responded I would typically leave it out of my analysis because it is not informative enough to include for purposes of my thesis. However, in this circumstance, the lack of response is what makes this finding so crucial to further investigate. This is an extremely important finding and is very much linked to hospital service use patterns for not only homeless youth but among adults in similar populations (Hughes et al., 2010).

Crystal stated that she saw her psychiatrist in an outpatient clinic where she was undergoing Dialectical Behavioural Therapy (DBT). DBT is used to treat people with borderline personality disorder and those who present varied symptoms and behaviours associated with spectrum mood disorders including self-injury (Brody, 2008). Recent work also suggests that DBT is effective for sexual abuse survivors and for those with chemical dependency (Decker & Naugle, 2008). It combines cognitive-behavioural

techniques for emotion regulation and reality-testing with concepts of distress tolerance, acceptance, and mindful awareness. In the demographics instrument Crystal reported having a mental health diagnosis of bipolar disorder. She additionally stated that she was previously hospitalized for her mental health issues and had also been to treatment for an addiction problem.

Crisis/ Help Lines

The question related to crisis/help lines is as follows, "At anytime in the past six months, have you called a crisis line, 911, or other health line?" Only one female answered this question, Brandy, who called a suicide hotline. The fact that only one of the 10 females responded to this question is interesting to me because the question asks about more than one resource type and the time span of focus is across a six month period. It is also interesting that only one female stated that she made use of emergency services considering that the most commonly observed trend by researchers, and described by youth who visit the YAC, involves youth seeking health care services on an as needed basis, which is why Emergency Room visits are their primary method of seeking care. Crisis situations would fall into the same category of emergency based care, which is why based on my understanding of this trend I would anticipate the reported numbers of youth accessing such emergency services to be higher. Rather than the sole reason of a lack of disclosure in the females' responses, this low number of responses may be associated with many various factors. My personal opinion is related to the females' potential fear of a perpetrator finding out they called if the reasons they accessed emergency services were connected to sexual abuse or physical violence. Based on what I have learned through my observational time at the YAC, crisis services like suicide help lines and counselling services are sought out more often than what they appear to be based on the data in this section. Many females at the centre spoke of various occasions where they were using such services during times when they were debating taking their own life, and how important they were during times of crisis and personal calamity. The discrepancy about this important issue as observed in survey data and my notes indicates that this is a complex issue that requires further research in order to fully understand.

Emergency Room Visits

The next question deals with emergency room visits, "In the past six months, have you been to a hospital emergency room? What was the reason for that ER visit? [Psychiatric, Medical, Other, Don't know, Declined]. I will focus on the psychiatric responses, which were presented by three females in my study population and appear to be the dominant reason for ER visits. In the first interview Brandy reported accessing a hospital emergency department for a psychiatric reason, likely a result of the suicide hotline phone call she made as described in the paragraph above. In the second interview she also reported accessing psychiatric care in an emergency department setting. Sally stated that she had a psychiatric related visit to a hospital emergency room in her second interview only. Robin reported accessing emergency services for withdrawal management issues on three separate occasions during the first interview and two subsequent visits for the same reason during her second interview.

5.2   Mental Health Treatment

With respect to discerning the young women's experiences with treatment for mental health issues, they are asked about the nature of the condition and the specific treatments experienced, including whether they are on prescription drugs or self-medicating. Six females from my study population stated they were receiving some form of mental health treatment during the first and second interviews. However, different females responded to this question in the first interview than those who stated they utilized this type of service during their second interview.

Sally was attending counselling once per week at a detoxification centre during her first interview, but was no longer attending this service by her second interview. Similarly, Maxine was on methadone during the first interview, and was off it by her second interview date. Cassie reported attending an addictions program in jail, which occurred in the months prior to her first interview. In her first interview, Rachel stated that she self medicated with 'pot' for her depression, an anxiety disorder, and ADHD because the prescribed medications worsened her symptoms in some cases and in others made her too dysfunctional. She did not state anything about using prescribed medication

or self-prescribed forms of medicating during her second interview. Crystal was on prescribed medication for her bipolar diagnosis during the second interview only and she did not list any specific complaints with the medication she was on. In Brandy's second interview she reported being on a new medication for her recent diagnosis of ADHD, which was improving the symptoms associated with her condition.

The reasons why youth attend services during their first interview, but do not report going at any point during their second interview may indicate that those who are seeking treatment for personal issues do not do so over a long period of time. In most cases this is because of their dissatisfaction with the medication they have been prescribed, and they have since chosen to discontinue taking it because of the debilitating side effects. They tend to make the personal choice to self-medicate with drugs that have similar 'calming' effects, such as marijuana and drugs prescribed by physicians for other problems like pain management. Another reason that youth discontinue prescribed medication regimens is linked to the price of taking pills on a daily basis, which can amount to a tremendous amount of money. As many young people on the streets lack a health insurance plan, the price associated with taking medications daily may be too costly. They are forced to find other ways to self-treat the problematic symptoms associated with their mental health diagnoses, often street drugs of various types. However, not all youth are self-medicating and some try using their prescribed medication despite the undesirable side effects they experience and the high prices of the medicine.

5.3   Prescription Medication Side Effects

The last questions in this instrument are about the undesirable side effects that result from taking prescription medications over the past six months. The question asked is, "In the past six months, have you experienced side effects from any prescription medication?" If the answer is yes, the researcher will then ask them to "Rate how much these side effects have affected your daily life in the past six months", "Have you stopped taking any prescribed medication because of these side effects?". During the first interview a total of eight females from the entire population of 62 stated 'yes' to the question about

experiencing side effects. Only two females from my study population, Sally and Robin, reported stopping their medications because they experienced debilitating side effects "A lot" of the time. In the second interview, of the total population of 62 females in the study, eight reported 'yes', as in the first interview. The difference is that in these responses, seven of the eight reported stopping the medications as a result of the side effects.

These data are very important because they demonstrate that many youth who are prescribed medications to combat mental health issues are choosing to discontinue taking them because of undesirable side effects. This is extremely important when considering the worrisome yet increasingly widespread trend of self-medicating with street drugs and other over the counter medications. It is apparent that street youth are choosing recreational drugs over medications that are prescribed by a physician to treat their various mental health diagnoses, which is a very significant observation. If youth are not having their treatment needs met by physicians and are continually being prescribed the same regimen of medications, they begin to avoid accessing such service options and finding better solutions for themselves.

With such a high incidence of mental health diagnoses among these individuals, there are many things to consider as a health care professional and/or researcher. Clearly, these medications are not meeting the needs for the population they are targeting. Healthcare providers who treat mental health issues seem to be ignorant of these complaints as they are continually prescribing the same group of medications that are negatively received by the population, causing the youth to lose faith in doctors' ability to cure their problems and ease their symptoms. The ways that professionals are addressing these medical diagnoses appear to be both inappropriate and ineffective in addressing the concerns presented by these youth.

5.4   Community Resources

This section includes findings about the specific social services and supports that are available for this subgroup of homeless individuals. I have described each of the most commonly accessed locations below, as reported in the females' responses to the

following question. "In the past six months, have you been to any drop-in centres, community meal centres, or meal programs (do not count places that you stayed overnight, but do include shelters if you did NOT stay overnight)?" The responses to this question provide an in-depth look into the most commonly utilized services by homeless youth in London and how they use these services, which are often used in particular combinations. These data also reveal which services are not being used, which is another very important aspect for researchers and implementers to evaluate and better understand. As the study recruited the majority of its participants through the Youth Action Centre it is no surprise that this resource centre is the most commonly visited among the youth. Since this centre is described in detail throughout the thesis I have chosen to leave it out from the list of resources, in order to elaborate on other locations not previously been mentioned.

In order to demonstrate the geographical spread of various resource centres across the city I have included a map (Figure 1) that features the services offered for youth specifically on the following page. This illustrates where the majority of services are located, which are concentrated in the downtown core and the East end of the city. Unlike the other instruments where I provide statistics for the entire population of the group of 62 females, followed by the responses from the ten girls in my study, I have chosen to focus solely on the data collected for my study sample. I have done this because their responses to this item are very representative of the statistics for the entire group of girls.

Figure 1. City of London Map Illustrating Locations of Youth Services

Street Connection

Following the YAC, the next most commonly utilized resource centre is called Street Connection, located on Horton Street East. Referred to as "Street con", this location is drop-in based and youth (male and female) are able to eat a nutritious meal, take showers or baths, access washrooms and laundry facilities, and obtain peer support and direction from staff as needed. Among those who attended street con in the first interview, included Candace and Brandy. Brandy, Maxine, and Sally all stated that they had went to street con during the past six months as stated during their second interviews.

  As I learned while spending time in the YAC, many youth avoid this location because it is run and organized by previously homeless individuals. I was told that staff members sometimes let youth who have been previously kicked out back in, despite that they are known to pick fights with people while inside the centre. Many of the staff are friends with the youth who attend the centre, and this can create awkward situations when they let people argue inside the location because they are friends and do not want to ask them to leave. I have also been informed that drug activity occurs in the bathroom and often times staff are aware and 'just let it happen', which makes kids on the street feel uncomfortable and unsafe.

Safe Haven

Safe Haven, which has two locations in the city, is another resource frequently utilized by London's female homeless youth. They are shelters that provide nourishment, showers, laundry facilities, sleep space, telephone connection and staff members that can provide referrals, support, and a compassionate ear to those who require counselling. This service is appealing to many youth because other service providers are invited to the site, making it easier to access more than one service in the same physical location. During the first interview Cassie, Candace, and Erin used services provided at Safe Haven and by the second interview only Maxine, Erika, and Candace reported going there.

Salvation Army

The Salvation Army, otherwise known as "the sally", gives hope and support to vulnerable people, specifically children and families. They tend to the basic necessities of life, providing shelter for homeless people and rehabilitation services for those who have lost control of their addiction issues. The Salvation Army has been providing services as an International Christian organization in Canada since 1882, and has become the largest non-governmental direct provider of social services in the country. There are three other locations within London where they provide their services, the Centre of Hope, Correctional and Justice Services, and the Bethesda Centre. They also provide emergency and transitional housing accommodations. The shelter most commonly accessed by London's homeless youth is called London Village, located at Dundas Street and Highbury Street. From the selected ten girls, Rachel, Erika, Erin, Brandy and Robin all used the Sally Services during the first interview, and only Erika, Erin, and Brandy again accessed them during the second interview.

The Salvation Army is known as a place where older youth (i.e., between 23-25 years of age) who are homeless or street involved will go to seek shelter, and for this reason many younger youth who are newer to street culture avoid going to these locations because they feel intimidated by the older population. Many youth who attend the YAC describe various negative experiences they have had while staying at the sally. I have heard of stories where people are sleeping with their valuables under their pillow and are woken up to the noise of someone ruffling through their belongings looking for money or cell phones. Some fear sleeping there because they never know who is next to them, and who could be coming to their bedsides.

Ark Aid

Ark Aid is located on Dundas Street, 2 blocks East of Adelaide St., and this centre provides daily meals, counselling, academic tutoring, job support, social activities & outreach, and also clothing. Similar to the YAC, this centre provides more than just meals and a place to stay for the afternoon; they provide assistance in finding housing and also help with getting enrolled in various programs, both education and employment related.

Among the selected participants, Rachel and Erin accessed their services during the first interview, and only Brandy did in the second.

Other Resources and Programs

The remaining services and resources accessed were only visited by few of the participants I selected for my study during both their first and second interview, so I will list them in order of utilization frequency rather than discussing statistics of visits at each location in separate sections. *Street Light*, which is a mobile bus drop-in centre that provides sterile needles for drug users, condoms for safe sex practices, and other services for homeless youth specifically. It was used by Sally as stated in both of her interviews, along with Candace in her second interview. *My Sister's Place* is a women's-only service provider that is open throughout the week and also on weekends, during the day as well as evening. They specialize in services for mental health issues, which are crucial to provide for this population of young people. Sally accessed services from this resource during the first interview. She also stated that she used the *MES Christian Reform Church* during interview two, mainly for the meal program offered there. *Unity Project*, otherwise known as "unity" provides emergency shelter and transitional housing. Rachel stated that she used this facility during the first interview, but did not go back around the time of her second interview. Cassie attended the *Coffee House* during interview one, which is a place for those suffering from mental illness who need assistance in securing housing or accessing other social services. *Streetscape* is an outreach team that provides support and services to young people on the streets and Erika stated that she received aid from this organization during her second interview only.

5.5   Food Banks

The London Food Bank is a non-profit charitable organization that was incorporated in 1987 and run primarily by volunteers. In the last year they helped 2,800 families (7,500 individuals) each month (London Food Bank, 2012). Unfortunately they do not break this down into different age groups so it is hard to know how many young people are accessing this service. There are rules for most food banks, restricting the number of times a person is able to go per month to get a food allowance. For the most part,

individuals and those with young families are allowed to go the London Food Bank once per month.

A question from this instrument asks specifically about the participants' experiences with food banks, "Any time in the past six months, did you go to a food bank to get food?" Rachel and Robin went once during the first interview, Sally went twice, Erika four times; Maxine six, Crystal seven, and Cassie stated that she went on 25 different occasions. She likely attended some of the church food programs along with other local organizations that provide food bank type donations on an ongoing basis. During the second interview Sally reported going twice, Rachel three times, Brandy four, and Erin six.

5.6   Justice Services Use

This section will review the various justice services that play a role in many female homeless youths' lives. Similar to the previous sections in this chapter, I will only describe the relevant numbers for service utilization that are particular to my study group rather than beginning by analyzing the figures for the entire population of girls.

Contacts with Other Community Authorities

A question in this instrument is, "In the past six months, not counting police, have you had contacts with other authorities in the community, such as security staff in parkades, malls, transit or anywhere else?" Among my study population six girls responded yes to this question in their first interview—Maxine, Erin, Candace, Brandy, Cassie, and Robin. In the second interview Sally, Rachel, and Erin were the girls who stated experiences with other authorities in the community. Their responses will be reiterated below according to the specific locations that they stated in their answers.

Many youth may not have regular contact with police because they avoid places where police are known to patrol. However, they often state various communications with other forms of authority, such as security guards and authority personnel who work inside or out front of certain locations downtown. The youth refer to these male and

female figures as "rent-a-cops" because they are not trained police officers but talk to youth on the streets as if they have the power to arrest them. There are certain locations that are popular hang-out spots for London's homeless youth, including the Covenant Market, the Libraries, and the Galleria Mall. A common theme that arises from the data collected through interviews, along with what I have learned while recording fieldnotes at the YAC, is that of youth being removed and banned from these locations by the security staff and authority figures who work there. The majority of interview data regarding this topic is connected to the three locations mentioned above, so this is how I have organized the following paragraphs. I have provided data for both the first and second interviews, because this reveals the trend of youth revisiting locations despite the fact that they were kicked out on many occasions.

Covenant Market

In my study group, four females responded to this question, Maxine, Brandy, Crystal, and Sally. Maxine was spoken to by a security guard about trespassing through the Market after she had been kicked out the day before for shoplifting. She reported being kicked out during her first interview on several occasions and during her second interview said she got banned all together. Similarly, Crystal was banned from the Market after being kicked out more than once by the same security guard who became familiar with her pattern of hanging out. Brandy was also caught sitting in a certain spot, and was then removed from the building after being told loitering is prohibited. Brandy hung out there around the time of the first interview only, as she realized it was not worth going there because youth were constantly being watched like hawks and removed from the building. Sally was caught camping out in the tower stairwell and removed by the guards who threatened to call the police if she did not leave immediately, this however, did not stop her as she reported going back throughout interview one and two.

The 'market' is a popular place for youth to meet up prior to going elsewhere downtown and it is where they go during the cold winter months to warm up. It is conveniently located and is usually quite busy, allowing the youth to blend in relatively easy because the market is often packed full with a variety of people. The library, on the

other hand, tends to have less traffic with a more predictable group of users, which have a certain physical appearance and often are doing very similar kinds of things- quietly studying, reading, or spending time on the computers. Youth who are living on the streets, and may not be "well-dressed" or manicured, have a better chance of mixing in with shoppers at the market compared to the people who use the library. On occasions where I was there myself, shopping I would see guards talking to youth who had the "stereotypical" homeless looking appearance of flashy hair styles, graffiti marked clothing, baggy second-hand attire, worn backpacks, and poor personal up-keep. Security personnel at this location are well aware of the youths' presence and monitor the customers inside the location very closely. At any given time there are several uniformed guards patrolling both floors in the market. They watch for young people who appear suspicious and who could be stealing from the vendors' stands. Guards also keep an eye out for youth who are under the influence of drugs that may be using or selling drugs on site.

Galleria Mall

Among my group of ten, Crystal, Cassie, Erin, Brandy and Robin all described different occasions where they dealt with authority figures inside the Galleria Mall. During the first interview both Crystal and Cassie stated that they were caught shoplifting there, were kicked out, but not charged. Erin was also removed from the Galleria because her boyfriend was told to leave when he was acting suspiciously. Brandy was also asked to leave the Galleria mall on two separate occasions because she was suspected of being under the influence. Robin told of ten separate occasions where she was questioned by different Galleria security staff, about drug activity, because she had been caught "smoking oxy" there repeatedly.

The Galleria is another hot spot for youth to rendezvous before certain resource centres open, or after their closing hours. There are uniformed security guards posted at the entrances and inside of the higher end stores, a type of patrolling not observed in the other major malls in London. I have completed several interviews with youth in the food court and almost every time there were guards walking by eyeing us down and looking at

what we were doing. I once observed a guard approach a group of males and begin to search their knapsacks while I was completing an interview with a youth participant. I could hear some words being exchanged between the staff and the youth, and it appeared to me that the guards were categorizing the boys as thieves, despite the fact that they were sitting in the same chairs for the two hours I was interviewing and did not look suspicious in my opinion.

The youth from the YAC, both male and female, were conscious of the fact that drug use occurred in the washrooms of this mall on a regular basis. The females told of experiences where gender worked to their advantage when going to the Galleria to use drugs without getting caught, unlike their male peers, because the guards were all males and the girls knew that they could not be physically searched if they were accused of having drugs on them. It is different for males, as the guards can enter the washroom to see if any drug activity is occurring, but if there are no female guards the girls who go to the facilities to 'use' typically get away with it because of their gender and rules with being physically searched by the opposite sex.

The Public Library

Three females in my study described times when they were spoken to by authority figures in the library, Brandy, Erin, and Rachel. Brandy stated she was regularly "getting kicked out from library and even getting banned from library" because the guards became familiar with her face. Erin had a few occasions where she was approached by authority that patrolled the main entrance, but she always had a book ready to show them she was going there to read not just to sleep like they often accused her of. Rachel received a total of 35 tickets for drinking on private property, pan handling, and searching in garbage for food during the multiple visits she had at the library.

The library appeared to be one of the most commonly visited locations during the first interview with the exception of the two other locations noted above, but due to increased security there were only a couple of youth who were still visiting there by the second interview. The reason security increased was that many homeless people began to use the library chairs as places to sleep during the winter months. If they were caught

sleeping they were immediately removed and told to use shelters to sleep. This updated security policy was something I also overheard amongst youth talking at the YAC. It seemed that the library used to be a hotspot for many youth, but recently they were forced to find other locations to go because everyone there was on high alert seeking out homeless youth who were loitering inside the premises.

Police Contacts without Arrest

It is important to look at the range of interactions the youth have had with police authority, and not only occasions when they are arrested. This is because many youth have frequent encounters with police without being arrested, but they still experience various forms of stigma and mistreatment associated with being a young homeless person. The study question about occasions where youth have spoken with officers, but were not arrested, is: "In the past six months, have you had contacts with the police that did NOT result in detention, arrest, charge or conviction?" They are also asked how many times these events have occurred and why. Many youth report very high numbers in their response to this question of how many times they were spoken to but not formally charged with crimes or violations.

Among my study group half of the girls, Crystal, Erin, Brandy, Cassie, and Robin, responded to this question during their first interview, and half again in the second—Maxine, Brandy, Crystal, Erin, and Rachel. Many of these girls report being "harassed" by the police nearly every time they are spotted in public. Based on what I have also overheard at the YAC it seems that they are questioned by police officers about their every move on each opportunity that arises. There are three themes which emerge in the interview responses for this instrument: contact by association, contacts with police for the purposes of drug investigations, and the stigma connected with being street involved.

In many cases youth report being spoken to because of their association with certain people who are known by officers who regularly patrol the downtown core. As will be clear in the participants' words in my fieldnotes below, many of these communications are not due to their personal actions but those of the people they are with at the time of interaction. This theme is connected with other important aspects of street

life, youth culture and peer pressure. In many cases youth are being randomly questioned by police just because of where they are or who their peers are that they hang around with while on the streets. Police officers become familiar with the faces that they routinely see while patrolling the streets for illegal and/or suspicious activity and once a youth is known to have any form of involvement she becomes a person of ongoing investigation. When an officer sees a youth who they have been in contact with previously about their engagement in crime or drug related activity, instantly those associating with this person are assumed to be involved in similar behaviours.

Sally stated two separate encounters with the police when she was questioned because they came to her apartment building for a call about noise complaints. Because she lived next door and knew the neighbours she was asked about any potential involvement, assuming she may be associated with the issue. Sally said "My neighbours were fucked" and told of how unfair it was that she was repeatedly being accused of having connections to the various complaints being made just because she knew the people who were causing a ruckus, when in fact she was minding her own business each time.

A second major theme regarding the youth's connection to various police and other authorities, which do not result in arrests but rather them being under surveillance, relates to shop-lifting and drug involvement. In many cases the youth are with people that are known by police to engage in criminal activity, and because the individual is associating with that person in public, they are assumed to be involved as well. Maxine was caught with some friends who were "trespassing and shoplifting", and even though she had no personal involvement in the activities she was given warnings and tickets on more than one occasion. Erin was being accused of being a middle-man (sometimes referred to as a runner) in drug deals because her boyfriend at the time of the first interview was known to be associated with selling drugs on the streets.

Many youth are in contact with police for purposes of investigation, which typically includes some form of accusation. Candace, Brandy, Cassie and Robin all shared similar experiences of being repeatedly questioned by police about their drug

involvement. Candace stated that the police "thought I was a dealer", and she was questioned about it as if she had a warrant out on her. This similar treatment by officers of the law was also reported by Cassie, who had five separate drug investigations done on her by police who regularly patrolled the streets. Robin said that in one instance, the police "searched me" because they assumed she had drugs in her possession. From her perspective this was unwarranted and should not be allowed without having adequate proof.

The third theme is stigma, which is experienced by most youth who are frequently approached by police officers who patrol the streets. The one aspect that was mentioned time after time is that of police searching youth and treating anyone who is seen walking the streets on more than one occasion, as someone who must be criminally involved. This trend seems to be quite common and females know to avoid certain locations to prevent being questioned unnecessarily. Brandy was questioned just for "walking late at night". In order to deter youth from hanging out on the streets the police tend to visit certain areas on a regular basis and question the young people who are around, seeing what is going on, and making sure no illegal activity is occurring. Erin told of one occurrence when she described being questioned just because she was walking in "Vic" (Victoria Park) at 3:00 a.m. Any youth caught walking in the park late at night is automatically labelled as someone who is selling or using drugs.

Arrests

This next section is about youth who were charged and arrested for their criminal involvement or domestic assault situations. The question asked is, "In the past six months, have you been arrested?" Each of the situations described below resulted in formal charges that were taken to court, which will be described below the following section. I have stated whether the information was provided for the first or second interview because some females only stated that they were arrested during one interview. In the first interview, six of the ten girls responded to this question—Maxine, Rachel, Erika, Crystal, Cassie, and Robin. The second interview had fewer responses with only Erika and Robin answering this question.

One of the typical charges that the female youth in the study face is connected to shoplifting and theft related activity. Maxine was arrested once as stated in her first interview and charged with trespassing in addition to shoplifting. Both Rachel and Crystal got caught shoplifting, and were charged with theft under $5,000.00. Erika said that she was arrested four times in her second interview, for shoplifting and theft. Robin had been arrested seven times for being in possession of stolen goods.

Also relevant here is the trend of youth being charged with several different crimes that are unrelated to one another, which typically occurs when they are on probation and subsequently get charged with breach when caught engaging in criminal activity. Erika reported 15 separate arrests and a total of 19 charges (i.e. fraud, theft, possession, and breach). Cassie was also arrested one time for a breach, and was also charged with assault causing bodily harm. In her first interview, Robin responded saying that she was arrested three times for a combination of theft under $5,000, uttering death threats, breach, and assault.

5.7   Victimization

The final section of this instrument is one of the most important in relation to my interests, as it deals with the various forms of victimization the girls in my study experience when living on the street. The section covering victimization starts off with an introductory statement, "Thanks so much for your patience and honesty on these questions. Now I'd like to ask a few questions about some unfortunate things that may have happened to you in the past six months." For this item I will disclose statistics for the entire population of females in the study, followed by an analysis of the answers for the ten selected participants for my thesis. By having an overview of the entire group the crucial trends observed in the prevalence of each type of victimization becomes apparent. The frequency of responses effectively contextualizes the issues of robbery, violent threats, physical violence, and rape/assault.

Forced Robbery

The first question is, "During the past six months, did anyone take or try to take something from you by force or threat of force?" In the first interview 19 of the 62 individuals answered yes. Reported numbers of this happening reached as high as 180 times for one female. Among the 19 who answered yes, eight were among my selected participants. Maxine, Erika, Crystal, and Candace all said that they had this happen to them on two occasions in the past six months. Robin reported one occurrence, Cassie stated five times and Sally said this happened to her six times. Erin used the number 180 because she told the interviewer it happened practically every other day while she was on the streets. In the second interview, 12 participants answered yes to this question. It is important to keep in mind that 10 females did not complete their second interviews, and this can explain the lower numbers in comparison to the first interview data. The 12 participants who answered yes to this question included four of the selected females. Maxine reported two times of this happening, Sally and Robin both stated a number of three, and Rachel felt that on ten occasions she experienced this type of robbery/forceful theft.

Violent Threats

The next question is about times where females have been threatened with violence: "During the past six months, did anyone threaten to hit or attack you, or threaten you with a weapon?" During the first interview 37 of the 62 answered yes. The majority of females reported one, two, or three occasions of being threatened with violence, however, responses also exist in the 20s, 30s, 90s, and 100s. Of the females in this study, nine of the 10 answered yes to this question and the typical answer was between one and 10 incidents. Robin, Maxine, and Rachel stated that this happened to them on two occasions. Candace experienced it three times, Cassie five, Sally nine and Erika 10. Crystal had faced violent threats on 15 separate occasions and Erin, as she did above, reported 180 incidents of this happening to her.

At the time of the second interview a total of 27 females stated that they had experienced threats of violence. The most commonly reported numbers of violent

incidents are two, three, four and 10 times within the past six months. A couple of females stated that this happens "all the time", which is important information when looking at larger social issues of violence being a normalized aspect of youth street culture. The fact that violent encounters are expected as a normal part of being homeless makes the experience as a homeless female being on the streets alone a very threatening one. Six of my study participants responded to this question. Erin faced this type of violence on two occasions, with Robin, Crystal, Maxine, and Candace all stating that there were three occasions where they experienced this type of incident. Sally stated the highest number and said she was threatened with this kind of violence 20 times while on the streets. There are very few females who state such occurrences as happening one single time and in the majority of cases it is happening several times over again.

Physical Violence

Another question relating to actual physical contact is: "During the past six months, did anyone hit or attack you (by attack we mean anything from being hit, slapped, pushed or grabbed to being shot or beaten)?" For the entire group of females 30 answered 'yes', with one, two, three, and five times being the most typical number of incidents. The highest recorded times of this happening is 15 during the first interview. Among the selected girls, Crystal and Brandy were assaulted on two occasions, Cassie and Robin on two, Candace on three, and Sally on five. During the second interview there was a significant decrease in the number of 'yes' responses for the group as a whole, with 19 participants disclosing their abuse history. Both Maxine and Candace reported two occasions where they were physically assaulted and Candace stated that her nose was broken by her boyfriend. Erin stated three occasions where she was physically hit, Erika said it happened five times for her, and Sally, again, had the highest report of 15 incidents.

Rape/Sexual Assault

Data regarding the sensitive issues of rape and sexual assault were gathered through the question, "During the past six months, has anyone forced you or attempted to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you

in some way?" As this question is highly personal in nature there is the possibility that the numbers provided may not be truly accurate since many females feel shame and embarrassment regarding their experiences of sexual assault and/or rape. Of the 62, 23 females stated that they had been sexually assaulted or raped within the past six months of their first interview. Of this group, 11 answered "Don't Know" when asked how many times it had occurred. This is quite worrisome because we cannot estimate the number of times these girls have faced this type of assault, which is deemed as being among the most damaging to these girls' lives over the long term (Evans & Forsyth, 2004). Both Sally and Brandy said that they were assaulted on one occasion, for Erika it happened twice, and Candace had three separate incidents. By the second interview this number decreased dramatically to a total of six females overall. Maxine and Sally were the only two females of the group of 10 who both stated that within the past six months of the second interview they were sexually assaulted in some way.

Potentially Unreported Crimes

The final question in this section is, "Apart from what you have told me, were there any other crimes that happened to you during the past six months, which may or may not have been reported to the police?" In the first interview a total of 14 females answered yes, with six of these being from my group. Rachel, Erika, Crystal, Candace, Cassie and Robin all said that they had faced crime, which may or may not have been reported to the police. During the second interview a total of nine females in the total sample reported 'yes' to this question. Sally is the only study participant from the selected group who answered 'yes' to this question during the second interview.

There are no specific options provided for the answer choice in this question, so it is hard to determine what exactly the youth are referring to when they categorize certain events as unreported crimes. It could vary from having a cell phone stolen, to being beaten or raped. For this reason the question is quite ambiguous, but nonetheless the answers of 'yes' are telling us that youth are facing perilous situations and feel that they cannot report them for some reason, or that reporting them will not bring about any resolution to the problem. The fact that after asking several questions about various types

of victimization, females are still stating that they had more victimizing experiences is quite troubling.

The information enclosed in these responses reveals larger societal issues related to street life that are gender-based and put females in more vulnerable positions than their male counterparts. It appears to be a commonly accepted notion on the streets that females are disrespected and face a great deal of victimization, especially when walking alone. Females who are engaged in street life are assumed to use sexual survival strategies and for this reason are propositioned by other young males on the street in addition to older men. For this reason they are at a greater risk of being victimized on a frequent basis in their everyday lives.

5.8 Fieldnotes

The service utilization instrument covers such a broad range of topics that it is challenging to provide fieldnotes for each separate topic, so I have included some of the most powerful statements and stories relating to the issues covered. I have organized the sections below as I did for data presentation and analysis above. Not every single theme discussed above will be elaborated on below, but the most illuminating topics have been addressed using quotes and personal statements from the youth.

Health and Social Service Use

 Two service areas relating to this topic are discussed by youth in the YAC on a regular basis, outpatient services from various hospitals and emergency room visits. Many complaints are policy type issues, involving ID required and referral processes, while others refer to other structural issues like the lack of services provided for specific populations like youth and those who suffer from addictions and mental illness.

Outpatient Hospital Services

> *"You need OHIP to get any kind of appointment, to be seen at a clinic for a check-up, for everything. I had to go through a huge hassle of getting my mom to fax a photocopy of my birth certificate to get a new health card after my wallet was stolen,*

then I went to the office on York (York St., Ministry of Health), had to fill out a bunch of paperwork and explain the situation, then waited for it to go to my parents address, who then gave it to me, only when I had the actual number would the secretary book me in to see the shrink I had seen last year. So ridiculous!"

"I can't get any pre-natal things done because my mom won't send the things I need to get ID, which I need to get a new health card. The office is telling me they need to know where I was born, and what hospital, I know so many people that got new documents and never were asked that stuff. She [her mom] lost my birth certificate, or at least says that. She doesn't want to help me, doesn't even care that something could be wrong with my baby and I can't even get looked at."

"I was only there last year and they are telling me I need a new referral because it's been too long, I can't get into my family doctor's office, and no walk-in clinic gives them, so what am I even supposed to do now? I'm supposed to go to see the doctor when I feel bad, and I've never felt worse and they won't do anything, told the secretary I'm going to kill myself, she says go to emerg, as if it's like a bee sting or something that's not serious enough for her to talk to him about."

Emergency Room Visits

"I almost died...busted my jaw up real bad in a fight, was bleeding internally and the doctor was telling me how my health card isn't valid and that I'm costing the hospital all this money. I'm looking at her like common can you just help me and I'll get the right numbers later—I just got it renewed and the new one wasn't ready yet, it's not like I had no card or something, all they care about is money... the fact that I'm choking on my own blood doesn't mean anything to them."

"I know someone who called 911 when they sliced their foot open, they got some massive bill later in the mail so last week when I collapsed on the sidewalk and the ambulance people were putting me in it I was telling my boyfriend no I didn't want to go, he said no you're going, and I got charged for the ambulance fee, it was $50, $50 that I didn't have. I got it paid for after explaining it to the billing person, but it took

a lot of convincing and she said it's a one-time favour, if I take one in London again I'm paying out of pocket. There was no way I'd be able to do it."

Mental Health Treatment

Most of the discussions about mental health issues are connected to drug abuse or addictions. I have included some of the comments made by youth below which link mental health issues with the topic of drug use and abuse, as these two aspects are very closely connected in the lives and experiences of these young women.

"Mental health problems lead to other ways of coping, addictions really, then there's no consistency in your life. For me it means not being able to acquire or keep any housing, drugs always ruin everything in my life."

"Mental health drugs are replaced with other drugs, sort of self-medicated type things, ingesting and uh snorting to like IV use and stuff."

"People are clean for four or five months but they're put back into housing with drug users around them and bang just like that they're on the stuff again."

"Takes so long to actually get into treatment, by the time you're in its almost too late."

"All programs for treatment in London are so short, they need long ones that don't just deal with withdrawal, but also the reasons why you have the addictions like post traumatic stress from rape and childhood abuse, or like kids who have mood problems like schizophrenics, people use drugs not because they just want to, there's almost always deeper things leading people to it."

"The methadone clinic is a hangout for druggies, I tagged with my one girlfriend once real early, I went to the coffee place beside it thinking it would be better, but everyone in there looks crazy, those kinda people talk to themselves and twitch and yell randomly, it's freaky, wish I just went inside with her."

"My shrink is so good, I saw three other psychiatrists before him, and they didn't help, I feel like they just made me feel worse, or pointed fingers at what the problems were, that I couldn't go back and fix. This one really knows how to make you feel like a real person, I'm not a patient, I'm me."

Community Drop-ins/Resource Centres

This section provides some quotes from the youth related to receiving services at some of the popular drop-ins. The first couple of statements found below are not related to a specific location or organization, but are rather connected with policy issues within many social services in the city.

"Have you ever tried to help a 15 year old out, just to get them a place even for the night, it's impossible dude, I tried to help my old friend out and you can't get into any shelter in London until you're 16, there was nowhere who would take her in."

"I'm so close to 16 that CAS doesn't really care even if they see me anymore, they won't pick me up like they used to when they saw me out on the streets, they have so many younger kids to get now, they just assume I'm old enough now I guess to take care of myself. If I don't want to be in CAS care I shouldn't be forced to, I ran away from there as a kid all the time, I hated it, I feel so bad for young kids like that, you can't escape, they send cops out to hunt you down and drag you back there."

Youth Action Centre

A significant portion of comments made about the YAC are very positive as the centre is known to provide youth with any assistance they require, including food, housing, clothing, counselling, laundry facilities, and phone usage. However, no service agency is perfect and can please all its clients. I learned of some aspects that needed to be improved such as the use of laundry facilities and the lack of internet available for those who were trying to find housing options or employment opportunities online. I will address some of these issues aforementioned below.

"It's just so annoying; the communication here isn't always good. They need to put signs up or like something because I've come so many times to find that it's closed for a meeting and no one said that when I was in yesterday. I'm pissed cuz it was supposed to reopen like two weeks ago (the new location, because it moved) so I've been coming everyday and no one tells you it's still not ready."

"They have different rules for different people, some people leave their stuff in the office and it's fine and others leave stuff there and its dumped into the donation area by the next day, then when you come asking for it the other staff says no we don't keep personal belongings in here at all, I was a day late and now all my stuff is gone."

"I came for the needle exchange and the lady was so late, I could have just gone to the other place to get them."

"The concept of anonymous HIV tests are a good idea, but common how anonymous is it when you see someone going into the room, you know?"

"That housing seminar was helpful, I think I'll be able to do better budgeting so that I can save some money instead of going day to day like I've done for what almost three years now."

"The bed bug thing tomorrow is a good idea, because so many people here live in housing [London Housing] and we all know how dirty those dumps are, I know a few people that come here all the time who actually have bugs like crawling on their shit, its nasty."

"They used to have fat greasy shit for dinner, like garlic bread and frozen pizza, now with the cafe next door we get more stuff like good pasta and salad so I come almost every day to eat now."

Justice Service Use

Many of the stories below reveal some real injustices that happen on a daily basis and are mediated through a range of broader factors, as observed and experienced by homeless youth in London. The youth I met at the YAC seem to have very negative associations, for the most part, with figures of authority. This is because they are often treated as criminals and stigmatized despite the fact that they may not even have a criminal record. The youth describe people in positions of authority, as those who assume every youth on the street are always engaging in crime activity or using drugs in public. This is worsened with the stereotypical images and impressions associated with homeless people in general that are existent throughout society.

Contacts without arrest

> *"Cops give me tickets all the time, one cop comes around the corner and my buddy is smoking a joint so he asks us to empty our pockets and he searched me and gave us both tickets even though I didn't even have a hit I was just there with him."*

> *"The guy (police officer) was an asshole, he found an old butt in my back pocket and said I was just smoking it and gave me a big ass $350 fine for smoking in non-prohibited area, if I smoked it and put it in my pocket I'd be on fire, and he's telling me it was just lit when he came over, what the hell is wrong with you! I actually picked it up off a parking lot hours before."*

> *"They harass you because they see people like me more than they should I guess, cuz we're just hanging around on the streets and they assume we're causing a ruckus."*

> *"Got a toonie off a cop once, that was pretty cool, never thought that woulda happened, I gave more respect to police after that night."*

Contacts with other authorities

"People like us just get bugged for no reason, they accuse us of pan handling or something, like what the fuck, geez it's friggen annoying, were just sitting outside not bothering anyone."

"I was pan handling for beer and the Chinese guy who was working at the store next door came out screaming at me, swearing and stuff about the police and soliciting so I bounced."

Arrests

"Not gonna lie, I've had a few domestics, my last girlfriend used to hit me when she got drunk so I started to defend myself when I was starting to bleed and shit, maybe I hit her harder than I should have ya... but still, bitches get away with everything, she just cried when the cops came and made it like I started everything so I got arrested and they took her to some cozy place, she rubbed it in my face—****."

"Some girl was harassing me about my boyfriend so I told her what I was going to do if she came around again, next thing I know I'm in cuffs for uttering death threats, meanwhile she's calling me all these names and telling me she's gonna take my man from me because she's going to get rid of me, how is she not charged, it's the same thing, bullshit, the justice system just fucks us over because they can."

Court appearances

"I've been going to court for half a year now trying to get my son back, the father's mother keeps saying all sorts of stuff about me being wasted and smoking weed in front of him when I have the weekend visits, which is all a bunch of crap and she knows it because my own mother is there every time and she would never allow that. It's not right, just because I'm young the judge never listens to me, he just takes me for a liar when the person he listens to used to be a crack head. Being a young mother makes it impossible to raise your kid, CAS always takes them away for the

smallest reasons, all it takes is one stupid person to file a complaint and then everything is blown out of proportion."

"I'm fighting allegations of sexually abusing my kid, who's only four, I've never done anything, the person who reported it is just trying to fuck me over and it's ruining my life, I just want my baby back, I've done nothing to be going through this crap, it's humiliating, pinned as a pedophile of my own kid, that's straight up fucked and disgusting, who would ever do that."

"I'm been trying to get full custody of my little brother and sister, who are living with my alcoholic father, he's the worst dad ever, the living environment is so unhealthy, they need to be removed from there. So I've been collecting proof and taking it to court next week so hopefully I get to see them soon, even though it may be in someone else's house if they are sent to foster care because I'm not deemed 'fit' to parent them. I have some financial support, and my own place, but because of my age it's going to be hard to get them."

Diversion programs

"Almost finished my community service, I do it four hours a week, and my parole officer records everything I do there so I get a reduced charge and sentence, it's so easy so I don't mind, better than being in jail."

"I'm doing this 12 week course for anger management, it's where a group of girls talk about anger problems, and what triggers blow-ups, how to deal with frustration and better ways to relieve stress. I've learned a lot and it'll be worth it if I stop getting arrested. I've been in so many fights, girls just piss me off and I knock 'em out."

Victimization

There were several times that I observed conversations between youth talking about fights they have been in, charges they have faced because of robbing people or stealing from business and houses. However, I have also heard of times where youth were the

victims of such crimes. I have included some personal statements made to me directly, or certain discussions that were had next to me while at the YAC. It is clear that crimes are occurring to these young people on a very regular basis, many of which are quite troubling as they reveal a trend of repeated violence that is inflicted on this population of youth who are typically living in constant fear.

Forced Robbery

> *"I've gotten my phone taken off me three times since last year, once was a group of Asian kids, you don't fuck with a group that big so I just passed it over and another time I got a knife to me for it."*

> *"I used to deal out of my house, but I got held up once, they took everything in my house, so I stopped after that, it's just too dangerous. I thought the guy was okay because my one other girlfriend sent him to me, but he turned on me."*

Physical Violence

> *"Ya, I lost it on my ex, found out some stuff and let me tell you he's learned his lesson because I got him good, and even with all the shit I've been through with lawyers and whatever it's still fully worth it."*

> *"I'm just a scrapper, that's what I do, don't mouth off to me and you won't get yourself hit, that's it."*

Rape/Sexual Assault

> *"For girls who couch surf, they do it with males, and they are usually abusing them. And it's sexually related."*

> *"Girls are more vulnerable than guys, for girls things always become sexual, yea you got a place to stay, but you're gonna pay for it with sex or other sexual favours."*

> *"It happened to me once, only once, and it will never happen again. I still have nightmares, even after seeing counsellors and going to group therapy I'm still*

messed up over it. I took some self-defense for a while, and now if anyone comes at me I know I'll be able to deal with it, I won't ever let that happen to me, ever again!"

"Let's just say he tried, and he didn't succeed. He probably won't try it again, he learned his lesson, I made sure he was taken care of."

Potentially Unreported Crimes

"Someone broke into my place and took everything; I'm talking everything, like my underwear drawers had stuff missing from it, creeps. Anyways, I called the cops and they say we'll come investigate tomorrow, but there's not a whole lot that can be done at this point. I'm thinking to myself, wow, the only way a cop will be there to help you out is while you are being robbed, the robber better be slow enough for the cops to get there in time."

"I had an encounter with this man on the street a couple months ago, he had me up against the wall and if those guys didn't come out of the building across the street I don't know what would have happened to me. I've never been more scared for my life. I gave the cops the best description I could, but as soon as they yelled 'hey what the fuck are you doing?' he took off down the street."

5.9   Conclusion

There have been several themes of importance analyzed in this chapter, some of which play a crucial role in informing my study objectives. These include those related to the structural and everyday factors youth faced when attempting to access various social services and supports, with restrictive policies and stigma being the two most problematic issues encountered by youth on the streets. I would like to reiterate the most important themes from this particular study instrument: under-utilization of health care services; restricted access policies and procedures; experiences of stigma that youth encounter when dealing with social workers, health care providers, and figures of authority such as police officers.

One major theme connected to the issue of access of health related services is the low numbers of responses for utilization. Many of the participants have answers of 'No' for the majority of questions asked in this instrument regarding the utilization of healthcare services. It is evident after reviewing the responses from this instrument that many of the youth are reluctant to access the healthcare services available to them, such as outpatient clinics, specialist appointments, and offices that provide care for mental health. The major exception to this trend is the use of emergency care services, which are urgently required and used very often. The girls who are seeking healthcare services access them for one-time health issues which appear suddenly, rather than seeing physicians on a continual follow-up basis.

The data show that accessing health care is not a priority for these youth, likely because they have other more pressing needs and as a result their health issues (even the dismaying mental health diagnoses and medication issues relating to their issues in this regard) take a place on the 'back burner'. Their days seem to be occupied fulfilling basic needs and demands including shelter, housing, and nourishment. Those who do access health services unrelated to mental health issues are often in more stable living situations and therefore can afford the time necessary to book appointments and find the transportation necessary to get there.

A significant structural barrier that relates to accessing a variety of service deals with the processes involved in getting an appointment to speak with a worker or service provider. Phone calls are a large part of the communication process when attempting to meet with social workers from various support services. Many female youth stated that making these phone calls usually introduces another arena for discrimination and stereotyping to occur, as the staff members who answer the phones at these services often talk to them very rudely, do not show any respect towards them, and lack sympathy regarding their personal circumstances. For these reasons, the use of phone calls to set up social support appointments is undesirable and avoided. Many youth state that they have shown up to social service centres without prearranging to speak with someone and are told they require an appointment to be assigned a worker, rarely can they just walk-in and be given the help they need.

From my understanding, these youth are playing 'phone-tag' with administrative staff along with various workers, and often waiting several weeks to have their calls returned. This is quite problematic for youth who do not own a cell phone and are draining their phone cards or plans when put on hold for minutes at a time just to be disconnected. The youth who have cell phones already face the challenge of affording the associated bills/calling cards. There are some young people who buy calling cards and phone cards, which run out quite quickly after being put on hold by multiple organizations and services for several minutes at a time. Several youth complain of being tossed around between different workers, talking to new people every time they call or have an appointment. This involves having to re-tell their personal situation repeatedly, causing understandable frustration. As most youth from this study are couch surfing during periods where they do not have stable housing, they lack landlines are a often seen waiting in resource centres in long lines to use the public phones.

The final major issue that was revealed through data analysis of this instrument is connected to the youths' experiences of being judged, stigmatized, and treated unequally by people in society, but also by professionals within health care and police. These stories are heard far too often by homeless youth, who seem to face these things on a regular basis. It has become normal for homeless youth to be categorized and treated as if they are all the same person, sharing the same lifestyles and grouped as a singularly unfit class of people. This is an unfair way to group people, and only reinforces their social exclusion and reluctance to participate in anything resembling 'mainstream' society; including the array of social and health services they desperately need. The service providers who aid young people in need are called to *not* attach a priori rules and judgements to homelessness, but rather to become someone they can talk to during rough times. In order to make the youth comfortable enough to open up, the service providers need to appreciate the complexity and diversity of life on the streets, and maybe even let go of the idea that something needs to be solved. Unfortunately, the data from this instrument demonstrates that this is not happening. However, perhaps the findings from my study can make changes and help in the development of approaches that better reflect what these young people need, want, and deserve.

Chapter 6- Housing History

6   Introduction

This chapter examines some of the most common types of living arrangements experienced by the females in this study, which includes their related experiences with issues of affordability, availability, quality, and the restrictions with and on housing in London. I also include detailed case studies for each of my 10 participants regarding their unique housing histories. To supplement my data analysis of the housing history section of the interview, as with the previous chapter, I will include a section that features the fieldnotes I took while at the Youth Action Centre that reflect the youths' experiences relating to housing.

6.1   Housing History

The *Housing History* instrument of the interview includes a list of the youths' housing arrangements over the past two years. The instrument is in a chart format with columns that provide information about their experiences at each separate location, and participants are asked to indicate the length of stay for each different type of housing. The different housing arrangements included in the instrument are: parents'/friends'/relatives' place of living; couch surfing; shelters; streets/homeless; jail; boarding houses; foster/group homes; treatment centres; hospitals; privately rented houses/apartments/rooms; London Housing; and hotels/motels. The length of stay for each accommodation listed is measured in the number of weeks and they are numbered in chronological order. An additional column indicates if it was their choice to move out or if it was mandatory, as in, they got kicked out, were evicted, reached their maximum stay at shelters/transitional forms of housing, or were forced to leave due to bed bugs, mice, cockroaches and other infestations. The final column measures the level of satisfaction they experienced while living at each location. It is recorded as a number from 1 to 7: 1-Terrible, 2-Unhappy, 3-Mostly Dissatisfied, 4-Mixed, 5-Mostly Satisfied, 6-Pleased, 7-Delighted. For this section I will be focusing on the data from my study participants only, rather than analyzing the statistics for the entire group of females. I have chosen to do this

for this chapter because the information provided by my study participants is very rich and because they speak to very similar trends among the population as a whole.

6.2   Living Arrangements

The different types of housing accommodations commonly described by participants in this study include: couch surfing; living common law with significant other; bouncing between parents' and relatives' housing; various shelters; and other homeless related temporary living situations.

Couch Surfing

The basic definition of couch surfing is when people move from one place to another in search of a place to stay or "crash" for limited periods of time, which was traditionally defined as bouncing or moving between friends' couches. This term became popular during the 1990's after Casey Fenton of Boston began the *CouchSurfing* project, wherein he randomly e-mailed 1,500 students from the University of Iceland asking if he could stay with them when he arrived in that country from the US. He received more than 50 offers of accommodation and now runs a website that acts as a tool for people around the world to arrange couch surfing accommodations. The local trends and characteristics of couch surfing in London are apparent among homeless youth, and countless females at the YAC and in the broader study describing extended periods of couch surfing.

Almost all of girls in the study population (8/10) have experienced some type of couch surfing in their pursuit of housing and street living more generally. Sally says that she resorted to couch surfing after several failed attempts of accessing housing. Erika describes similar experiences and said that she "lost everything" in a house she was renting, so when one of her friends "took me in" she couch surfed for several weeks. Robin also reported some time spent couch surfing, which occurred when she was living on the streets in the winter and it got too cold out to stay outside. She was taken in by one of her friends until she found other arrangements. One of the females, Candace, tells of a time where she was "chased out" of her couch surfing location and had to find another

place to stay; but was again forced to leave because the girl's Dad wanted her to pay to live there.

Couch surfing lasts for various periods of time and although the most common duration is one to two months, there is considerable variation. Based on my own understanding after speaking with many girls, these couch surfing arrangements can last for a few weeks at each different location, some stays last up to a month, and some only a few days. When these arrangements are very brief it is often due to conflict or violence within the living arrangement, which causes the youth to leave or be kicked out. The length of stay also depends on other factors like disagreements about the form of reimbursement (typically food, drugs, or alcohol) for time spent on a couch, the degree to which they can evade being discovered by landlords, and for those girls struggling with addictions the ability to find places to stay that include other people who are clean; so they will not be triggered by the presence of drugs or alcohol. Unlike their male counterparts, the girls' experiences of couch surfing are also influenced by sexual exploitation and abuse, as sexual favours are a distressingly standard request of reimbursement for these arrangements.

Common Law Partners

Being a female on the streets at a young age is frightening if alone. When girls are walking downtown with a boyfriend they are unlikely to be approached or harassed by older men and other boys living on the street, and this protective factor often leads them to take the step of moving in with their partners. The frequency of common law arrangements is also connected to systemic factors regarding eligibility for various kinds of housing, and the fact that the chance of getting a place is significantly increased when young people move in together. In the first interview, Maxine, Erin, and Cassie were living with their common law partners, and by the second interview so were Brandy, Robin, Erika, and Sally. This pattern, which could also be seen as a survival strategy adopted by girls in particular, is very interesting because none of the relationships the participants were in at the time of Interview 1 existed six months later during Interview 2.

For the girls in my study, living with their boyfriends is a major component of their personal support system, their ability to survive financially, and for some it also allows them to foster a sense of family. Most young homeless females are unable to support themselves on the streets on their own, and this predicament is even more problematic for girls who have children. Having a partner who can contribute financially makes the stresses of meeting daily basic needs a shared burden and responsibility, rather than an impossible task assigned to one person alone. These females are very often raising children from previous relationships and their living arrangements include children from several parents. Having a family is desired by these youth, for the support, comfort, and purpose they feel it will bring to their troubled lives. In making families, these young homeless females are also desperately seeking emotional love and companionship from men/boys, which they hope will come from their sexual relationships with these males. These powerful factors, in conjunction with a lack of knowledge about contraception, help to account for the high prevalence of pregnancy among girls living with their partners. Unfortunately, as revealed in many conversations with girls at the YAC, these living situations and family aspirations often fail, for many complex reasons, and leave the young mothers alone on the streets with their babies. In many circumstances they are forced to give their babies up to CAS and foster care because they are cannot consistently meet their own personal needs, let alone those of their children-especially when relationships end and that small amount of extra income from their partners is gone.

London Housing

This section focuses on the girls' experiences with London Housing (LH), primarily the quality of housing options available to them; the positive and negative aspects of assigned housing; the policies and procedures for applying; and the barriers faced regarding eligibility. London Housing provides public housing for residents of the City of London and the County of Middlesex. They are the largest provider of rent-geared-to-income housing in the area and offer other housing arrangements, including: Private Non-Profit Housing; Federal Non-Profit Housing; Co-operative Housing; as well as Rent Supplement or subsidized programs. Their client group is low-to moderate-income

families, adults and young adults, and seniors. Basic eligibility criteria are as follows: applicants must be 16 years of age or older; legally eligible to reside in Canada; must not owe money to any other social housing providers in Ontario; must not have been convicted of an offense related to rent-geared-to-income assistance within the past two years; and must not have been found by the landlord and tenant board to have misrepresented his/her household income in relation to subsidized housing in the past two years.

Some females said that their experiences with London Housing were very helpful due to the staff members assisting in their searches to find housing. However, the majority of London's homeless females describe LH as a service that causes more problems than it solves, due to several factors. One of which is the fact that most assigned housing arrangements are in the rougher areas of the city, where the widespread drug use and violence in those areas makes for unsafe living environments for females specifically, especially those with children. Similarly, many youth talked about the unsanitary and unhygienic living arrangements provided by LH, including bed bugs, cockroach infestations, and mice/rat problems. Another factor that makes LH an undesirable, and unsupportive, option for finding housing relates to the fact that the housing allocated through this service is located far away from the social support services the youth access and need.

Beyond the undesirable locales offered to youth in need of housing by resource centres in London, including LH, these agencies can exacerbate their housing struggles by not providing them with sufficient assistance in completing the complex forms and requirements related to be eligible for housing. Participants told me that in most instances, the staff at these agencies simply hand the housing postings over to the youth and tell them nothing about how to apply for the units and what will increase their odds of being accepted as a tenant by the landlords. Seeking housing is a challenging task that requires a great deal of paperwork regarding proof of financial support, as well as references who can vouch for their ability to pay rent on a monthly basis. In the face of this complicated process, for which youth are not receiving help with, it is no wonder that

they describe trying to get housing as an impossible task that they feel is not always worth their effort.

Shelters

The shelters most commonly utilized by the study participants are the Salvation Army; Unity Project; Centre of Hope; Safe Haven; and Bethesda. Some other locations that are used, but less frequently, include: At^Lohsa; the Women's Community House; My Sister's Place; Men's Mission Crash Beds; Rotholme; and YWCA. Table 2 features shelter usage for the total study population (n=62) gathered from Interviews 1 and 2, which is a more effective way to convey utilization patterns than only including findings from the 10 girls in my study. The data in this table features some of the experiences my study participants have had with living in and going to shelters, which relate mainly to policy restrictions, location, and stigmatizing treatment by social workers and service providers within the shelter locations.

Table 2

Shelter Usage among Youth Matters Study Female Participants during Interview 1 and Interview 2

Shelters	1st Interview	2nd Interview
Salvation Army	18	10
Unity Project	4	4
Rotholme	1	1
My Sister's Place	1	1
Bethesda	5	6
At^Lohsa	3	1
Women's Community House	1	0
Men's Mission Crash Beds	1	3
YWCA	1	0
Centre of Hope	3	4
Safe Haven	12	4

One of the shelter policies that pose the most difficulties for the girls in my study relates to the maximum stay times at each facility, which are inconsistent in the various shelters and contribute significantly to the already unstable nature of these youths' lives. Some facilities only allow overnight stays, while others provide short term occupation. The official reasons given for these policies are to ensure that services are available to the maximum number of people, and to act as a form of motivation for youth to obtain the various kinds of services or programs they need. The majority of shelters also kick youth out of the location in the wee hours of the morning, between 6:00 and 7:00 a.m. which is meant to encourage them to seek employment opportunities or secure formal housing. Robin describes her experience of being kicked out of Bethesda during both her first and second interviews, without having any choice in the matter. She stated that "after I had my kid I had to leave", which saw her become homeless in the winter months with her newborn and resorting to couch surfing to survive.

Another complaint is that most shelter locations are found in the rougher areas of the city, such as the East of Adelaide neighbourhood that is well known for its active licit and illicit drug economy, high rates of poverty among most of its residents, and other forms of socially excluding activities like street-based sex work. Having shelters in these parts of the city make the young girls more vulnerable to violence, criminal activity, and exploitation, which they already experience on a daily basis.

A third factor that has negatively impacted the girls' experiences with London's shelters is the stigmatizing treatment by staff at various locations. The participants were consistent in saying that in most instances the staff are discriminatory, treat them poorly, and make them "feel like less of a person". That these complaints are echoed across the population, suggest that there are larger social issues at the root of the problem for many local support services. It is important to note, however, that there are places the girls describe as having compassionate and well educated staff who are very familiar with the useful resources available for the population of young people specifically. These places include Bethesda, The Women's Community House and My Sister's Place.

6.3   Case Studies of Housing Histories

The first housing history I will describe is for Sally, who had to leave her parent's home due to abusive situations, has couch surfed, and also experienced the challenges of securing housing while suffering with addiction. Sally moved from a group home where she was kicked out of once she turned 18 and then went to a halfway house, where she was also kicked out. Following these moves she was forced to return to her parents' house where problems of abuse were apparent. Due to this she chose to leave her parents' place and began couch surfing. After going from couch to couch for a period of time she was placed in an apartment with the assistance of London Housing. However, once living on her own she faced problems with addictions and was admitted to a detoxification centre. After which, she returned to her apartment for a short period of time and later ended up at the Salvation Army and couch surfing because she could no longer afford the rent payments for her apartment. Her stated level of satisfaction across these various living arrangements are predictable based on the experiences she described. For an individual who has been through abuse, abandonment, and addiction it is no surprise that her stated levels of satisfaction are quite poor. Once leaving the abusive situation her level of satisfaction with the change in living arrangements rose significantly.

Erika has a very lengthy and diverse housing history, which is not uncommon. The themes in her housing history include: common law arrangements, nomadic behaviour of moving from city to city, and various experiences of staying in jail. At the start of the study she was staying with her daughter's father, she then went to a women's shelter where she was kicked out of and forced to find a place of her own. After leaving London and moving to St. Thomas she rented a few different apartments and rooms, which she was also forced out of. She stayed in St. Thomas where she was couch surfing, staying with friends, and ex-boyfriends, and was later arrested after moving back to London where she was living at the Salvation Army. Once getting out of jail she wound up back in St. Thomas, where she was again arrested. After getting out of jail the second time, she decided to move back to London and stayed with friends. Most of these different types of accommodations were rated very low on the scale of satisfaction with 1-terrible being the most common, followed by 2-unhappy. Interestingly, both times she stayed in jail

received higher satisfaction ratings than when she stayed at the Salvation Army and during different periods of couch surfing.

Erin's housing history reveals a common pattern among many participants, that of going back and forth between the same accommodations. At the start of the study she described her past living arrangements beginning with her Mom's house, saying "I hate her". Soon after, she was able to get into her own place, but was unfortunately kicked out and ended up at the Sally. She was also kicked out of the Sally and returned to her Mother's again, but because they "didn't get along" she chose to leave and tried staying with a friend. This arrangement was not any better as they didn't get along either. Like many females in tough situations who need support, from loved ones or anyone expressing a degree of affection, she began dating someone and moved into his apartment. After he kicked her out she decided to stay in a motel, where she was also later kicked out. After this point she began couch surfing.

By the time of the second interview this cyclic pattern of going back and forth between similar arrangements was still apparent in Erin's life. However, it is not the cycle that is key, but what makes up the cycles that we must draw our attention to. Cycles often appear in the paths taken because of the structural factors that continue to act as barriers to stability of any kind, which often make them rely on an array of survival strategies that submerse youth deeper into the violence and danger that characterizes street life. Erin stated that she was kicked out of the majority of the places she stayed including, the motels, her friends' apartments, Sally, and her Mom's place. Not surprisingly her level of satisfaction ratings were poor throughout the housing history chart, with most being 1-terrible, ranging as high as 5-mostly satisfied on one occasion where she stayed with her Mom. Once she was able to get into her own place she rated the level of satisfaction at a 7-delighted, which was the case among the study participants in general as they also had the highest levels of stated satisfaction when living in their own rented space.

The themes from Brandy's housing history include her dissatisfaction living with her parents and unpleasant experiences staying in shelters. For some youth, the times

spent living with their parents will always be a dissatisfying experience. This is true for Brandy as she consistently rates experiences staying with her Mom or Dad as being 1-terrible. She began her housing history with staying at her Mom's house where she was kicked out by her "alcoholic step-dad" after which she resorted to couch surfing. Once running out of places to couch surf she stayed at the Men's Mission Crash Beds for 10 days. Like most of her peers, she was uncomfortable staying in shelters because of the lack of stability and personal safety.

I am not surprised by this rating because I have attended this Mission location in London on more than one occasion as I completed some interviews there for youth involved in the study. This environment appeared to be intimidating to most of the younger people who went there for morning coffee and lunch meals, as the majority of individuals who use this shelter and its resources are grown men whom are very accustomed to street life. I was quite uncomfortable myself being in the presence of such a large number of older men who freely expressed themselves, often in blatant and offensive language. I can only imagine how it would feel to be a young girl staying alone in this area of the city and this shelter specifically. There were only a handful of women that were at the Mission when I was there, and they were never alone, always accompanied by their boyfriends or male friends.

Robin's housing history is the final case study I will discuss. Her paths through various kinds of accommodations are quite different from those previously discussed as it involves several different types of living arrangements and factors. The themes which emerge from her responses include staying with relatives, being a young mother, and CAS involvement. She begins the study when staying with her Grandma for a short period of time. After trying to leave and get her own place she quickly realized that she needed to move back because she "needed help with my kids". After staying with her Grandma for a second time she was kicked out and then moved to Sarnia, where she got an apartment of her own. Like many young females with children the Children's Aid Society plays a large part in their lives, and for Robin CAS became involved because there were drug use issues. This led her to become homeless again, in London. Robin did

manage to get another apartment, but after a short period of time was unable to afford the rent causing her to become homeless again.

Robin then got pregnant and was able to stay in Bethesda, the women's shelter, but once she gave birth was asked to leave. After being kicked out she was on the streets for a while before she found places to couch surf. At this time she had one of her children in her custody so she decided to stay with her Mother-in-law, however, once CAS found out she was told to leave there. This forced her to begin couch surfing again, and because she was not being charged rent Robin was able to save up money during this time and decided to move back to Sarnia to rent an apartment there. She got pregnant once again, and decided to "move to London for help" and Bethesda let her stay, but again after she gave birth she had to leave. Like the first time after staying at Bethesda, she became homeless before being able to secure her own apartment.

6.4   Undesirable Moves

The final portion of this interview instrument pertains to the number of undesirable moves the youths have experienced over the past five years. It provides researchers with insight into the transitional lifestyles that these young people live and how often they have to move, not by their own choice but because they are either kicked out or leave due to violence and abuse being inflicted upon them. The majority of answers are numerical. However, some individuals are unable to provide a number because they cannot count the times they have been kicked out and forced to pack up and move; many state that there are simply "too many to count". Although several females state the number as being as high as 100, the typical number of undesired moves amongst the entire group of females in the study seems to fall between 10 and 20. For those selected for this analysis, the average from the first interview is 8 and the second is 14.

6.5   Fieldnotes

The fieldnotes I recorded at the YAC that relate to topics covered in this instrument are: living arrangements, their associated level of satisfaction living in various locations, and undesirable moves they have made over the past five years. During my first week at the

YAC I attended a scheduled Housing Session, which was pre-booked and posted on the events board for youth to see weeks in advance. Along with the basic details of the session it was announced that pizza and pop would be served. At the start of the session there were approximately 10 individuals present, the speaker started off with asking questions about bills and budgeting, which sparked a good conversation amongst the group. However, once the pizza arrived the youth quickly became uninterested and were talking to one another over the speaker's voice. Most of the kids got up and left without saying anything, and several returned for more pizza just to walk out once again. It became very obvious to me that the primary motivation for attending the session was to get some food. It was unfortunate because the speaker had some very useful information about the different aspects of financing and monthly budgeting.

This experience opened my eyes not only to the competing interests held by these youth, food and housing issues, but which were more important. It also sparked my interest in finding out why this might be and, to a certain degree, made me question some of my preconceived notions about these youth. Shouldn't they be appreciative of this information and the resources being provided to them? But they wanted food more than anything, which distracted them from the purposes they were intended to be attending for. This was my first experience observing the youths' minimal level of interest with service delivery relating to housing, which is such a profoundly pressing issue in their lives. Food was more important.

Living Arrangements

Couch surfing

The most useful fieldnotes that informs my understanding of couch surfing are those gathered on alternate forms of rent payment and reimbursement for crashing at a friend's place vis-à-vis couch surfing. I was told about the different ways that youth pay their way to stay in several friends' apartments, and overheard many conversations about deals made to spend nights on various occasions. I have included some of the quotes I recorded about this topic below.

> *"I fill the fridge and she doesn't ask for rent, I can take stuff from the YAC which helps too."*

> *"If you bring stuff like booze or weed most people will let you crash no problem."*

> *"Dick Surfer, is a chick who provides sexual favours for a place to crash."*

Two factors that seems to be connected to these trade-offs are money and drugs, as many of the pay-your-way arrangements lead to one individual owing the other money or drugs and when the deal or agreement is not met one person is kicked out or beat up. Some statements below describe these types of circumstances:

> *"I just got all of my stuff stolen, it wasn't my buddy whose house I was crashing at, it was one of the people that he had over when I wasn't there one night, I went back yesterday and all my stuff was gone except some old clothes and my toothbrush."*

> *"He owes me money and I'm going to get it, I know people who he talks to and he knows I'm looking for him."*

> *"It's hard when you hang with people from the streets you can't escape the life you just move between different peoples' places, everyone just lets you stay."*

Common Law Living Arrangements

This topic is something which is discussed every day at the YAC, mainly due to the fact that a significant number of youth come there as couples. It is not unusual to see at least ten couples hanging out there on a daily basis. Living with boyfriends and girlfriends at age 16 is quite common amongst this group of young people. In several cases there are shared children between the couples, or the female is currently pregnant and they are working towards starting a family together. Some relationships become more stable once the child is born, and others are severed before or after the girls give birth.

> *"...split cheque with my boyfriend, so that helps pay rent and bills."*

"I live with my baby Daddy so it's easier for our son when were in the same house."

"I have a fucked up house, I live with my technically legally married wife, her boyfriend, and my boyfriend, so it's weird to some people, but she's my wife and it's cool that we both have our boyfriends too."

"My ex beat me up pretty bad, I had a black eye and was stuck there because I had nowhere else to stay, I had already been to all my friends' places and I can't go home."

London Housing

The majority of conversations about London Housing are very negative. Many young people would rather use resources such as the YAC to find housing on their own because they have had bad experiences with getting assigned housing through London Housing. However, there are some people who have been unsuccessful repeatedly on their own and without London Housing would be on the streets. I have included statements made from the youth on both sides.

"Impossible to get good housing, it's all in poor places full of drugs; you can't find clean places that are in drug-free spots."

"Sucks! I live with this gay guy and he'll come down to my room completely naked and it makes me really uncomfortable because I don't wanna see that shit, and like I can't do anything about it. My landlord says I can't put a lock on my door, and there's been times where I've woken up and he's like standing in my room beside my bed-creeps me right out. London Housing won't move me because it hasn't been two years yet, so like what can I do? I'm stuck."

"I swear my landlord comes into my place and smokes my weed because I come home and stuffs moved and it smells skunky, but I can't exactly tell my housing worker that."

"It took four weeks to have my lock fixed, two months to fix my broken window; that's what you get from London Housing, they put you in places like that because they don't care."

"I looked on my own for months, and no one would let me lease because I didn't have a co-signer, I always had first and last but because there was no one I knew who could sign for me I was never let in, they looked at me like a kid who wouldn't pay rent and would have parties when I'm working and able to pay bills alone. If I didn't go talk to a Housing worker I'd still be on the streets today, she got me into a good place within two weeks."

Shelter Experiences

The talk throughout the YAC about shelters is also negative and I have yet to hear anything good about any shelters or missions in London. So the quotes I have below may seem biased, but they are an accurate depiction of the things said by youth at the YAC who have accessed the services available in the city.

"Have you been to the big one (The Salvation Army)? Who would wanna stay there, there's crack heads everywhere around that place."

"Mission staff boot you out at 6am, where the hell am I gonna go that early, nothing's open."

"Bethesda sent me to the streets knowing I had no place to go as soon as I had my baby girl, they said they can't help me out, not even a week-so I ended up in a place where kids should never be."

"Being a girl is different when sleeping in a crash bed, you sleep with one eye open not knowing who's around you, it's scary. I only ever go if I have someone with me, unless its women only, then you sleep with your phone under your pillow because you never know."

"I sleep with my wallet and phone under me and woke up once to this guy looking through my stuff."

Level of Satisfaction

The youth at the YAC discussed being both happy and upset with their current and past living arrangements, so I have included some statements from both sides of the spectrum which help to complement what is described in the interviews.

"Anywhere is better than my Mom's, she does drugs and she freaks on me for no reason when she's high; she just told me to leave so her OW cheque doesn't get cut off, like what kind of mother does that to their own kid."

"My last place was full of bed bugs, and the landlord knew about it too, all he did was spray with like Raid and blamed it on me but I know other people there that had the same problem, the building was dirt, and he plays it off like I brought them there."

"My place is soooo sick! I came home one day and my landlord left a joint on the kitchen counter, he comes in and smokes with us like once a week, he's so chill."

"My place is awesome, I just got in upstairs (YOU Building), I'm missing my mail keys so that's not good when I'm waiting for papers in the mail, but otherwise its better than my last like five places east of Adelaide."

Undesirable moves

Again, like the above section, the youth do not go around the YAC telling the exact number of moves that they have made, but they do discuss some of the things that have happened to them with previous living situations. These quotes accurately reveal what is said regarding undesirable moves, and it is apparent that this is an issue for the majority of the young homeless population.

"My boyfriend just kicked me out, told me to get my stuff on the porch, so now I'm screwed. I just got out of treatment so staying with friends isn't real good- they all

*do drugs and if I'm around it especially all stressed like this I'll be back in rehab
just like that."*

*"I've lived all over the place, I can just pack a few bags I only have clothes I need
so moving is easier, no stuff to take with me other than my backpack and
whatever."*

*"I went to jail, so obviously lost my place and most of my stuff, moving is going to
be impossible because I have no money and nothing to put in an apartment."*

6.6   Conclusion

The issues of importance from this chapter are connected to the various living
arrangements that youth seek to find shelter, along with how these experiences are shaped
by structural and social factors. These include the restrictive policies faced in agencies
that assign housing in London, and shelters that provide transitional and emergency
shelter for youth. Social factors involve the interactions between service providers and/or
social workers and the youth who are accessing support services. Many youth complain
of the stigma faced when they make an effort to improve their situations by acquiring
housing. The other major issues include a discussion about the popularity of couch
surfing among young homeless people, and the trade-offs which act as reimbursement for
rent payments. Associated with each different living arrangement are their levels of
satisfaction, which reveal important trends and patterns that again relate to structural
issues as well as interpersonal factors.

Structural issues, namely complex policies, eligibility, and staff attitudes within
the shelter system prevent youth from accessing housing of various kinds (Buckner,
2008), and they are also affected by and effect other issues like mental health and drug
use. In several shelters, the lack of personal identification may result in a youth being
turned away if they look under the age of 16 (Gallupe & Baron, 2009). Some require
permission from parents/guardians to stay at the shelters; this is a policy set by the agency
and is not a law, but it excludes youth who have left homes due to abuse or neglect and
will be unable to secure parental/guardian permission (Smart, Adlaf, & Porterfield, 1990).

Shelters often restrict individuals that appear to be intoxicated or under the influence of drugs, although in many cases a mental health issue of some type may be the reason behind a chemical dependency (Smart et al., 1990). As demonstrated in the data, youth also experience exclusion from shelters because of the attitude towards homeless youth held by social service staff members. An alarming outcome of this is that many youth prefer adult shelters, which are more dangerous environments than youth shelters but are preferred because they report being asked few questions and hassled less about things like employment and goals.

The individual housing histories provided for each of my 10 participants offered important insights with which to understand some of the distressing trends relating to how these young girls find housing, along with the social and structural factors that impeded these processes. They also reveal, in rich and almost overwhelming detail what being a young homeless girl in London is really like, which is powerful to say the least.

Chapter 7-Vocational Time-line

7   Introduction

This chapter features data from the Vocational Time-line interview instrument, which contains data about work and income over a six month period. The first section asks about employment, either regular or casual employment positions. The latter section of the instrument contains questions about the broader range of income sources, including the activities that youth do in order to survive on the street. Examples of these are: pan-handling; selling drugs; stealing; boosting cars; squeegeeing; and collecting/recycling bottles. The focus of this part of the interview is calculating the total monthly income from all sources over a three month period. This detailed breakdown demonstrates which types of income and employment constitute the majority of funds and assistance sources for London's homeless youth. These data are important because they reveal what percentage of youth are on welfare, ODSP, and CAS allowance and, equally important, how many are forced to engage in survival strategies to supplement their assistance-based income. My fieldnotes that pertain to the issues of vocation, both formal and informal, are included at the end of the chapter to provide first-hand insights into these crucial topics and experiences.

7.1   Unemployment

The instrument begins with asking about any regular or casual work positions within the past six months. To give a broad picture of the unemployment situation for the females in the study, I provide data in the form of a table (Table 3) for the population as a whole, followed by specific details for the 10 selected participants. One factor to consider when analyzing the data from the second interview is that there were 12 interviews missing from the females in the study, which potentially contributes to the decline of employment values.

Table 3

Employment Status for Youth Matters Study Female Population during Interview 1 and Interview 2

Employment Status	1st Interview	2nd Interview
Regular Job	11	6
Casual Job	1	3
Unemployed	50	41
Absent	0	12
Total	**62**	**62**

When asked, "As of today are you: Working at a regular job, Doing casual work, Not working, or Declined?" the majority were not working in both interviews. Among my 10, none were employed at the time of interview number one and only two girls had regular job positions at the time of interview two. Candace worked as a '*Starmail* Delivery Person', but quit because she was 'dissatisfied with the job'. In the second interview Candace described her last casual job, "Robbing, hooking, middleman", which constituted approximately 60 hours per week of her time and lasted for two months. Cassie is the other female who was employed, at an insulation company, for a short period of time during the first interview but she was fired by the time of her second interview. When trying to find out why so many of these girls did not work or could not find employment, they explained that a range of structural and individual factors were at play. These include educational levels and minimal experience in the workplace, along with mental health issues, drug addiction issues, lack of transportation, and enrollment in school. Based on my extensive discussions with many girls at the YAC and my extensive review of every female's response in the larger YM data base, welfare policies, mental health issues, and drug addictions are the primary and most powerful barriers to employment for these youth. As such they are focused on in more detail in the next sections of this chapter.

Welfare (Ontario Works)

The key barriers to obtaining social assistance for youth seeking employment, which is essential to demonstrate in order to receive OW, are the restrictive policies relating to the eligibility criteria. These include but are not limited to potential recipients' student and employee status, the amount of income that can be accrued while employed, and how many hours per week recipients can work. The complicated effects of these restrictions are clearly illustrated in the study data, which reveal the many reasons why these youth do not have jobs while collecting welfare. These include their inability to find employment with the restrictive welfare policies in place, while for others it is due to their school enrollment and being unable to find a job that can accommodate their class schedules. It seems to be obstacle followed by obstacle for these young people because they need to be in school or working to stay on welfare. However, if they are in school it

is nearly impossible to hold a job simultaneously, yet they need an income to get off of welfare in order to support themselves. In response to these multiple barriers, significant numbers of youth enroll in school for a few credit hours per week to become eligible for welfare and continue to engage in survival activities on the street in order to supplement the income they receive from social assistance. The Catch-22s in this tangled scenario are virtually impossible to resolve safely, effectively, and in ways that allow the youth to live in the supported and productive ways they want to.

Mental Health

The primary barrier to employment posed by mental health issues among these youth is stigma. The majority of employers will assume that youth with mental health diagnoses of any kind are unable to maintain employment, and for this reason will often chose not to hire them. This stigma and discrimination is highly detrimental, and can cause youth to feel inadequate and ineligible for a position despite the fact that they may have educational training or prior experience in the field. With the prevalence of mental health issues being so high among homeless youth, this issue is very widespread and problematic, as is the fact that because they are aware of this discrimination many young people trying to find work will do their best to hide any signs that they have mental health issues, including taking their medication.

Addiction

The key issues that link unemployment to drug addictions include mental health diagnoses, and the drugs prescribed to treat such illnesses. Prescribed medications for mental illnesses often cause undesirable side effects and lead youth to self-medicate with illegal substances. Many of the drugs prescribed for mental health issues are tranquilizers and sedatives, which make people feel 'spacey', 'out of it', and 'drowsy.' In order to combat these side-effects many youth self-medicate with other kinds of drugs, often those called "ups" or that give people energy and for some focus. *This is how the majority of youth, and other populations, develop addictions to drugs of various kinds*. However, if they appear to be under the influence of drugs or alcohol when looking for employment it is likely that an employer will hire them. What is likely is that the youth will be branded a

junkie or addict, which further exacerbates their already unstable mental health conditions and degraded feelings about themselves as people, let alone their motivation to continue looking for work or housing.

7.2   Sources of Income

To give a clear picture of the income situation for London's female homeless youth, I provide the statistics for the entire population in Table 4. This is followed by an in-depth look at each female that was selected for the purposes of this study, presented in the form of case studies as they were in the previous chapter regarding the girls' unique housing histories.

Table 4

Sources of Income for Youth Matters Study Female Participants during Interview 1 and Interview 2

Primary Source of Income	1st Interview	2nd Interview
Regular Job	2	3
Casual Job	1	3
ODSP	2	2
Welfare	40	35
CAS Allowance	2	2
Group Home Allowance	2	0
Child Tax ('Baby Bonus')	3	0
Panhandling	2	1
Income Tax Returns	3	0
OSAP	1	0
Family Assistance	4	0
Personal Needs Allowance	0	2
Family Members	0	2
None	9	6
Absent Participant Interviews	0	12

Welfare is the most common primary source of income; however, many females have a combined income with different amounts coming from various sources. These include: getting cash allowances from parents and other family members or from boyfriends; Personal Needs Allowance (which amounts to under $30 per month for the average youth); CAS allowance; pan-handling; and baby bonus cheques. For the girls who are making nothing from any legitimate/ taxable source, they have no other option than to resort to accruing cash from work related to street culture through drug dealing, being middle men, committing theft, and doing sex work.

Other Sources of Income

This section features data pertaining to the informal or "other" sources of income generated by the youth in this study. It is worth considering some of the factors that inform why homeless youth use these strategies, which include not only structural factors but other issues that may not be readily apparent. Some of these additional reasons include the fact that most jobs available for homeless youth are in the food service industry, the telemarketing industry, and often involve work that is very undesirable (i.e., janitorial or delivering newspaper and mail). Although the fact that they do not always like the work available may seem irrelevant or 'snobby', such factors related to job satisfaction do influence these youths' behaviour and may also tie into various structurally mediated systems that make them become socially excluded. This is a relatively minor point compared to the other serious and dangerous issues these young people face, but it is worth noting because they refuse such employment in exchange for dangerous and criminalized street activities that put them at considerable risk. Pragmatic decisions on their part, which are related to the widespread and valued goal of individuals making money that is true for all members of our society, also factor in because money accumulates faster when dealing drugs, stealing or boosting compared to making minimum wage on a part-time basis. Table 5 features the survival strategies/"other" income sources for the female population as whole, followed by a more in-depth discussion of those used by the females in my study.

Table 5

*Other Sources of Income for Youth Matters Study Female Participants during Interview 1
and Interview 2*

Other Sources of Income	1st Interview	2nd Interview
Dealing/Running Drugs	6	6
Criminal Acts	1	0
Robbing/Stealing	0	2
Boosting	1	1
Turning Tricks/Working The Streets	1	1
Driving People Around	1	0
Change Cups in Cars	0	1
Other – Odd Jobs	1	2

I begin my discussion of my participants' experiences with Sally, who was on welfare in the first interview and received $528 monthly. Considering rent for her apartment, food, clothing, and other personal needs, these would be impossible to cover with the $528 she received from welfare. So she supplemented this income by dealing drugs, which brought between $20-$300 extra per month. She was enrolled in a sign language program that consisted of 20 hours of class time per week, making it challenging to find even a part-time job that can accommodate her schedule during the day. She would need to find a job where the hours are only at night, but that would leave no time to complete homework or school assignments, forcing her to find alternate ways to make an income. In her second interview she stated monthly welfare payments of $550 with the additional income of 'selling' (drugs) amounting to $160 a month.

Maxine stated monthly welfare payments of $200, which were supplemented with pan-handling income amounting to approximately $100. She had also received $150 from family. She did not report any current regular or casual jobs or any 'other' sources of income, and was not enrolled in any school program at the time. She was living in London Housing during both the first and second interviews, so even with their low rent rates, affording food and basic personal needs would be nearly impossible with $200 a month from welfare; thus her need to pan-handle and maybe ask for help from family members. In the second interview Maxine's income was $0 and she had made $521 from welfare for the two months prior, which was a significant increase from the initial $200 payments.

Rachel received monthly welfare payments that varied wildly, from $585 to $84 to $221 over one three month period. Welfare is known to change the amount of money according to several different factors that combine to determine how much one is eligible to receive on a monthly basis. She was in a rooming house for the first interview, with no current job or schooling. By the second interview Rachel's only income came from "change cups in peoples' cars". She said that this source of income brought in $3,000 per month, which is significantly more than her welfare payments. This is another situation where the young person is put in a position where she is required to resort to other

methods of making an income, and in this case a criminal activity that is necessary for her survival.

Erika is one of the females from the first interview who repeatedly reported making $0. At that time she was staying at the Salvation Army, did not have any current regular or casual work, and was not in school. However, she did not disclose any 'other' sources of income. By the second interview she had been making around $110 per month from welfare and was combining this with her other income sources, 'odd jobs and boosting'. In one particular three month period she reported making just under $3000 per month, and during this time was staying in an apartment after sleeping in missions and hotels. Making this much money per month and in these living conditions may appear confusing; however, when we add her data about being very "sick" at this point in time things fall together. By "sick" she is referring to withdrawal symptoms from her drug addictions, which most addicts feed or soothe by giving into continued drug use. This gets expensive and likely Ericka chose to live in rather undesirable places because she was devoting as much of the money she made towards drugs, and also because such locales are often hot spots to locate drugs.

Crystal received monthly welfare payments of $600 which she combined with selling drugs, which amounting to between $200-$400 per month. Meaning she made approximately $800-$1000, with which it was possible to cover bills like rent, food, clothing, and personal needs like a cell phone and hygiene products. This leaves little or no money for things like social activities or transportation. Crystal was renting a room during the first interview, and moved into an apartment by the second interview, possibly due to the income she had accumulated from her other sources. She did not have a regular or casual job and was not enrolled in school for either the first or second interview. During the second interview she only stated monthly welfare amounts of $371, which is a drastic decrease from the amount she had been making in the first interview.

Erin is one female whose income was combined from various sources, and for the sake of cohesiveness I will present her income as she described it over the three months included in her interviews. At the first interview she stated that the month prior she made

$1,000 from ODSP and $300 from 'other activities', in combination with family support. Two months prior she had made $1,000 from ODSP, $226 from welfare, and $500 combined from her "roommate/selling/borrowing". Three months prior to the first interview she made $1,000 from ODSP, $226 from welfare, and $280 from a combination of 'selling' and money from her family. She was couch surfing at the time of the first interview, was not currently employed and was not enrolled in school. By the second interview she was still unemployed, not in school and staying at a motel. In the month prior to the second interview she made $1,500 from welfare, $800 from stealing, and $200 from drug dealing. So she was no longer on ODSP, but was now making much more than she was from her monthly welfare payments. Two months prior she made $1,300 from welfare, $400 from stealing, and combined $300 from her 'worker' and 'drugs'. Three months prior to the second interview she made $1,300 from welfare and $600 from stealing.

Candace is the only female in the study who describes relying on sexual strategies and activities in order to survive. During the first interview she was staying at the Salvation Army, so she made Personal Needs Allowance for the month prior (again, this only amounts to around $30/month). This was combined with money she made from 'tricks', which amounted to $404. The month before that she made $360 'turning tricks' and the month before that she stated income of $10,000 from 'working the streets'. For this type of income, it is obviously difficult to confirm whether the amounts are correct or not, but if indeed she made $10,000 in one month she made $2,500 per week, which is an incredibly high amount of money for someone who is living on the streets and in shelters. From the demographics instrument it is clear that she has attended multiple treatment services and has been diagnosed with a substance disorder. Additionally, at the time of the second interview she had recently finished rehabilitation so this large income may be necessary in order to afford the drugs she was using. In her second interview she stated that she had casual work, 'robbing, hooking, and middleman' activities that consumed 60 hours of time per week. In the month prior to the second interview her total income was $19,200. Again this is impossible to confirm, but this is the information that was provided. In the month prior she made $300, and the three months prior to the interview date she made $0. By the second interview she was staying at her father's house and was

still not working in a fixed regular position or enrolled in educational or training programs.

Brandy, similar to Erin, made income from several sources. She was not employed during the first interview, but was working as a mail delivery person within six months of the interview. She relied on her boyfriend for $60, which was her income for the month prior to the interview date. The previous month she made $0 and the month before that she made $300 from pan-handling. She was couch surfing at the time, and was not enrolled in any educational or training of any kind. By the second interview she was still couch surfing, but began attending an educational program through S*alem*, which is a Christian school, for 10 hours per week. By this time she was relying on pan-handling as her primary income, amounting to $900, $380, and $500 over a three month period respectfully; along with $20 given to her by her father.

Cassie was not working at the time of the first interview. She had been employed within the previous six months doing manual labour, but was fired from the position. She received regular work pay three months prior to the interview date in the amount of $400. This was combined with her $500 monthly welfare income along with selling drugs. In the month prior to the interview she made $3,000 from selling drugs, and the month prior to that she made $2,000. During the first interview she was staying with her Aunt and not paying rent, she has not yet return for her second interview so there is no data to analyze beyond these figures.

Finally, there is Robin, whose only income was from selling drugs and boosting. Her total income amounts were $1,000, $600, and $2,500 over the course of the three months prior to the first interview. At this interview she was couch surfing with no regular work, casual work, or schooling status. By the second interview she was renting an apartment and relied on drugs and hustling to pay the bills, but she had qualified for welfare and was bringing in additional income through welfare. She made $689 per month from welfare cheques and reported making $2,000 per month with the drug activities at the time of Interview 2. In the demographics instrument she reports having a substance use disorder and attended treatment for her addiction issues. Based on the large

amount of income, it would be my assumption that some of this money is going towards drug expenses, as rent combined with all other bills and personal basic needs does not amount to nearly $3,000 for the majority of youth living on the streets and in shelters.

7.3   Student Status

The final portion of the vocational instrument asks about student status over the past three months. Of the 62 females in the study, 19 were attending training/education in the first interview and this dropped to 15 in the second interview. Among the selected individuals, one girl, Sally, was taking a sign language program at NCCI in the first interview, which she continued during the second interview. Brandy reported her enrollment at Salem in the second interview. The majority of females share the common goal of wanting to complete high school studies; as such many are enrolled in secondary schools or alternate/continuing education programs. The most commonly stated Secondary Schools include Kennedy, Medway, Montcalm, Oakridge, Saunders, and WD Sutton. The most popular Alternate/Continuing Education programs include: Academic & Career Entrance Certificate Program (A.C.E.), Centre for Lifelong Learning, General Educational Development (GED), Reconnect, and Wheable. Three individuals are in other academic programs including NCCI-sign language program, Everest College, and UWO. Many shelters and service agencies also provide educational and training programs, some mentioned are through Bethesda, Children's Aid Society Parenting Course, Goodwill Employment Counselling, Merrymount, Next Wave, and YOU.

7.4   Fieldnotes

Unemployment

Many youth spoke to me about their experiences in trying to find jobs, having unsuccessful interviews, being dissatisfied with positions they are hired for, and being fired soon after starting work for a variety of reasons. I have included some statements below that I feel are representative of their experiences with these issues, including: getting fired, quitting jobs where they were mistreated, and the never ending process of

applying and interviewing for jobs they are not even interested in but meet basic requirements.

"People don't want to hire you when you're homeless, plain and simple."

"What address do I give, the place that I'm currently couch surfing at?"

"Just sucks, I've had to meet so many people for this one job, and it's at a meat packaging plant, like come on how much interviewing do I need for that, it's only minimum wage."

"Ya some people can't find jobs, but a lot of people here (YAC) are just full of excuses to not go get jobs for themselves, some people just take advantage of the system and those are the kids who give us a bad rap."

"It's a vicious cycle, I get a job then fired, get another crappy job, and I hate working at places like McDonald's so I quit, it just never ends."

"Just got fired from the restaurant because I went in and they said they could smell booze on my breath."

Barriers to Employment

In the analysis of barriers to employment, I mentioned the following three issues as being the most problematic for the majority of the group, welfare restrictions, mental health and addiction. In this section I will describe some of the other barriers to finding and maintaining employment that the females discussed with me and amongst their peers while at the YAC.

"There are so many things that prevent you from getting a job, plus in London no one can get any jobs anywhere, even people with school and experience can't get anything."

"I don't have education so I can't get any job, not even minimum wage ones."

"Well I just did three interviews for different places that my worker gave me to apply to and because I didn't have enough experience I didn't get anything."

"I'm still wasted from last night; I missed work, probably going to get fired tomorrow."

Sources of income

One of the most commonly discussed topics at the YAC is related to welfare in one way or another. Another topic of significance is the mention of pan-handling and sign flying—when a homeless person holds up/'flies' a sign stating that they need money, and often provide reasons for why they need help and cash. It is becoming more common to see youth standing on intersection medians with signs walking up and down the concrete slab hoping for drivers stopped at red lights to toss some spare change. The kids at the YAC use the supplies meant for crafts to make colourful signs on cardboard pieces and they discuss tips for how to get a lot of money quickly, what intersections are good to hit, and where cops look for people doing it so they can fine them. The young people at the YAC also discuss other sources of income, such as casual work, the splitting of cheques between boyfriends and girlfriends, and other types of allowances.

"OW (Ontario Works) now just keeps people poor"

"Can't go to school and be homeless, you can't get a job with no address, and can't get on welfare if you're not in school or working, so how can I get any help?"

"They drop your allowance based on your 'life situation' which can be like anything to them, which is why they always ask who you're living with, as soon as you live with your boyfriend you get so much less, so I lie."

"All we do is put on these real sad faces and all the old people toss us change out their windows as they drive by the intersection, I made $60 today and he made $50, we only stood there for like two hours."

"I made $110 bucks panning [Pan-handling] yesterday. Put the hair in pigtails and it worked good, bought me some Sherry [alcohol]."

Pan-handling sign being made by female at the YAC: *"Pigeons don't taste like chicken, spare change for chicken".*

"Boyfriends and girlfriends split ODSP cheques; I know a bunch of people that do that who come here."

"I get a clothes allowance from my shelter (Bethesda), so I went to Goodwill today and got myself these red pants, I've wanted red pants for years and they were just my size I was so excited."

"Hey it's better to be an OSAP bum than it is to be an OW bum!"

Other sources of income

Discussions about other sources of income that involve engaging in criminal or high-risk behaviours and activities are common at the YAC. Many times I heard stories about people owing each other money over drug deals and other borrowing arrangements. There is a lot of talk related to drug and alcohol use, which is often tied into the aspect of making an income from the selling or running of drug products commonly sold on the streets. Fieldnotes are very useful in this section because youth from the YAC discuss topics which are very relevant to other income sources, but they are not mentioned within the interviews. Two examples of this are police contact related to drug distribution and health-related insights that connect with sexual strategies. I have included many statements below because this area is of great interest and the material here really contextualizes some of the main issues and themes among young females who are street involved or homeless.

"He owes me for stuff from two weeks ago, and he's got till Friday to pay me or I'll be going after him."

"I bought the 26er (of alcohol) last week; it's your turn because you still owe me for the weed I gave to you that I could have sold."

*"I'm meeting up with ****** after this to get some, so once I flip that I'll be able to get some beer for tonight."*

"I had some coke (cocaine) left after I sold a bunch this afternoon so I did it before I came and still have some for later."

"I'm so sketch about lending out money because I've been screwed so many times before, but when people come to buy some off me and they don't have money I just kinda start a tab or like toss 'em a 20 assuming I'll get it back."

"They're good here (the YAC) they let me help clean on the weekend and that gives me like $30 bucks I never had."

"Police in here make people uneasy because people have stuff in their bags here or the cops know them from the streets and they don't want to be talked to in front of their friends or staff here."

"Don't want to talk about other means of income because you don't want to be ratted on."

"It's good that they have anonymous HIV testing here because tonnes of girls do sex stuff on the streets and people can't get tested without a health card."

"I get harassed when I'm walking downtown, I don't even do that kind of stuff but just because you walk the streets alone guys try to call you over for stuff, I flip him the bird and call him a pedophile so other people can hear, then he leaves me alone."

Education

This section of fieldnotes describes various aspects in connection with educational pursuits that youth engage in while on the streets. One theme is the connection between

educational training and various challenges that cause youth to lose their student status and make it difficult to get back into the school routine. Another is the fear of disappointment and failure due to insufficient education necessary to get a job that will provide enough income to support one's self.

"Trying to finish school is first priority for me, but it's only going to happen when I have housing or I won't do homework."

"I slept in for school this morning so I decided not to go once I got up at 11, I hope I didn't miss something too hard, my teachers a hard ass."

"My daughter needs to be fed so I have to work, so I can't make time for school; my Mom won't watch her all day."

"Gotta try to get my GED and get some college to get a better job, minimum wage blows."

"Getting paid to do the Y.E.S. program, so that's good I guess."

"I'm doing this course for parenting at CAS so I can learn about like feeding and stuff for when my son comes, I want to be a good Mom."

"I did this course for young Mother's. They did such a good job explaining everything from diaper changing, bottle warming, to like development stuff."

"I don't want to be a disappointment to my parents, that's why I wanna finish school so they can't tell me I'm a failure anymore, they're just assholes."

"I got kicked out for being pregnant, they didn't give a shit that I wanted to graduate they just told me I can't be in school there; that's why people 'fall in the cracks'."

"I have to go to school if I'm at the shelter; they don't let you work, so getting school done is making it impossible to save for a place."

7.5   Conclusion

This instrument reveals many fascinating themes that directly impact and colour these young girls' lives. Some of the most important issues relate to the survival strategies that youth are forced to employ because of the countless obstacles faced when seeking formal employment positions and various forms of social assistance. Unemployment is connected to many factors that influence the youths' day-to-day lives, the most important of which relate to mental health and substance addictions. Using multiple survival strategies at one time in order to make enough cash to meet ones daily needs is another of the most important findings from this set of data.

The issue of unemployment is frequently referenced throughout recent literature on the topic of drug addictions and its relation to mental health. In this study, the data has demonstrated that youth may not always be to blame for their drug issues, and although they may be capable of holding down certain employment positions these youth are often unable to prove themselves as most employers associate homeless youth with stigma. Another major theme that is connected to the issues of mental health and addiction involves the use of self-medicating.

Experiencing the rejection of not being hired for menial jobs that require little to no experience over and over, it is no wonder that these youth lose motivation to seek formal employment and choose instead to engage in various survival activities on the streets. There are few employers who are willing to 'risk' hiring an individual who is without stable housing, previous employment experience, and limited formal education and training (Karabanow et al., 2010). This leaves street youth with the option to engage in informal work, which provides survival money but can bring further stigma, belittlement, harassment, and mockery in addition to the discriminatory treatment they already experience for being a homeless young person on the streets. These activities which accrue 'other' sources of income result in further marginalization for the young people and subsequently create further barriers to their "success" (Karabanow, et al., 2010). These barriers include addictions, physical health risks, worsened mental health

issues for those with prior diagnoses, new mental illness concerns, and criminal justice involvement (Novac et al., 2002).

Youth who want to make cash and minimize their risks of being caught by police find other activities to get money, such as flying signs and pan-handling. The practice of flying signs has become much more popular in recent years, and rising numbers of youth and adults can be seen standing on intersection medians with signs walking back and forth, hoping to get some change from those who drive by. The police are becoming stricter when they witness a homeless person engaging in such activities. Recently, I have observed young people fleeing into the streets off the medians as soon as they catch a glimpse of an officer driving by. This is because the police are now handing out large tickets to youth who are caught doing this. Having tickets on your record makes the possibility of attaining employment even more challenging for someone who is already black marked by being homeless. For youth who do not want to be seen out in public asking for handouts and risk being caught by police, they engage in other underground informal work activities such as middle man positions related to drug involvement, or stealing in areas where they are unlikely to be caught.

One major issue that emerges from the female's responses in this instrument is the risk for those engaging in economic survival strategies. This risk is associated with the majority of survival activities; however, it is most closely connected with sexual forms of survival income. Most of the females' words and stories indicate that girls are experiencing high levels of violence through sexual exploitation. In particular, young women shared stories detailing harassment, often sexual in nature, which demand a need to strategize protection (Karabanow et al., 2010). Females on the streets who are using sexual strategies are well aware of the risk of abuse and rape; however, in their dire situations are forced to take the necessary risks in order to make enough cash just to get by.

Chapter 8- Open-Ended Questions

8   Introduction

The females' responses for the *Open-Ended Questions* are very informative, as the nature of the questions encouraged a full and meaningful portrayal of personal experiences and feelings rather than simple 'yes' or 'no' answers. The structure of the questions allows participants to actually talk candidly and tell stories instead of providing rehearsed answers for things they are commonly asked about throughout various social supports and service systems. Asking probing questions that youth are not frequently asked by service providers when navigating through 'the system' also shows the participant that as an interviewer you are genuinely interested in what they have to say. This provokes more honest and elaborate responses from the females, because a trusting and respectful relationship begins to develop as they feel more comfortable with the interviewer. With the open-ended question phrasing, each response varies slightly, sometimes significantly from the next; however, each mentions the same set of supports/services and themes that are relevant in their daily lives as a homeless female in London.

The Youth Matters study offered a set of service options to the participants during their first interview; including - Housing First, Treatment First, Both Together, or Other. These options were offered in order to see what the youth's priorities were when it came to seeking social services and it also demonstrates to researchers what is commonly considered a *need,* and what is considered a *want—or* something that is less urgently needed. This question is asked during each interview to see how or if the youth's priorities regarding housing and treatment have changed since the commencement of the study. Considering the interviews are separated by six-months, one is able to track the youth's path and experiences including challenges that have arisen during this interval; which can subsequently reveal structural factors and/or gaps within service and support systems. By doing some of the interviews myself, I was given the opportunity to understand their individual situations and was exposed to a range of issues that have not been considered in previous studies with homeless girls. This information is very

valuable due to the fact that, to date, no research projects in London have involved speaking with homeless females in this personal, respectful way.

The specific questions asked in this instrument are as follows: Which service model did you choose?; Would you still make the same choice today?; With the approach currently used, what has gone well?; What were some of the barriers (problems) you faced with this model?; What changes would you suggest for the future (what could be improved)?; If it was up to you, how would you plan services for you and people in your situation?; Have you been treated fairly by services in getting the help you need?; Is the system fair?; and What is fair or not fair about the system right now, for you?

The open-ended questions reveal key structural and systemic factors contributing to homelessness, including those relating to income, lack of supports and services, and to housing. The purpose of this chapter is to draw upon this rich data in order to illustrate, in even more detail than the previous chapters, some of the significant barriers faced by these youth who not only struggle with being homeless and having mental health conditions, but also face considerable structural violence and persistent systemic exclusion; which reinforces their marginal status and vulnerability. To avoid repetition, I will focus in detail here on select issues that I have not yet examined thoroughly in the thesis, and will pay particular attention to policy and systematic factors. Life on the streets as related by homeless youth in London clearly points to many structural factors and certain aspects that are associated with larger issues of the city, which have been woefully under-researched in the literature to date. Following the analysis of select themes from the open-ended interviews, I will incorporate some fieldnotes that pertain to these same issues.

This chapter is divided into five major sections based on the emergent themes of discussion feature in the youths' responses related to the open-ended questions: *London Housing*; *Ontario Works*; *Addiction Services*; *Children's Aid Society*; *Local Shelters/ Resource Centres*; *Stigma & Social Factors.* Neither the literature nor reality is easily separated into discrete categories, so findings from these categories have the tendency to overlap to some degree.

8.1   London Housing

The various aspects connected with receiving London Housing arrangements and how the youth describe living in assigned housing are elaborated in this section. The responses given by the females for many questions in the open-ended instrument include some form of discussion about housing experiences and/or the barriers and obstacles encountered when seeking permanent accommodations in London. They consistently identify barriers which are due to access and administrative policy issues, but also to larger structural factors related to government funding, that are often detrimental to their living situation. Access is a major point of concern reported by those who are in school or at work during the week and have no opportunity to approach services during weekday open hours (noting most locations close for the weekend). Sally describes her experience with this barrier, as she is attempting to graduate high school and has been unable to get to the office before it closes: "if school is 8-3 and youth programs run during that time, we can't go—so it's useless, like are we supposed to skip school?"

Communication with service providers and case workers is a problem frequently echoed by most females in the study. Sally recalls the time she had tried to live in the YOU building, "communication was horrible, it didn't work out, the idea was good, but all the ideals aren't there". There is also the commonly stated issue of complete communication breakdowns, where phone calls and messages left with service providers are either returned weeks later or just left unanswered. Homeless youth have little money to spare for making phone calls, and as such they complain of being put on hold for hours—consuming the minutes available on their cell phone cards or pay phone time. For this reason many youth make phone calls from resource centres like the YAC where a public phone is available for that purpose. However, the phone is out in the open and with the noise volume at a high and when personal issues are being discussed with service providers many youth become discouraged to make calls as they want to be impressionable in order to be considered for housing placement.

Administrative issues are a large source of confusion and frustration for homeless youth who are going through the motions required for the application process to attain

housing. Additionally, those facing ongoing restrictions for various reasons after acquiring housing have many stories to tell. When reading the responses to questions about the barriers faced when seeking assistance, many females expressed frustration as a result of the seemingly impossible task of manoeuvring through the stages. Brandy stated, "Housing is so much work", which is repeated by most individuals who talk about the battle of finding housing. Some individuals are rejected very early in the process, often after being unable to provide certain forms of identification and pieces of personal background information. Others face challenges later on in the process when they have first and last months' rent and are ready to sign a lease, but lack a co-signer and are therefore declined. One girl, Erin, expressed her frustration with this obstacle as she faced it several times, "every time we try to get a place we need a co-signer and we don't have one, so we can't get housed anywhere".

The most frequently mentioned issues surrounding access are the lengthy wait times required to be approved for housing and the lack of affordable housing in safe, clean, and relatively drug-free areas in the city. Wait times is one theme that is repeated across their comments regarding a wide range of social services. Many kids on the street make a connection between this issue and larger financial problems associated with government and funding available for homeless people. In the first interview, Rachel states "more money should be approved for housing, a lot more". Several others agree with her in stating that the city refuses to put money towards getting kids off the street and into good areas, they just put them in the poorer parts of the city like east of Adelaide Street or in the 'project-like' neighbourhoods (Oudshoorn, 2010; City of London: Social Research and Planning, 2008).

The problem of being assigned housing in neighbourhoods with high levels of drug involvement is mentioned over and over by females in their experiences with London Housing. Many females who are successful in attaining housing face the risk of eviction due to being placed in areas where drug use is rampant and housing units often turn into 'crack houses' or dangerous environments, forcing them back onto the streets. Along with this is the issue of being placed in unsanitary and/or overcrowded housing arrangements. In Brandy's second interview she mentioned the lack of affordable housing

and described problems with bed bugs and poor cleanliness in the places offered by London Housing. Bed bugs are a complaint heard from many and there are several areas in London that have a greater incidence of bed bug/cockroach/ mice infestations and unfortunately these are the areas where youth seeking housing end up living. This is directly linked to the affordability concerns, as low-rent housing projects are found in areas that are considerably un-kept and have low rent payments. Youth often reiterate the need for housing that allows them to live comfortably in clean neighbourhoods, providing them with a sense of stability as they are able to feel safe at home. Sally said, "I want stable housing—not just a hole in the wall, preferably somewhere with no bed bugs or drugs and dealers". She also said, "it's hard to keep housing when you're not mentally and emotionally stable and you're placed in areas that don't help you get better", which is something mentioned by most females who are struggling with addiction and finding a good environment to get clean. They describe certain areas of London as "triggers", and how it is impossible to overcome addictions when they are surrounded with people who are highly engaged in drug use.

8.2   Ontario Works

Of the 62 females in the study, 37(60%) of them rely on Ontario Works (OW) as their primary source of income. The remaining 40% are not on OW for a variety of reasons, some of which are due to ineligibility because of systematic and structural factors involved in completing the application process. Most complaints about OW are related to larger structural issues like business hours, identification requirements, employment/educational status, and wait times; while others are more socially-based, including communication issues and challenges with staff members. Each youth will experience the system and its procedures differently, but many of the females in this study mention reoccurring patterns and themes which act as obstacles of familiarity when seeking social assistance and maintaining the receipt of it.

There are certain features of social assistance that have been linked to homelessness, including the limited eligibility and the lack of a permanent address that is required by OW to mail cheques to. Rules and regulations that govern the administration

of social assistance benefits also make it more difficult for homeless individuals to find permanent shelter. Frequently the exhaustion of financial assets is an a priori condition of receiving any financial assistance, yet this creates an additional obstacle for homeless kids who cannot otherwise accumulate enough resources to cover first and last month's rent. This results in many youth seeking a place to live by bouncing between local shelters, on friends' couches, and places on the street throughout the city. In Ontario, persons who stay in shelters or who live on the streets receive very little (if any) financial support through social assistance. They are able to receive only a Personal Needs Allowance (PNA) if they fall into the group of 'no fixed address'. The PNA currently amounts to an insignificant amount of money, but because many youth cannot become eligible to receive assistance they go through the complicated process to receive even this pittance.

In addition to requiring sufficient forms of identification, applicants must be either employed or currently pursuing educational studies. Many youth are aware of this caveat and transition through countless low-end positions of employment in order to sustain their OW cheque. Brandy knows that the stipulations are there, and they are set in stone, "welfare is very strict—they won't let you on welfare unless you're in school or have a job". This aspect is especially relevant to youth with substance disorders and/or mental health issues as they face a multitude of additional hurdles.

There is another structural barrier related to the administrative difficulties that individuals may encounter when navigating through the social assistance system, which has to do with who their social worker is. With such complex processes involved, background knowledge seems to be necessary and many youth are at additional risks of 'slipping through the cracks' if their worker is unfamiliar with specific applications and/or has a discriminatory attitude towards these youth. This can result in major delays in the processing and receipt of their OW payments which, in turn, can lead to eviction and life back on the streets for those who have delays in receiving their assistance cheques that they need to pay their rent. Robin said, "welfare is unfair, I get the shitty end of the stick with welfare, my cheques are on hold and I finally handed all my shit in, and she said I couldn't get my cheques—my worker is hard headed, I can get kicked out and

she doesn't care". Similarly, Brandy knows this all too well, "you get your cheque late and evicted just like that because you couldn't pay the rent on time".

Importantly, there are complaints from both sides, not just those who are ineligible to receive it, but also from those who are already receiving it and still struggling to get by. Sally is one participant who articulates this problem well, "It's almost impossible to live off of—once rent is paid you have the bills [$40-phone, $30-Hydro] which come out of the $200 for 'basic needs', leaving $130 for groceries and any social activities for an entire month...figure that one out". For this reason, services see repeat faces on a daily basis as youth become accustomed to coming for lunch and dinner meals that are provided in many centres and churches throughout the city. Youth describe it as being in a money shortage before the end of every month as they cannot survive with such little money to spend on food, clothing, and their basic needs. This problem becomes more concerning for the young mothers who are trying to support their child(ren) or get them back through Children's Aid Society. They can barely support themselves, which is why babies are being taken from the young girls, and they end up in a constant battle fighting for their kids. Another group that struggles with monthly income are undoubtedly those suffering from substance abuse/addictions, which are further discussed below.

8.3   Addiction Services

Drug addiction services in London have many structural barriers that impact youths' experiences in seeking help with their drug dependency and addiction issues. The females describe most barriers as being related to access, availability, policy restrictions, and wait times, not to mention the minimal services available for the population of young people specifically. They also face social barriers when seeking treatment services, such as being stigmatized for going to get help and receiving very poor treatment by the various health professionals they see.

Among the females who discuss their experiences with getting treatment, a trend of transitioning between seeking housing and treatment was common. The barriers in seeking both housing and treatment services vary over time depending on the female's

current personal situation. In both cases, drug abuse issues prevent youth from maintaining housing, and once they lack a permanent address it becomes challenging to get accepted into any treatment programs. For some females, housing needs to be sustained first so they are stable enough to focus on getting clean; for others with severe addiction issues, treatment is more of a priority than housing because every dollar they accrue typically goes directly towards their drug habit. Some females' addictions control their life, spending upwards of $150 per day just to avoid withdrawal, in cases such as this, securing housing is nearly impossible. In the first interview, Brandy felt that her addiction was in the way of getting housing and she was dealing with a catch 22, "In order to get settled you need a place to stay and in order to keep getting treatment you need a permanent address". In her second interview Brandy mentioned the barriers faced when seeking treatment, stating that she can't get in because "you need ID to get into detox". One of the other girls, Maxine, expressed the dissatisfaction with her similar situation, "nothing is functioning properly in my life, housing can come after because I can't run a home like without treatment".

Youth who have committed to getting help for their addictions need to be able to access drug treatment service while they are mentally set on receiving help in order to get clean. Time spent waiting to get into detoxification programs often causes the youth to change their mind about attending, because by the time a spot opens they have often fallen back into their drug use. Maxine confirms this, "once you call, you make that decision to get clean, then you have to wait like two months. I could be dead in two months!" Crystal explains how persistent she needed to be to get in for drug treatment, "took me a while to get an appointment with the methadone clinic, I got on a wait list—I can see why cause they want to make sure you need it—I called the Doctor soooo many times before I got the appointment". Erin, along with many other females, also directly stated the problem with limited immediate access and the need to, "make more services, and make them more available, longer hours". Additionally, females discussed the length of treatment programs in comparison to the amount of time required for a successful recovery involving minimal relapses. Candace had the opinion that "long-term treatment is three months, you need at least six months to deal with other factors like being depressed, mental health, and rape".

Many girls who reported accessing drug treatment programs felt that many of the flaws in the service delivery were social-based, such as communication with staff members and case workers. Many youth describe experiences where they felt discriminated and judged because of their addiction, and were assumed to be incapable of functioning in society without treatment. For this reason, many females demanded that those employed at the centres be made familiar enough with the experience of addiction so they are able to talk and relate to those in treatment, not just look at them like 'druggies' and 'crazy people'. Robin suggested that "staff at the methadone clinic should be an ex-addict so they know what the person goes through, so they can relate and understand".

8.4   Local Shelters/ Resource Centres

Considering the topics of shelters and resource centres have been thoroughly covered in previous chapters, this discussion will only include aspects that have not been previously mentioned. I will touch on the issues that arose within this instrument specifically, mainly relating to barriers of access and the mistreatment faced by youth who are accessing various services.

Many youth who are using the services and supports provided by London's shelters and resource centres are from London, but according to the demographics only one third of the study participants were born and raised in the city. Several youth in this study came to London from their hometowns, which are for the most part, major surrounding cities. This nomadic behaviour is in part due to the fact that the city is well-known for having various options for young people that lack permanent housing who are seeking aid through social supports and services. Word of mouth among youth living on the streets and those engaged in street culture seems to be an important factor influencing many of London's street youth initially coming to London. However, with such a large population of youth, and few services targeting the younger age groups specifically, supports and services are feeling the tension as their in such high demand. This is what causes bed shortages in shelters, only short stay options, and extremely long wait times for other influencing factors such as housing and social services.

The system appears to be under pressure to supply resources and aid to a large number of people with very diverse, individualized needs. Access is a problem for many youth as the majority of services are closed on weekends and later at night, leaving many people to seek shelter wherever and whenever they can. Erin stated repeatedly that the city needed to "make services more accessible because the YAC helps a lot, but sometimes it's just not enough". The centre is only open during the week, so many youth miss out on meals because they are in class or at work during the weekday hours and some are forced to pan-handle in public locations. Erin feels that services should be structured "so people our age could stay...so we don't end up at the Sally where all the older people are, like if that's all we have to look up to we're more apt to following". Brandy echoes this, stating that agencies "should make shelters for people 15 to 18 years old because most public places downtown like to kick people out that are homeless". She elaborates on this by sharing a personal experience, "I've been banned from the library for falling asleep and the Galleria too—that's not really fair".

8.5   Children's Aid Society

Children's Aid Society involvement is of particular importance for young people coming from foster care and young mothers who have had their children taken by CAS. There are children who have been associated with the CAS for several years of their life, as they were taken from their own parents as children and moved through the foster care system. In many cases when a child is removed from the home there is evidence of some form of violence or abuse, in the form of physical, emotional, or sexual, drug use, or lack of parenting abilities. For this reason, young females are hesitant to live with those reminding them of previous abusers, and in some cases foster homes are not safe places for them. Many youth are known to flee CAS care because of this, when becomes a primary reason why the majority of them end up on the streets or couch surf until they find housing.

On a different level, there are also those young female mothers who actively communicate with CAS because they have lost custody of their own child whether due to lack of means to support the baby, addiction issues, mental health instability, or lack of a

permanent address. In the first interview there were 22 mothers who had a total of 28 babies. By the second interview 27 mothers had 34 children between them. Five more girls had babies since the first interview, three lost their children to CAS, and four more were pregnant by Interview 2. One girl, Erika, talks about her past and present situation in relation to this particular issue, "my daughter—I want to prove to her that I want to do more than what my Mom did for me". However, it is rarely easy to overcome CAS obstacles when these youth are not in a stable living arrangement and therefore cannot prove that they are able to care for a child.

When asking Erika about whether she felt the system was fair, she replied, "I mean it's a government system right? It's kind of biased, but whatever right?" Youth are very discouraged when it comes to approaching various social services because of rejection they face from staff and service providers. They often associate their negative feelings about accessing social supports with the discrimination they have faced related to their homeless status. Robin talks about CAS from her own experiences by bluntly stating, "CAS is so unfair!" Many girls discuss feeling discriminated against by their childcare worker because they are young single mothers who must, therefore, be irresponsible and 'incapable of anything', especially when they have mental health diagnoses or addictive tendencies. They also discuss the long judicial processes involved and ramble off countless visits to the courtroom throughout the stages of custody and support battles.

8.6   Stigma

Stigma and discrimination are words that are continually repeated throughout the interviews, especially related to mental illness, physical differentness, and the association with a particular group that does not meet 'normal' societal standards. Many youth feel stigmatized in society for being different from the norm because they are homeless and street involved. This kind of marginalization can exacerbate or perpetuate generalized stereotypes. However, the stigma experienced by these youth is not just associated with pan handling or squeegeeing, it is being encountered across many aspects of their lives. Countless youth described the most problematic forms of stigma and discrimination as that which is faced while accessing various social support services. Crystal has been

discriminated against while accessing services for homeless youth for a variety of reasons in her opinion, "when you have drug problems, and you're young and homeless, and have no family they look down on you, they treat you like you don't know what you're talking about". In the second interview Crystal still expresses the stigma she faces, "when you're young and you use drugs people don't take you seriously, they treat you like less of a person".

Mental illness

Youth often claim that healthcare providers in general, tend to categorize the homeless as a group of mentally ill people who all require medication to be stabilized. Females mention feeling stigmatized when seeking mental health treatment specifically. Sally mentions the stigma she faced on many different occasions when she sought treatment for her mental health concerns. Health professionals typically prescribe sedatives to individuals with mental health diagnoses in order to reduce the associated symptoms. Some youth have tried certain medications and found them to be too strong, and the side effects as being enough of a deterrent to discontinue taking them. These youth who chose to not take medication report being told repeatedly by physicians that this is what they need, which makes them feel stereotyped as being an 'average homeless kid' who needs drugs to be "normal" or functional within society.

Physical differentness

Another type of stigma faced by homeless youth is related to their physical appearances, which causes them to be secluded from society and judged by others. Many females in this study feel discriminated against because of the stereotypical comments connected to their looks, which are said to them while in public or accessing various social support services. Typical everyday words said to homeless females from people in society are harmful and degrading discussing their physical appearance, and they further mark them as being' different' or wrong compared to other young people. Females from the selected group state similar messages about this topic, 'even just walking down the street people stare, call names, and harass us just for how we dress, or for how we stand out because

our styles are bold or look like typical street kids'. Rachel is one female who said, "ya there's discrimination, people just look at us and hate us".

Association with Groups, Drug users

The third type of stigma is that which is caused by an assumed association with certain groups or people, such as drug users or those attending treatment programs. Sally faced discrimination while seeking treatment for her drug addiction issues. She not only experienced the stares and looks of shame from people outside the facility that observed her entering the building, she also faced discrimination from the staff members and service providers in the treatment centre. Maxine also described times of being judged by various people in the system who deal with youth that have drug use issues, "if you're a drug addict you don't get treated the same way as other people". She went on to say, "you're discriminated against because of being an addict". It appears that as soon as you reveal that you use drugs you are assumed to be a full-fledged drug addict with all the attached stereotypes.

By attending certain resource centres or places where homeless people are known to hang-out youth are subjected to further feelings of disgrace, and they are targeted by police and sometimes treated very poorly by health care staff in hospital emergency departments. Erin said, "I wish I could change the stereotypes, where you weren't looked down upon for going there". She is referring to the YAC, based on my observations people who see you going into the YAC give you certain looks and expressions of disgust or they ask if you have connections to accessing drugs. However, it is not only the specific service centres and support locations that result in the stereotyping of youth who use the facilities; it is larger community services including health care and judicial services that seem to be a significant source of the stigma experienced by homeless youth.

One girl, Robin, recalls a time she was pushed aside in a London Hospital when she was there for help, "if you say you did drugs at a Hospital they treat you differently, they look at you like a junkie—then you wait six hours in emergency when you have a cracked rib. They wouldn't even give me another bag of ice". Another female named

Candace had similar perspectives about government-based services and police in the city, "I don't agree with government and society. I think police are power trippers I don't agree with government or anything". It is clear that significant numbers of youth are not being treated equally in these essential and very influential domains. It is crucial to address the underlying roots of these discriminatory attitudes and practices, not only in society but also among those working in the specialized services targeting this population particularly. Prior to developing an understanding of the larger social issues, the task of effectively implementing new services and supports will be unsuccessful if the providers cannot properly approach the youth who are seeking aid.

8.7   Fieldnotes

In order to supplement the data from the girls' open-ended responses I will present some of my personal observations from the fieldnotes recorded while at the YAC on Wednesday nights. While sitting at the main table where youth eat at the centre I was privy to details that were inaccessible during the interviews. I had the opportunity to be involved in discussions among several youth or to overhear conversations between friends or roommates. I made an effort to record notes throughout the night on the sheet I did crossword or Sudoku puzzles on (this was a highlight, and a daily activity for youth who attended regularly). I would also sneak off into the office to record words that really resonated with me in addition to several specific quotes—give or take a few words if I could not recall the entirety. As in the previous chapters, I will discuss fieldnotes according to each major theme picked out from the interviews.

London Housing

With regard to London Housing, there were many different stories shared and I will focus on the themes that seemed to be of primary concern for the young females. The themes that continually arose in the fieldnotes related to wait times, rules/restrictions, and personal stories of frustration and bad times with housing. Some of the most memorable statements are listed below under different themes that commonly appear when discussing London housing; policy, quality and safety; feasibility; and gender.

Policy

> *"I have no social insurance number so I can't just go out and work, and you have to show paystubs when you go to get a place—they won't rent to me."*

Quality and Safety

> *"You know what I smell when I get on the elevator, crack! Ya! Supposed to be a "family building" according to housing and there's been broken glass on the floor for two weeks. Landlord won't do anything, and I'm not going to touch it, I don't want any disease. What sucks is that I haven't been in my unit long enough to do a transfer because it has to be like 6 months to one year before you can request a move. And even at 6 months it's not even guaranteed that you can move."*

> *"I mean I got housing on Simcoe Street, but young people shouldn't be living there."*

Feasibility

> *"Not having the money to pay the rent, everything makes you feel sick because you worry about it all the time, I can't be evicted-I'd lose my job."*

Gender

> *"...Stuff happens to girls...they have more problems living on the streets that guys don't have to deal with...being a girl, I always worry and get paranoid about like...if I am going to have someone to sleep with—not to have sex with me, but to stay with—because I get scared just camping outside in random places by myself, it's not safe. You know? You don't want to sleep out in the open, because you don't want to get caught by the cops and then fined or arrested, but more because you don't want anybody to fuck with you. And then you freak out thinking that if I'm like hidden away from people, then someone could come up and you know, rape me, steal my stuff. And if I'm all hidden then no one could help me if I was struggling screaming. I know that I get real nervous about things like that, so do most...*

...girls...and I don't know if guys do think about that—like worrying about sleeping by themselves—but that's like a major thing. That's why so many people hang in groups like outside of here (YAC), or get boyfriends to protect them."

Ontario Works

The most common social support discussed in the YAC is undoubtedly OW and the youths' challenges with getting welfare, staying on welfare, and surviving on the small allowance given. There seems to be issues arising right from the start, with administration, and larger aspects of the systematic process are deterring youth from seeking services and resources. I have not met an OW worker personally, but after hearing what the youth at the YAC have to say about them, I get the impression that some of them do not belong in their current role as they do not know how to speak to the population or show sympathy for their situation by talking to each person as an individual rather than another client. Several quotes from my notes have been included below as they are very telling of some overlapping issues within the system along with social barriers faced during attempted access. Those heard most often include policy related issues, complaints about staff, and the unfeasibility of survival on the allowances provided on a monthly basis.

Policy

> *"I can't get community start-up again according to my welfare worker because you can only be evaluated every two years, which is bullshit."*

> *"Welfare only helps you out with start-up every two years so if you have to move because you have mice, bugs, or drug dealers bringing random people over who steal your shit then you're screwed."*

Staff

> *"It's annoying, like one day I'd be talking to a girl, next day a guy—like I wanted it to be kept quiet, yet it felt like everyone knew my story"*

"Welfare should be run by people who have been homeless so that they know what it's like and then they'd be nicer to you, cuz they'd get it."

Feasibility

"...they purposely just give you enough to survive on, you get the bare minimum, that's why half the kids on OW are all drug dealers."

"What people don't get is that if someone's on OW they're not on it cuz they want to be on welfare, it's because they need it; and they're just assholes; you get what?, not even 600 bucks a month—how is a kid with nothing supposed to get a place and get to a better situation with just that."

"I do $25 a week for groceries, you know, you buy toilet paper, that's like $10 bucks gone right away, then you need other expensive things milk, bread...so basically... ...I come to the YAC to eat in the morning then for dinner, otherwise I'd starve. You can only go to food banks so many times per month."

"No incentive to find work because if you find a part-time job OW is going to take 50 cents for each buck you make, it's not worth it when you gota freeze your ass off walking downtown delivering stuff in the winter. I just froze all day, can't feel my toes and what did I make? Like nothing."

Addiction Services

Many homeless youth in London experience addiction issues, which is evident after spending only a short period of time in local support and service centres. With visiting the YAC, I was able to see many of the same faces on a weekly basis, along the way making relationships with several of the young people. I began to see the same group of guys and girls, and was able to identify when they were under the influence just by speaking with them—and more obviously, by smelling marijuana on them as they stood or sat beside me. The YAC has many promising aspects and health promoting missions, but like most social services, provides the opportunity for social interaction amongst the youth accessing the centre, which often encourages unfavoured behaviour engagement

after closing hours. With so many youth meeting up there, the pattern of going to someone's place after the centre closes at 7:00 p.m. becomes very routine. What is also apparent is the fact that these 'get-togethers' typically revolve around the consumption of alcohol and illicit drug use. As a Research Assistant I also completed Outreach Services where we walked downtown and around major areas known to be popular for homeless youth and sent them over to the YAC for dinner or found people who were due for their interviews. One stop in this trip is the methadone clinic and addiction services, and both places are packed with people early in the morning, during lunch hours, and later at night before most services close. The fieldnotes I collected were from youth at the YAC who discussed treatment for addictions and their experiences with relapse and getting clean.

> *"I got clean for like 4 or 5 months but then I got out of the housing and was evicted from my place because of my roommates doing stuff and now getting offered housing in spots where drug use is bad. With all the triggers in London going anywhere makes it tempting to use, I can't be around it and that's the only place they're saying I can go."*

> *"I feel like drugs are a problem for like 99% of homeless people, like I know sooo many people on methadone and tonnes who have been to treatment."*

> *"...people with drug addictions can't have cash on them cuz it's like...ahh its just $20, next thing you know their whole fucking cheque is gone, rents not getting paid and now you don't have an address and you can't get more treatment, like a vicious cycle really"*

> *"...in the one building I lived in there's visibly drugs being consumed in there, you could even smell it; they need to have more needle places so people don't just ditch their stuff on the floor"*

Children's Aid Society

The YAC is often full of young mothers with their babies and it is not unusual to have 4 or 5 strollers in the centre on any given day of the week. I have learned that this is a persistent trend because CAS has approved many mothers to have their children while

they are in safe, controlled, drug-free locations, including the YAC. After spending week after week observing the maternal side of young females learning how to care for their babies I began to notice very significant trends and behaviours that cannot be accurately depicted and understood through reading academic literature alone. I observed young female youth getting together and picking names for children, talking about ways to make things work with CAS, how you can change so that seeing your kids more often is possible and basic activities—feeding, dressing, soothing, and changing diapers. It was such an incredible experience to be observing this social behaviour between young people at a distance. They are clearly having difficulties with parenting, and doing their best to support their child and put themselves in a more stable position in order to be there for them as much as possible. The quotes below include some views about CAS, and personal experiences surrounding challenging obstacles that were overcome. I have broken the following statements into the themes that are standard among the discussions between homeless youth, custody battles, CAS policy issues, and parenting as a young mother.

Custody Battles

> *"I'm battling my own parents for custody of my girl, they won't give her to me because they think that my drugs rule my life and that I'm not capable of taking care of anything, they want proof that I can finish school and be an adult before they will let me watch her."*

> *"They came in and just took him, didn't really explain why, and I've been struggling to get him back every since, each time I think I'm ready to care for him they find another reason to keep him from me."*

Policy Issues

> *"I'm trying to get my sister taken out of foster care through CAS because I know the man is a bad person, but the hoops to go through are impossible, like I can't show proof of income and I'm not old enough to apply for custody."*

Young Mothers parenting

> *"I don't bring her here because I don't want people asking to like hold her and play with her, some girls here don't know how to hold a baby right, and you never know what people have here."*

Local Shelters/ Resource Centres

Being in the YAC has exposed me to many opinions held by homeless youth who access the centre about the services that are provided, and how these supports compare to others available for youth specifically. I hear the same comments over and over about certain locations and shelters, many reflect similar negative experiences. Young people tend to visit these certain areas as a group and will meet at the same centres on a daily basis, after school or work or as a way to organize times of hanging out once the locations are closed. The comments below give a look into how services are accessed and how they rate for usefulness for the majority of users. I have included statements made about a variety of services including resources, food sources, shelters, mental health, and counselling. Themes below are related to policy issues, and various social support services frequently accessed by the youth.

Policy

> *"...hard for kids that aren't 16, they lie about their age so they can get help, but sometimes CAS picks them up if caught in shelters."*

> *"...and lots of places closed on weekends, so hard to get food sometimes, and its cold in the winter so begging isn't fun."*

> *"...food banks, can only go so often, and people that don't really need it go and take all the good stuff."*

Mental Health Services

> *"Waiting for mental health services is like two weeks to three months, depends what you got, some people wait forever when they need help like now."*

Shelters/Housing

> "Who wants to live at the Sally? but yeah, its just, well its better than being on the streets or sleeping under a bridge or in a garbage can."

> "I mean come on, who really wants to live in the Sally?"

> "The YOU is terrible when it comes to communication."

Support Centres

> "YAC's good cuz you got a lot of people from different groups and they're all in one spot so they like get together and hang out or look for places together and stuff." "It's easier to get a three bedroom than a one bedroom."

> "YAC's the best because you can pretty much drop in even when you're here before 3, they're still cool to let you in."

> "Street Con is good because it is open on the weekends, but the staff have favourites and it's really bad cuz they just let people fight in there or come in all high just because they used to hang with them on the streets."

> "Well having a kid makes it hard, I don't like having to bring my kid where homeless people are."

Stigma & Social Issues

Stigma is not something that every person who attends the YAC talks about freely. Among those who do discuss it many will relate stigma to their appearance and how people react when seeing them on the streets. I heard on many occasions, youth telling stories where people called them names, and yelled harsh words their way as they drove by—including grown adults who would utter disrespectful statements to those who pan-handle on intersection medians. The quotes I have provided below are only a brief peek into the hard, socially impactful environment that homeless youth are surrounded in.

Themes include the three major types of social stigma, related to mental health, physical appearances, and association with certain groups or types of people.

Mental Health

> *"As soon as you say you went to Ross or Thames Secondary they look at you like a dummy or like the crazy kids that they think automatically come from there."*

Physical Differentness

> *"Especially in this city, everyone just looks at the youth like we're all the same, just a bunch of druggies and like we got no work ethic or anything like that—they just stereotype you once they see you on the street and look at the clothes on your back."*

Association with groups (street kids, drug users, people on assistance)

> *"You get called promiscuous/sluts if we ask for help, we either get turned away or someone calls CAS on you. Being a young mom they'd rather help some needle junkie before they'd help a young mom. I even got kicked out of my high school for being pregnant."*

> *"Landlords don't want to rent to people on assistance, period."*

> *"...it doesn't matter how they say you're equal, you never really feel equal."*

8.8 Conclusion

After reading interview responses and reviewing my fieldnotes I am under the impression that women face unique challenges when navigating through various support systems in London. The open-ended content in the interviews really helps to contextualize what I recorded and observed during my time spent at the YAC. There are areas that I feel require further investigation in order to more accurately understand the life of a homeless female and the factors they face every day. Childhood involvement of homeless persons in the child welfare and foster care systems seems to be a generational theme. Many

females feel that lack of access to employment opportunities account for their inability to support a child. It also appears that females of Aboriginal decent may often fall between gaps in services as a result of responsibilities being shared by various levels of government. When looking at the demographics one is able to see a trend with women identifying as "First Nations Status" having high incidence of pregnancy and numerous children. Furthermore, their status can sometimes create eligibility problems for some services. There appears to be a need for greater analysis of landlord discrimination against high risk groups such as aboriginal persons, and social assistance recipients— particularly female single parent families.

While it is useful and important to describe and analyze the personal characteristics of the homeless (including such issues including the incidence of substance abuse and mental illness), it is an insufficient basis for gaining an understanding of the structural and systemic factors contributing to homelessness and everyday realities of how these things are experienced and described by youth themselves. Tolomivzenko and Goering (1998) offer a 'musical chairs' analogy, wherein they suggest that high levels of mental illness and/or substance abuse amongst the homeless are, in part, an effect resulting from the very fact that economic and housing market factors will push some into homelessness. There are, however, several influential structural and social factors that shape a homeless youth's day-to-day lives and experiences living on the street which suggest the need for further research. The major structural factors relate directly to policy issues such as restrictions linked to eligibility and the accessibility of various services. Social factors are most often connected to staff and service provider issues, typically related to the tendency of certain people in power to discriminate against the youth accessing service and treat them as a number rather than a person.

By spending countless hours sitting in the YAC myself, I became well aware of these kinds of issues and the types of things that are "hot topic" amongst the youth at the centre. Additionally, I noticed many typical occurrences such as young people being kicked off of assistance, forced out of their housing arrangements, and using personal strategies and survival tactics to make do when times turn tough. When your face

becomes familiar to the 'regulars'—those who attend the centre on a daily basis you begin to learn many of their stories and the situational aspects that are part of their everyday lives. Having this dual perspective complements what I have read throughout the literature from the study and has allowed me to view the situations faced by homeless females from more than just one point of view. It has truly opened my eyes to issues that I would not have witnessed and learned of otherwise, some of which are elaborated below.

Perhaps the most notable observation is the societal construction of the idea that the homeless are truly authors of their own fate or that there exists a group of "undeserving poor" who should not be granted access to income and supportive services. The homeless youth I have met at the YAC are very aware of the stigma associated with being homeless. Those who are struggling to maintain permanent housing, and succeed in getting custody of their children express frustration and resentment towards those who encourage the negative image of being homeless. One person told me how annoyed they got each time they heard of "kids on the news that talk about drinking and smoking because "they can" and that they use money from their parents and people who give it to them while panhandling"; "those kids ruin it for people for actually need it, the stereotypical label of street kids is thereby further propagating in society resulting in the generalized stigmatization of homeless youth".

The open-ended questions are crucial to seeing the vastly varied factors that street youth encounter as they manoeuvre their way through services and supports in order to stabilize whatever is more important to them whether that be housing, treatment, child custody, employment, or education. It is important to understand how these individuals experience the problematic aspects of the system, as getting a job or education typically occurs differently for them than it does for their peers. Hearing their personal stories has the ability to transfer the common stereotypes into a greater understanding of the issues faced by homeless youth. Rather than negatively addressing the population, it is critical to find effective ways to provide services for the young people specifically. By listening to experiences of relapse and suggestions from those who have used the services, implementers can learn ways to improve delivery of services available.

Chapter 9- Conclusion

I sincerely hope that my research study that has examined homelessness in London, specifically the experiences faced by young females, will lead to further understanding and appreciation of what it is to be a young woman living on the streets. I am optimistic that my project findings will encourage deeper investigation into their day-to-day lives, and how they are influenced by the various structural and social factors in operation in the city of London. My aim is to allow the youth that are living on the streets to have any and all resources necessary available to them in order to meet their daily basic needs along with their unmet essentials. My ideal goals relating to my data would be to find effective ways that can improve these young peoples' quality of life and help them to achieve their goals, whether it is to secure housing, maintain employment, get off the streets, or get to a better place in their life through mental, physical and/or emotional well-being.

In general, it appears that there is an overall lack of understanding about the day-to-day lives of homeless youth, with females, and individuals with mental illness and addiction requiring additional focus. In order to better understand the life of the young female homeless people in our city, it is necessary to study the adaptive behaviours that they engage in, which include socio-emotional, psychological, and sexual factors. The investigation of homelessness in Canada alone is insufficient, with minimal discussion of London, which has been demonstrated to have a pressing homeless situation requiring further study. It is apparent after doing a thorough literature review in all areas that focus on youth homelessness that several gaps exist across the delivery of social supports and services and in the understanding of the experiences and obstacles faced by female homeless youth in London. London is a smaller city in comparison to other Canadian cities, such as Toronto, that have been analyzed by researchers who have completed several studies about homelessness. The size of the city is a contributing factor to the experiences of being a young homeless person; this is connected to the aspect of smaller populations being more closely knit. London's small population size allows those community members to build social networks, which are of specific importance among homeless youth. The socialization concept relating to homelessness is experienced very

differently in a small city than it is in a more populated area. Other factors that make London unique include the housing assistance provided through London Housing, and the structure of the city related to the localization of social supports and services.

A variety of factors are crucial to analyze prior to having a decent understanding of the complete situation, and by asking open-ended questions researchers allow for the opportunity to learn what it is to be homeless coming from someone who is. By asking open-ended questions the diversity of answers provided amongst the group allows for the collection of many different opinions based on several personal experiences and challenges. These types of questions are useful to understand what aspects are relevant to youth specifically; and they are much more insightful about the most problematic barriers preventing people from getting assistance within the services they seek. Most studies with homeless people have not been based upon or even include structured interviews speaking with those directly affected (Buckland et al., 2001). Structured interviews with homeless persons are needed to see whether or not lack of access to specific supports and services was an underlying factor contributing to their current state of homelessness. Their experiences help shed light on the other aspects contributing to their homelessness (e.g., job loss, loss of housing/OW/ODSP, custody battles, family dissolution, failure to complete schooling, drug abuse, mental health issues) that are sometimes left uncovered in standardized interviews. You learn about those who are just a pay cheque away from eviction or a life crisis away from being in an unstable position; hearing these heartfelt experiences from those who are actually living as a homeless female allows the researcher to have a true glimpse into their life.

My study objectives were to understand how homeless female youth are experiencing homelessness in London, and what sorts of factors influence their daily lives. This involved considering the larger structural factors which impacted their pathways taken to and on the streets, mainly with respect to their access of various social services and supports. The objectives also sought to gain a better understanding of the survival strategies that these females were forced to engage in due to the barriers faced when attempting to acquire formal sources of income and/or employment. Some of the most crucial issues discussed in my thesis relate to individual and everyday factors;

structural factors; mental health; survival strategies employed by females; and the experienced faced by those living on the streets and in transitional accommodations whose everyday lives are shaped by the systematic aspects of the society within London, Ontario.

Homelessness is a complex experience, with the causes being as varied as the people who experience it. The literature primarily addresses factors leading to homelessness and the associated risks, but there are so many other aspects that need to be studied. Youth with mental diagnoses, especially, face different structural and social factors in comparison to their peers. Within the population of homeless youth in London there are a variety of individuals facing unique challenges and have a multitude of unfilled needs depending on context and their place in this fringe society. By speaking with the population directly I gained crucial insight into their experiences and the most pressing issues in their lives. This approach allowed me to answer my first research question: *which structural factors are most commonly identified by female homeless youth as posing challenges when seeking social supports and services?* The structural factors described by females in my study which acted as barriers in their experiences of seeking social supports and services were related to the policies associated with several organizations and agencies including social assistance (welfare), London Housing, Children's Aid Society, and mental health/treatment resources. Most complaints were surrounding the restrictive nature of the rules and regulations connected with being eligible and receiving services. Other factors related to access, including the hours services were available, the tedious process of paperwork and eligibility determination, and the systematic obstacles faced when waiting to receive assistance, whether related to financial, housing, and/or treatment.

Most homeless youth confront barriers when accessing basic needs and services, this can be attributed to their age; appearance; homeless/runaway status; lack of income; drug dependence; low self-esteem; and emotional/psychological/mental health issues (Koeller, n.d). This is problematic considering that basic stability is crucial for positive action, which is in turn linked with education, employment, addictions, and mental health. In analyzing the data about accessing social services and supports the theme of

survival strategies continually appeared; the females described using other means of accruing an income when they were unable to receive other forms of support. This data answered the following research question: *what are the most frequently employed survival strategies used by today's female youth to resist and overcome these barriers?* The most commonly reported survival strategies were related to drug involvement, whether it be selling drugs, being the middle man in drug deals, or accessing prescription medications for other people to sell. Another major strategy was connected to theft, with many females reporting illegal activities of taking other peoples' belongings or cash. One strategies frequently stated as a secondary means to gain an income in combination with the receipt of social assistance was the activity of pan-handling, in many cases involving flying-signs on intersection medians. The use of sexual strategies was minimally mentioned in the interview data, but was revealed during the data collection from participant observations and fieldnote recording. Many females stated that they exchanged sexual favours for a roof to sleep under, or as a means to meet other basic needs.

Using methods which were informed by ethnography provided me the chance to analyze some very complex issues in an in-depth fashion, revealing roots of issues that would otherwise have been left uncovered. By making use of approaches stemming from ethnographic studies I was able to gain access to different types of data, most importantly those which came directly from the source of the population of interest. Having the opportunity to immerse myself in the youths' domain I gained insight in their daily lives, routines, and problems faced on a regular basis. The use of participant observation and the recording of fieldnotes in my data collection has resulted in my study data being highly diverse and rich and it also informs some aspects which arise in the interviews, that are able to be elaborated through the participant own quotes and storytelling. By having the youths first hand words and quotes to absorb and utilize in my thesis data collection I was able to make more connections to factors that could not have been made by reviewing earlier forms of research alone. Using this type of research method also allowed me to speak with females at the YAC and hear their own personal stories about how being a female on the streets of London is very different than their male peers. This data answered the following research question: *how are the experiences and structural*

barriers faced and resisted by female homeless youth unique from their male counterparts? Females I spoke with often told me how much more challenging it was to be a girl rather than a boy on the streets in London. In most cases this was related to being sexually harassed while walking alone downtown, but it also was connected with their experiences in accessing social supports and services with respect to the stigmatization they faced. Females described being treated as unequal when it came to seeking assistance from various organizations and agencies, primarily due to being a young mother. They often portrayed times where they felt discriminated against for being not only homeless, but also for being a young mother—hearing staff members use words such as promiscuity and sexually irresponsible. The young mothers have countless interaction with CAS, and complain of being treated poorly by staff members associated with this support specifically. However, it is not just linked to being a young mother, this stigma linked with being female is faced in various agencies and supports, namely mental health services and addiction service centres. Females stated on many occasions that they felt staff members gave homeless males less of a hard time when seeking such services, and that they experienced more challenging obstacles than their male friends who were in similar situations.

The unique experiences of homeless youth have been greatly overlooked when policy and program directors have been creating initiatives and programs directed at homelessness. It is important to recognize that the experiences faced by the younger homeless demographic are not the same as older homeless individuals. Singular service options do not fit all each individual who is accessing them (not a one-size fits all); the same programs which have been effective for adult populations cannot be transferred to the younger population, as the influential factors at play are significantly different. Merely making services available is clearly insufficient; this has been done and youth are still expressing several unmet needs. It is important to consider the recent and ongoing history of the city's preference for criminalizing homeless people, rather than addressing root social and economic causes of homelessness, such as the lack of afford-able housing, availability of social services, and access to jobs with a living wage.

Within international literature there is a common consensus that youth often encounter barriers to health care and social services access. When youth acquire help for emotional and mental health issues youth experience shame, fear of lack of confidentiality, and embarrassment (Cosgrave et al., 2008; Farrow, et al., 1992; Kidd, 2007; Milne & Chesson, 2000; Walker & Townsend, 1999). By understanding the social, emotional, and multi-systemic approaches to youth issues, it will facilitate a thorough understanding in the application of early interventions for youth. Another structural issue similarly exists among the majority of social services available to homeless youth; it relates to positions responsible for providing information and aid youth seeking help. There is an expressed concern regarding the ability to recruit and retain sufficiently trained front-line staff. Service providers and health practitioners need to be better educated regarding the age-specific risks factors associated with homeless youth (Jang, Chiriboga, & Okazaki, 2009). Initiatives that are created with targets being aimed at homeless youth must provide help with transitions, follow-ups throughout the various social processes, and a source of support for this age group specifically. It is important to understand the service use issues from the adolescents themselves, rather than predetermining what will be useful to them. Perhaps after these are attended to would be a more suitable time for researchers to study potential implementation strategies for those already living a lifestyle on the streets as well as the youth trying to get off the streets. Homeless youth often feel estranged from conventional society (Haldenby, Berman, & Forchuk, 2007; Taylor-Seehafer, Jacobvitz, & Steiker, 2008). No one knows better what is needed to improve the situation of youth homelessness than the youth themselves, so rather than assuming what is best for them, it may be time to seek their guidance and input.

Youth do not become homeless overnight; they encounter several stages which socialize them into street life. Street kids are typically described as psychologically damaged, unable to form relationships, and destined for failure—socially, emotionally, and economically. However, research disputes this with findings that supportive networks result in increased coping strategies, meaningful relationships, and control of their lives (Finkelstein, 2005). Socialization is an interactive process involving transmitting and learning ways to act, interpret, and feel; it determines the ways people construct their

identities, interpretations of experience, and social connections (Visano, 1990). Social interactions are crucial to homeless youth; the association with others in similar circumstances improves their feelings of self-worth (Finkelstein, 2005). These factors speak volume about personal character and the strengths youth develop in order to sustain themselves while they are homeless. Research to date has, for the most part, skimmed over this aspect. The idea of resiliency has only begun to appear in literature within the past decade; with little being known about the strategies used to deal with the structural factors encountered while homeless.

Further research is needed to determine the positive traits such as resiliency, hardiness, optimism, and adaptability and whether they can serve as protective factors against the negative health outcomes that are often associated with homelessness. These aspects of coping and resiliency are seldom discussed in academic literature; however, the behaviours that are being engaged in by homeless youth demonstrate impressive coping strategies and levels of resiliency that require acknowledgement and further analysis. Another aspect that arises as a positive gain from the experience of homelessness relates to the collective identity resulting from social relationships increases youths' self-esteem and provides them with supports in addition to survival strategies. Being accepted into street culture helps these youth develop resilience, independence, and loyalty for others (Finkelstein, 2005). Social networks are closely tied to street economy, most daily needs that are not met by different welfare services can be met through social network connections. Findings from this study suggest that the development of social relationships is especially important for this age group, and significantly relates to mental health status in the homeless youth population. Youth specific programs could provide a place for youth to go to and make positive social connections. Homeless youth can meet others in similar circumstances who can relate to their problems. A strong social network can provide effective, supportive and protective qualities for homeless youth (Ennett, Bailey, & Federman, 1999).

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APPENDIX

A Demographics, Service & Housing History Instrument

Demographics, Service & Housing History ID | | | | | | Y 2 0 | | M | | D | |

Now I'll start with the interview questions - first some questions about your gender, where you were born, and your background.

1. What is your gender? Do you identify as:

○ Male   ○ Female   ○ Transgender   ○ Transexual   ○ Other   ○ Declined

2. Where were you born, that is, what country?

Do not read list. If Canada, ask 2.a, if other than Canada, ask 2.c and 2.d.

○ Albania   ○ Afghanistan   ○ Bangladesh   ○ Canada
○ China   ○ Guyana   ○ Hong Kong   ○ India
○ Iran   ○ Jamaica   ○ Pakistan   ○ Philippines
○ Romania   ○ Russia   ○ Somalia   ○ South Korea
○ Sri Lanka   ○ Ukraine   ○ United States   ○ Vietnam
○ Yugoslavia   ○ Other (specify)   ○ Don't know   ○ Declined

2.a If other (specify): _____

2.b Within Canada, what is your original home community, that is, where were you born?

Record what they tell you.

_____

2.c When did you arrive in Canada?

Y r 2 0 | | M | | D | |

Landing date, please estimate, if not known exactly.

2.d When you arrived in Canada, what was your status?

○ Landed immigrant   ○ Visitor with intent to apply   ○ Student
○ Temporary status (work permit, domestic help)   ○ Refugee Claimant (awaiting hearing)
○ Other   ○ Don't know   ○ Declined

3. Where were your parents born, that is, what countries?

Check one for each parent, unless they were born in the same country.

☐ Albania   ☐ Afghanistan   ☐ Bangladesh   ☐ Canada
☐ China   ☐ Guyana   ☐ Hong Kong   ☐ India
☐ Iran   ☐ Jamaica   ☐ Pakistan   ☐ Philippines
☐ Romania   ☐ Russia   ☐ Somalia   ☐ South Korea
☐ Sri Lanka   ☐ Ukraine   ☐ United States   ☐ Vietnam
☐ Yugoslavia   ☐ Other   ☐ Don't know   ☐ Declined

3.a Other specify: _____

4. What is the language you first learned to speak at home in childhood and still understand?

Do not read list.

○ Albanian   ○ Arabic   ○ Bengali   ○ Cantonese
○ Mandarin   ○ Dari   ○ English   ○ French
○ Greek   ○ Gujarati   ○ Hindi   ○ Korean
○ Ojibway   ○ Persian (Farsi)   ○ Portuguese   ○ Punjabi
○ Russian   ○ Serbian   ○ Somali   ○ Spanish
○ Tagalog   ○ Tamil   ○ Urdu   ○ Vietnamese
○ Other (specify)   ○ Don't know   ○ Declined

Demographics, Service & Housing History ID | | | | | Y|2|0| | | M| | | D| | |

4.a   If other (specify): _____

5.   What is your ethnic or cultural identity?

Do not read list, if Aboriginal, ask 5.d and 5.d.a.

○ Aboriginal
○ Asian - East* (e.g. China, Japan, Korea)
○ Asian - South* (e.g. India, Pakistan, Sri Lanka)
○ Asian - South East* (e.g. Malaysia, Philippines, Vietnam)
○ Black - Africa* (e.g. Ghana, Kenya, Somalia)
○ Black - Canada*
○ Black - Caribbean Region* (e.g. Jamaica, Trinidad, Tobago)
○ Latin American* (e.g. Argentina, Chile, Costa Rica)
○ Indian-Caribbean* (i.e. Guyana with origins in India)
○ Middle Eastern* (e.g. Egypt, Iran, Israel, Palestine)
○ White - Canada
○ White - Europe (e.g. England, Greece, Italy, Portugal, Serbia)
○ Mixed Background - with at least 1 of groups marked with an asterisk(*) (specify)
○ Mixed Background - without any of the groups marked with an asterisk(*) (specify)
○ Other (specify)

5.a   If other (specify): _____

5.b   If mixed (specify): _____

with at least 1 of groups marked with an asterisk(*)

5.c   If mixed (specify): _____

without any of the groups marked with an asterisk(*)

5.d   If Aboriginal, are you:

○ Inuit   ○ Metis
○ First Nations Status   ○ First Nations Non-status
○ Indigenous from outside Canada   ○ Other (specify)

5.da   If other (specify): _____

6.   So just to confirm, how would you describe your ethnic or cultural background in your own words?

Record what they tell you, including if more than one background.

_____

7.   Do you identify yourself as Canadian? (You do not have to be born in Canada to think of yourself as Canadian).

○ Yes ○ No ○ Don't know ○ Declined

Next some questions about schooling, marital status and parenting.

8.   Not counting kindergarten, how many years of school did you complete?

| |

Demographics, Service & Housing History ID |_|_|_|_|_| Y |2|0|_|_| M|_|_| D|_|_|

9. What is your level of education?

- ○ Completed grade 4 or less
- ○ Attended High School, not completed
- ○ Attended business, trade, technical school (incl. CEGEP)
- ○ Attended University, not completed
- ○ Attended Graduate School, not completed
- ○ Don't know

- ○ Completed grade 5 to 8
- ○ Completed High School
- ○ Completed business, trade, technical school (incl. CEGEP)
- ○ Completed University (Bachelor's degree)
- ○ Completed Graduate School
- ○ Declined

10. Are you currently single... (read first 6 options):

- ○ Single, never married
- ○ Separated
- ○ Cohabitating with a partner
- ○ Don't know

- ○ Married
- ○ Divorced
- ○ Widowed
- ○ Declined

11. How many children do you have under the age of 18 (19 in Vancouver)? (Include whether or not they live with you).

If 1 or more, ask 11.a, 11.b and 11.c.

○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ >4 ○ Don't know ○ Declined

11.a How many of these children do you currently provide full or partial support to?

|_|_|

11.b What is your relationship to your child or children?

Record all that apply.

- ☐ Biological parent
- ☐ Adoptive parent
- ☐ Stepparent
- ☐ Don't know

- ☐ Parent's partner (living together)
- ☐ Foster parent
- ☐ Other adult relative (specify)
- ☐ Declined

11.c If other adult relative (specify):

_____

Now I will be asking some questions about your work history.

12. Have you worked continuously for at least one year in the past?

○ Yes ○ No ○ Don't know ○ Declined

13. Have you ever had any wartime service in the military forces of Canada or its allies?

If they have had other military experiences, allow them to tell you about that experience, but record only Canadian or allies service.

○ Yes ○ No ○ Don't know ○ Declined

14. What is your current PRIMARY employment status?

If unemployed, ask 14.b through 14.g, if student ask 14.h through 14.j and if employed, go to 15.

- ○ Unemployed
- ○ Employed in a special work program
- ○ Housewife/husband
- ○ Declined

- ○ Employed (including self-employed)
- ○ Retired
- ○ Other (specify)

- ○ Volunteer work, unpaid
- ○ Student
- ○ Don't know

14.a If other (specify):

Demographics, Service & Housing History   ID | | | | | Y 2 0 | | M | | D | |

14.b   What is the main reason you are not working?

Don't read, code based on what they tell you.

○ Mental illness   ○ Physical illness   ○ Transportation problems
○ Fear of loss of benefits   ○ Other (specify)

14.c   If other (specify): _____

14.d   Would you like to have a paid job in the community?

If yes, ask 14.e through 14.g.

○ Yes ○ No ○ Don't know ○ Declined

14.e   What kind of job or jobs?

Record what they tell you.

_____

14.f   How many hours per week? | | |

14.g   Wage per hour? | | | | | |

Enter in dollars, round up to the
nearest dollar. We are looking for
their desired hourly wage that is
reasonable for that type of work.

14.h   Where are you studying?

_____

14.i   How many credits per semester are you currently registered for?

| | |

14.j   How many hours per week are you currently registered for?

| | |

15.   What are your current sources of income?

Record all that apply. Use the Other category for consumer run-business income, family support, student loans etc.
Regular work is a fixed number of hours per week, casual is no fixed number of hours per week.

☐ Earnings from regular work   ☐ Longterm Disability (Private Insurer)
☐ Earnings from casual work   ☐ Personal Needs Allowance (PNA (Ont.))
☐ Unemployment insurance (EI or EIA in Man.)   ☐ Selling papers, souvenirs, crafts
☐ Disability income (ODSP/CPPD (Ont.) IAPD   ☐ Pan-handling
   (Man.))
☐ Welfare/income assistance (OW (Ont.)   ☐ Busking (entertaining for cash)
   w/PWD or PPMB status (BC))
☐ Pension, incl. old age security, CPP, veteran's ☐ Squeegeeing
   pension
☐ Other (specify)   ☐ Collecting/recycling (bottles, scrap metal
                                                    etc.)

15.a   Other (specify): _____

16.   In the study, we recognize that there may be other sources of income that you may have used to
survive on the street. Please know that your confidentiality is protected if you would like to tell me
about these sources of income, but like the other questions you do not have to tell me about
them.

Record what they tell you. Provide examples "such as sex work or selling or running drugs" if needed.

_____

17. What was your total income, last month?

Enter as dollars, round up to the nearest dollar. If clarification is required, we are looking for gross income, before tax.

| | | | | | | | |

18. Do you have a provincial health card number?

If they have no number, flag for your service team according to local processes/policies.

○ No

○ Yes, in possession (write down, record in profile at end of interview, and destroy paper)

○ Yes, but not here (ask 18.a)

○ Don't know

○ Declined

18.a Is there a doctor's office, hospital, shelter or housing office that you've been to recently that we would be able to get your health card number from?

Record address or nearest intersection and phone number (if available).

Thanks for all your answers so far. We have only about 10 questions left in this section; some of these last questions can be quite personal to some people, but they are important to ask at the beginning so that we will be able to see how things might change for people as the study goes along.

19. In the past five years, have you been hospitalized for a mental illness at any time for longer than 6 months?

○ Yes ○ No ○ Don't know ○ Declined

20. In the past five years, have you been hospitalized 2 or more times in any one year period for a mental illness?

Only count hospitalizations that lasted at least one night.

○ Yes ○ No ○ Don't know ○ Declined

21. Have you ever received treatment, counseling or harm reduction services for your use of alcohol or any drug, not counting cigarettes?

○ Yes ○ No ○ Don't know ○ Declined

22. In the past six months, have you been arrested for criminal activity more than once, or been imprisoned at least once, or served probation or other community sanction?

○ Yes ○ No ○ Don't know ○ Declined

23. In the past 6 months, did you spend one or more nights in a hospital, detox centre, jail or shelter?

If Yes, ask 23.a through 23.f.

○ Yes ○ No ○ Don't know ○ Declined

23.a For the most recent stay, what is the name of the hospital, detox centre, jail or shelter?

Use codes from Coding List #2.

| | | | | |

23.b Approximately how many days were you in [location name]?

If Participant stayed more than one time in this location, enter total days in past 6 months.

| | | | |

23.c For the stay before that, what is the name of the hospital, detox centre, jail or shelter?

Enter 888 if they did not have a second stay.

| | | | |

Demographics, Service & Housing History   ID| | | | | | Y|2|0| | | M| | |D| | |

23.d Approximately how many days were you in [location name]?

Enter 888 if they did not have a second stay. If Participant stayed more than one time in this location, enter total days in past 6 months.

| | | | |

23.e And for the stay before that, what is the name of the hospital, detox centre, jail or shelter?

Enter 888 if they did not have a third stay.

| | | | | |

23.f Approximately how many days were you in [location name]?

Enter 888 if they did not have a third stay. If Participant stayed more than one time in this location, enter total days in past 6 months.

| | | | |

24. When did you first become homeless (year)?

| | | | |

25. In your lifetime, what is the total amount of time you have been homeless (months)?

| | | | |

26. How long was your longest single period of homelessness (months)?

| | | | |

27. When did your last period of homelessness end?

Ask for precariously housed only. Please estimate if not known exactly.

Y|r|2|0| | | M| | |D| | |

28. **What is your date of birth?** Yr __ __ __ __ M __ D __

29. **Primary diagnosis** (please indicate category):
o Developmental Handicap
o Disorder of childhood/adolescence
o Substance-related disorder
o Schizophrenia
o Mood disorder
o Anxiety disorder
o Organic disorder
o Personality disorder
o Other
o Unknown

30. **Secondary diagnosis** (please indicate category):
o Developmental Handicap
o Disorder of childhood/adolescence
o Substance-related disorder
o Schizophrenia
o Mood disorder
o Anxiety disorder
o Organic disorder
o Personality disorder
o Other
o Unknown

31. **Other diagnoses,** including medical problems (please specify):

_____

_____

_____

B Health, Social, Justice Service Use Instrument

Health, Social, Justice Service Use
ID | | | | Y 2 0 | | M | | D | |

Health and Social Service Use

Now I would like to go over some of the healthcare and social services you may have received. Once again, I'd like to use a CALENDAR to help us figure out what services you've had.

In the past month (orient to calendar), that is, from [DATE to DATE], have you:

1. Seen a health or social services provider at his or her office? By a health provider we mean someone you have seen for a health concern (such as a doctor, nurse, psychiatrist). By a social services provider we mean someone you have seen to get help with things like housing and finances (such as a housing worker, a social worker, and including justice workers such as probation officers).

   If Yes, ask questions below for each provider. If the provider was seen at a hospital, record in section 4.

   ○ Yes ○ No ○ Don't know ○ Declined

   1.a.1　Who have you visited at their office this past month?

   Use codes from coding list #3.

   | | | |

   1.a.2　How many times?

   | | | |

   1.a.3　Approximately how long was each visit?

   Enter in minutes and count the provider's time only.

   | | | |

   1.a.4　Is the office you visited in an institutional setting (such as in a hospital) or a community setting (such as a community clinic)?

   ○ Institutional ○ Community

   1.a.5　What kind of service did you get from this person?

   Do not read list. Record all that apply based on description.

   ☐ case management　　　　　　　　☐ medication review
   ☐ combined medication and therapy　☐ individual therapy
   ☐ group therapy　　　　　　　　　☐ family/couples therapy
   ☐ addictions therapy　　　　　　　☐ diagnostic/assessment
   ☐ physical or occupational therapy　☐ help with income
   ☐ probation meeting　　　　　　　☐ complementary/alternative medicine
   ☐ help with daily living　　　　　☐ help with housing
   ☐ general physical exam　　　　　☐ specific health concern
   ☐ Other　　　　　　　　　　　　☐ Don't know
   ☐ Declined

   1.b.1　Who else have you visited at their office this past month?

   | | | |

   1.b.2　How many times?

   | | | |

   1.b.3　Approximately how long was each visit?

   Enter in minutes and count provider's time only.

   | | | |

Health, Social, Justice Service Use   ID | | | | | Y 2 0 | | M | | D | |

1.b.4 Is the office you visited in an institutional setting (such as in a hospital) or a community setting (such as a community clinic)?

○ Institutional ○ Community

1.b.5 What kind of service did you get from this person?

Do not read list. Enter all that apply based on description.

☐ case management	☐ medication review
☐ combined medication and therapy	☐ individual therapy
☐ group therapy	☐ family/couples therapy
☐ addictions therapy	☐ diagnostic/assessment
☐ physical or occupational therapy	☐ help with income
☐ probation meeting	☐ complementary/alternative medicine
☐ help with daily living	☐ help with housing
☐ general physical exam	☐ specific health concern
☐ Other	☐ Don't know
☐ Declined	☐ Not applicable

1.c.1 Who else have you visited at their office this past month?

| | | | |

1.c.2 How many times?

| | | | |

1.c.3 Approximately how long was each visit?

Enter in minutes and count provider's time only.

| | | | |

1.c.4 Is the office you visited in an institutional setting (such as in a hospital) or a community setting (such as a community clinic)?

○ Institutional ○ Community

1.c.5 What kind of service did you get from this person?

Do not read. Enter all that apply based on description.

☐ case management	☐ medication review
☐ combined medication and therapy	☐ individual therapy
☐ group therapy	☐ family/couples therapy
☐ addictions therapy	☐ diagnostic/assessment
☐ physical or occupational therapy	☐ help with income
☐ probation meeting	☐ complementary/alternative medicine
☐ help with daily living	☐ help with housing
☐ general physical exam	☐ specific health concern
☐ Other	☐ Don't know
☐ Declined	☐ Not applicable

1.d.1 Who else have you visited at their office this past month?

| | | | |

1.d.2 How many times?

| | | | |

Health, Social, Justice Service Use   ID | | | | | Y 2 0 | | M | | D | |

1.d.3   Approximately how long was each visit?

Enter in minutes and count provider's time only.

| | | | |

1.d.4   Is the office you visited in an institutional setting (such as in a hospital) or a community setting (such as a community clinic)?

○ Institutional   ○ Community

1.d.5   What kind of service did you get from this person?

Do not read, enter all that apply based on description.

☐ case management   ☐ medication review
☐ combined medication and therapy   ☐ individual therapy
☐ group therapy   ☐ family/couples therapy
☐ addictions therapy   ☐ diagnostic/assessment
☐ physical or occupational therapy   ☐ help with income
☐ probation meeting   ☐ complementary/alternative medicine
☐ help with daily living   ☐ help with housing
☐ general physical exam   ☐ specific health condition
☐ Don't know   ☐ Declined
☐ Other   ☐ Not Applicable

1.e.1   Who else have you visited at their office this past month?

| | | | |

1.e.2   How many times?

| | | | |

1.e.3   Approximately how long was each visit?

Enter in minutes and count provider's time only.

| | | | |

1.e.4   Is the office you visited in an institutional setting (such as in a hospital) or a community setting (such as a community clinic)?

○ Institutional   ○ Community

1.e.5   What kind of service did you get from this person?

Do not read, enter all that apply based on description.

☐ case management   ☐ medication review
☐ combined medication and therapy   ☐ individual therapy
☐ group therapy   ☐ family/couples therapy
☐ addictions therapy   ☐ diagnostic/assessment
☐ physical or occupational therapy   ☐ help with income
☐ probation meeting   ☐ complementary/alternative medicine
☐ help with daily living   ☐ help with housing
☐ general physical exam   ☐ specific health condition
☐ Don't know   ☐ Declined
☐ Other   ☐ Not Applicable

1.f.1   Who else have you visited at their office this past month?

| | | | |

Health, Social, Justice Service Use

ID | | | | | | Y | 2 | 0 | | | M | | | D | | |

1.f.2   How many times?

| | | |

1.f.3   Approximately how long was each visit?

Enter in minutes and count provider's time only.

| | | |

1.f.4   Is the office you visited in an institutional setting (such as in a hospital) or a community setting (such as a community clinic)?

○ Institutional   ○ Community

1.f.5   What kind of service did you get from this person?

Do not read, enter all that apply based on description.

☐ case management   ☐ medication review
☐ combined medication and therapy   ☐ individual therapy
☐ group therapy   ☐ family/couples therapy
☐ addictions therapy   ☐ diagnostic/assessment
☐ physical or occupational therapy   ☐ help with income
☐ probation meeting   ☐ complementary/alternative medicine
☐ help with daily living   ☐ help with housing
☐ general physical exam   ☐ specific health condition
☐ Don't know   ☐ Declined
☐ Other   ☐ Not Applicable

2.   This past month, have you talked on the phone about your health, housing, or other needs with a health or social services provider (not just setting an appointment and not including crisis or health line calls)?

If Yes, ask questions below for each provider. Capture only calls with providers that are or would provide direct care for a need, including social and justice providers (e.g. probation officers).

○ Yes   ○ No   ○ Don't know   ○ Declined

2.a.1   Who have you spoken with on the phone this past month?

Use codes from Coding List #3

| | | |

2.a.2   How many times?

| | | |

2.b.1   Who else have you spoken with on the phone this past month?

| | | |

2.b.2   How many times?

| | | |

3.   Again, in the past month, have you been visited by a health or social service provider (not counting crisis teams) at your home or anywhere else?

If Yes, ask questions below for each provider. 'Anywhere else' means on the street, but not in an agency or similar organization.

○ Yes   ○ No   ○ Don't know   ○ Declined

3.a.1   Who visited you?

Use codes from Coding List #3

| | | |

Health, Social, Justice Service Use

ID | | | | | Y 2 0 | | | M | | | D | | |

3.a.2 How many times?

| | | | |

3.a.3 Approximately how long was each visit?

Enter in minutes and count provider's time only. For more than one visit record the typical/average length of visits across visits.

| | | | |

3.a.4 What kind of service did you get from this person?

☐ case management   ☐ medication review
☐ combined medication and therapy   ☐ individual therapy
☐ group therapy   ☐ family/couples therapy
☐ addictions therapy   ☐ diagnostic/assessment
☐ physical or occupational therapy   ☐ help with income
☐ probation meeting   ☐ complementary/alternative medicine
☐ help with daily living   ☐ help with housing
☐ general physical exam   ☐ specific health concern
☐ Other   ☐ Don't know
☐ Declined

3.b.1 Who else visited you?

| | | | |

3.b.2 How many times?

| | | | |

3.b.3 Approximately how long was each visit?

Enter in minutes and count provider's time only.

| | | | |

3.b.4 What kind of service did you get from this person?

☐ case management   ☐ medication review
☐ combined medication and therapy   ☐ individual therapy
☐ group therapy   ☐ family/couples therapy
☐ addictions therapy   ☐ diagnostic/assessment
☐ physical or occupational therapy   ☐ help with income
☐ probation meeting   ☐ complementary/alternative medicine
☐ help with daily living   ☐ help with housing
☐ general physical exam   ☐ specific health concern
☐ Other   ☐ Don't know
☐ Declined   ☐ Not applicable

Now I will be asking about the past 6 months, not the past month as in the previous questions. So, from [DATE to DATE], have you:

4. Had services at a hospital where you didn't stay overnight (i.e. an outpatient service or day hospital); NOT including ER visits and NOT including laboratory or diagnostic tests.

If Yes, ask questions below for each place.

○ Yes ○ No ○ Don't know ○ Declined

Health, Social, Justice Service Use

ID | | | | | Y 2 0 | | M | | D | |

4.a.1   (Place 1)What is the name of the outpatient service or day hospital program that you attended most recently?
Use code from Coding List #4.

| | | |

4.a.2   If other, ask: What was the name of the facility?

_____

4.a.3   If other, ask: What kind of service did you receive?

_____

4.a.4   How many days or appointments did you attend?

| | | |

4.b.1   (Place 2)What was the name of the outpatient service or day hospital program that you attended before that?

| | | |

4.b.2   If other, ask: What was the name of the facility?

_____

4.b.3   If other, ask: What kind of service did you receive?

_____

4.b.4   How many days or appointments did you attend?

| | | |

4.c.1   (Place 3)And what was the name of the program or clinic that you attended before that?

| | | |

4.c.2   If other, ask: What was the name of the facility?

_____

4.c.3   If other, ask: What kind of service did you receive?

_____

4.c.4   How many days or appointments did you attend?

| | | |

5.   At anytime in the past six months, have you called a crisis line, 911 or other health line?
If Yes, ask questions 5.a.1 and 5.a.2.

○ Yes   ○ No   ○ Don't know   ○ Declined

5.a.1   What was the name of the crisis or health line?
Use codes from Coding List #5

| | | |

5.a.2   How many times did you call?

| | | |

6.   Again in the past 6 months, have you been visited by a crisis team?
If Yes, ask questions below for each team.

○ Yes   ○ No   ○ Don't know   ○ Declined

Health, Social, Justice Service Use   ID | | | | | | Y |2|0| | | M | | | D | | |

6.a.1   (Team 1)What was the name of the team?

Use codes from Coding List #6.

| | | | |

6.a.2   How many times did they visit you?

| | | | |

6.b.1   (Team 2) What was the name of the second team that visited you?

| | | | |

6.b.2   How many times did they visit you?

| | | | |

7.   In the past 6 months, have you been to a hospital emergency room?

If Yes, ask questions 7.a then subsequent questions for each ER visit.

○ Yes   ○ No   ○ Don't know   ○ Declined

7.a   Approximately how many emergency room visits did you have in total?

| | | |

7.a.1   (Visit 1) What was the name of the hospital where you last went to the ER?

Use codes from Coding List #2.

| | | | |

7.a.2   What was the reason for that ER visit?

Enter based on their description. "Other" may include: to get a prescription; to get warm, food or rest; or forced against will, etc.

○ Psychiatric   ○ Medical   ○ Other   ○ Don't know   ○ Declined

7.b.1   (Visit 2) What was the name of the hospital for the time before that?

| | | | |

7.b.2   What was the reason for that ER visit?

Enter based on their description. "Other" may include: to get a prescription; to get warm, food or rest; or forced against will, etc.

○ Psychiatric   ○ Medical   ○ Other   ○ Don't know   ○ Declined   ○ NA

7.c.1   (Visit 3) And what was the name of the hospital for the time before that?

| | | | |

7.c.2   What was the reason for that ER visit?

Enter based on their description. "Other" may include: to get a prescription; to get warm, food or rest; or forced against will, etc.

○ Psychiatric   ○ Medical   ○ Other   ○ Don't know   ○ Declined   ○ NA

8.   At any time in the past 6 months, have you been taken by ambulance to a hospital?

If Yes, ask question 8.a.

○ Yes   ○ No   ○ Don't know   ○ Declined

8.a   Approximately how many ambulance trips did you have?

| | | | |

Health, Social, Justice Service Use   ID | | | | | | Y |2|0| | | M | | | D | | |

9.   And, in the past 6 months, have you been to any drop-in centres, community meal centres, or meal programs (do not count places that you stayed overnight, but do include shelters if you did NOT stay overnight)?

If Yes, ask questions below for each Centre then ask 9.f - 9.i.

○ Yes   ○ No   ○ Don't know   ○ Declined

9.a.1   (Centre 1) What was the name of the last place you went to?

Use codes from Coding List #7

| | | | |

9.a.2   How many times did you go?

| | | | |

9.b.1   (Centre 2) What was the name of the place you went to before that?

| | | | |

9.b.2   How many times did you go?

| | | | |

9.c.1   (Centre 3) What was the name of the place you went to before that?

| | | | |

9.c.2   How many times did you go?

| | | | |

9.d.1   (Centre 4) What was the name of the place you went to before that?

| | | | |

9.d.2   How many times did you go?

| | | | |

9.e.1   (Centre 5) What was the name of the place you went to before that?

| | | | |

9.e.2   How many times did you go?

| | | | |

9.f   Did you see a medical doctor at any of these centres?

○ Yes   ○ No

9.g   What kind of services did you receive from any medical doctor at any centre?

Do not read list, code based on what they tell you.

☐ medication review   ☐ combined medication and therapy
☐ individual therapy   ☐ diagnostic/assessment
☐ general physical exam ☐ specific health concern
☐ Other   ☐ Don't know
☐ Declined

9.h   How many times did you see any medical doctor at a centre?

| | | | |

9.i   Approximately how long did you see a medical doctor each time?

Enter the average amount of time across all visits, counting doctor's time only.

| | | | |

Health, Social, Justice Service Use

ID ☐☐☐☐☐   Y 2 0 ☐☐   M ☐☐   D ☐☐

10.   Any time in the past 6 months, did you go to a food bank to get food?

      If Yes, ask question 10.a.

      ○ Yes ○ No ○ Don't know ○ Declined

   10.a   How many times did you go?

      ☐☐☐

11.   Earlier (or in the first interview) you told me that you had [CONDITIONS]. Is this correct?

      ○ Yes ○ No ○ Don't know ○ Declined

11.a.1 So for [Condition 1], in the past 6 months, have you received treatment of any kind that you have NOT already mentioned?

      If Yes, ask questions below for each condition, then ask 11c.; enter for the condition most serious first, then next most serious.

      ○ Yes ○ No ○ Don't know ○ Declined

   11.a.2 If Yes, describe:

      _____

11.b.1 And what about any service for [Condition 2] in the past 6 months that you have NOT already mentioned?

      ○ Yes ○ No ○ Don't know ○ Declined ○ Not applicable

   11.b.2 If Yes, describe:

      _____

11.c   Received any other service for ANY health condition?

      If Yes, ask 11.c.i.

      ○ Yes ○ No ○ Don't know ○ Declined

   11.c.i If Yes, describe:

      _____

Justice Services Use

Now I would like to go over some of the justice services you may have received in the past 6 months. This information is needed in the study to see if housing relates to things like police contacts and experiencing violence. Your answers are confidential and for the research only. Once again I'd like to use a calendar to help us figure out what services you've had in the past 6 months. So by the past 6 months I mean last MONTH/YEAR to right now.

Police Contacts Without Arrest

12.   In the past 6 months, have you had contacts with the police that did NOT result in detention, arrest, charge or conviction? By contacts we mean any time you talked directly with a police officer about any concern or any time a police officer talked directly with you.

      If yes, ask 12.a. then subsequent questions for each time.

      ○ Yes ○ No ○ Don't know ○ Declined

   12.a   How many?

      ☐☐☐

   12.a.1 Thinking of the most recent time, why did you have contact with the police officer?

      (e.g., victimization, crisis, other help-seeking, behavior that might be against the law)? (Record in participant's own words)

      _____

Health, Social, Justice Service Use   ID | | | | | | Y 2 0 | | M | | D | |

12.b.1 Thinking of the time before that, why did you have contact with the police officer?

(e.g., victimization, crisis, other help-seeking, behavior that might be against the law)? (Record in participant's own words)

12.c.1 And the time before that, why did you have contact with the police officer?

(e.g., victimization, crisis, other help-seeking, behavior that might be against the law)? (Record in participant's own words)

Contacts With Other Community Authorities

13. In the past 6 months, not counting police, have you had contacts with other authorities in the community, such as security staff in parkades, malls, transit or anywhere else?

If yes, ask 13.a. then subsequent questions for each time.

○ Yes ○ No ○ Don't know ○ Declined

13.a How many times?

| | | |

13.a.1 Thinking of the most recent time, why did you have contact with this person?

(Record in participant's own words)

13.b.1 Thinking of the time before that, why did you have contact with this person?

(Record in participant's own words)

13.c.1 And the time before that, why did you have contact with this person?

(Record in participant's own words)

Detention by Police for 24 Hours or Less

14. In the past 6 months, have you been detained by the police or taken anywhere by the police (other than a police cell)? For example, have the police taken you to a hospital, shelter, or a residence?

If yes, ask 14.a. and then subsequent questions for each time.

○ Yes ○ No ○ Don't know ○ Declined

14.a How many times?

| | | |

14.a.1 Thinking of the most recent time, why were you detained or taken by police?

(Record in participant's own words)

14.b.1 Thinking of the time before that, why were you detained or taken by police?

(Record in participant's own words)

14.c.1 And the time before that, why were you detained or taken by police?

(Record in participant's own words)

Health, Social, Justice Service Use ID | | | | | | Y 2 0 | | |M | |D | |

15. In the past 6 months, have you been held in a police cell for 24 hours or less?

This includes being placed in a holding cell, e.g., under the Intoxicated Person's Detention Act, MB). If yes, ask 15.a. and 15.b. then subsequent questons for each time.

○ Yes ○ No ○ Don't know ○ Declined

15.a How many times?

| | | | |

15.b How many hours?

(RA enters total amount of time across events)

| | | | |

15.a.1 Thinking of the most recent time, why were you placed in the police cell?

(Record in participant's own words)

_____

15.b.1 Thinking of the time before that, why were you placed in the police cell?

(Record in participant's own words)

_____

15.c.1 And the time before that, why were you placed in the police cell?

(Record in participant's own words)

_____

Arrests

16. In the past 6 months, have you been arrested?

If yes, ask 16.a. and then subsequent questions for each arrest.

○ Yes ○ No ○ Don't Know ○ Declined

16.a How many times?

| | | | |

16.a.1 (Arrest 1) Thinking of the most recent time, why were you arrested?

(Record in participant's own words)

_____

16.a.2 Did this arrest result in a formal charge?

○ Yes ○ No ○ Don't Know ○ Declined

16.a.3 If yes, what was the charge?

(Record in participant's own words)

_____

16.b.1 (Arrest 2) Thinking of the time before that, why were you arrested?

(Record in participant's own words)

_____

16.b.2 Did this arrest result in a formal charge?

If only one arrest, enter Not Applicable

○ Yes ○ No ○ Don't Know ○ Declined ○ Not Applicable

Health, Social, Justice Service Use   ID | | | | | | Y|2|0| | | M| | | D| | |

16.b.3   If yes, what was the charge?
(Record in participant's own words)

_____

16.c.1   (Arrest 3) And the time before that, why were you arrested?
(Record in participant's own words)

_____

16.c.2   Did this arrest result in a formal charge?
If only one arrest, enter Not Applicable

○ Yes   ○ No   ○ Don't Know   ○ Declined   ○ Not Applicable

16.c.3   If yes, what was the charge?
(Record in participant's own words)

_____

Court Appearances

17.   Have you had any court appearances in the past 6 months?
If yes, ask 17.a. then subsequent questions for each appearance.

○ Yes   ○ No   ○ Don't know   ○ Declined

17.a   How many?

| | | | |

17.a.1   (Appearance 1) Thinking of the most recent time, why did you appear in court?
(Record in participant's own words)

_____

17.a.2   What type of court appearance was this?

○ Civil (e.g., small claims)   ○ Criminal
○ Family   ○ Highway Traffic
○ Diversion (Drug Court, Mental Health Court)   ○ Review Board (Parole/Probation/Mental Health)
○ Other (e.g., residential tenancies)   ○ Don't know
○ Declined

17.a.3   If other, specify:

_____

17.b.1   (Appearance 2) Thinking of the time before that, why did you appear in court?
(Record in participant's own words)

_____

17.b.2   What type of court appearance was this?

○ Civil (e.g., small claims)   ○ Criminal
○ Family   ○ Highway Traffic
○ Diversion (Drug Court, Mental Health Court)   ○ Review Board (Parole/Probation/Mental Health)
○ Other (e.g., residential tenancies)   ○ Don't Know
○ Declined   ○ Not Applicable

Health, Social, Justice Service Use   ID | | | | | Y 2 0 | | M | | D | |

17.b.3   If other, specify:

_____

17.c.1   (Appearance 3) And the time before that, why did you appear in court?
(Record in participant's own words)

_____

17.c.2   What type of court appearance was this?

○ Civil (e.g., small claims)   ○ Criminal
○ Family   ○ Highway Traffic
○ Diversion (Drug Court, Mental Health Court)   ○ Review Board (Parole/Probation/Mental Health)
○ Other (e.g., residential tenancies)   ○ Don't Know
○ Declined   ○ Not Applicable

17.c.3   If other, specify:

_____

Justice Service Programs

18.   Have you participated in any justice service programs [e.g., diversion programs such as Drug Treatment Court, Mental Health Court], aboriginal justice or restorative justice programs, or victim services)?
If yes, ask 18.a. then subsequent questions for each program.

○ Yes   ○ No   ○ Don't know   ○ Declined

18.a   How many?

| | | |

18.a.1   Thinking of the first program, what kind of program was it?
(Record in participant's own words)

_____

18.b.1   Thinking of the second program, what kind of program was it?
(Record in participant's own words)

_____

18.c.1   Thinking of the third program, what kind of program was it?
(Record in participant's own words)

_____

Victimization

Thanks so much for your patience and honesty on these questions. Now I'd like to ask a few questions about some unfortunate things that might have happened to you in the past 6 months. Remember that you can decline to answer if you wish.

19.   During the past 6 months, did anyone take or try to take something from you by force or threat of force?
If Yes, ask 19.a.

○ Yes   ○ No   ○ Don't know   ○ Declined

19.a   How many times did this happen?

| | | | |

Health, Social, Justice Service Use

ID | | | | | Y|2|0| | M| | | D| | |

20. During the past 6 months, did anyone threaten to hit or attack you, or threaten you with a weapon?

If Yes, ask 20.a.

○ Yes ○ No ○ Don't know ○ Declined

20.a How many times did this happen?

| | | | |

21. In the past 6 months, did anyone hit or attack you (by attack we mean anything from being hit, slapped, pushed or grabbed to being shot or beaten) ?

If Yes, ask 21.a.

○ Yes ○ No ○ Don't Know ○ Declined

21.a How many times did this happen?

| | | | |

22. During the past 6 months, has anyone forced you or attempted to force you into any unwanted sexual activity, by threatening you, holding you down or hurting you in some way?

If Yes, ask 22.a.

○ Yes ○ No ○ Don't know ○ Declined

22.a How many times did this happen?

| | | | |

23. Apart from what you have told me, were there any other crimes that happened to you during the past 6 months, which may or may not have been reported to the police?

○ Yes ○ No ○ Don't know ○ Declined

Prescription Medication Side Effects

The last few questions are about side effects of prescription medications you've taken in the past 6 months.

Prescribed Medication Side Effects

24. In the past 6 months, have you experienced side effects from any prescription medication?

If Yes, ask questions 24.a and 24.b. If they have NOT taken any prescription meds, enter NA.

○ Yes ○ No ○ Don't know ○ Declined ○ NA

24.a Please rate how much these side effects have affected your daily life in the past 6 months; would you say not at all, a little, some, or a lot?

○ Not at all ○ A little ○ Some ○ A lot
○ Don't know ○ Declined

24.b In the past 6 months, have you stopped taking any prescribed medication because of the side effects?

○ Yes ○ No ○ Don't know ○ Declined

Thank you so much for all the information you've shared with me today - which is very important to understanding how housing is related to health and recovery.

C Housing History Survey Instrument

Housing History Survey

Type of Residence (describe and code using categories on the next page)	Length of Time	Chronology (1 being most recent)	Reason for Move (describe and code using categories on the next page)	Housing Satisfaction Scale (delighted/terrible scale)
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7
			1 2	1 2 3 4 5 6 7

Type of Living Situation

1. Group home (permanent) – Level I (24 hour support)
2. Group home (permanent) – Level II (daily support)
3. Group home (permanent) – Level III (weekly support)
4. Group home (permanent) – (less than weekly but more than monthly support)
5. Group home (permanent) – (less than monthly but more than annually)
6. Apartment (permanent) – Level I (24 hour support)
7. Apartment (permanent) – Level II (daily support)
8. Apartment (permanent) – Level III (weekly support)
9. Apartment (permanent) – (less than weekly but more than monthly support)
10. Apartment (permanent) – (less than monthly but more than annually)
11. Halfway house (transitional) – Level I (24 hour support)
12. Halfway house (transitional) – Level II (daily support)
13. Halfway house (transitional) – Level III (weekly support)
14. Halfway house (transitional) – (less than weekly but more than monthly support)
15. Halfway house (transitional) – (less than monthly but more than annually)
16. Apartment (transitional) – Level I (24 hour support)
17. Apartment (transitional) – Level II (daily support)
18. Apartment (transitional) – Level III (weekly support)
19. Apartment (transitional) – (less than weekly but more than monthly support)
20. Apartment (transitional) – (less than monthly but more than annually)
21. Private apartment or house
22. Social/Public apartment or house
23. Unregulated rooming house (no meals provided)
24. Unregulated room-and-board (includes meals, no program or supervision)
25. Unregulated room-and-board (includes meals and supervision)
26. Home for Special Care
27. Parent's home
28. Foster family
29. Hostel -- Emergency
30. Hostel – Transitional
31. Hostel – Long Term
32. Psychiatric hospital
33. General hospital psychiatric unit
34. General hospital non-psychiatric unit
35. Jail or prison
36. Nursing home/Long Term care home
37. Residential Treatment Home
38. Group independent living
39. Congregate model (apartment with shared social space and meals provided)
40. Hotel
41. Other (specify _____)

Reasons for Move

1. internally controlled – desired change, perceived as self-motivated
2. externally controlled – not a desired change, perceived as being caused by external forces

Delighted – Terrible Scale

See attached chart.
Categories are as follows:

1. Terrible
2. Unhappy
3. Mostly Dissatisfied
4. Mixed (about equally satisfied and dissatisfied)
5. Mostly Satisfied
6. Pleased
7. Delighted

Summary:

How many undesirable moves have you had in the last 5 years? _____

Date of Interview:_____

Participant Code:_____

Interviewer: _____

D Vocational Time-line Follow-back Instrument

Vocational Time-line Follow-back

ID | | | | | | Y 2 0 | | | M | | | D | | |

Employment History - Past 6 Months

Next I would like to ask about work and income in the past six months. In this first section I'll be asking about regular jobs and casual work. In a later section I'll cover income from a broader range of work that includes the many types of work that people do to survive on the street. For the first section I'll be focusing on two time periods – from today to about 3 months ago when you started the study [CALENDAR] and then the 3 months before you started the study. Okay, let's begin.

1. Have you worked at any job (either regular or casual) in the past 6 months? By regular work we mean any job with a fixed number of hours per week and a regular paycheque. By casual work we mean no regular hours and where the pay is usually in cash.
   If NO, skip to Question 8.

   ○ Yes   ○ No   ○ Don't know   ○ Declined

2. As of today are you:
   If working a regular job start with current job in #3. If not, start with last regular job in #3.

   ○ Working at a regular job   ○ Doing casual work   ○ Not working   ○ Declined

   2.a If casual, please estimate the total number of hours you've worked in the past 3 months:
       Record the total number of hours for any and all casual work, even if only one hour at one place.

       | | | | |

   2.b And the three months before that?

       | | | | |

3. For the last regular job [or current if applicable] you worked at:
   Record the job even if it lasted only 1 day and even if the hours varied (i.e. due to overtime). If currently working at >1 job, start w/ most recent one started, then get info for the current other(s), then go to previous jobs.

   3.a Where is this job? (Record name of organization and location according to what they tell you):

   _____

   3.b What type of work is it? (Do not read, enter based on their description and additional probes if needed)
       Competitive= jobs not reserved for people with disabilities and pay is min. wage or more: Social Ent = Job gotten because of disability and employer subsidized; Other Sheltered = worksite operated by social/health provider and all jobs for disabled

       ○ Competitive   ○ Social   ○ Other   ○ Don't know   ○ Declined
         job market   Enterprise   Sheltered
                                             Setting

   3.c What is your job title?

   _____

   3.d When did you start this job?

       | | |Y|r|2|0| | |M| | |D|

   3.e What is your pay per hour?
       Enter in dollars and cents, e.g., 13.50

       | | | | | | |

   3.f How many hours did you usually work per week?

       | | | |

   3.g Have you left this job?

       ○ Yes   ○ No   ○ Don't know   ○ Declined

Vocational Time-line Follow-back   ID | | | | | | | Y|2|0| | |M| | |D| | |

<table>
<tr><td>3.h</td><td>What was your MAIN reason for leaving? (Do not read, code one response from list)</td></tr>
</table>

If they give several reasons, ask them for the most important reason for leaving.

- ○ Quit to begin another job
- ○ Left because of emotional problems
- ○ Transferred/promoted
- ○ Quit/dissatisfied with job
- ○ Don't Know

- ○ Was laid off
- ○ Position was temporary/seasonal
- ○ Moved out of area
- ○ Left for personal reasons
- ○ Declined

- ○ Fear of losing benefits
- ○ Alcohol or drug use
- ○ Was fired
- ○ Physical illness

3.i   When was your last day?

| | |Y|r|2|0| | |M| | |D| | |

4.   And what did you do before that? (Repeat as necessary for each previous job worked at)

4.a   Where was this job? (Record name of organization and location according to what they tell you):

_____

4.b   What type of work was it? (Do not read, enter based on their description and additional probes if needed.)

- ○ Competitive job market
- ○ Social Enterprise
- ○ Other Sheltered Setting
- ○ Don't know
- ○ Declined

4.c   What was your job title?

_____

4.d   When did you start this job?

| | |Y|r|2|0| | |M| | |D| | |

4.e   What was your pay per hour?

Enter in dollars and cents, e.g., 13.50

| | | | | | | |

4.f   How many hours did you usually work per week?

| | | | |

4.g   What was your MAIN reason for leaving this job? (Do not read, code response from list)

- ○ Quit to begin another job
- ○ Left because of emotional problems
- ○ Moved out of area
- ○ Quit/dissatisfied with job
- ○ Don't Know

- ○ Was laid off
- ○ Position was temporary/seasonal
- ○ Transferred/promoted
- ○ Left for personal reasons
- ○ Declined

- ○ Fear of losing benefits
- ○ Alcohol or drug use
- ○ Was fired
- ○ Physical illness

4.h   When was your last day?

| | |Y|r|2|0| | |M| | |D| | |

5.   And what did you do before that? (Repeat as necessary for each previous job)

5.a   Where was this job? (Record name of organization and location according to what they tell you):

_____

Vocational Time-line Follow-back   ID | | | | | | Y | 2 | 0 | | | M | | | D | | |

5.b   What type of work was it? (Do not read, enter based on their description and additional probes if needed.)

○ Competitive   ○ Social   ○ Other   ○ Don't know   ○ Declined
   job market   Enterprise   Sheltered
                                        Setting

5.c   What was your job title?

_____

5.d   When did you start this job?

| | | |Y|r|2|0| | |M| | |D|

5.e   What was your pay per hour?

Enter in dollars and cents, e.g., 13.50

| | | | | | |

5.f   How many hours did you usually work per week?

| | | |

5.g   What was your MAIN reason for leaving? (Do not read, enter based on what they tell you)

○ Quit to begin another job   ○ Was laid off   ○ Fear of losing benefits
○ Left because of emotional   ○ Position was   ○ Alcohol or drug use
   problems   temporary/seasonal
○ Moved out of area   ○ Transferred/promoted   ○ Was fired
○ Quit/dissatisfied with job   ○ Left for personal reasons ○ Physical illness
○ Don't Know   ○ Declined

5.h   When was your last day?

| | | |Y|r|2|0| | |M| | |D|

6.   And what did you do before that? (Repeat as necessary for each previous job worked at)

6.a   Where was this job? (Record name of organization and location according to what they tell you):

_____

6.b   What type of work was it? (Do not read, enter based on their description and additional probes if needed.)

○ Competitive   ○ Social   ○ Other   ○ Don't Know   ○ Declined
   job market   Enterprise   Sheltered
                                        Setting

6.c   What was your job title?

_____

6.d   When did you start this job?

| | | | | |Y|r|2|0| |M| |D|

6.e   What was your pay per hour?

Enter in dollars and cents, e.g., 13.50

| | | | | | |

6.f   How many hours did you usually work per week?

_____

Vocational Time-line Follow-back

ID | | | | | | Y | 2 | 0 | | | M | | | D | | |

6.g   What was your MAIN reason for leaving? (Do not read, enter based on what they tell you)

○ Quit to begin another job   ○ Was laid off   ○ Fear of losing benefits
○ Left because of emotional   ○ Position was   ○ Alcohol or drug use
   problems   temporary/seasonal
○ Moved out of area   ○ Transferred/promoted   ○ Was fired
○ Quit/dissatisfied with job   ○ Left for personal reasons   ○ Physical illness
○ Don't Know   ○ Declined

6.h   When was your last day?

| | | | | |Y|r|2|0| |M| |D|

7.   And what did you do before that? (Repeat as necessary for each previous job worked at)

7.a   Where was this job? (Record name of organization and location according to what they tell you):

_____

7.b   What type of work was it? (Do not read, enter based on their description and additional probes if needed.)

○ Competitive   ○ Social   ○ Other   ○ Don't Know   ○ Declined
   job market   Enterprise   Sheltered
                  Setting

7.c   What was your job title?

_____

7.d   When did you start this job?

| | | | | |Y|r|2|0| |M| |D|

7.e   What was your pay per hour?

Enter in dollars and cents, e.g., 13.50

| | | | | | | |

7.f   How many hours did you usually work per week?

_____

7.g   What was your MAIN reason for leaving? (Do not read, enter based on what they tell you)

○ Quit to begin another job   ○ Was laid off   ○ Fear of losing benefits
○ Left because of emotional   ○ Position was   ○ Alcohol or drug use
   problems   temporary/seasonal
○ Moved out of area   ○ Transferred/promoted   ○ Was fired
○ Quit/dissatisfied with job   ○ Left for personal reasons   ○ Physical illness
○ Don't know   ○ Declined

7.h   When was your last day?

| | | | | |Y|r|2|0| |M| |D|

Income - Past 3 Months

8.   Now I would like to ask you about your income for each of the past three months. Please note that this information will be kept strictly confidential and will be known only to the researchers.

8.a   For the month of [MM/YYYY] how much was your total income?

Enter in dollars and cents, e.g., 13.50 Enter 0.00 if no income.

| | | | | | | |

How much of that came from each of these sources?

Vocational Time-line Follow-back ID |␣|␣|␣|␣|␣| Y |2|0|␣|␣| M |␣|␣| D |␣|␣|

8.b   Earnings from regular work (number of hours per week is FIXED)

|␣|␣|␣|␣|␣|␣|␣|

8.c   Earnings from casual work (number of hours per week is NOT fixed)

|␣|␣|␣|␣|␣|␣|␣|

8.d   Unemployment insurance or EI

|␣|␣|␣|␣|␣|␣|␣|

8.e   Disability Income (OADP in Ont.; Solidarite Sociale in Que.)

|␣|␣|␣|␣|␣|␣|␣|

8.f   Welfare or income assistance (OW in Ont.; aide sociale in Que.)

|␣|␣|␣|␣|␣|␣|␣|

8.g   Public pension, including old age or veteran's pension

|␣|␣|␣|␣|␣|␣|␣|

8.h   Private disability pension

|␣|␣|␣|␣|␣|␣|

8.i   Pan-handling

|␣|␣|␣|␣|␣|␣|␣|

8.j   Busking (entertaining for cash)

|␣|␣|␣|␣|␣|␣|␣|

8.k   Selling papers or crafts

|␣|␣|␣|␣|␣|␣|␣|

8.l   Collecting and recycling (e.g., bottles or scrap metal)

|␣|␣|␣|␣|␣|␣|␣|

8.m   Squeegeeing

|␣|␣|␣|␣|␣|␣|␣|

8.n   Other sources?
       If Yes, please specify

       ○ Yes   ○ No

8.n.1 Other sources include family support, consumer-run businesses as well as income from other activities such as sex work or selling or running drugs that were used to survive on the street. Please know that your confidentiality is protected if you would like to tell me about these sources of income, but like the other questions you do not have to tell me about them.
       Record the source(s) of income according to what they tell you.

8.n.2 What was/were the amounts from these other sources?
       Enter in dollars and cents, e.g.,13.50

       |␣|␣|␣|␣|␣|␣|

9.   Interviewer: Please add the amounts for all sources above then ask 9a and adjust if necessary

       |␣|␣|␣|␣|␣|␣|

Vocational Time-line Follow-back

ID | | | | | Y 2 0 | | M | | D | |

| 9.a | Does the total amount seem correct? (If no, please review component numbers) |
| | ○ Yes ○ No |

Previous month

10.a	For the month of [MM/YYYY] how much was your total income?
	Enter in dollars and cents, e.g., 13.50
	| | | | | | | |

How much of that came from each of these sources?

| 10.b | Earnings from regular work (at least 1 wk in one place) |
| | \| \| \| \| \| \| \| \| |

| 10.c | Earnings from casual work (less than 1 wk in one place) |
| | \| \| \| \| \| \| \| \| |

| 10.d | Unemployment insurance or EI |
| | \| \| \| \| \| \| \| \| |

| 10.e | Disability Income (OADP in Ont.; Solidarite Sociale in Que.) |
| | \| \| \| \| \| \| \| \| |

| 10.f | Welfare or income assistance (OW in Ont.; aide sociale in Que.) |
| | \| \| \| \| \| \| \| \| |

| 10.g | Public pension, including old age or veteran's pension |
| | \| \| \| \| \| \| \| \| |

| 10.h | Private disability pension |
| | \| \| \| \| \| \| \| \| |

| 10.i | Pan-handling |
| | \| \| \| \| \| \| \| \| |

| 10.j | Busking (entertaining for cash) |
| | \| \| \| \| \| \| \| \| |

| 10.k | Selling papers or crafts |
| | \| \| \| \| \| \| \| \| |

| 10.l | Collecting and recycling (e.g., bottles or scrap metal) |
| | \| \| \| \| \| \| \| \| |

| 10.m | Squeegeeing |
| | \| \| \| \| \| \| \| \| |

| 10.n | Other sources? |
| | ○ Yes ○ No |

| 10.n.1 | Other sources include family support, consumer-run businesses as well as income from other activities such as sex work or selling or running drugs that were used to survive on the street. Please know that your confidentiality is protected if you would like to tell me about these sources of income, but like the other questions you do not have to tell me about them. |

Vocational Time-line Follow-back   ID | | | | | Y|2|0| | | M| | | D| | |

10.n.2 What was/were the amounts from these other sources?

| | | | | | | |

11.   Interviewer: Please add the amounts for all sources above then ask 11a and adjust if necessary

| | | | | | |

11.a Does the total amount seem correct? (If no, please review component numbers)

○ Yes ○ No

Previous month

12.a For the month of [MM/YYYY] how much was your total income?

Enter in dollars and cents, e.g., 13.50

| | | | | | | |

How much of that came from each of these sources?

12.b Earnings from regular work (at least 1 wk in one place)

| | | | | | | |

12.c Earnings from casual work (less than 1 wk in one place)

| | | | | | | |

12.d Unemployment insurance or EI

| | | | | | | |

12.e Disability Income (OADP in Ont.; Solidarite Sociale in Que.)

| | | | | | | |

12.f Welfare or income assistance (OW in Ont.; aide sociale in Que.)

| | | | | | | |

12.g Public pension, including old age or veteran's pension

| | | | | | | |

12.h Private disability pension

| | | | | | | |

12.i Pan-handling

| | | | | | | |

12.j Busking (entertaining for cash)

| | | | | | | |

12.k Selling papers or crafts

| | | | | | | |

12.l Collecting and recycling (e.g. bottles or scrap metal)

| | | | | | | |

12.m Squeegeeing

| | | | | | | |

12.n Other sources

○ Yes ○ No

Vocational Time-line Follow-back

ID | | | | | | Y|2|0| | | M| | | D| | |

12.n.1 Other sources include family support, consumer-run businesses as well as income from other activities such as sex work or selling or running drugs that were used to survive on the street. Please know that your confidentiality is protected if you would like to tell me about these sources of income, but like the other questions you do not have to tell me about them.

12.n.2 What was/were the amounts from these other sources?

| | | | | | | |

13. Interviewer: Please add the amounts for all sources above then ask 13a and adjust if necessary

| | | | | | | |

13.a Does the total amount seem correct? (If no, please review component numbers)

○ Yes   ○ No

Student Status - Past 3 Months

14. Have you started a training program or courses in these past 3 months?

○ Yes   ○ No   ○ Don't know   ○ Declined

14.a Where are you studying? (Record verbatim)

14.b How many credits per semester are you currently registered for?
If they don't know, enter 888.

| | | |

14.c How many hours per week are you currently registered for?
If they don't know, enter 888.

| | | |

14.d When did you start?

| | |Y|r|2|0| | |M| | |D|

That's all the questions that I have for this interview. Thanks so much for your answers. The next interview is in about three months, but in the meantime remember to call the toll-free number each month to stay in touch.

E Open-ended Questions Instrument

Date: _____ , 20 _____   Code: YM _____
Interviewer: _____   Interview #: _____

Youth Matters: Open-ended questions

Note to Research Assistant: Please complete this form verbatim (use participant's exact words)

<u>Subsequent Interviews</u>

1. **Which service model did you choose**?

☐ Housing first
☐ Treatment first
☐ Both together
☐ Other (specify) _____

2. **Would you still make the same choice today**?

☐ Yes
☐ No
☐ Other _____

(**If answer is <u>no</u>) If you would make a different choice what would it be**?

What is your reasoning about the best choice now?

With the approach currently used, what has gone well?

4. **What were some of the barriers (problems) you faced with this model**?

5. **What changes would you suggest for the future (what could be improved**)?

Date: _____ , 20 ____   Code: YM _____

Interviewer: _____   Interview #: _____

Youth Matters: Open-ended questions

Note to Research Assistant: Please complete this form verbatim (use participant's exact words)

Have you been treated fairly by services in getting the help you need?

If it was up to you, how would you plan services for you and people in your situation?

Is the system fair?

What is fair or not fair about the system right now, for you?

F Youth Matters Study Ethics Approval Notice (May 2010)

Office of Research Ethics

The University of Western Ontario

Use of Human Subjects - Ethics Approval Notice

Principal Investigator:		**Review Level:** Expedited
Review Number: 16734		**Revision Number: 1**
Review Date: April 28, 2010		**Approved Local # of Participants:** 350

Protocol Title: Youth Matters in London: mental health, addiction and homelessness.

Department and Institution: Nursing, University of Western Ontario

Sponsor: CIHR-CANADIAN INSTITUTE OF HEALTH RESEARCH

Ethics Approval Date: May 26, 2010 **Expiry Date:** March 31, 2014

Documents Reviewed and Approved: Revised Health Social Justice Service Use instrument, addition of the Vocational Time Line Follow Back Instrument, Revised Youth Participant Letter of information & consent form dated April 30/10, revised Service Providers Letter of information & consent form dated April 30/10 & Revised Family Letter of information & consent form dated April 30/10

Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:
   a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
   b) all adverse and unexpected experiences or events that are both serious and unexpected;
   c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

G Youth Matters Study Ethics Approval Notice (August 2011)

Use of Human Participants - Ethics Approval Notice

Research

Western

Principal Investigator: [ ]
Review Number: 16734
Review Level: Delegated
Approved Local Adult Participants: 350
Approved Local Minor Participants: 0
Protocol Title: Youth Matters in London: mental health, addiction and homelessness.
Department & Institution: Nursing, University of Western Ontario
Sponsor: Canadian Institutes of Health Research

Ethics Approval Date: August 26, 2011   **Expiry Date:** March 31, 2014
Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

The Chair of the HSREB is Dr. Joseph Gilbert. The UWO HSREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000940.

This is an official document. Please retain the original in your files.

Curriculum Vitae

Name: Louise Vesanen

Post-secondary   The University of Western Ontario
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                        September 2006- April 2010

                        The University of Western Ontario
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                        MSc. Health and Rehabilitation Sciences, Child and Youth Health
                        September 2010- August 2012

Related Work   Homeless Youth & Family Recreation Coordinator
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                        May 2007 – August 2007

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                        Dr. Sam Henein/SKDS Research Inc.
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                        Graduate Teaching Assistant
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