

**On Her Own**  
**Young Women and Homelessness in Canada**

Canadian Housing and Renewal Association  
with researchers Sylvia Novac, Luba Serge, Margaret Eberle and Joyce Brown

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- the original contribution the report would make to existing work on this subject, and its usefulness to equality-seeking organizations, advocacy communities, government policy makers, researchers and other target audiences.

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## **ABSTRACT**

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 It includes case study reports for eight cities based on interviews with more than 100 informants and previously unpublished data.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

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## ABBREVIATIONS AND ACRONYMS

APPORT	Aide aux parents pour leurs revenus de travail (parental wage assistance)
CCPA	Canadian Centre for Policy Alternatives
CCSD	Canada Council on Social Development
CLSC	Centres locaux de services communautaires (neighbourhood health and social services centre)
CMHC	Canada Mortgage and Housing Corporation
CSPC	Community Social Planning Council
FAS	Fetal alcohol syndrome
FV	Family violence
HARH	Housing Homeless/At-Risk Housing
HRDC	Human Resources Development Canada
LEAP	Learning, Earning and Parenting Program
MCF	Ministry for Children and Families
MCSS	Ministry of Community and Social Services
MHPRG	Mental Health Policy Research Group
MTHC	Metropolitan Toronto Housing Company
NAPO	National Anti-Poverty Organization
NCFST	Native Child and Family Services of Toronto
NCW	National Council of Welfare
ODSP	Ontario Disability Support Program
OW	Ontario Works
PARC	Pape Adolescent Resource Centre
PCIP	<i>Protection of Children Involved in Prostitution Act</i>
ROCAJQ	Regroupement des Organismes communautaires autonomes jeunesse du Québec
SCPI	Supporting Communities Partnership Initiative
SHOP	Singles Housing Opportunity Program
SPCW	Social Planning Council of Winnipeg
TERF	Transitional Education and Resources for Females
VPD	Vancouver Police Department
YA	Youth agreement

## PREFACE

Good public policy depends on good policy research. In recognition of this, Status of Women Canada instituted the Policy Research Fund in 1996. It supports independent policy research on issues linked to the public policy agenda and in need of gender-based analysis. Our objective is to enhance public debate on gender equality issues to enable individuals, organizations, policy makers and policy analysts to participate more effectively in the development of policy.

The focus of the research may be on long-term, emerging policy issues or short-term, urgent policy issues that require an analysis of their gender implications. Funding is awarded through an open, competitive call for proposals. A non-governmental, external committee plays a key role in identifying policy research priorities, selecting research proposals for funding and evaluating the final reports.

This policy research paper was proposed and developed under a call for proposals in September 1999, on *Young Women at Risk*. In spite of the progress made in recent decades, young women still represent a social group much at risk, especially with respect to their physical and mental health, their professional future and their socio-economic situation. They face a variety of problems that are often interrelated. Researchers were asked: “How can government policies create better conditions for the growth and development of these young women *at risk*, from childhood through the transition years to adulthood?”

Two research projects were funded by Status of Women Canada on this theme. This report, *On Her Own: Young Women and Homelessness in Canada*, fills a critical gap in Canadian research on homelessness. The other report under this call for proposals provides a new examination of mental health promotion policies and strategies for immigrant and refugee female adolescents.

We thank all the researchers for their contribution to the public policy debate.



## **ACKNOWLEDGMENTS**

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## **EXECUTIVE SUMMARY**

This report explores the causes, demographics and patterns of homelessness among young women (aged 12 to 24) in Canada. Case studies were conducted in eight cities to review the availability of programs and services for young women and assess program and service gaps as well as innovations. Previously unpublished data on young homeless women are presented, and the policies and programs of several governments are critically reviewed.

### **Literature Review**

The transition to adulthood has become a more prolonged and complex process for young women, with fewer employment opportunities. Those who lack family support during the transition are at risk of becoming homeless. Previous studies have shown that young women in public care, Aboriginal women and lesbian women are all overrepresented.

Young women constitute one third to one half of homeless youth in major urban areas across Canada. The proportion of females to males increases as age decreases, so the problems faced by legal minors are of special concern. Many homeless young women are early school leavers and lack the education required for employment. Despite the availability of government-sponsored training programs, homeless young women find it very difficult to obtain employment — more so than young men.

Violence against girls and young women plays a significant role in the dynamics of their homelessness. While most homeless youth have histories of family instability, conflict and abuse, more young women than young men have experienced sexual and physical abuse within their families. Young women who have been abused, especially sexually abused, are more vulnerable to re-victimization.

There is evidence of a cycle of child abuse, pregnancy and homelessness among young women.

### **New Data**

Custom analyses on young women and homelessness were compiled from two sources: a prospective cohort study of homeless youth in Montréal and the City of Toronto database on users of its shelter system, 1988 to 1999.

Many young women in the Montréal study initially became homeless between the ages of 13 and 15. More females than males used their personal networks for a temporary place to stay rather than use shelters or stay on the street. With few legitimate sources of income, youth under the age of 18 were more likely to engage in illicit activities.

In Toronto, more young women are using the shelter system (from 27% of all youth households in 1988 to 41% in 1999), and their average age is decreasing. In 1999, one out of four of the

female youth staying in shelters was 16 or 17 years old. On leaving a shelter, most of the single women and one third of young mothers remained homeless.

## **Case Studies**

We focussed our efforts on the three cities where youth are visibly homeless in the greatest number — Toronto, Vancouver and Montréal. We also collected information for an additional five cities — St. John's, Halifax, Winnipeg, Edmonton and Yellowknife. In total, more than 100 informants were interviewed about local services and programs used by young homeless women and those at risk.

Youth shelters exist only in the largest cities, and most of them are gender mixed. There is only one shelter specifically for young women in Toronto. In the southern cities, youth can be found sleeping rough and staying in squats, but young women are far less likely to do so than young men.

Our informants confirmed that certain sub-groups appear to be overrepresented: those in and from care, lesbian and gay youth, Aboriginal youth, and recent refugees or immigrants (in Toronto).

Homeless minors generally avoid involvement with the child welfare system, yet are ineligible to use shelters or receive income support and other services. This is a pervasive problem. There is little known about this group, but their desperate circumstances make them highly vulnerable to exploitation. Another glaring service and program gap between child and adult welfare services affects 16 and 17 year olds (and 18 year olds in British Columbia) and leaves them without adequate financial and other support.

Our informants confirmed that school difficulties and early school leaving are typical among young homeless women, as previous studies have shown. Pregnancy rates among young homeless women are high. The recruitment of homeless young women into the sex trade is prevalent in larger cities, but appears to be more pervasive, organized and violent in Vancouver.

Toronto has the largest number of shelters and other services designed for homeless youth. However, as in Vancouver and Montréal, there are very few services specifically for young women. Young women generally prefer to align with young men more than with adult women due to a strong peer orientation and distrust of adults. Yet the gender dynamics in youth shelters, drop-in centres and on the street are traditional and oppressive for young women, and sexual violence is commonplace.

Service agencies across the country are struggling with funding reductions and inflexibility. Despite this, service innovations are being developed to address a diversity of needs among homeless youth.

## **Service, Program and Policy Review**

Child protection rather than prevention is increasingly the focus of child welfare agencies in Ontario, British Columbia and Quebec. Eligibility for child welfare services generally ends at age 16, 18 or 19 (depending on the jurisdiction). However, these youth are not eligible (or only under very specific circumstances) for adult income support programs.

Contentious legislation intended to rescue young prostitutes or minors engaged in high-risk activities is being adopted in several provinces. Critics charge that mandatory treatment is unlikely to be successful and violates a child's rights. This approach may funnel services to particular youth and extend social control strategies that drive some youth underground.

Young homeless women have a range of health problems and face significant barriers to completing their education. A few health services are designed to assist homeless youth or adults, but educational programs designed to assist homeless youth do not exist.

The federal Supporting Communities Partnership Initiative, which will terminate soon, is providing the impetus for local initiatives to address homelessness. The terms of a new federal assisted rental housing program have not yet been determined, but the potential exists for it to supply new affordable housing for low-income households. British Columbia and Quebec are the only two among federal, provincial and territorial governments in Canada that are still building social housing. Several youth-related housing initiatives are under development in British Columbia.

## **Recommendations for Change in Services, Programs and Policies**

General and city-specific service needs are outlined, such as safe houses, new shelters for young women or youth, and gender-specific programming. Not only affordable housing, but new transitional and supportive housing projects, and longer-term interventions will be required to address the multiple needs of many homeless young women.

Governments must implement macro-level policies that alleviate poverty and provide affordable housing to address the underlying causes of homelessness. But targeted initiatives to address youth homelessness are also required, including female-only services and programs.

## 1. INTRODUCTION

The number and proportion of young people and women without adequate and secure housing have increased in Canada during the last two decades. Given the lack of national data on homelessness or systematic measurement across the country, it is not possible to establish the level of homelessness among young women (or other sub-groups) in Canada. However, analyses of shelter use data in Toronto showed that by the late 1990s, youth and families were the fastest growing groups of homeless (Springer et al. 1998).

Homelessness among youth is unique in that it occurs during a transitional phase toward adulthood which, in our society, is generally marked by establishing a household separate from parents. Modern youth homelessness is distinguished by prolonged periods of dependency and schooling and fewer employment opportunities that would allow young people to support themselves. Consequently, young people are generally leaving the parental home at a later age than they did 20 years ago. More Canadian youth delay moving out of their parental homes, or return to them, resulting in a phenomenon called the “crowded nest” (Boyd and Norris 1999). In 1989, slightly more than two thirds of young people were living at home. Ten years later, almost three quarters of them were living with their parents (Statistics Canada 1999).

The situation of homeless youth stands in stark contrast to this extended reliance on parents for accommodation and other support. Young people who leave the parental home at a very early age are far less likely to realize adult independence or economic self-sufficiency (Lemay 1999). These young people require greater assistance from a range of public institutions and social welfare programs at a time when state expenditures on social spending have been reduced.

While women’s particular experiences of homelessness and its gendered nature are beginning to be explored (Novac et al. 1996a), there is still a strong tendency in the literature on youth homelessness to ignore gender except as a variable that occasionally reveals differences of some interest to researchers. As there have been virtually no Canadian studies on homelessness among young women, we have compiled an extensive range of information, some quite detailed, to describe the current problem, review service needs, assess the policy context and provide policy directions.

### **Objectives**

This study was designed to:

- investigate the causes, extent and patterns of homelessness among young women, with attention to diversity in terms of culture, racial status and sexual orientation;
- review the availability of programs and services for young women and assess program and service gaps as well as innovations;
- conduct secondary data analysis to contribute to knowledge on young women; and

- compare provincial and municipal policy contexts, and assess federal policies to identify changes that would improve the situation of young women.

## **Methodology**

The report is based on the following:

- a literature review of English- and French-language Canadian research, along with research from other Western countries;
- custom tabulation of new data on homeless young women;
- first-tier case studies based on interviews with informants conducted in Montréal, Toronto and Vancouver (Most of the informants are service providers who work with homeless young women and those at risk; others have expertise in related program and policy areas such as child welfare.);
- less extensive second-tier case studies that focus on services in Edmonton, Winnipeg, Halifax, St. John's and Yellowknife; and
- a review of the policies and programs of three provinces — Ontario, British Columbia and Quebec, as well as the federal government.<sup>1</sup>

### ***New Data***

Custom tabulation of data on young women and homelessness was produced from two sources: a prospective cohort study of homeless youth in Montréal undertaken by the Régie régionale de la santé et des services sociaux de Montréal-Centre<sup>2</sup> and the City of Toronto database on users of the shelter system.<sup>3</sup>

The Montréal study included youth between the ages of 14 and 25 who, in the previous year, were either without a place to sleep more than once or regularly used the services of a street youth agency. Voluntary recruitment of participants was conducted during regular visits to the 20 principal resources for street youth in Montréal. A questionnaire was filled out on entry to the study and every six months thereafter. The data are based on the initial questionnaires for 998 youth who joined the study between 1995 and 2000.

Data on youth aged 15 to 25<sup>4</sup> were tabulated from the City of Toronto's shelter users database. These data have been systematically collected since 1988 from all types of shelters in Toronto — shelters for single men, single women, youth and families (excluding three winter-only shelter programs). In mid-1999 (the last year for which full data are available), this included 10 shelters for youth, 13 shelters for single women, eight shelters for single men, four co-ed shelters and eight shelters for women with children and couples — with a total capacity of 4,128 beds. Data from 11 designated domestic violence shelters were included until 1998, when their administration was taken over by the provincial government.

### ***Case Studies***

Since there has been very little empirical research on the experiences of homeless young women in Canada, we have relied on informants to construct general portraits of the situation for these

young women — how they survive, service use and gaps, general characteristics and diversity, and challenging issues — as well as offer their views on policies and their suggestions to prevent or ameliorate homelessness for young women. The names of contributing informants are listed in Appendix C.

The case studies are based on interviews with more than 100 informants in large and small cities across the country. The informants provide local services to homeless young women or have expertise relevant to youth homelessness and the situation for young women who are homeless or at risk of being homeless.

We focussed our efforts on the three cities where youth are visibly homeless in the greatest number — Toronto, Vancouver and Montréal. The situation in these cities forms the basis for our subsequent policy analysis. These are the first-tier case studies, for which the information sought from informants was more extensive than that collected for the additional five cities of St. John's, Halifax, Winnipeg, Edmonton and Yellowknife, the second-tier case studies.

Cities for the second-tier case studies were chosen to explore further the similarities and differences in the characteristics of young women's homelessness and local services in cities across Canada. Edmonton received somewhat more attention than the other four cities because Alberta is the first province to introduce the controversial legislation regarding the protection of children involved in prostitution that allows police to apprehend youth suspected of prostitution and detain them in a protective safe house.

For each case study, we compiled information on the local characteristics of homelessness among young women and the resources and services available for them. For the first-tier case studies, we also explored informants' views on programs and policies, and their impact. The varied number of informants per city reflects the relative population size and the number of agencies offering services used by youth. The interviews were conducted from June to December 2000.

Most of the first-tier informants were interviewed face to face, at their place of work. We interviewed 27 informants in Toronto, 20 in Vancouver and 16 in Montréal. About half of the interviews for the second-tier case studies were conducted by telephone. We interviewed 16 informants in Edmonton, 12 in Winnipeg, 10 in Halifax, 3 in St. John's and 6 in Yellowknife.

### ***Limitations of Case Studies***

Although we attempted to include informants from a broad array of agencies and services (e.g., shelters, health services, child welfare agencies, outreach and storefront services for homeless people, and educators), we did not conduct an exhaustive survey. Most informants provide some kind of service used by homeless young women. And, depending on what that service is, they may see primarily or only a particular subset of the population of young women who are homeless or unstably housed. Some services are directed to specific groups, such as young sex trade workers, street-involved youth or the Aboriginal population. Even the location of an agency can affect the profile of youth who use its services in large cities, such as Toronto and Vancouver (e.g., whether they use shelters or sleep rough). This range

of observer positions contributes to differing perspectives and even some conflicting views among informants.

Reliance on the observations of service providers and professionals has probably skewed our descriptions toward a focus on homeless youth who make heavier use of service agencies, those who are homeless for longer periods and those with more severe problems. On the other hand, most of the informants have been working with young women, youth and homeless people for many years. They are in unique positions to observe local changes over time — in the profile of homeless young women and youth, in the service sector itself and the effects of government policies. And, they are knowledgeable witnesses to how various interventions and policies have improved or worsened the situation for young women.

### **Terminology and Definitions**

For the purposes of this report, the terms “young women” and “youth” refer to those aged 12 to 24 inclusive. Agencies that serve homeless youth generally specify the age range of their clientele as under 25 years, or from age 16 to 24. Some agencies assist youth who are younger than the age of majority (not always knowingly), but legal minors are the responsibility of their families or the child welfare system of public care. Most Canadian studies of homeless youth have used the 12 to 24 age range (Caputo et al. 1997).

The meaning of the term “homelessness” is fraught with debate, and its definition has varied implications for research methodologies and policy goals. In the narrowest sense, it is defined as the absolute lack of physical shelter, to the point that a few analysts prefer the term “houselessness” to clarify that essential characteristic (Springer 2000). Feminist researchers have stressed that homelessness is one end of a continuum that has secure tenure and safe living arrangements at its opposite end (Watson and Austerberry 1986). Defining homelessness requires drawing a line somewhere along that continuum.

The United Nations distinguishes two forms of homelessness: absolute and relative. There is a general consensus among researchers that “absolute homelessness” refers to sleeping in places unfit for human habitation (e.g., abandoned buildings, vehicles, doorways, parks and tents) or using emergency shelter facilities. “Relative homelessness” applies to situations where basic standards of physical adequacy, security of tenure, personal safety and accessibility to employment, education, and health care are not met (Charette 1991). Researchers have interpreted this to include forms of inadequate housing, such as short-term rentals in illegal or unsafe rooming houses, and insecure tenure or living arrangements, such as temporarily sleeping on a friend’s couch. These arrangements may also be referred to as “hidden or concealed homelessness” because they escape public detection. Lack of personal safety within families or households is another facet of relative homelessness. For example, Avramov (1998: 63) referred to children living in a conflict-burdened family environment or an abusive family as “hidden homeless children.”

Daly (1996: 1) simplified the “fluid and elusive concept” of homelessness in this way: “people are considered homeless if they lack adequate shelter in which they are entitled to live safely.”



Incorporating the dimension of personal safety is especially important in understanding the dynamics of young women's homelessness.

Most research on homeless people is limited to those who fit the criteria for absolute homelessness. Unless otherwise specified, this convention will be followed in this report.

### **Further Methodological Comments**

Virtually all the research on homeless young people addresses the situation of single youth only. Since young women begin to form families at an earlier age than men, we have made some efforts to include information on young women as mothers. In the literature, young mothers' experiences and situations are incorporated under the topic of homeless families, and their particular issues are not distinguished. Thus, family structure and age have had more influence than gender in shaping categorizations of sub-groups and analysis of issues, with the result that some aspects of the gendered patterns of homelessness are obscured.

Also neglected in the research literature is the role of abused women's shelters. Many studies of homeless women or homeless families do not make evident whether the participants are drawn from shelters for abused women or from conventional women's or family shelters. Golden et al. (1999: 50-1) described three types of family shelters in Toronto by referring to their physical facilities. In fact, the City of Toronto includes information from designated family violence (FV) shelters in its shelter use database.<sup>5</sup> FV and conventional family and women's shelters in Toronto co-operate to accommodate their respective overflows. There are striking similarities in women's reasons for seeking emergency shelter, whether they reside in family violence or conventional shelters. Impoverished circumstances and past histories of abusive partners are common to users of both shelter types (Williams 1998). Since domestic violence may trigger an indirect path to homelessness, many homeless women would benefit from the particular services offered only at FV shelters. FV shelters generally receive higher funding levels than conventional family or other women's shelters, and provide a wider range of services for both women and children, such as personal counselling to deal with issues related to previous abuse. They also make special efforts to assure personal safety from violent men who pursue their partners.

When the battered women's movement began in Canada in the early 1970s,<sup>6</sup> feminists developed an explicitly political approach that differed from the traditional "rescue" or individual reform approach that historically characterized men's shelters. Feminist shelters were organized in an egalitarian, participatory, non-bureaucratic fashion, with a focus on advocacy and empowerment, and employed a critique of patriarchal relations and the systemic nature of oppression. The original mandate of women's shelters was to provide a refuge for women and their children who were homeless. The need to provide women with accommodation safe from male violence quickly became the priority (Walker 1990). And, staff continue to work on the prevention and reduction of domestic violence in communities (CMHC 1995).

We are elaborating the role of FV shelters, in part, because there is no consensus on whether women using these shelters are considered homeless. (This is apart from women's subjective determination of homelessness.) In Quebec, but not Ontario or British Columbia, FV shelter staff and feminist organizations have taken the position that their residents are not homeless, and should not be counted as such. The rationale for this includes the argument that women who leave their homes to escape abuse from spouses do not thereby relinquish their right to tenure or any other housing-related claims. Notwithstanding the validity of this position, the lack of agreement on this point has affected the collection of data for this report.

Another reason for outlining distinctions in philosophical approaches, services and practices among shelter types is that youth shelters in Canada have some elements in common with FV shelters (e.g., a broader range of service provision and some attention to personal safety issues). Most youth shelters, however, are gender mixed. Some of the implications of this are presented in the case study material below.

### **Organization of Report**

Findings from the literature are presented in Chapter 2. Previously unpublished data on young homeless women in Montréal and Toronto are reviewed in Chapter 3. The case study reports for Toronto, Vancouver and Montréal, followed by a summary and discussion constitute Chapter 4. The service, program and policy context for Toronto, Vancouver and Montréal is reviewed in Chapter 5, followed by service, program and policy recommendations in Chapter 6. The case study reports for Edmonton, Winnipeg, Halifax, St. John's and Yellowknife are included in Appendix A.

## 2. LITERATURE REVIEW

### Introduction

#### *Research Limitations*

There are few studies of youth homelessness sufficiently rigorous in their methodology to warrant generalization.<sup>7</sup> Direct comparability across studies is generally not feasible due to differences in definitions of youth and homelessness, and variations in research design. Most studies are cross-sectional and produce only a snapshot. Some people cycle in and out of homelessness much faster than others, and cross-sectional studies overrepresent those who are homeless for longer periods of time (and who generally have more severe problems). Longitudinal studies are rare, but would better explain the way in which people become homeless, the course of homelessness, and how or whether they attain secure housing over time (Downing-Orr 1996; Van der Ploeg and Scholte 1997; Avramov 1998).

Most researchers rely on samples drawn from service users (shelters, drop-in centres, soup kitchens and food banks). This constitutes a de facto definition of service-based homelessness that some have argued has gender implications because women feel less safe from sexual violence on the street and in shelters (Hutson and Liddiard 1994). Instead, women rely more on their personal networks of relatives and friends, and are more likely to be among the hidden homeless. Youth also tend to avoid shelters, institutions and public authorities (Avramov 1998).

Certainly, the research to date has focussed on absolute homelessness and cannot tell us much about relative or hidden homelessness among young women. Nevertheless, we are developing a knowledge base, and similar findings from multiple, less-than-rigorous studies increase our confidence in their reliability.

Unfortunately, researchers have not yet established clear relationships among the factors that assist young women to become re-housed; or the kinds of policies or services that would effectively prevent homelessness among them. And, there are no evaluative studies of service or program interventions that would identify successful strategies in working with homeless young women.

#### *Terms and Types*

Researchers have suggested various categorical distinctions among young people who are homeless. The most common is “runaway,” a status that is usually defined according to legislation on minors which varies by jurisdiction. In a Calgary study, Kufedlt and Nimmo (1987) further distinguished runaways as either “runners,” who tended to leave their homes with the intention of not returning and had extended runs, or “in and outers” who used characteristically short, impulsive runs as a temporary coping mechanism.

While virtually all homeless youth experience extensive parent–child conflict before leaving home, Adams et al. (1985) distinguished runaways from “throwaways” according to whether

youth chose, or parents forced them, to leave. Schaffner (1999) further distinguished runaways by the way in which their departure was accomplished: some leave amid emotional and physical fighting, others through careful calculations of timing and duration of their stays away from families, group homes and foster homes.

The terms “street youth” and “street-involved youth” generally refer to young people who spend a lot of time on the streets and in public places. To further distinguish among street youth, Brannigan and Caputo (1993) used the terms “curbsiders” and “entrenched street youth” to anchor a continuum based on level of street involvement, time spent on the street, and level of involvement in street culture or risk-taking activities. Most street youth have no family home. Some lack adult supervision but have a choice to go home at night (Whitbeck and Hoyt 1999). The latter pattern of homelessness has been noted among Aboriginal youth in particular (Steering Committee on Street Youth 1999).

Do the circumstances of how youth leave home have significant effects? MacLean et al. (1999) investigated three paths in homeless adolescents’ separation from family — running away, being kicked out and being removed — and related them to family background characteristics, current psychological problems, familial relationships and victimization on the streets. They found that adolescents removed from their family had the most problematic family background, and the runaways had the least. But there were no differences in their current family relationships, psychological problems or rates of recent victimization. The researchers concluded that the traumatic experience of homelessness appeared to supersede differential background factors, resulting in equally high rates of distress and victimization.

### ***Young Women’s Subjective Assessments of Homelessness***

Some youth do not consider themselves homeless despite being in what most researchers would consider a clear situation of literal homelessness. Two out of five of the youth who met the definition of homelessness used in a Calgary study did not view themselves as homeless, even if they were sleeping in emergency shelters, parks or squats (Clarke and Cooper 2000). In part, this may reflect their resistance to a stigmatized label. It may also incorporate a social sense of belonging that signals “home,” meaning their relationships are more defining than their physical shelter.

When Tomas and Dittmar (1995) explored the ways in which homeless women defined the meaning of “home,” they discovered that the women did not equate home with personal safety. In fact, homelessness was the women’s solution to being housed with men who were abusive or exploitive. Fitzpatrick (2000) also found that among young homeless women, personal safety was their first priority in assessing housing security.

Young women’s subjective definition of homelessness has more to do with their feelings of safety and belonging than with the provision of physical shelter (Wardhaugh 2000). Some young women who have experienced a high level of control within their families and pressure to perform domestic labour view this condition as being “homeless at home.” For them, literal homelessness may represent a degree of freedom in comparison with their experiences as daughters and wives.

## **Demographics and Shelter Use**

The results of various studies, most of them small scale, suggest that females comprised about one third of the homeless and street youth in Toronto (Hagan and McCarthy 1998; Gaetz et al. 1999; Janus et al. 1987), and almost one half of them in Vancouver (Hagan and McCarthy 1998). In Calgary and Winnipeg, more than one half of the street youth were female, and a very high proportion were Aboriginal (SPCW 1990, Kufeldt and Nimmo 1987). Relative to their numbers in the population of each city, Aboriginal youth were also overrepresented in Vancouver, Calgary and Ottawa. Young women born in Caribbean or African countries were overrepresented among homeless youth in Ottawa (Clarke and Cooper 2000; Farrell et al. 2000; Peters and Murphy 1994).

In the absence of systematic data on the extent of homelessness in Canada, some cities have conducted their own counts of homeless people, but they have generally not distinguished youth or used comparable age groups. The City of Calgary did differentiate youth aged 13 to 24 in successive counts during the 1990s that showed an increase in their proportion (Calgary 2000). In the most recent count, on May 17, 2000, 20% of the homeless people were youth, and 32% of the youth were female.<sup>8</sup>

### ***Shelter Use by Youth in Toronto***

In 1979, there were two youth shelters in Toronto — one for young women with 25 beds and one for young men with 70 beds (Youth Services Network 1979). By 1999, there were 10 youth shelters with 441 beds, an almost fivefold increase. Seven of the shelters serve both young women and men. Three are gender segregated — one for young women and two for young men. Occupancy rates at the youth shelters are consistently very high. During 1999, one youth shelter alone received 2,722 calls from young people seeking shelter who had to be referred elsewhere due to the lack of bed space.

About 6,000 youth stayed in Toronto's emergency shelters during 1999 (Toronto 2001). To accommodate the growing number of homeless youth, the total bed capacity in youth shelters more than doubled between 1988 and 1996 (from 185 to 393).

The best Canadian data on shelter use by youth comes from the work of Springer and his colleagues (1998) who analyzed nine years of administrative data from shelters in Toronto. Unique identifiers were derived to distinguish and track users in and out of the system. Of the 133,000 different households (i.e., individuals or families) who stayed at least one night in a Toronto shelter from 1988 to 1996, 28% were youth. That is to say, 37,000 different young people aged 15 to 24 (inclusive) used a shelter during that time.

Shelter use in Toronto is increasingly a problem for the young. The proportion of youth aged 18 to 24 in shelters was three times their proportion in the general population. More than one half of a sample of 239 homeless single adults in a Toronto study had first become homeless before the age of 18 years; two thirds of the sample had first become homeless by 30 years of age (MHPRG 1998).

Youth typically had short stays in the shelter system, up to two weeks. Although youth represented 28% of shelter users, they used only 13% of the total “bed-nights.” In other words, youth were relatively light users. Half of youth were in and out of the shelter system within a week, compared to 40% for the whole population of users. The reason for being homeless influenced their length of stay — youth who returned to their parents tended to leave the shelter system quickly. In cases where parental abuse was the stated reason for their homelessness, shelter stays increased by as much as two years.

Most adult shelters accept people as young as 16 or 18 years; however, most youth prefer to use youth shelters. Avoidance of shelters for single adults in Toronto is not surprising given the crowding, violence, theft and health risks in some of them (TDRC 2000). The preference for youth shelters and the avoidance of conventional adult shelters are probably widespread patterns, not limited to Toronto.<sup>9</sup>

### ***A Shelter for Young Women***

Stop 86 is managed by the YWCA and is the only shelter exclusively for homeless female youth aged 16 to 25 years in Toronto (and apparently in Canada). Within a couple years of opening in 1970, the shelter began offering counselling to meet its residents’ needs. Like the other youth shelters in Toronto, it now provides a wide range of additional services, including advocacy, referrals and assistance in obtaining longer-term housing and economic independence for its residents. But, it is unique in being a woman-centred and lesbian-positive shelter for young women in crisis (Fraser 2000).

Stop 86 is also explicitly anti-racist (as are other youth shelters in Toronto). About 40% of its users are members of racial minority groups, and 8% are Aboriginal individuals. The proportion of young racial minority women is fairly representative of the Toronto population,<sup>10</sup> but young Aboriginal women are overrepresented.

Of the 394 young women who used the shelter during 1999, almost half (47%) were between the ages of 16 and 18 (30% were 19 to 21 and 23% were 22 to 25). Eviction or already being homeless was the reason for about one half of the women who came to the shelter. Family breakdown was the reason for almost one quarter of them. A small number (5%) were transferred from correctional facilities. Twenty-two percent of the women said they had been victims of physical, emotional and/or sexual abuse by parents or intimate partners, a rate that seems low compared to the research literature. Five percent of the women were pregnant.

The majority of the residents had some employment experience, and almost one half had been employed for one to five years. Yet on leaving the shelter, only one fifth of the residents obtained a rental unit in the market sector, a subsidized apartment or moved into supportive housing.<sup>11</sup> Twice as many went to another shelter or a maternity home, to stay with friends or relatives, or returned to their former home. Clearly, the young women using this shelter are finding it extremely difficult to obtain stable housing, and a substantial proportion of them are on a round of absolute and relative homelessness. This is underlined by the fact that more than one third of the women were repeat users of the shelter.

### ***Living in a Shelter***

What are the effects on young women of living in shelters? Researchers have not yet investigated the experiences of independent youth staying in shelters. But we do know something of the reactions of homeless adolescents who are accompanied by their parents.<sup>12</sup> Qualitative research by Walsh (1992) on children and youth living in U.S. family shelters reveals much of their daily reality. An adolescent's heightened need for privacy is almost completely thwarted when living in a shelter where life is communal to varying degrees. Such an environment imposes social contact with strangers and high noise levels. It affects when and what one can eat and the ability to keep personal possessions. Just having to share a bathroom is a source of frustration and stress. More so than among younger children, adolescents are extremely sensitive to the sense of shame associated with being homeless and can be desperate to keep that information from friends, teachers and schoolmates. Older children in homeless families may also be saddled with extra responsibilities for younger siblings and have to take on a parenting role. Despite such hardships, some adolescents appreciate the relative safety, stability and material security offered by shelters, as well as the social and recreational opportunities. This suggests that life for these youth had previously been chaotic, unsafe, insecure and impoverished.

### **Explanations of Homelessness**

According to Tosi (1999), the research on homelessness addresses, on the one hand, structural or macro-level forces such as those that create poverty and the lack of affordable housing, and on the other hand, micro-level biographical or personal characteristics and histories. The structural analysis has implications for broad social and economic policies, while the biographical analysis has implications for varied service needs. But making connections between these two levels of analysis has been problematic (Daly 1999).

Avramov (1999a) agreed that there is a missing link in the research — the identification and analysis of intermediate causes and a better understanding of how they operate (the middle or meso level). This would include research on how social network characteristics prevent, modify or exacerbate homelessness. Since there is some evidence that young women rely more on their personal networks, this range of factors is especially important in explaining their experiences.

In line with the dual level of analysis, Tosi (1999) suggested a dual policy direction: a specific affordability policy aimed at providing low-cost accommodation for those with no social integration problems, and the provision of “packages” of accommodation with social support services for those who are marginalized (i.e., supportive housing). One clear need is for policy to integrate housing and social measures (i.e., support services) to “manage the situations of multiple deficit that characterize the marginalized homeless” (Tosi 1999: 122).

### **Structural or Macro-Level Factors**

*Not having a place for me was mostly about income and problems with landlords — you can go see the place, but as soon as they see what you look*

*like, the place is rented. Or [they ask for] credit checks when you don't have any credit.... So, I always tended to go for the landlords that wanted the money...these slumlords who wanted the cash.... They weren't very nice places, which was one of the reasons that I didn't stay in places very long (homeless woman, aged 18, quoted in Gaetz et al. 1999: 28).*

Canadian analysts have identified several factors that reflect, or contribute to, the housing problems for youth:

- prolonged residential dependency on parents (Statistics Canada 1999);
- length of schooling (CCSD 1999);
- a restructured labour market that has led to high unemployment, marginal employment and low incomes among youth (Yalnizyan 1998; CCSD 1999; Rose et al. 1998); and
- a lack of access to low-cost housing, and housing discrimination against youth and sub-groups of youth (Rose et al. 1998).

Rental housing costs in major urban areas have increased much more than low-end wages, yet migration to high-cost urban centres continues.

Youth homelessness has emerged as a social problem in many Western countries over the last two decades (Avramov 1998; van der Ploeg and Scholte 1997). Hutson and Liddiard (1994: 23) argued that three main structural factors account for the emergence of young people as a significant category among the homeless: youth unemployment, a reduction in state benefits and a reduction in affordable housing that is accessible to young people.

### **Family Factors**

Disruption of parent–child relationships, conflict and abuse are not limited to families living in poverty. Sexual abuse of girls and young women occurs in families of all social classes. This may explain why family poverty is not strongly associated with homelessness among youth. There are indications, however, that family poverty is related to more chronic or repeated homelessness among youth (Robertson and Toro 1999).

Histories of family disorganization and disruption are characteristic of homeless youth. For example, a comparison of 563 housed high school students and 386 homeless youth in Toronto showed that the homeless youth more often came from families with unemployed members and divorced parents (Hagan and McCarthy 1998). Almost two thirds of the 360 homeless youth in another Toronto study reported that their parents had been separated during their childhood (Gaetz et al. 1999).

Kufeldt and Nimmo (1987) reported that most of the homeless youth in their Calgary study left home because of family conflict and violence. Factors such as alcohol and drug use, mental illness and criminal behaviour, either on the part of youth or parents, have also been



identified, but their causal relationships with homelessness have not been clearly established (Hutson and Liddiard 1994).

Perhaps the most studied aspect of the biographies of homeless youth has been family conflict and violence. Common sources of conflict with parents include friction over a youth's relationship with a stepparent, sexual activity and sexual orientation, pregnancy, school problems, and alcohol and drug use (Robertson and Toro 1999).

### ***Maltreatment***

*I left home because my father was abusive, physically, sexually, mentally. I went through it for years, I blamed my mother because she wasn't there to protect me. I kind of blamed everybody even though my mother didn't know. I blamed her at the time, I was only a kid. That's why I started running. I was only twelve* (homeless woman, aged 19, quoted in Gaetz et al. 1999: 10).

There were 22,935 reports of missing or runaway females in Canada (57% of all reports) in 1994. Most of these young women left because of family conflict (Dalley 1996).

Among the earliest studies on homeless youth in Canada was the 1984 survey of 149 residents, aged 16 to 21, at a Toronto youth shelter (Janus et al. 1987). Almost three quarters of the young women had been sexually abused, either within their families or after leaving. Onset of sexual abuse came at an earlier age for females. Females were more frequently sexually abused than males, and more severely. A caretaker was the usual perpetrator for females, while males cited caretakers and others equally. As with sexual abuse, physical abuse began at an earlier age for females and was more frequent.

The results of a subsequent survey at the same shelter showed that young women were more likely than young men to have initially left home before the age of 14. Sexual abuse of females was more often perpetrated by their fathers or stepfathers. In addition, females were more likely to experience violent sexual assault (16% vs. 9%), and rape (38% vs. 13%) (Welsh et al. 1995). In comparison with a sample of high school youth, the shelter residents exhibited lower self-esteem, with females' self-esteem lower than males' self-esteem.

Very high levels of childhood abuse are a consistent finding in studies of street-involved and homeless youth. Peters and Murphy (1994) found that 71% of 110 homeless female teenagers in Vancouver reported a history of physical and sexual abuse, compared to 13% of a large provincial sample of students. Almost two thirds (63%) of the females in a Montréal study of 479 homeless youth had been sexually abused (Régie Régionale 1998). Almost two thirds of the young women in another Montréal study characterized their fathers as menacing (Poirer et al. 1999).

Conflict over young women's sexuality and parental attempts to control their daughters' sexual behaviour are common. Runaway girls interviewed by Schaffner (1999) expressed hurt, anger and confusion over being called "whores" by their parents, a form of abuse not reported by heterosexual males. In a large U.S. study of more than 600 homeless youth aged

12 to 22, including 361 young women, Whitbeck and Hoyt (1999) found that twice as many girls as boys (regardless of sexual orientation) had left home or been kicked out because of a conflict with parents or caretakers about their sexuality or sexual behaviour.

It is also common for homeless young lesbians to have experienced conflict with their parents or other family members. Parental rejection may be as harmful as other forms of abuse. Growing up in a homophobic family is “by its very nature, a dysfunctional process” which may lead to developing a “false self” that often results in isolation and alienation from families (Shernoff and Finnegan 1991 cited in Anderson 1996).

Many young women have identified their histories of maltreatment as significant factors in their subsequent homelessness. Among the 360 homeless youth in a Toronto study, twice as many females as males cited sexual abuse as a key factor in leading to their life on the streets (40% vs. 19%). Females were also more likely than males to cite physical abuse as a factor (59% vs. 39%) (Gaetz et al. 1999). Among the 60 homeless young people aged 18 to 35 who were interviewed in a Montréal study, 92% attributed their homelessness and weak social network to instability and destructive circumstances in their original family situation (Poirier et al. 1999).

### ***Consequences of Maltreatment***

Whitbeck and Hoyt (1999) confirmed the existence of high rates of family disorganization, ineffective parenting, and physical and/or sexual abuse among homeless youth. Children with histories of maltreatment, with negative events in their own lives and those of family members, whose parents were rejecting or emotionally unavailable, and where there was high family conflict, were all at risk for depressive symptoms.

Several U.S. researchers explored the psychosocial consequences of maltreatment suffered by homeless youth. Schaffner (1999) attributed young women’s running away and the expression of anger, rebellion, disappointment, invalidation and powerlessness to a moral crisis of trust, extreme family conflict and the search for a safe authority. Adolescents who run away to escape sexual assault and physical brutality in their families have special emotional needs that set them apart from youth escaping overly strict parents or for other reasons. They have more severe separation problems, unresolved issues with their parents and difficulties in their post-runaway relationships (Powers and Jacklitsch 1992). Adolescents who had been both physically and sexually abused within their families exhibited the most severe psychological problems and were at greatest risk for re-victimization (Ryan et al. 2000).

Whitbeck and Hoyt (1999) found that homeless young women who had been sexually abused by an adult caretaker were twice as likely as young men to be re-victimized. Gendered patterns of abusive relationships tended to be repeated. Young women who have been sexually abused by fathers or father figures are likely to reject mothers and mother figures and turn to men, especially young men, for solace and support (Jacobs 1994). And children, especially boys, who have witnessed domestic violence are more likely to use violent means to deal with conflict (Jaffe et al. 1990; DiPaolo 1999). Without intervention, this gendered pattern continues to shape young women’s relationships with men.

The effects of family abuse are powerful. Young people with more abusive family backgrounds, tend to leave home at an earlier age and stay away from home for longer periods. Youth who have experienced serious abuse at home are drawn to each other. They are more likely to use deviant survival strategies, experience street victimization and have depressive symptoms, including post-traumatic stress disorder (Whitbeck and Hoyt 1999).

Whitbeck and Hoyt (1999) developed a risk amplification developmental model to account for the psychosocial patterns common among homeless youth. They determined that the negative effects of early psychological harm from coercive and abusive families are amplified through their influence on behaviours while the adolescents are on their own by increasing the likelihood of victimization. During a long process of increasing emotional separation from parents, adolescents become more involved with peers who provide information and support and help socialize them regarding street survival skills. The deviant social networks and high-risk behaviours increase the risk of serious victimization. As a result, these young people are assaulted and exploited within their new social networks. Re-victimization and aggressive or coercive social networks reinforce what they learned in their dysfunctional families. This process is very hard to reverse, and it affects young women more than young men. Attempts to force submission only reinforce their aggressive/coercive world view. Inevitable encounters with the legal system do the same; they institutionalize basic conflict in a continual power struggle over the adult status of homeless youth.

### **Public Care**

Youth leaving public or foster care lack the “invisible raft of supportive mechanisms, particularly emotional and material assistance from family networks” that facilitates successful housing transitions (Drakeford and Williamson 1998: 184).

Several studies of homeless youth in Canada have found high rates (40% to 49%) of current or previous involvement with the child welfare system (e.g., Clarke and Cooper 2000; Leslie and Hare 2000; Gaetz et al. 1999; McCarthy 1995). Studies in the United States and some European countries have found similarly high rates among homeless youth (Avramov 1998).

In Ontario, adolescents aged 13 to 15 are overrepresented for admission to public care and comprise 35% of the total admissions. Many are admitted due to parental inability to cope with adolescent behaviour, truancy or conflict with the law (Nicoloff 1999). There are no Canadian data on how many youth formerly involved with the child welfare system become homeless, but in one U.S. study, 12% of youth were living on the street or in a shelter within 12 to 18 months of their discharge from public care (Courtney and Piliavin 1998).

According to Raychaba (1993), who has personal experience of public care in Canada, the system creates too much transience in physical placements and relationships. Stable, trusting, long-term relationships with caregivers work best for youth in care and are the least available. Leslie and Hare (2000) determined that Crown wards in Ontario averaged one change of placement or social worker per year. Raychaba (1993) attributed the child welfare system’s limitations to reductions in government funding.

U.S. studies have demonstrated an intergenerational pattern between public care and homelessness. Homeless adults with foster care histories are more likely to have their own children in foster care (Roman and Woffe 1995). Almost one half of the birth parents of a large sample of foster children had experienced homelessness, and those children whose parents had experienced homelessness were more likely than other foster children to have siblings in foster care and to be placed with non-relatives (Zlotnick et al. 1998).

Child protection efforts can be oddly implicated in the housing circumstances of families. For example, inadequate housing or the lack of housing was identified as a factor in the decision to place a child in temporary care in 18.4% of Toronto cases. And in 9% of cases, the return home of a child was delayed due to a housing-related problem (Cohen-Schlanger et al. 1995). This pattern has been reported to occur in the United States as well (Nelson 1992). Among families receiving social assistance, benefits are reduced or terminated when a child is placed in care, threatening the family's ability to maintain its housing. (If the family is in public housing, it may change the size of the unit for which the family is eligible.) Or, parents without children are displaced and end up in shelters, further weakening family ties. As families prepare for the return of their children, they may face a dilemma: they are not eligible for social assistance or housing until the child resides with them, yet they cannot afford the housing they require. As resources for children's services have declined, agencies have narrowed their target populations, making services more residual (i.e., focussed on the most serious situations), and diminished early intervention and preventive services (Williams 1991).

Despite the best intentions of workers in the child welfare system, youth in care face many disadvantages. Compared with the general population of youth, the case records for 43 children in care in Ontario showed worse outcomes on indicators of educational success and emotional and behavioural development, although not on measures of social and family relationships (Flynn and Biro 1998). Some service managers have already used results of this ongoing research<sup>13</sup> to address weak school performance and low involvement in extra-curricular activities (Flynn et al. 1998).

Youth formerly in care who become homeless have not been properly prepared for independent living. Two thirds of former Crown wards residing in a large Toronto youth shelter said they had not been prepared for independent living. They were less likely than other homeless youth to have a supportive network of family or friends. This included young women who were involved with the child welfare system again as parents (Leslie and Hare 2000).

An examination of 165 case files from the Children's Aid Society of Metro Toronto showed that 60% of youth in public care leave at age 16, 14% at 17 and 24% at 18 (Martin 1996). Females entered public care at a later age than males and left it earlier, and fewer young women than young men received extended care services after age 16. Among a small sample of youth formerly in care, more than one half of the young women were parenting a child on their own, compared to 4% of their age cohort in the general population of Toronto. The young women experienced more moves than the young men and reported more incidents of homelessness (Martin 1996).

Leslie and Hare (2000) recommended a review of the Ontario child welfare system's mandatory "aging-out" and suggested that contractual service arrangements should be available for former Crown wards up to 21 years of age.

### **Age Differences**

*I can't get any type of financial assistance because I fall through the cracks in the system. That means you're sixteen to eighteen years old, aren't a ward of the state or in school: exactly my situation. You can't get welfare, so you have to get a job. Except you need a place in order to get a job because you need a shower and decent clothes before you can go job-hunting. Obviously — just look at me — you can't stay clean or look decent living in the street. Or you need a place to get a home visit to maybe get kiddie welfare — which is almost impossible to get if you're not in school — but you need a deposit to get a promise of address to get a home visit to get a first cheque. Get the picture? What it all boils down to is that you can't get assistance and you can't earn a first and last month's rent to get a place and get on your feet. It's a trap for sixteen- to eighteen-year-olds (17-year-old pregnant homeless young woman in Ottawa, quoted in Webber 1991: 151).*

The program and service gap for 16 and 17 year olds<sup>14</sup> has been noted by several researchers as an obvious weakness in our system of public care and social programs. Many youth in care leave at age 16, and are unable to obtain financial assistance. The situation of legal minors is even more desperate, leaving them vulnerable to exploitation. In her autobiography as a 14-year-old runaway in Vancouver, Evelyn Lau (1989: 16) wrote that she repeatedly had to choose whether to approach the authorities, commit suicide (which she attempted several times) or try to "persuade someone else to take me in."

The proportion of homeless females increases as their age decreases. And the circumstances of younger homeless youth differ, especially for legal minors. Among the 1,538 youth served by youth shelters across Quebec during 1987-88, 46% of the minors were female vs. 17% of those aged 18 and older (Bisson 1989). Minors staying in these shelters were much more likely than older youth to have been living previously with their family or in a foster home (80% vs. 15%) and to return to their family or foster care settings (48% vs. 5%). Most of the youth had experienced problems of conflict or abuse within their families, but more of the minors reported such problems. The older youth reported problems with mental health, multiple addictions, debts, trouble with the law, prostitution and malnutrition (Bisson 1989).

Young adults aged 18 to 24 can also fall through the cracks between public systems of care because they are ineligible for treatment in children's service systems at the same time that their development needs may not be met by adult services (Robertson and Toro 1999).

## Gender Differences

*Sex is a small price to pay for a warm place to lay your head* (homeless young woman, quoted in Webber 1991: 156).

More females than males in a small Canadian study of formerly homeless youth said they had had serious problems at home (75% vs. 56%), and that it had been intolerable (60% vs. 47%) (Caputo et al. 1997). The reasons for this were not explored, but may be due, in part, to a double standard of parental demands. For example, in a small Montréal study, many homeless young women said they had taken on the role of substitute parent to their siblings (Poirier et al. 1999). And when Fitzpatrick (2000) interviewed young homeless women living in Glasgow, Scotland, they said they were expected to do much more housework than young men, sometimes to the point of “domestic exploitation.” This domestic labour was not accepted in lieu of board money, nor was it considered any more acceptable for the young women to be unemployed than their male counterparts. Parents were far stricter with young women and apparently expected a higher standard of conduct of them. These young women felt they had far less to gain by remaining in the family home than young men because of the restrictions on their freedom and the domestic responsibilities imposed on them. In contrast, the young men were waited on and not expected to perform any domestic work, both before they left home and on their return. This may explain why the young men were more likely to say they wanted to return home.

Among a sample of shelter users in Ottawa (Farrell et al. 2000), more of the young women than young men cited parental abuse as a reason for their homelessness (25% vs. 11%) or had been abused by a partner (31% vs. 14%). More of the young women had no source of income (44% vs. 5%), yet fewer of them received financial assistance from relatives (3% vs. 23%) or received social assistance (36% vs. 48%). The young men were more likely to have used alcohol or street drugs, or been jailed, and the young women were more likely to have been hospitalized for mental health problems.

There is some evidence that homeless young women rely more on their social networks to avoid and cope with homelessness (Hutson and Liddiard 1994) and to better achieve stable housing (Wrate and Blair 1999). Homeless young women are also more likely than young men to join street families, largely because of their concerns over personal safety (Hagan and McCarthy 1998).

Wardhaugh (2000) argued that despite real dangers on the streets for both genders, men can claim a place on the streets in ways that women seldom can, and their survival strategies differ accordingly. Women must “disappear” in order to survive, while men have the option of seeking safety in numbers and thereby asserting “ownership” of some public places. The streets are the quintessential male space, and women maintain at best an ambivalent relationship with the street, never as comfortable as men, even if they are streetwise.

One qualitative study of young homeless women in San Francisco described gender relations in squats (Pfeffer 1997). Based on their experience, most squats were organized by young

men who assigned room and sleeping arrangements. There was often a sexist hierarchy, with a “king” male, that permeated personal relationships and could leave a young woman without an expected roof over her head because her “old man” is using “their” bed with someone else. Lesbian women could not reveal their sexual orientation for fear of being stigmatized by other youth. Females acted out conventional sex roles — locating new squats, nursing others and helping them through hard times. The young women were exploited by a male street culture in which squat members can evict others and block new entrants, sometimes violently, including “unfaithful” girlfriends (while the men are promiscuous). But no matter how limited their options, the young women made sure they never slept alone, always with a friend or boyfriend.

Homeless girls and young women are often searching for anyone who might give them love and protection and, typically, become sexually active as a way to maintain relationships they hope will keep them from being out on the streets alone, even if the relationship is a bad one. This increases the odds of becoming pregnant at a young age (Vissing 1992).

### **Pregnancy and Mothering**

*I became pregnant while I was living on the street and it was a pretty, pretty hard thing. I was doing a lot of drugs, a lot of chemicals like acid and glue, and I really didn't care about myself so it was kind of impossible to care about anything else in life. When I had my son, no one came to see me in the hospital. I gave him up for adoption — and left alone (homeless teen, quoted in Bernstein et al. 2000: 25).*

In the mid-1990s, the Toronto Public Health Department noticed an alarming increase in the rate of pregnancy among homeless young women and the number of homeless young mothers (Bernstein and Lee 1998). A community health centre for homeless and street youth reported a sevenfold increase in visits from young mothers with children less than five years of age. Some of the babies showed evidence of prenatal drug exposure (Golden et al. 1999). It was estimated that up to 300 babies were being born to homeless women annually, almost one third of them to teenagers (Bernstein and Lee 1998). Thirty-four percent of the infants born to women on the street were premature, and 13% of them died (Briton 1998).

The harrowing death of the infant of a homeless teenage mother was the subject of a coroner's inquest in Toronto. When discharged from the hospital with her premature baby, the 19-year-old mother went to a women's shelter instead of a maternity home. Within five weeks of birth, the infant died of chronic starvation. Police initially charged the young mother and her social worker with criminal negligence, but there was insufficient evidence to proceed to trial (Palmer 2001). Soon after the death occurred in 1997, various agencies altered their policies to prevent such a tragedy from happening again. The inquest brought some attention to the special needs of young homeless mothers and the risks to their children.

Young women who are themselves in public care are especially fearful of losing their children to child welfare authorities, creating “perhaps the most difficult barrier to overcome in

working with homeless teens. This dilemma clearly illustrates the cyclical nature of the problems of child abuse, neglect, homelessness, and early pregnancy” (Findlay et al. 1998: 5).

Interviews with 114 poor but housed young mothers, mostly adolescents, living in Toronto revealed that the young mothers felt they had no control over their own bodies or their future (Fulton and Factor 1993). One quarter of them had been in public care when younger. Their boyfriends tended to be coercive, and 44% of the women had been abused by their partners during pregnancy or afterward. Typically, the fathers, most of whom were also young, were not involved with their children. Almost one half of them had nothing to do with the young women during pregnancy or ever saw their child at all. Some visited their child’s home, and a small proportion lived with and cared for their child.

There has been little written about pregnancy among homeless adolescents, despite its high prevalence. In a large U.S. study, Whitbeck and Hoyt (1999) determined that the combined rates of pregnancy for homeless females and males was three times that of the general high school population, and multiple pregnancies were common. Almost two thirds of the young women’s first pregnancies ended in miscarriage. Only a small number terminated their first pregnancy. Of those who delivered live babies, 38% had their child with them at a shelter, 31% left their child with relatives, the rest were in foster homes, hospital or adopted. Most of the young men knew what had happened in the pregnancy for which they were responsible, and most of them knew the whereabouts of their child, but very few were involved in the care of their children.

## **Education**

A history of conflict at school and early school leaving are common among homeless youth. About 14% of female 20-year-old Canadians are school leavers (HRDC 1997). Almost four out of ten school leavers were age 16 or younger when they left school, and one third of them had Grade 9 education or less. Although certain characteristics of socio-economic status and family composition are associated with school leaving, there are other factors involved. Early school leavers express dissatisfaction with their courses and school rules. They skip classes and feel they do not fit in school, have problems with their teachers, participate less in classes and not at all in extracurricular activities, have friends who are not in school and associate with peers who did not consider high school completion. Despite all this, the majority of school leavers performed satisfactorily while in school, although not as well as graduates. Leavers appear to experience cumulative disadvantage in terms of family backgrounds, school experiences, academic performance, part-time jobs and social behaviours (HRDC 1997).

Thirteen percent of an Ontario sample of students had either run away from home or been thrown out during the previous year (Smart et al. 1991). Another survey of 356 students from two Saskatoon high schools revealed that 30% had run from home at some time, and only 16% said they knew of agencies that would provide shelter (Steering Committee 1999). From a survey of 90 high school students in Ottawa, Caputo et al. (1994) found that 22% had run away at least once, and 27% said they knew of agencies providing shelter. Information on



where to find shelter can make a big difference. A report on young women's experiences of homelessness in Scotland suggested that those who had a helpful well-informed teacher or school counsellor found a suitable shelter more quickly and even bypassed the process of sleeping on other people's floors or in temporary accommodation for months (Dibbin 1991).

In their Calgary study, Kufeldt et al. (1992) found that 45% of homeless youth had dropped out of school. Other Canadian studies have confirmed high rates of early school leaving. Most homeless youth have had problems understanding school material, conflicts with teachers and principals, and troubles with other students. These problems were usually tied to, and precipitated by, conflicts at home (Hagan and McCarthy 1998: 32).

Homeless youth who left school early are deficient not only in academic skills, but lack skills in such increasingly essential areas as interpersonal communication, technological competency and effective problem solving, organizing and decision making (Fitzgerald 1999: 105).

Several authors have suggested that the school has a special role to play as an institution with which all homeless children and youth have had some association, as a potential source of social contact and stability, and as a means of personal and social development (Caputo et al. 1997; Fitzgerald 1999). But there has been little explicit recognition of this by schools in Canada. Based on interviews with service providers who work with homeless youth and school authorities in Halifax, Fitzgerald (1999) suggested that school efforts to identify high-risk students and intervene with programs to prevent early school leaving were too little and too late in the lives of homeless youth.

Fitzgerald (1999: 106) called for more initiatives, such as alternative schools more attuned to the needs of high-risk students and more successful in engaging homeless youth through offering "smaller class sizes, more flexible scheduling, individualized and varied learning experiences, counseling, and personal and social skill training, and by fostered enhanced self-respect, incentive, success and commitment to their futures."

## **Health**

Street-involved youth in Vancouver were found to have higher incidences of a range of health problems compared to the general population of students in British Columbia (Peters and Murphy 1994). At a community health centre for street youth in downtown Toronto, the most common health issues were upper respiratory tract infections, sexually transmitted diseases, skin infections and issues connected to substance abuse, trauma, sexual health and pregnancy (Gaetz et al. 1999). Street youth are vulnerable to debilitating diseases, including hepatitis B infection (Wang et al. 1991), HIV/AIDS (Read et al. 1993) and other sexually transmitted diseases (MacDonald et al. 1994). The rate of sexually transmitted diseases is far higher among receptive sexual partners (i.e., females and gay men). Despite knowledge about transmission modes, many homeless youth do not use protection against exposure (Robertson and Toro 1999). They also typically have high levels of dental and periodontal disease. About half of the 174 homeless youth, aged 14 to 25, surveyed in Toronto by Lee et al. (1994) were

experiencing dental pain, and more than one third of the rest had tooth decay. Although they thought they needed dental treatment, most of the youth had not seen a dentist in two years.

A U.S. study of 216 homeless adolescent females identified a connection between childhood sexual abuse, sexual coercion while homeless and a higher number of sexual partners — a combination that predicted future acquisition of a sexually transmitted disease within six months (Noell et al. 2001).

Lack of secure shelter and length of time on the street are predictors of hunger among street youth (McCarthy and Hagan 1992). Nutritional deficiencies are quite common, especially among youth who avoid shelters. Antoniadou and Tarasuk (1998) surveyed 88 street youth (including five pregnant women) in downtown Toronto about their eating habits and food issues. Almost half of them reported experiencing involuntary hunger or food deprivation (i.e., not eating for a period of 24 hours) during the previous 30 days, especially those who were on the street or squatting in abandoned buildings and those relying primarily on street-based activities for income. A reliance on fast food restaurants and meal programs in drop-in centres was associated with greater food deprivation. In another survey of homeless youth in Toronto, 43% of respondents had gone without food for at least one day a week in the previous month, and 20% of these had gone hungry several days a week (Gaetz et al. 1999).

Homelessness can also be deadly. A Quebec study established that the mortality rate among 479 homeless youth was 13 times higher than that for youth in the general population (Régie régionale 1998).

### ***Mental Health***

Hagan and McCarthy (1998) found that more than one half of the female street youth in their Toronto study had attempted suicide and suffered from clinical depression. When Ayerst (1999) compared 54 homeless and housed youth living in the Kitchener-Waterloo region, the homeless youth were more likely to experience high levels of stress, which was related to their feelings of depression, and they used more destructive coping strategies. Homeless youth were more often engaged in acts of self-harm (i.e., scraping, cutting, head banging, burning and reopening old wounds), and used drugs or alcohol. Housed youth more frequently resorted to productive problem solving and disclosure or discussion with someone they trusted.

An ongoing cohort study in Montréal showed that 63% of the 517 homeless youth surveyed had suicidal thoughts and 35% had actually attempted suicide. Twenty-one percent of the youth were mildly depressed, 27% were moderately depressed and 9% were severely depressed. The combination of depression, suicidal thoughts and heavy drug use has contributed to the deaths of homeless youth by suicide and drug overdose. For these reasons, it is very important that outreach staff and those providing other services to homeless youth be well trained in detecting suicidal behaviour and assisting youth to access appropriate services (Régie régionale 1998).

It is difficult to establish the causal relationship between symptoms of depression and homelessness. U.S. researcher Russell (1998) found that about half of homeless adolescents

recalled that the onset of their symptoms (of major depression, suicide thoughts and attempts, and alcohol abuse or dependence) occurred *before* their first homelessness episode. This suggests that some dimensions of psychological distress may be both a cause and a consequence of homelessness. Also, symptoms of major depression more often preceded symptoms of either alcohol or drug abuse or dependence, suggesting that substance abuse is a coping mechanism for those experiencing symptoms of depression.

O'Grady et al. (1998) argued that street youth in Toronto who squeegeed tended to be less depressed than those who did not squeegee. This was portrayed as a strength among youth who squeegee; however, it may be the opposite. Several studies have found that more psychologically healthy homeless youth were also more likely to exhibit depression while homeless and to rebound later (see Whitbeck and Hoyt 1999). It appears that the more psychologically resilient young people may be those who respond most dramatically to the trauma of homelessness (Goodman et al. 1991). Although many factors contribute to depressive symptoms and depression among homeless youth, the primary contributor is the harm they come to when on their own. Street experiences have profound mental health effects on young people. Squeegee work and other innovative adaptations and survival mechanisms employed by street youth may promote their independence on the street, but do not necessarily reflect signs of resilience or future success in adulthood (Whitbeck and Hoyt 1999).

Many of the risk factors for homelessness in the young are also risk factors for mental health problems: lack of parental care, parental conflict, parental psychiatric disorder, physical and sexual abuse, and lack of social support. Based on the findings of three major studies in Britain, a history of childhood adversity and duration of homelessness beyond two years was significantly associated with mental health problems (Wrate and Blair 1999).

### ***Drug Use***

Drug use among the general population of adolescents in Toronto and Ontario has been increasing during the 1990s, especially for cannabis, MDMA or ecstasy, methamphetamine or speed, and hallucinogens such as mescaline and LSD (Bernstein et al. 2000; Picard 2000). Requests for treatment of substance abuse for youth in Toronto doubled from 1994 to 1999. One third of the youth in treatment are female, and 12% of these young women also have a diagnosed psychiatric disorder (Bernstein et al. 2000).

Homeless youth are more likely to use drugs than housed youth (Gaetz et al. 1999). Smart et al. (1991) found that alcohol and drug use among young people was strongly predicted by one variable — being on the street. Other variables, such as age, gender, social support and coping style, had no significant predictive value.

Gaetz et al. (1999) attributed drug use among homeless youth to the inherent instability in their lives and their focus on the immediate, their generally heightened risk-taking behaviour, especially among males, and attempts to deal with stress and depression.

The inclusion of mental health counselling with substance abuse treatment offers the best chances of recovery for those with histories including physical and/or sexual abuse, neglect,

family substance abuse and dual disorders (i.e., psychiatric illness and addiction) (Bernstein et al. 2000).

### **Criminal Behaviour and Criminalization**

Homelessness is associated with certain types of criminal activities among youth. A couple of small Canadian studies indicate that females are less likely than males to engage in criminal activity (Gaetz et al. 1999) or to be jailed (Farrell et al. 2000). Otherwise, gender breakdowns of criminal behaviour and arrests of youth are unavailable.

In one Calgary study, 71% of homeless youth were involved in delinquency. The rate was higher for those who were on the street a longer time (Kufeldt and Nimmo 1987). In a Toronto study, three quarters of homeless and street youth were involved in serious delinquent activities, such as stealing and burglary, and had been incarcerated. The most consistent predictors of criminal activity and incarceration were the lack of secure shelter and the length of time on the street (McCarthy and Hagan 1992). Those whose peers were engaged in criminal activity, such as drug selling and theft, learned from them and were more likely to commit such acts themselves, regardless of their home and school experiences and previous criminal experience (McCarthy 1995).

Hagan and McCarthy (1998) found that homeless youth in Vancouver were much more involved in serious, non-violent criminal activity than those in Toronto and attributed this to differences between the cities and possibly who they attract. O'Grady et al. (1998) found that youth who squeegeed were less likely to be involved in riskier, illegal activities, such as prostitution, petty theft and the drug trade, than homeless youth who did not squeegee.

There are virtually no studies on the relationship between homelessness and the criminal justice system in Canada (Hewitt 1994). Data collected in the United States, however, suggest that homeless people are at great risk of being arrested for minor infractions. Critics argue that the survival activities of homeless people are being criminalized. Among youth, being homeless may also increase the likelihood of detention and a resignation about defending oneself. Clarke and Cooper (2000) reviewed the results of 472 court appearances by 238 youth in Calgary. In at least 14 cases, youth were detained or remanded in custody because they did not have a stable place of residence. In 25 instances, the lack of a stable place to go was a factor in the decision to plead guilty.

### **Employment**

*It took me a long time to get off [the streets]. It was a struggle to find employment and housing while battling with the police and the Children's Aid Society. I was exploited and ripped off (19-year-old woman, quoted in Boyle 2000a: A14).*

Gaetz et al. (1999) surveyed 360 homeless youth in Toronto on how they earned money and survived. In the previous three months, 36% had panhandled or squeegee cleaned,<sup>15</sup> 19%

stole or sold drugs, 18% received social assistance, 17% had paid employment and 10% did sex trade work (street prostitution, escort service, stripping, and Internet and phone sex). More females than males received social assistance, probably because almost one third of the young women were parenting dependent children.

About one third of females had taken advantage of training programs. Females scored slightly better than males on various measures of employment readiness, yet they were only half as likely to get jobs (31% of females vs. 57% of males). Even males lacking in readiness factors were more able to get jobs. And males' jobs were better paid than females' jobs (general labour, painting, welding, bike courier, prep cook vs. telemarketing, babysitting and retail sales). Self-confidence may have been a factor as fewer females believed they were ready for employment, and females expressed less hope than males of getting a better job. Young women were also more likely to identify health problems as a barrier to getting employment.

Although there are various programs and services intended to improve the employment opportunities of youth, it is unclear how effective they are for homeless young women (or men) (Gaetz et al. 1999). Homeless young people, who were interviewed in Montréal, were highly critical of the type of employment training available to them. They stated that the job skills taught were not marketable and did not lead to well-paid jobs, but rather a round of marginal employment and reliance on unemployment insurance and welfare benefits (Gagné 1996).

### **Prevention and Intervention**

After reviewing the research on prevention of homelessness, U.S. researchers Shinn and Baumohl (1999) concluded that it was too early to tell what works but, based on available evaluation findings, they recommended selected strategies, including employment and transitional assistance to low-income young people setting up households for the first time.

Access to the housing market, and not education, work history or having been a teen mother is predictive of homelessness among youth (Shinn and Bovmohl 1999). For families, the provision of subsidized housing, even without other services, is likely to prevent homelessness and stabilize formerly homeless families, regardless of factors, such as mental illness, substance abuse, health problems, history of incarceration, education, work history, domestic violence, strength of personal network and childhood features such as disruptive family experiences, growing up in poverty and teen pregnancy (Shinn 1997).

The research to date suggests that the most effective levers for homelessness prevention are instruments of housing and income. Housing, employment, income maintenance and tax policies to lift people out of destitution, poverty and homelessness are required (Shinn and Baumohl 1999). Youth who have been abused may require additional supports. Kurtz et al. (1991b) argued that temporary protection, crisis intervention and counselling are not sufficient for youth who have been abused or the "doubly homeless" who have run from public care. More in-depth assessment, treatment and placement services are required through multi-agency co-ordination of case management and services that are "flexible and forgiving" in their assistance with

education and employment programs, and living arrangements that differ from the foster or group homes many have run away from (Kurtz et al. 1991a).

There is very little research on how homeless youth fare over time. Two European studies offer some indication. Fitzpatrick (2000) conducted a follow-up study on 25 homeless youth in Scotland. Homelessness was a downward spiral for some youth, especially those who used adult shelters and stayed in the city centre, while others fared a bit better, notably those who stayed in shelters in their local community.

Van der Ploeg and Scholte (1997) conducted a follow-up study among 70 homeless youth in The Netherlands. One year later, one third of the youth had succeeded in finding stable housing, although some had to leave because of conflicts, rent debts, theft or destructive behaviour. Another third found places in residential centres or were taken into state custody, and the remaining third stayed on the shelter circuit and on the streets.

Based on interviews with 70 formerly homeless Canadian youth, Caputo et al. (1997) determined that the factors related to making a successful transition off the street included a decent place to live, a decent job and access to appropriate services. Access to supportive individuals and organizations was also critical. The social isolation and alienation that drew youth to the street was countered by the social relations among street youth. Transition to the mainstream required help with social reconnection.

There are no rigorous evaluative studies of interventions for homeless youth (Robertson and Toro 1999; Schorr and Schorr 1988; Dryfoos 1990). Clarke and Cooper (2000), however, suggested that four factors mark successful housing and service programs for homeless youth:

- client involvement that offers some personal control and facilitates cultural relevance;
- inter-agency collaboration to promote more consistent protocols and sharing of resources;
- cultural sensitivity to the issues and needs of Aboriginal, immigrant and lesbian/gay youth; and
- high-quality staff by virtue of appropriate training, commitment and a positive approach to working with young people which is supported by good working conditions and remuneration.

### ***Housing Models***

The few researchers who have asked homeless youth about their housing preferences have learned that self-contained units are by far the most popular option and generally their housing goal (Fitzpatrick 2000). In response to suggested housing options, a group of homeless young people in Saskatoon preferred a subsidized apartment program (based on furnished self-contained units and part-time visiting support staff) to a supported independent living program (based on sex-segregated shared houses with a resident support worker). They were uninterested in a group living program (based on shared houses with daily house meetings, curfews and resident support staff) (Converge Consulting Group 2000).

Younger homeless youth (under 18 years of age) in a Calgary study were divided about whether housing for youth should be gender mixed. About four out of ten wanted gender-specific housing. Fewer of the older youth wanted gender-specific housing (Clarke and Cooper 2000). Similarly, there was disagreement, even among Aboriginal service providers, on the provision of separate shelter or other program facilities for Aboriginal youth.

Another option pursued far more in developing countries is self-build schemes. Self-build housing programs for urban youth and training in construction trades for young women are both rare in Canada (Margison et al. 1998). Daly (1996: 239) has pointed out that co-operative and self-build housing “should be exploited as it represents a rare congruity among homeless people, liberal advocacy groups, and conservative governments.”

### **Supportive housing**

Many agencies in Toronto developed supportive housing during the 1980s, some of it specifically for people who were homeless. A survey of 100 female residents of various supportive housing projects revealed that they were generally well satisfied with their housing, but experienced a very high level of sexual harassment from their male co-tenants, especially in housing where facilities were shared. When complaints were made, women were dissatisfied with the responses of housing managers (Novac et al. 1996b).

Supportive housing specifically for youth is rare (only 85 units or 1.6% of all supportive housing units in Toronto are designated for youth). Existing research suggests that youth do not fare well in shared housing without staff. And mixing youth with adults in supportive housing projects may impede their struggle for acceptance and ability to establish new relationships (Novac and Quance 1998).

According to Hutson and Liddiard (1994), the trend in Britain is to provide homeless youth with supportive rather than transitional housing and avoid the problems of communal living. Self-contained permanent housing with support services that can taper off prevents unnecessary moves.

### **Transitional housing and foyers**

Several Canadian analysts have identified long-term transitional housing (e.g., with three-year time limits) as a priority need for homeless youth and part of a range of housing options that should be available for youth (Clarke and Cooper 2000). Some have recommended transitional housing for particular sub-groups, such as youth who are not involved with the child welfare system and prostitutes seeking to leave the street (Kufeldt and Burrows 1994), Aboriginal youth (Golden et al. 1999), and pregnant and parenting teens and young women (Golden et al. 1999; Kufeldt and Burrows 1994).

Unlike transitional and supportive housing, the foyer model offers housing and employment assistance, but generally not other support services. The model was designed to prepare youth for employment. One Canadian example is the Foyer de jeunes travailleurs et travailleuses de Montréal, founded in 1993, which enhances social integration through employment and accommodation, and does accommodate some youth who have been homeless (Rose et al.

1998). The training and employment component distinguishes foyers from transitional housing and other housing models (Quilgars and Anderson 1997). A recently developed project for 50 homeless youth in Toronto (Phoenix House) combines elements of the foyer model by offering training and employment opportunities with the additional support services and time-limited nature common to the transitional housing model.

According to Ward (1997), the foyer movement evolved from the strong apprenticeship tradition approach in Germany, which provided high-quality hostel accommodation with training workshops and trade studios or functioning businesses, and a similar French model that incorporated attention to health and social issues. Residents received a monthly allowance. The British adopted the model and developed foyers throughout the 1990s. The type of accommodation varies from hostel-type bedrooms with shared facilities, to shared apartments, to self-contained units (Quilgars and Anderson 1997).

An evaluation of foyers in Britain showed that the process of providing support and improving self-esteem was just as important as the more overt outcomes of jobs and housing. Flexible, client-centred service delivery contributed to success. Young people's lives did not necessarily follow a linear pattern of finding a job and then moving into independent accommodation (Quilgars and Anderson 1997). There is now less emphasis on employability and more on community development. This model appears to be successful for some youth, but not for homeless youth who are not ready to be fairly independent (Ward 1997).

### **Safe houses**

Some safe houses are managed by the child welfare system and limited to their charges; others are intentionally distanced from child welfare authorities. Kufeldt et al. (1992) determined that an independent safe house developed in Calgary for youth aged 12 to 17 was reaching those who needed it, except for minors within the child welfare system who were not eligible and remained without alternatives.

In 1994, a safe house network was developed in suburban areas around Ottawa to keep runaways in their own communities and schools, and prevent them from getting involved in a sub-culture of drug use and prostitution in downtown Ottawa. Youth were housed with screened volunteer families for one to seven days during which time professionals arranged for more permanent housing or mediation for a return to the family home. Continued funding for the program was uncertain (Pomeroy and Frojmovic 1995).

The first safe house developed in Britain was managed independently from, but in close co-operation with, social service, police and health authorities (Newman 1989). Operating in the grey area of the law, the safe house was vulnerable to accusations of harbouring minors, but the model was apparently effective as a crisis service for runaways. It offered more comprehensive resolution of their issues, while respecting their choices, responded to the tendency for minors to avoid authorities and services, and prevented high-risk behaviour among runaways and exploitation of them (Newman 1989).



## Summary

The transition to adulthood has become a more prolonged and complex process for young women, with fewer employment opportunities. Those who lack family support during the transition are at risk of becoming homeless. Young women in public care are especially vulnerable as their supports disappear at an early age (generally at age 16 in Ontario). Young women in public care, Aboriginal women and lesbian women are all overrepresented among homeless young women.

The research literature on homeless youth is focussed on those who are absolutely homeless — using shelters or sleeping rough.<sup>16</sup> Very little is known about relative and hidden homelessness among young women. And there is no information on how homeless young women fare over time or what kinds of prevention and intervention programs are effective for them.

Young women constitute one third to one half of homeless youth in major urban areas across Canada. The proportion of females increases as age decreases, so the problems faced by legal minors are of special concern. Legal minors (under age 16) are not eligible for shelter and other services used by older homeless youth. There are also significant program and service gaps for homeless young women aged 16 to 17 or 18 that can leave them with no legitimate income source.

Violence against girls and young women plays a significant role in the dynamics of their homelessness. While most homeless youth have histories of family instability, conflict and abuse, more young women than young men have experienced sexual and physical abuse within their families. Young women who have been abused, especially sexually abused, are more vulnerable to re-victimization. Understandably, personal safety is a paramount concern for homeless young women.

Young women make more use of their social networks than young men to avoid and cope with homelessness. This includes joining street families and partnering with homeless males or friends. Gender relations between homeless young women and men tend to be sexist and patriarchal, based on a male street culture.

A striking increase in pregnancy among young homeless women was observed during the mid-1990s in Toronto. Homeless young women tend to be very sexually active and seek sexual relationships with men. This contributes to a high rate of pregnancy. Young mothers and their babies face serious health risks. Those who try to raise their children do so alone. They may avoid authorities due to fears that their child will be apprehended.

There is evidence of a cycle of child abuse, pregnancy and homelessness among young women. Another connection is between childhood sexual abuse, sexual coercion while homeless and a higher number of sex partners, leading to an increased risk of getting a sexually transmitted disease.

A range of health problems is prevalent among homeless youth: upper respiratory tract infections, skin infections, and issues connected to substance abuse and trauma. Young women face additional problems of sexually transmitted diseases, sexual health and pregnancy. Hunger and nutritional deficiencies are common among street-involved youth, including pregnant women. Homelessness can also be deadly; the mortality rate is considerably higher among homeless youth than housed youth.

Homeless females are less likely than males to engage in criminal activities, but more likely to be involved in the sex trade. Young women are more likely than young men to have mental health problems and to have attempted suicide. Symptoms of depression and psychological distress may be both a cause and a consequence of young women's homelessness.

Many homeless young women are early school leavers and lack the education required to be employed. Despite the availability of government-sponsored training programs, homeless young women find it very difficult to obtain employment — more so than young men. And when employed, they earn less money doing traditional “women's work,” such as retail and service jobs.

Access to housing and employment opportunities offers youth a path to stabilization. Help with social reconnection is also an important factor for the successful transition of formerly homeless youth.

Most homeless youth want the same kind of housing that independent adults have — self-contained units where adult supervision is not imposed, but where relationships with supportive individuals and organizations are available. There are very few Canadian housing projects designed to assist homeless youth (whether supportive housing, transitional housing or foyers). Without high-quality evaluative research on the effectiveness of such schemes, it is difficult to suggest what would be appropriate as prevention or intervention projects for homeless young women.

Youth under age 18 are more likely than older youth to want housing that is gender segregated or gender specific. Mixing formerly homeless women and men in supportive housing projects has resulted in very high rates of sexual harassment. It is important that housing managers and staff be trained to understand and effectively prevent the dynamics of oppressive gender relations that are common among homeless young women and men.

### 3. NEW DATA ON YOUNG WOMEN AND HOMELESSNESS

#### Homeless Young Women in Montréal

Females constituted about one third of the 998 homeless youth aged 14 to 25 who were interviewed in Montréal during the late 1990s for a prospective cohort study. (See Chapter 1 for a description of the study.) An equal number of females and males were under the age of 18, but there were proportionately fewer females aged 18 and over in the study.

**Table 1: Number of Respondents by Age and Gender, Montréal (N = 998)**

	Males Under 18	Males 18 and Over	Females Under 18	Females 18 and Over	Total
Number	122	554	119	203	998
Percentage	12	56	12	20	100

#### *Place of Birth*

Most of the respondents were born either in Montréal (42%) or Quebec (45%). Eight percent were born in other provinces; 5% were born in a foreign country.

The vast majority of the respondents' parents were born in Canada (85% of fathers and 89% of mothers). About 5% of them had parents who were born in Europe (slightly higher among the younger women). About 5% of the respondents had Aboriginal parents.

#### *Length of Residency in Montréal*

Four out of ten respondents had been in Montréal for less than one year, indicating that many of the respondents were recent arrivals to the city.

**Table 2: Length of Residency in Montréal by Age and Gender**

	Males Under 18 %	Males 18 and Over %	Females Under 18 %	Females 18 and Over %	Total %
Less than 6 months	38	28	32	29	30
6 months to 1 year	4	10	9	12	10
1 to 5 years	16	22	14	25	21
More than 5 years	8	12	8	11	11
From Montréal	33	27	36	24	28
Total	100	100	100	100	100

#### *Educational Levels*

About one half of the female respondents aged 18 to 25 (and three quarters of the males) had not completed secondary school. More disturbing, 5% of females and 12% of males aged 14 to 17 years had not completed primary school. Most of the respondents (80%) were not enrolled in school at the time they were interviewed.

**Table 3: Highest School Level Completed by Age and Gender, Montréal**

	<b>Males Under 18 %</b>	<b>Males 18 and Over %</b>	<b>Females Under 18 %</b>	<b>Females 18 and Over %</b>	<b>Total %</b>
Primary school	12	9	5	4	8
Less than secondary school	83	66	83	47	66
Secondary school	4	13	11	23	14
Trade school	0	2	0	3	2
Some CEGEP (college)	0	3	0	10	4
CEGEP	0	4	0	7	4
University	0	1	0	4	2
Not applicable	1	2	1	0	1
Total	100	100	100	100	100

***Family Socio-Economic Status***

The respondents categorized their families according to four levels of socio-economic status.

- 16% said their families were “very well-to-do; we can buy ourselves many things.”
- 42% said “somewhat well-to-do; we have everything we need but not more.”
- 29% said “not very well-to-do; we sometimes have money problems.”
- 12% said “not well-to-do; we always have money problems.”

These responses were not differentiated much by age or sex.

***Child Welfare***

There was a very high level of involvement with the child welfare system among the respondents, especially the younger ones. More than three quarters of the younger females had access to services through a social worker, and more than half had been in residential care. Fewer of the older females had been in residential care, and one third of them had never had a social worker.

**Table 4: Ties to the Child Welfare System, Montréal**

	<b>Men Under 18 %</b>	<b>Men 18 and Over %</b>	<b>Women Under 18 %</b>	<b>Women 18 and Over %</b>	<b>Total %</b>
Been in a “closed” residential facility	66	50	52	34	49
Been in a residential facility	44	38	39	33	38
Had a social worker	82	71	79	67	73

### ***Running Away***

Overall, two thirds of the respondents said they had run away from parents or guardians, and most of them had done so more than once. There were more runners among the younger respondents. Four out of five of the younger females had run away.

**Table 5: Number of Times Run Away, Montréal**

	<b>Men Under 18 %</b>	<b>Men 18 and Over %</b>	<b>Women Under 18 %</b>	<b>Women 18 and Over %</b>	<b>Total %</b>
Once	10	13	17	12	13
2 to 5 times	25	21	35	26	24
6 to 10 times	16	7	8	4	8
More than 10 times	34	21	20	18	22
Not applicable	15	39	20	40	34
Total	100	100	100	100	100

More than half of the respondents had first run away or been thrown out by their parents before the age of 16. Four out of ten of the younger females had first run away when they were between the ages of 13 and 15.

**Table 6: Age When First Ran Away, Montréal**

	<b>Men Under 18 %</b>	<b>Men 18 and Over %</b>	<b>Women Under 18 %</b>	<b>Women 18 and Over %</b>	<b>Total %</b>
Under 10	12	6	4	6	7
10 to 12	34	14	22	11	17
13 to 15	33	30	40	31	32
16 and over	6	11	12	10	10
Not applicable	16	40	22	42	35
Total	100	100	100	100	100

### ***Current Status and Homelessness***

The age at which respondents first became homeless generally coincided with their responses about running away and being thrown out by their parents. Almost all the respondents (96%) said they were looking for a place to sleep at the time of their first interview.

Four out of five respondents had been homeless in the previous six months. They had to search for a place to sleep such as a shelter or they slept in a park, abandoned building or bus station, stayed with friends or other family members because they did not want to return home or had no home.

**Table 7: Age When First Homeless, Montréal**

	Men Under 18 %	Men 18 and Over %	Women Under 18 %	Women 18 and Over %	Total %
Under 10	4	2	3	2	2
10 to 12	31	11	19	10	14
13 to 15	44	28	54	35	34
16 and over	17	57	19	46	45
Not applicable	3	3	5	7	4
Total	100	100	100	100	100

***Survival Strategies***

More of the females than males stayed with friends and acquaintances (90% vs. 83%), other family members (32% vs. 25%) and the families of friends (46% vs. 32%).

Of the four gender age groups, fewest of the older females stayed in a shelter (39%) or stayed out on the street (48%). More males than females were in foster care, youth detention or a police station. And more of the younger respondents stayed with their parents, foster parents or stayed out on the street.

**Table 8: Locations Where Stayed During Previous Six Months, Montréal**

	Men Under 18 %	Men 18 and Over %	Women Under 18 %	Women 18 and Over %	Total %
Friend or acquaintance	89	81	91	90	85
Own apartment	46	79	48	83	72
Shelter	77	66	66	39	62
Father, mother	83	50	86	64	61
Street, etc.	76	56	70	48	58
Hotel	46	43	52	36	43
Police station	48	44	32	19	38
Friend's family	47	28	56	40	36
Family	35	23	38	28	27
Youth detention	18	28	11	10	21
Foster family, etc.	44	7	31	4	14

***Sources of Income***

Income sources during the previous six months also attest to the instability and marginality of their lives. More of the females than males begged (75% vs. 61%), received financial support from family (58% vs. 44%) or prostituted themselves (25% vs. 9%). Fewer of the females than males received social assistance (34% vs. 58%), dealt drugs (36% vs. 49%) or stole (27% vs. 36%).

Income sources also varied by respondents' age, reflecting their eligibility for income support programs and ability to work. Two thirds of those 18 and over received social assistance, while almost none (3%) of the younger respondents did. And more of the older youth had regular work (41% vs. 31%) or occasional work (59% vs. 52%). Younger respondents had

to rely more on other income sources. More of the youth under the age of 18 than older youth had begged (89% vs. 58%), squeegeed (30% vs. 20%), received financial help from family (64% vs. 44%), received financial help from friends (58% vs. 41%) and received youth protection services (24% vs. 4%). More of the younger respondents engaged in illicit activities, such as theft and prostitution. More than half of them (56%) dealt drugs (vs. 41% of older youth), an activity that was especially prevalent among young men (70%). And almost half of them (46%) had stolen (vs. 29% of older youth).

### **Young Women in Toronto Shelters**

The following information has been derived from the City of Toronto's shelter-use database, collected on an ongoing basis since 1988. (See Chapter 1 for a description.)

#### ***Shelter Capacity and Occupancy***

The Toronto shelter system continues to grow to deal with the number of people without shelter. Total shelter capacity for single people, youth and adults increased by almost 600 beds from December 2000 to February 2001, to a total of 3,075 beds (plus 169 additional beds/mats available through the Out of the Cold Program and another 90 during extreme weather alerts) (Toronto 2001b). Sixteen percent of these beds are designated for youth. Occupancy was at 90% in the youth shelters during the week of February 5 to 11, 2001.

The demand on family shelters increased by approximately 21% from the summer of 2000 to early winter 2001, partially due to a recent influx of refugee families. More families are being placed in commercial motels under contract to the City, despite a plan to reduce the use of such accommodation. (The total number of families staying in motels is 874.) Most families in shelters are single mothers with dependent children.

#### ***Number and Proportion of Youth in Shelters***

The total number of youth (aged 15 through 24) staying in Toronto shelters is growing. During 1999, 6,310 youth used shelters (predominantly single youth, but also youth spouses and youth accompanied by parents). This number comprises 21% of all the people who used shelters, and is well above the 12% proportion of youth in the general population in Toronto. The number of admissions by youth (including repeat admissions) increased from 20% of all admissions in 1998 to 23% as of September 2000.

#### ***Number, Proportion and Age Profile of Female Youth in Shelters***

About 2,150 single female youth used shelters in Toronto during 1999. (This number would be slightly higher if young women accompanied by spouses and parents were included.)

The proportion of young women using shelters has increased since the late 1980s. In 1988, 27% of all youth-led households (both individuals and families) were female. In 1999, 41% of all youth households were female. While affected by capacity growth in the shelter system for families, the increase also reflects growing demand for shelter services by young women and their families.

The average age of young females using shelters has decreased. The most common (modal) age is 17; this has not changed during the 12-year period from 1988 through 1999. However, the proportion of teenagers increased during that time from 46% to 53%. In 1999, 24% of female youth using shelters were aged 16 and 17; 74% of them were under 21 years of age.

### *Number of Youth in Shelters by Gender and Family Status*

The total number of youth in shelters reached its peak in 1991 and was slightly lower in 1999 than in 1988. (See Table 9 below.) The pattern for female youth differs: the total number of young women increased from 1988 to 1999 and apparently peaked in 1997. (Because data from shelters for assaulted women are missing for 1998 and 1999, it is likely that the number of female youth in shelters continued to increase. Note the drop in total females and single mothers after 1997). Missing data aside, the proportion of females increased from 27% in 1988 to 34% in 1999 (36% in 1997). The proportion of male youth correspondingly declined from 73% in 1988 to 66% in 1999 (64% in 1997).

**Table 9: Youth Aged 15 to 24 in Shelters by Family Type and Gender, 1988-1999,\* Toronto**

Year	All Youth	Youth-Led Household	Couple	Two-Parent Family	Single Mother	Single Father	Single Female	Single Male	With Parent	All Female Youth
1988	6,596	6,374	95	43	341	4	1,405	4,555	153	1,752
1989	7,015	6,797	68	56	381	5	1,564	4,785	156	1,948
1990	7,516	7,231	84	50	361	3	1,602	5,198	218	1,967
1991	7,597	7,319	97	51	368	4	1,669	5,204	204	2,139
1992	6,399	6,045	90	52	351	7	1,592	4,024	283	1,945
1993	5,768	5,393	59	29	318	10	1,526	3,495	331	1,845
1994	5,558	5,177	63	37	319	3	1,734	3,071	331	2,058
1995	5,865	5,199	270	120	342	0	1,692	2,970	471	2,144
1996	6,139	5,385	166	84	425	0	1,709	3,126	629	2,202
1997	6,767	5,907	271	101	404	3	1,984	3,330	674	2,463
1998	6,454	5,438	433	275	119	6	1,680	3,279	662	2,031
1999	6,310	5,223	460	266	138	9	1,772	2,941	724	2,155

Note:

\* Data from family violence shelters missing for 1998 and 1999.

The family status profile of youth using shelters has also shifted. The proportion of youth who were single decreased from 97% in 1988 to 83% in 1999. In other words, single male youth continue to be the largest group of homeless youth, but there are relatively more single young women and more young women with children and/or spouses or partners. In part, this is due to increased shelter capacity for families. Virtually all families in shelters include women. There is also a small number of dependent youth staying in shelters with their homeless parents; their proportion of all homeless youth increased from 2% in 1988 to 11% in 1999.



### *Prior Residence*

The majority of young women using Toronto shelters during 1999 lived in the city during the previous year. Among single young women, 72% lived in Toronto, 13% lived elsewhere in Ontario, 7% lived in another province and 7% lived in another country. Young women with children were less likely to have lived outside of Toronto.

**Table 10: Homeless Young Women's Residence One Year Prior, 1999 Admissions, Toronto**

	Single Young Women		Young Women with Children		Young Women with Children and Spouses		Young Women with Spouses	
	#	%	#	%	#	%	#	%
Toronto	2,897	72.1	162	79.0	188	75.2	17	44.7
Elsewhere in Ontario	519	12.9	17	8.3	16	6.4	1	2.6
Another province	305	7.6	9	4.4	19	7.6	4	10.5
Another country	295	7.3	17	8.3	27	10.8	16	42.1
Total	4,016	100	205	100	250	100	38	100

### *Reasons for Shelter Use*

Reasons given for using shelters reflect the circumstances that lead people to lose their housing and become homeless. Among single young women admitted to a shelter from 1988 to 1999, 28% of them attributed their shelter use to family factors, such as disruption or violence. About one quarter of them simply said they were transient, which is difficult to interpret but suggests they were already homeless. About 16% were refugees or lost the support of their immigration sponsors. Evictions resulted in shelter use by 6% of single young women.

**Table 11: Young Women's Reasons for Shelter Use by Family Status, 1988 to 1999, Toronto**

	Single Women		With Children		With Spouse and Children		With Spouse or Partner	
	#	%	#	%	#	%	#	%
Spousal abuse	2,535	5.8	2,151	40.7	107	6.9	7	1.0
Parental abuse	1,303	3.0	302	5.7	145	9.3	35	5.1
Family breakdown	8,341	19.0	186	3.5	86	5.5	17	2.5
Eviction	2,637	6.0	442	8.4	280	18.0	99	14.3
Transient	11,289	25.8	454	8.6	74	4.8	45	6.5
New arrival	2,821	6.4	327	6.2	129	8.3	68	9.9
Sponsorship breakdown	1,762	4.0	318	6.0	65	4.2	16	2.3
Refugee	5,374	12.3	329	6.2	186	12.0	206	29.9
From hospital	2,133	4.9	206	3.9	162	10.4	56	8.1
From corrections	1,706	3.9	38	0.7	8	0.5	7	1.0
Fire/unsafe premises	321	0.7	46	0.9	7	0.4	3	0.4
Other	1,198	2.7	154	2.9	85	5.5	34	4.9
Unknown	2,407	5.5	322	6.3	222	14.2	96	13.9
Total	43,832	100	5,279	100	1,556	100	690	100

Four out of ten young single mothers said spousal abuse was the reason for their shelter use. (This number would be higher if the assaulted women's shelter data were not missing in 1998 and 1999.) Young women with a spouse are more likely to have been evicted (14% of those with a spouse and 18% with a spouse and children) than single women (6%). A small number of young single women entered shelters from hospital (5%) or corrections facilities (4%). Those with families were more likely to have come from hospitals than corrections facilities.

During 1999, the distribution of reasons was generally similar to that over the previous 11 years, except for two differences. Many more single young women cited family breakdown as their reason for service use (39%), and many more young mothers said evictions were the reason for their shelter use (23% of single mothers and 33% of mothers with spouses).

### *Disposition*

There are limited data on where young women go after leaving shelters, because most of them do not know where they are going next. A large proportion of them simply went to another shelter or moved in with friends or relatives (63% of single women, 35% of young mothers, 20% of mothers with a spouse and 45% of couples). Many of the young mothers with a spouse moved into subsidized housing, but those without spouses were most likely to move to a private market rental unit. About 9% of single women moved back in with their parents.

**Table 12: Young Women's Disposition, 1999, Toronto**

	Single Women		Single Mothers		With Children and Spouse		With Spouse or Partner	
	#	%	#	%	#	%	#	%
Subsidized unit	45	4.7	6	11.1	110	69.2	15	16.5
Market unit	147	15.4	25	46.3	3	1.9	16	17.6
Previous address	40	4.2	2	3.7	0	0.0	0	0.0
Returned to partner	7	0.7	1	1.9	14	8.8	19	20.9
Returned to parents	85	8.9	0	0.0	0	0.0	0	0.0
Moved in with friends or relatives	182	19.1	7	13.0	15	9.4	20	22.0
Continued at other shelter	420	44.0	12	22.2	17	10.7	21	23.1
Admitted to hospital or treatment	29	3.0	1	1.9	0	0.0	0	0.0
Total	955	100	54	100	159	100	91	100

### **Summary**

Several patterns in the data from the Montréal study reflect similar findings in previous studies.

- More of the females than males stayed with a friend's family, member of their own family, or friends or acquaintances; fewer females used a shelter or stayed out on the street. Young women were more likely to use their personal networks to cope with homelessness and avoid visible homelessness.

- More of the females than males engaged in prostitution, but fewer in criminal activities, such as stealing or drug dealing.
- Many of the younger females had first run away between the ages of 13 and 15.
- Most of the younger females had some involvement with the child welfare system.
- Early school leaving was common. About half of the females aged 18 to 25 had not completed a high school education. Four out of five of all the respondents were not enrolled in school at the time they were interviewed.
- Family poverty is only moderately associated with youth homelessness. About three out of five of the respondents in the Montréal study said their family did not have financial problems.
- Aboriginal youth were overrepresented among the respondents.
- With few legitimate sources of income, more of the youth under the age of 18 engaged in illicit activities.

In Toronto, more young women are using the shelter system, and their average age is decreasing. In 1999, one out of four of the female youth staying in shelters was 16 or 17 years old. While the majority of young women using shelters are single, more young mothers and more young women accompanied by a parent are also using shelters.

Throughout the period 1988 to 1999, more than one quarter of young women said the reason for their shelter use was family breakdown or violence. Among young single mothers, 40% said spousal abuse was the reason.

The high proportion of refugee and recent immigrant youth using shelters points to a lack of settlement support from the federal government. In 1999, 16% of the female youth staying in shelters were refugees or had lost the support of the immigration sponsors.

Staying in a shelter is no solution to young women's homelessness. On leaving a shelter, 63% of the single women and 35% of the young women with dependent children simply went to another shelter or moved in with a friend or relative. Few of the women moved into a market rental unit, and far fewer moved into subsidized housing.

## 4. FIRST-TIER CASE STUDY REPORTS

### Young Homeless Women in Toronto

Youth homelessness is most visible in the downtown area of Toronto<sup>17</sup> where most of the non-residential services for homeless youth are located. Only one youth shelter is located downtown; the others are spread across the city. The suburban locations are an intentional strategy to keep youth closer to their home community ties and away from the urban core of street-involved youth and homeless adults.

Most of the youth shelters are gender mixed, and about one third to one half of the residents are female. Private or shared bedrooms are generally provided, with separate toilet facilities and separation of sleeping areas for females and males. The length of stay is generally limited to three months, but this may be extended. Residency is usually contingent on co-operation with some form of case management or plan of action. There are rules for behaviour, including curfews and a system of negative sanctions for violations, which ultimately include eviction. Young women who are not willing or able to comply with these expectations and rules must seek other places to sleep — abandoned buildings, building recesses, parks and adult shelters. Serious drug users are not allowed in most shelters, nor are those who keep dogs for protection and companionship. Young women working in the sex trade need to sleep during the day as they work during the night, a sleeping cycle not accommodated by shelters.

Some homeless young mothers are temporarily placed in suburban motels — the overflow of a very large municipally run family shelter where they may stay for up to one year. Most children in homeless families are under the age of five. However, there are some dependent teenagers in family shelters, and it is possible that females predominate as male teens are less likely to remain with their families (in part because some shelters have lower age restrictions for males).

Some young women “graduate” from youth shelters to assaulted women’s shelters. The proportion of young women using abused women’s shelters is reportedly increasing. A small number of young homeless women prefer to use the few adult shelters that are gender mixed and have less demanding rules, even though they offer only cots in large rooms, and mats on the floor at peak times. One such shelter has no limit on length of stay, and women sleep in a space that is set apart from the men’s area. Most of the young women have relationships with older men staying at these shelters.

Among those who sleep in abandoned buildings or in makeshift shelters, the proportion of female to male youth is lower than in shelters. A small, unknown number of young people live in squats — abandoned buildings that are temporarily taken over by a group of as many as 50 individuals. When discovered by authorities, these are closed, but new ones are established. Of the people who sleep in parks and ravines, outreach workers estimate that less than a tenth of them are youth, and few of these are female. Certainly the risk of sexual

assault is very high, and there are other dangers. For example, a 20-year-old woman from Vancouver died in a Toronto ravine when fire swept through her makeshift shelter.

Some homeless youth avoid using shelters, but may frequent non-residential services, such as drop-in centres for youth that offer meals, showers, telephone access, laundry facilities and where staff help them to obtain identification, health cards and welfare benefits. Counselling, legal assistance, health care and child care are also available. About one third of the youth using these services are female. At the community health centre for street-involved youth, about half of the service users are female.

The number of youth among the hidden homeless or marginally housed is unknown. Many youth shelter residents have also stayed intermittently with friends or extended family members. Sometimes, youth pool their money to rent apartments, living in overcrowded or squalid conditions until they fall into arrears with the rent or are evicted for other reasons. Some young women exchange sexual favours with men who can offer them a place to stay, including landlords. They rely on “boyfriends” who may be difficult to distinguish from pimps. Young women with children receive higher social assistance benefits and are more likely to rent apartments, although of poor quality. They also tend to share their homes with boyfriends, some of whom exploit them financially or otherwise abuse them. Among such couples, evictions over rent arrears and domestic violence are common.

Homelessness frequently pushes people out of their communities, and youth are even more mobile than adults. The majority of youth in the suburban shelters are local and born in Toronto. However, many of the downtown street-involved youth who frequent drop-in services are highly transient. They move from city to city and across the Canada–United States border. Both young men and women ride freight trains, especially in the summer. Young women generally travel with male partners, although the decision to travel may not be theirs. Youth come to Toronto from other parts of Canada, especially the Maritimes, expecting to find employment. Some are unsuccessful and become homeless. Movement between Toronto and reserve communities is very common among Aboriginal youth.

Service providers do not generally know how young women fare over the long term. Follow-up services are rarely available. A few young women maintain or re-establish contact with service providers over a period of years and into adulthood. In some cases, their lives have improved. Pregnancy is sometimes a motivation and catalyst for receiving public and private assistance that leads to housed stability. Other young women are chronically homeless and live in a round of incarceration, pregnancy, and hospitalization for addictions and deteriorating mental health. For the most part, however, no one knows what happens to homeless young women over time.

### ***General Characteristics***

There is widespread agreement that the majority of youth who become homeless have experienced family instability, conflict and violence. Various factors may be involved, such as parental death or disability, or drug abuse by parents or youth. Some youth have unrecognized mental health problems, marginal developmental delays, attention deficit disorder or learning

disabilities their parents do not understand or know how to deal with, and this contributes to conflict and child abuse.

While some youth seeking freedom from parental authority are drawn to the glamour of downtown Toronto, harsh reality quickly limits this phase. Unwillingness to return to their parents generally reflects other reasons for leaving home. A typical scenario is a son who has witnessed his mother being beaten by a boyfriend, has hit the boyfriend and been thrown out. Daughters are more likely to have been emotionally and sexually abused by their mother's boyfriend and left. Female youth have especially high rates of childhood sexual abuse, and many of them continue to be involved in exploitive and abusive relationships with men.

While most homeless youth have come from working-class and poor families, this is not always the case. It is not unknown for young women wearing private school uniforms to come to a shelter. Other factors, such as migration from other counties and from other parts of Canada, shape the profile of homeless youth.

There are several discernible groups of youth who appear to be overrepresented among the homeless and service-using population:

- youth who are or have been involved with the child welfare system;
- Aboriginal youth;
- refugee youth; and
- lesbian and gay youth.

### **Youth in care**

As poverty, family instability and child maltreatment are common in youth who become homeless, it is not surprising that a very high proportion (perhaps 30% to 40%) of youth in shelters have been involved with the child welfare system. Many have been in public care and have left group and foster homes or "aged out" of the child welfare system. They very likely have been moved many times while in care and may have adapted to a state of dependency and non-attachment. Performing chores is not obligatory in group homes, so their domestic skills are very poor, regardless of gender. Their social and coping skills also tend to be poor, although females are better able than males to express their feelings, talk about traumatic experiences and engage with others.

### **Young Aboriginal women**

Aboriginal youth are overrepresented in youth shelters and among street-involved youth. Young Aboriginal women from reserves have witnessed a great deal of violence and antisocial behaviour due to alcoholism and the effects of residential school histories among their parents' generation. The rate of physical and sexual abuse of young Aboriginal women is extremely high. Aboriginal youth who have been raised in non-Native families or settings tend to leave them between the ages of 13 and 15, confused over their cultural identity. While some Aboriginal youth use non-Aboriginal services and avoid identifying as Native, others clearly

prefer to use the range of Aboriginal services available. There is one Aboriginal women's shelter that accepts young women, with and without children, but no Aboriginal youth shelter.

### **Racial minority youth**

While the majority of homeless young women and men in Toronto are White, the proportion of racial minority youth, specifically those with Caribbean and African origins, is disproportionately high in the youth shelters. Among those who sleep rough or stay in squats, however, there are almost no racial minority youth, and they very rarely squeegee or panhandle for money. Asian youth are underrepresented both in the youth shelters and among street-involved youth. Young Black women are overrepresented among shelter users and those involved in the child welfare system, and they are reportedly less likely to suffer from drug addiction problems than White or Aboriginal women. Several informants noted that young Black women are especially resourceful in their use of services.

### **Immigrant youth**

Approximately half of the refugees and one third of the immigrants who come to Canada arrive and stay in Toronto. Some youth become homeless after sponsorship breakdown, especially those who have joined their parents in Canada after many years spent apart. Some come to Canada with family members, but are quickly expected to make it on their own. Some arrive with no family accompanying or awaiting them.

There have been discernible waves of refugee and immigrant youth entering shelters. A recent influx of youth from Angola, Sierra Leone, Iraq and Iran was preceded by youth from Yugoslavia, Russia and Poland. Some have come to Canada alone, escaping war and social turmoil in their home countries. More of the female arrivals have experienced war-related trauma, as males stay home to fight or to care for families. War-traumatized youth generally are unwilling to talk about their experiences, even with other refugees from the same country, perhaps because they fear political repercussions for family members. Some refugees do not speak English on arrival, and many agencies have multilingual, multicultural staff.

International trafficking in women for the sex trade also brings young women to Toronto. At one point, a group of young Asian women suddenly entered shelters after police raided the sex trade establishments where they worked. Organized crime is believed to be involved in this trafficking, and the women did not stay in the shelters for long nor talk about their circumstances.

Immigrant and refugee youth are generally considered to be resourceful and highly motivated to learn English and other skills, find employment and establish a home. Compared to Canadian-born homeless youth, they may have had a better "base" of positive parenting and education.

There is one shelter for refugees of all ages, but most immigrant and refugee youth use the youth shelters. A few young immigrant women enter shelters to escape arranged marriages and strict controls on social contact outside the family. Ostracized by their families and communities, deep social and cultural isolation adds to the pressure on them to return and comply.

### **Lesbian and gay youth**

Some youth who have disclosed their sexual orientation have been rejected or thrown out by their parents. Conflict at school and in their communities due to homophobia can also contribute to family tensions and lead to youth leaving home. It is estimated that as many as one third of street-involved youth are gay, lesbian, bisexual or transgendered. Adherence to traditional gender roles and homophobia among homeless youth, especially street-involved youth, makes it difficult to disclose their sexual orientation, admit to partner abuse or deal with their identity issues. Not surprisingly, young lesbians are more likely to use the female-only youth shelter or a mixed-gender shelter that is favoured by homosexual and transgendered youth.

### ***Changes in Service Users and Services***

Over the previous decade, there have been many changes among service users and the services available for homeless youth and young women.

- There are more homeless youth, and more chronic homelessness among youth. They have become recognized as a growing sub-group within the homeless population.
- The average age of homeless youth is decreasing. For example, over half of the 90 residents of one youth shelter are under 18 years of age, and about a quarter are under 17. Children as young as 12 years are homeless and on their own.
- The proportion of female-to-male youth service users is increasing.
- The number of homeless young mothers has increased.
- There are more refugee and immigrant youth using shelters.
- During the early 1990s, homeless youth became increasingly visible on the streets and in public areas. Then, their visibility decreased as the City of Toronto provided new services and employment-related programs designed to assist homeless and street-involved youth. A new policing program sweeps homeless youth from downtown streets and parks and prevents them from obtaining cash by panhandling or squeegeeing.
- More use of inexpensive crack cocaine has contributed to various risk-taking behaviours — more aggressive and criminal behaviour as well as high-risk sexual practices.
- More homeless youth openly identify themselves as lesbian, gay, bisexual and transgendered.

Services have expanded and responded to particular needs of homeless youth and young women. In the early 1990s, when social housing was still being developed in Ontario, there was also funding for new youth shelters and an expansion of maternity homes. Widespread funding cuts and the elimination of the provincial social housing program in 1995, however, challenged agencies to provide more with less. Funding is available for employment skills training for homeless youth and crisis intervention, but not for prevention or permanent solutions.



The funding drought by both federal and provincial governments has had a great impact on service agencies — the proportion of core funding has dropped as project funding has increased, creating constant uncertainty in service programming. Funding is more often short term and project based, with more elaborate requirements regarding service eligibility and administrative reporting. Small agencies are forced to allocate more staff time to seeking multiple funding sources in the public and private sector. They are frequently stymied in program planning and service provision by the lack of capital and operating funds for long-term or ongoing services. And they must adapt their programs to fit varied and changing funding criteria. One agency deals with 26 funding “envelopes,” creating an administrative nightmare. Relative spending on administration has decreased significantly for most agencies while service elaboration and capacity has increased greatly. Community agencies that provide programs to youth have had to cut their services significantly. A survey of 387 agencies in 1996 showed that 40% of programs serving youth lost paid staff due to government funding reductions (CSPC 1999).

Youth shelters have extended their array of services and have evolved into service hubs in suburban communities where there are very few youth services. But there are limits to what they can do. For example, shelters and drop-in centres must deal with more severe mental illness among youth, with limited staff training and resources to do so.

New outreach services to assist homeless people have been developed, and more health services are being delivered at shelters, drop-in centres and on the street. This includes a van program with harm reduction services (needle exchange, condoms, referrals and support), individual counselling and groups for youth and women.

### **Implications of age for service**

The age range for service eligibility at most youth-serving agencies is 16 to 25 years. Younger girls are sometimes seen at downtown agencies that offer drop-in services where it is possible to take a shower, launder clothing, receive food and medical services, and connect with other homeless youth. But those under age 16 are ineligible for most services, including the most critical one — shelter.

Some girls are homeless for years before reaching the age of 16 and await the day they can enter a youth shelter, sometimes celebrating their 16th birthday on entry. Until then, they may have stayed with friends, “couch-surfing,” in squats, or been housed by pimps and worked in the sex trade. Youth shelters require identification to substantiate a teenager’s age claim, so some youth obtain false identification. Former shelter residents have admitted they used false identification because they were underage, some as young as 13 years old.

### **Pregnancy and young mothers**

An increase in the number of pregnant young women in shelters during the early 1990s attracted attention from the public health department. Fifty additional shelter beds were designated for pregnant women as a result. Most of the youth shelters have at least a few pregnant women each year. By definition, pregnancies among homeless young women are high risk for both mother and child. Generally, pregnant young women have had little or no Health treatment and spontaneous abortions are common. Pregnant young women staying in

youth shelters must leave before the time of birth. At a time when young women are feeling frightened and require stability and support, they are forced out. Many go to one of the four maternity homes in Toronto.<sup>18</sup> Many of the young women staying in maternity homes have spent time on the streets. For them, pregnancy probably followed homelessness. For others, pregnancy is a catalyst for homelessness, as some families, especially immigrant families, have rejected their pregnant daughters.

### *Issue Areas*

#### **Gender relations**

There is a pressure cooker atmosphere of casual sexual activities in most youth shelters, but it is rare to see mutually supportive male–female relationships. The youth social culture is chauvinistic.

*There is no room in the shelter system for a feminine voice, never mind a feminist one.*

Shelter staff members have observed elaborate chains of sexual relationships and a form of concubinage in which a male has several female partners in descending status from his “main squeeze.”

Although safe sex information and condoms are readily available at drop-in centres and most youth shelters, it appears that most young women do not follow safe sex practices or use contraception. Some young women reveal deep ignorance of their bodies and sexuality, even though they are sexually active. Pressure from their boyfriends to not use a condom convinces young women to take risks despite what they know of the dangers. And, like many youth, they believe they are invincible and have little sense of control over the future.

While many youth complain about not being allowed to share rooms in the youth shelters, young women gain some security from this rule. Maternity homes also have rules to prevent male partners from staying overnight. Young mothers living in self-contained units at one maternity home have had trouble controlling their relationships with men and rely on staff for assistance in dealing with abusive partners.

During a group discussion at a youth shelter, both female and male residents admitted to having a deep longing for the fathers who were absent during their own childhood. The young women said they would put up with anything, even abuse, to have the fathers (biological or social) involved with their children’s lives.

There is little known about the relations among those living in squats, but young women are reportedly mistreated. In a few cases, squats were reportedly dominated by an older man, with all the youth more or less subservient to him. The women were required to work as prostitutes and were controlled by threats and actual physical harm. While not all squats are this draconian, street-involved young women are nevertheless commonly dependent on partnerships with males, girlfriends and small groups for protection. In the words of one informant:

*Within the street family culture, women exchange sex for protection.*

Young women who identify as lesbians may still have sex or relationships with men either to earn money or seek protection on the street. Newly homeless young women or “twinkies” tend to partner with older men who can offer a room to stay in. Streetwise young women are more likely to “go with their own” and are not afraid to fight with each other, sometimes over men. While young women are often involved with men who are “not good for them,” some service providers recognize that they

*need to be in relationships for safety reasons, even though the guys may be working them for sex.*

### **Violence against women**

There is a high rate of violence of all kinds against and among homeless youth, especially those who are street involved. However, more young women than men have experienced sexual abuse and violence during childhood, and are more vulnerable to sexual violence while homeless. For this reason, they are rarely alone. They are involved in sexual activity that may be hard to distinguish from sexual abuse. They rely on partnerships with men in which sex is the cost of shelter or protection from other men. They avoid sleeping rough in favour of using shelters, and some keep dogs for companionship and protection.

Homeless young women very rarely complain to authorities about sexual assaults or exploitation, although they apparently discuss this among themselves. Some young women respond similarly to battered wives; they do not file charges against boyfriends who have committed very severe assaults, even in cases where there are witnesses willing to testify. Even very severe assaults, perpetrated before witnesses, have not been challenged by some young women who respond similarly to battered wives. Within this context of sexual violence, sexual and homophobic harassment are common. Service providers try to prevent, contain and challenge this type of behaviour, but they have learned that outright bans may not be an effective approach.

Although there is more awareness of the links between abuse and homelessness in the lives of young women, gender differences and issues have not been taken into account in most service development and management. For example, some male shelter staff are haphazard in their sensitivity to young women who have been sexually abused.

### **Sex trade and prostitution**

Various factors lead homeless young women to engage in prostitution. It is not necessarily an outcome of the survival sex that they exchange for food, drugs, or a place to stay or spend the night. In a few cases, young women have been turned out to work as prostitutes by their parents. Regardless of how they come to engage in prostitution, young women who are not diverted within the first three or four weeks are quite likely to be “in the business” for the next three or four years.

The street face of prostitution is predominantly White, but racial minority youth are also involved in the sex trade, especially Aboriginal women. The young women share a sense of being exploited and commonly express self-disgust. Drug use is very common. Young women are often working to support their own drug habit and that of their pimps. Young women are more likely than young men to have pimps, especially the youngest of them who are kept hidden in “romper rooms.” As a result, they have very limited access to non-exploitive adults and may be prevented from approaching services for assistance. Females are also more likely than males to be involved in escort and call services, erotic dancing and pornography.

Because young women in the sex trade work at night, they do not generally stay in shelters, which have curfews. They can usually earn enough money to rent an apartment, at least on a short-term basis. But drug use and related behaviour usually leads to eviction and repeat homelessness.

### **Health**

Homelessness is a high-risk state that exacerbates a full range of health problems. Foot problems, respiratory illnesses, poor nutrition and hunger are especially common. Simple cuts, burns and insect bites become infected. Sexually transmitted diseases, including HIV and hepatitis C, are among the top five diagnoses at a downtown community health centre for homeless youth.

Access to health services is a problem for homeless youth. A health card, which provides coverage under the provincial health insurance program, is required. And identification documents are necessary to apply for a health card. These documents are easily lost or stolen in shelters or on the street. In some cases, families have refused to give youth their identification documents. In response to these barriers, many agencies assist youth to obtain duplicates and apply for health cards, at no cost. Uninsured health services, such as prescription drugs and dental care, remain inaccessible due to cost.

Homeless youth tend to rely on emergency hospital services, including young mothers sheltered in suburban motels with poor access to other health services. Some youth shelters and drop-in services have on-site health facilities or arrange for health practitioners to offer on-site services once or twice a week. This type of service delivery is crucial since community health resources may be inaccessible. For example, one youth shelter received a written notice requesting that they not send their residents to the local community health centre.

A downtown community health centre for street-involved and homeless youth offers a full range of on-site medical, dental and psychiatric services, as well as pre- and post-natal care. The atmosphere is informal and accepting, and a health card is not required.

### **Mental health**

There is a high rate of mental illness among homeless youth. Our informants were consistent in declaring depression to be the single most common health problem faced by homeless young women. Most of these women have very low self-esteem and feel worthless. Some young women have committed suicide, and self-mutilation has been observed. Self-harm behaviour

(such as slashing wrists or burning skin with cigarettes) usually pre-dates homelessness, and then intensifies.

Shelters and drop-in centres are generally ill equipped to deal with youth who have schizophrenia and major mood disorders. Youth who experience crises are removed to hospital, but quickly released with medications. There are long waiting lists for therapeutic treatment and, reportedly, few psychiatrists are sensitive to the circumstances and issues of homeless youth.

### **Drug use**

Drug use and addictions are more common among homeless youth, lesbian and gay youth, and wards of the child welfare system. Street-involved youth are especially likely to be using drugs, which is perhaps the main reason they avoid the youth shelters. All but one of the youth shelters have more or less inflexible zero tolerance policies on drug and alcohol use.

*[They] can't cope with addicted youth.*

There is a disturbing level of crack cocaine use and, to a lesser extent, heroin, among homeless youth. The use of synthetic designer drugs, such as ecstasy and crystal, is gaining prominence. Heavy alcohol, cannabis and tobacco use is quite common.

Drug use can make young women dependent on men in various ways. As most dealers are men, women often feel unsafe about making their own connections and meeting them. Some women rely on their partners or boyfriends to buy their drugs. Their boyfriends may also inject them because they do not know how themselves, cannot find a site (women's veins are smaller and less obvious) or are afraid to do it.

The number of babies with drug exposure born in Toronto increased sixfold from 1986 to 1999, but the numbers are very small and peaked at 99 in 1996. Pregnancy can motivate young women to stop using drugs. The maternity homes maintain drug-free environments for health reasons, but also because drug use is associated with disruptive and dangerous behaviour. Drug treatment is mandatory for pregnant young women and, in at least one maternity home, nursing and counselling staff are available to assist them in conjunction with clinics and treatment centres. As a result, very few babies at that maternity home are born with negative side effects from drug abuse.

There are some innovative programs in Toronto, notably a needle exchange program, Canada's first drug-treatment court and Breaking the Cycle, an outreach program for homeless mothers struggling with substance abuse. But few treatment programs are considered appropriate for homeless youth, and the average wait for treatment is four to five months (Bernstein et al. 2000). Young women who are pregnant or have a baby are rarely accepted unless they are in a maternity home. There is only one Aboriginal addiction counsellor within the local treatment programs who has training in both traditional and mainstream methods. And there is a low success rate for homeless youth who enter drug

treatment programs. Some attribute this to the isolation of the programs and the fact that they return youth to the same environments where they used drugs.

### **Pregnancy and young mothers**

Few homeless young women decide to terminate their pregnancies, and rarely will a young woman put her baby up for adoption. The vast majority of homeless young women choose to keep their babies, even those who have previously had a baby apprehended by the child welfare system or have left a baby with relatives. There is a powerful desire to reproduce idyllic family relations — a fantasy of family. Also, young mothers can gain increased respect and protection from males on the street over the “sacred” status of motherhood. Youth tend to exaggerate the increased welfare benefits that mothers receive. Unrealistic views of the costs of maintaining a household and raising a child are quickly challenged when they discover there is not enough money for the first and last months’ rent on an apartment.

Pregnancy increases young women’s dependence on boyfriends. Some young mothers move in with boyfriends. Others end up in a family shelter and may lose their infant to the child welfare system. Young fathers are usually uninvolved with the babies or the mothers, although some brag about their new status as a “real man.” On occasion, fatherhood has motivated men to obtain employment. And some young women manage to turn things around when they have a baby, especially those who receive extra aid and support from their personal networks.

The majority of babies born to homeless young mothers are apprehended by the child welfare system within a couple of years. In cases where the woman giving birth is a serious drug user, the baby is taken away at the hospital. Babies are also quickly removed from young women with severe mental illness. For young women who have been wards of the child welfare system themselves, the cycle is completed when their babies are apprehended and taken into public care.

### ***Service Innovations***

#### **Training for street-involved youth**

A 12-week diversion program for street-involved or chronically homeless youth is in its second year of operation. The city-funded program helps youth obtain identification, improve their housing (which may mean moving into a shelter) and life skills, set up a bank account and voice mail, and enter addiction treatment. Training modules on Web page design, bike repair and woodworking are part of the program, and participants are paid during their training. About a third of the participants are young women. They tend to be more open to assistance, responsive and successful than the young men, who frequently adopt a street version of exaggerated traditional masculinity — “they know it all already.” The program is considered successful and has garnered additional operating funds.

#### **Transitional housing for young mothers**

A privately funded transitional housing project for homeless mothers, Beatrice House, opened in May 1999. It was not initially successful in attracting women from the burgeoning shelter system, possibly due to its demanding program requirements and highly structured environment. Early curfews, mandatory academic and job internship requirements, and

regular student evaluations are all conditions of residency (Turner 1999). A few graduates of the two-year program have already found well-paying jobs and established stable households. An office building is being renovated to accommodate more residents — up to 30 single mothers and their children. Early childhood intervention programs are a key component of the program, and the development of parenting skills is integrated in the nursery and day care, which neighbourhood children will be able to attend. There are arrangements to have McMaster University researchers monitor the academic programs and achievements. An English as a second language course is also being introduced. Most of the women in the program are teenage mothers who had no day care to allow them to finish high school (Housing Again 2000).

### **Parenting program for young fathers**

Several youth agencies have attempted to involve young fathers in their parenting programs, but few young men attend them. Jessie's Centre for Teenagers has recently developed a pilot fathers group program that appears to be successful by focussing solely on the young fathers' issues rather than trying to integrate young fathers into parenting programs dominated by young mothers.

### **Harm reduction**

Harm reduction programs and services are attracting increased attention. The harm reduction approach is to minimize the risks involved with alcohol and drug use, and provide practical options. Eva's Satellite opened in 1997 as a short-term winter relief shelter for youth, and evolved into a permanent night shelter for 40 youth who avoid conventional shelters and have drug and alcohol addictions. Street-involved youth with drug addictions tend to resist medical treatment, but their drug use appears to be significantly reduced when they become involved in challenging activities.

The City of Toronto has identified a need for harm reduction programs for homeless youth (Golden et al. 1999). In conjunction with the Centre for Addictions and Mental Health, Eva's Satellite will develop and pilot the first such program in Ontario. At least one other youth shelter is also interested in developing a harm reduction program.

### **Transitional housing**

Eva's Phoenix opened in June 2000 as a transitional housing and training project for youth. During the previous year, 49 homeless male and female youth aged 19 to 29 undertook training in construction trades and life skills. Working alongside professional builders, they helped to frame and finish 10 "houses" within the shell of a converted warehouse. The youth were registered as trade apprentices during a 15-week training program sponsored by the corporate sector and labour partners. Eighty-three percent of the youth who graduated found full-time jobs, and 98% have secured their own housing. The completed facility provides transitional housing for up to one year for 50 youth aged 16 to 24. They have private bedrooms and live in groups of five within the 10 houses. Some of the houses are gender segregated. New training programs are being developed in the film and video industry, the culinary arts and the network cabling industry.

## **Young Homeless Women in Vancouver**

Vancouver<sup>19</sup> has a wide array of services and facilities for homeless people; however, an inventory of these services and facilities indicates a fairly limited service context for homeless youth (Woodward et al. 2000). This applies particularly to youth under 19 years, the age of majority in British Columbia. There are few emergency, short- or long-term housing options for young homeless people. Young women are barely recognized within the existing array of services. For example, there are only seven addiction treatment beds for young women in the region. Police officers and drop-in centres appear to offer the primary intervention for youth living on the street.

Finding a place to stay overnight is challenging for young women aged 16 to 18 (inclusive) who are in care but refuse to stay in a group home or at home. One option is a youth safe house; however, some of them require a referral, and most of them are full.

Youth over the age of 18 have more options, including one emergency shelter for youth aged 19 (lowered to age 16 in November 2000) to 23 years old. Adult shelters may serve young adults age 19 and over, but some shelters discourage this. Young women over 18 can stay at one of several shelters for women and children.

Many women opt for alternative forms of accommodation. There are a number of youth drop-in centres, some overtly providing overnight accommodation on mats, some allowing young women to sleep on mats during the daytime. Daytime sleeping patterns are common, particularly among women who work in the sex trade. Youth over 18 years of age (lowered to 16 in November 2000) may stay at Covenant House, a co-ed youth shelter, although no beds are dedicated for young women. Covenant House does not provide accommodation for youth who are intoxicated and requires guests to participate in a program after an initial three-day stay.

Young women also stay in single-room occupancy hotels located in the Downtown Eastside, which are notoriously unsafe and insecure, or elsewhere throughout the Lower Mainland. They may stay as a tenant, or as a guest, after paying a guest fee to the manager for the privilege of staying with a friend. Other locations are outside on the streets, alleyways, under bridges and in parks. Youth also make use of hidden accommodation, couch surfing with friends or staying in squats.

The exchange of sex for overnight accommodation, food, protection or money, termed survival sex, is prevalent among young women. For some, it is a way of life, used primarily as a means of supporting an addiction. Other women may work in the sex trade sporadically, for example, when welfare runs out, or at Christmas to buy presents for their families.

There are agencies that serve primarily women with families, women in the sex trade, older single women, and pregnant and parenting teens. There are also several co-ed youth services and facilities. Few young women frequent gender-mixed services or stay long, in part due to fears of intimidation and violence by male patrons. Interestingly, younger women are not



much more likely to use women's services, as their needs differ from older female clients. Women in the sex trade feel unwelcome in some facilities and tend to seek services that are more targeted to their needs. Overall, few services are dedicated to young women or meet their needs.

Our informants spoke of a geography associated with life on the streets, particularly life in the sex trade. Street-involved young women who are heavy drug users frequent the Downtown Eastside. Rebellious youth tend to congregate in Downtown South. The Downtown Eastside is characterized as stable and has most of the services, while the Downtown South is "transient." Different "tracks" for sex trade workers are also evident, including one specifically for boys. These are located in geographically distinct areas. Some informants believe that once young women become entrenched in the Downtown Eastside, they find it difficult to move elsewhere.

There are pockets of youth homelessness outside of Vancouver, in suburban municipalities, such as New Westminster, Surrey and Burnaby. There is also some movement between these centres because of threats from police, pimps who move sex trade workers to avoid confrontation with the law, and the availability of support services or spaces in shelters and safe houses.

There is some transience among homeless young women. Some sex trade workers travel a circuit which includes major centres in Canada and the United States, although it is not clear if this applies only to the "high-track" prostitutes or sex trade workers generally. Some youth groups move around the Lower Mainland, the province and the country. Vancouver is a magnet for youth from smaller B.C. communities, particularly Aboriginal people from reserves, as well as elsewhere in Canada. Approximately 30% of the youth shelter clients have been from Quebec.

### ***General Characteristics***

There is general agreement that the predominant reason for homelessness among young women is family breakdown in all its manifestations. This ranges from childhood physical and sexual abuse, to dysfunctional families to parent-teen conflict. Sometimes, it takes the form of sexual exploitation at home or intergenerational abuse within families.

Homeless young women are perceived by some service providers as more vulnerable than young men, and are more likely to be offered or receive services. There are more females referred to certain "gated"<sup>20</sup> social services, but self-referrals are more evenly distributed by gender. More females are apprehended by police, perhaps because they see more young women who are sex trade workers on the streets.

None of our informants could offer an estimate of the number of homeless young women in Vancouver, although several observed that young women generally comprise half of homeless youth. One large multi-service agency with an integrated database served 649 individual youths in two months in 1999, including both homeless and at risk youth. Most clients were from the Downtown South; most were women and White. Based on their case load and a guess of the number who do not use their service, one agency guesstimated about

1,000 youth, male and female, on the streets of Vancouver are homeless or at risk of homelessness.

The share of women comprising its clientele varied from organization to organization. In youth-oriented agencies, estimates ranged from 25% to 75% of youth served. The average age served ranged from 15 to 17 years, with 13 years being the lowest. Several youth agencies provide service to youth aged 13 to 24 years. Most youth serving agencies work with individuals up to age 24. Several agencies have lowered the age of the youth they serve to ensure that they can work with the youngest and most vulnerable youth. For example, one agency has reduced its upper target age from 24 to 21 and now works only with 15 to 21 year olds.

There are several sub-groups overrepresented among the population of homeless youth in Vancouver.

### **Youth in care**

Many homeless young women and their children are connected with the child protection system now, or have been in the past. Our informants estimated that between 35% and 70% of young women they serve have been in care at some point while they were growing up. In many cases, these youth are actively trying to avoid further contact with child welfare officials. Sixteen to 18 year olds who believe they are old enough to live independently are not well served by the existing system.

There is uncertainty among providers about current child welfare policies and practices for youth age 16 to 18 years. It appears the Ministry for Children and Families (MCF) is reluctant to place youth age 16 to 18 years in care in a residential setting, such as a group or foster home. At 19, youth are discharged from the child protection system, although they are ill prepared to live independently. A high percentage of youth that were in public care while minors “graduate” to relying on income assistance.

Many homeless young women already have children in care. Fear of the child welfare system dominates the lives of many young mothers who avoid services in order to keep their children. When a young woman with children is homeless or living in inadequate housing and there are child protection concerns, the children may be apprehended. At this point, the mother’s shelter component of income assistance is dramatically reduced, leaving her less able to afford her housing, and possibly homeless. Informants noted that there are cases in which two or more generations of a family have been wards of the state.

### **Aboriginal youth**

The share of young homeless women of Aboriginal ancestry is quite high — from 40% to 70% percent according to various agency estimates. Aboriginal youth comprise 40% to 50% of gated clients.

Young Aboriginal women who are homeless face a number of issues that either contribute to their precarious lifestyle or exacerbate it. Their past is often associated with extreme poverty,

alcohol abuse, violence, abuse, childhood instability, lack of education and histories of residential schools. Aboriginal youth are the most institutionalized population, and there is a shortage of good First Nations foster homes. Fetal alcohol syndrome (FAS) is a significant problem among the Aboriginal street population in Vancouver.

Once on the street, there are few dedicated services that cater to the specific needs of Aboriginal people or that are managed by Aboriginal people. Young homeless Aboriginal women face racism; they are stigmatized, presumed to be alcoholics and prostitutes, are disconnected from family and friends, tend to be more street entrenched, and are less likely to leave the area than White women. Some police officers and service providers mistreat them. At the same time, there is a strong sense of survival among members of the Aboriginal community, a sense that Aboriginal people want to take care of their own. There are some good programs. Informants made careful comments about there being a culture of addiction and the dilemma of social isolation for recovered individuals.

### **Immigrant youth**

There are very few immigrants among the young female homeless population in Vancouver. Racism and language barriers may prevent some young immigrants from using available services. Young women who rebel against the standards and norms of their parents' culture and leave their family do not seek assistance from their cultural group or agencies, perhaps due to a fear of sanctions.

### **Lesbian and gay youth**

Gay and lesbian youth face coming out as well as adolescent issues. They are at greater risk for homelessness, ostracism and other types of social marginalization. In addition, they are at greater risk for suicide. Some informants thought that young lesbian women were overrepresented in the street population, while others did not. Once on the street, young lesbian women are less likely to use health care facilities, and are at extreme risk of violence, rape and homophobia. Some service providers are actively working to address the needs of gay or lesbian clients, and are grappling with the issue of how to serve transgendered women.

### ***Changes in Service Users and Services***

Our informants have observed several changes among their service users and visibly homeless youth, and in the services for them during the last decade.

- There are more youth on the street generally, and they are seeing more women in their work today compared to five or ten years ago.
- The average age of women on the street is lower.
- There are more young women involved in the sex trade. This is attributed to the increased incidence of drug use, as well as heightened recruitment practices. It appears predators on the street attempt to recruit young woman newly arrived on the street. Also, the proportion of White to Aboriginal young women in the sex trade has increased.

- Young female clients are generally in poorer health. More young women have HIV, hepatitis C, fetal alcohol syndrome, learning difficulties and mental illness.
- One agency reported seeing more single young women and fewer women with families, possibly because children can be apprehended from homeless women. Yet, the number of pregnant teens among the homeless has increased.

Many informants thought the service system for homeless youth and youth at risk was stretched to breaking point as a result of continuous cutbacks in funding, particularly in social services. There has been a general decline in the availability of social services over the last few years, particularly in prevention-oriented programming such as child care, counselling for women and youth, and homemaker services targeted to families at risk. There is a perception that there are fewer MCF social workers and that remaining social workers have much larger caseloads and fewer resources with which to meet the needs of their clients. It is difficult to access preventive services for women with children who are at risk of homelessness unless there is an open child protection file for that family. Agencies receive less financial support from the MCF and, consequently, have to make do with fewer staff.

A particular concern is the loss of detoxification beds with the closing of the Pender Detoxification Unit. This occurred at a time when there was already a perceived lack of withdrawal management spaces for youth, and for all groups within the homeless population, and a growing number of people in need. According to one informant, 40 youth are turned away from residential detoxification programs for every youth admitted.

Women have lost ground in terms of dedicated women's programming. There used to be more women's programming and facilities. These have been replaced by co-ed services. One service provider commented:

*Women are treated like guys.*

In fact, women need specialized, safe, dedicated programming.

At the same time, there has been an increase in some types of emergency services and facilities targeted to youth. A few years ago, there were virtually no youth-oriented services or facilities in Vancouver. Now, several new services and facilities have opened their doors including Covenant House, Youth Activities Centre, Dusk to Dawn, and a gay and lesbian youth support program. These are considered important steps forward, although there is still a shortage of youth spaces. Health services targeted to the homeless or at-risk population have also expanded in the last few years (e.g., the introduction of health vans, street nurses and needle exchanges).

### **Implications of age for service**

Many issues affecting street youth are related to their age: they are either too old or too young for various services. A complex web of rules and eligibility requirements exists that is difficult to understand or prevents young people from accessing the services and facilities

they need. The phrase “virtual vacuum” was used to describe services and housing for youth age 16 to 18. Current policies fail to recognize that some children under age 16 are on the street or at risk. There appears to be a double standard: youth are treated as minors for some purposes and as adults for others.

The age of majority (19 years in British Columbia) represents a significant milestone and barrier for homeless youth. A perceived “silent” drop in the age of majority in British Columbia in recent years, from 19 to 16 years, refers to the apparent reluctance of MCF officials to place youth aged 16 to 18 in public care. This has significant implications for youth, as many providers are not permitted to serve youth under age 19. Even Vancouver’s sole youth shelter has only recently been able to serve youth between the ages of 16 and 18, as their previous licence was limited to youth aged 19 and older. Young women under 19 with children are permitted to use women’s shelters. In some instances, the MCF will permit 16 to 18 year olds to stay in certain youth-oriented, but adult-licensed facilities, if there are no other options and for three days at most. Consequently, youth under age 19 have few residential options, which may, in part, explain why the average age of homeless youth is decreasing. Ministry-designated safe houses are permitted to house youth under age 19, and some services are provided only to youth in care, who by definition are under age 19.

The age of majority and requirement for parental consent limit youth’s use of non-residential services as well. One drop-in centre reported that youth under 19 living on the street are not generally able to participate in their field trips, which require parental consent. Service providers are obliged to report child protection concerns, including minors who are homeless, to the MCF. Youth who do not want to be reported will avoid contacting agencies for help.

### **Pregnancy and young mothers**

Pregnancy is common among young women on the street, even those as young as 12 or 13 years. Unfortunately, poor health and nutrition mean complications often ensue, and miscarriages are common. Abortion rates are high, being used as a means of birth control. Many young women also choose to keep their babies, but most infants are eventually apprehended.

Some homeless women have several children in care, especially those in the sex trade. Because of the high incidence of substance abuse among street-involved young women, their babies may be born addicted and suffering from fetal alcohol syndrome. Child welfare policy is to apprehend the child at birth if this is the case.

Fear of child apprehension is a constant worry for homeless young mothers and one reason pregnant women rarely get medical care. On the other hand, pregnancy is sometimes a motivation to stop using drugs.

### ***Issue Areas***

#### **Gender relations**

In general, young women’s relations with men, both young and old, are viewed as exploitive, violent and predatory. Some informants characterized young women’s relations with young

men as that of pimp or boyfriend, while relations with older men were mostly as sex trade customers. Even if the relationship is not formally one of prostitute and customer, young women typically have “dates” with older men in exchange for housing, food and protection. Street families and groups of gays and lesbians also provide some protection.

### **Violence against women**

Sexual violence is a major factor in the lives of homeless young women. This includes past experiences within the family and current instances of violence on the street. A large percentage of young women on the street have experienced childhood sexual or physical abuse.

*It's what causes them to be homeless and how they survive.*

Violence permeates the Downtown Eastside, driven by poverty and anger. Working in the sex trade exposes many young women to violence from “bad dates.” One worker at a drop-in centre for sex trade workers stated that she was unaware of a single client who had not been violated by rape or assault.

### **Sex trade and prostitution**

Many young homeless women are lured into prostitution. They are visible plying their trade on the streets of Vancouver. The reason for this is unclear. However, changed drug use patterns and heightened recruitment practices are implicated. Most women try to avoid the sex trade when they first become street involved, but they often end up in it for the money. The number of young women working in the sex trade has increased in the last year or two. One informant estimated that 90% of their “low-track” prostitute clients are homeless. Most are Aboriginal women, although the number of White women is increasing.

### **Health**

Young homeless women suffer from a range of health problems: hepatitis A, B and C, infection, self-harm, eating disorders, sexually transmitted diseases, HIV-AIDS, addiction, personality disorders, scabies, lice, irregular menstruation, headaches, depression, anxiety, phobias, overdoses, sexual identity crises, tuberculosis, jaundice, diabetes, malnutrition, collapsed veins/exploding veins, abscesses, dental problems, suicide, mental illness, dual diagnosis (i.e., combined mental illness and addiction), drug-induced psychosis, and fetal alcohol syndrome or fetal alcohol effects. Often, young women will delay needed medical care, and by the time they get to a clinic, their immune system is damaged. It is believed that all young women on the street are suffering from low self-esteem. For some, this results in death through suicide or overdose.

While some homeless people are in and out of hospital frequently, there was a general perception that despite the range of clinics and street-level health services available to homeless young women, sex trade workers tend to avoid hospitals and regular medical care due to discrimination and negative staff attitudes.

The lack of addiction treatment services for young women was the largest single health issue raised by our informants. Immediate access to treatment is not possible due to the lack of extended residential drug treatment programs with counselling, quality assurance for recovery centres (which are unpleasant, poorly run, for profit) and an inadequate supply of detoxification beds.

### **Mental health**

Mentally ill young women are extremely vulnerable on the street, the most marginalized, and easy prey for pimps and drug dealers. They are less able to keep appointments, to organize their lives (e.g., completing their “intent to rent” form for income assistance) and to maintain a dwelling. Mental illness is under-diagnosed. Fear and ignorance lead to isolation and violence against young people with mental illness who may use drugs to self-medicate (i.e., cope with their pain), often leading to substance abuse. Services for mentally ill homeless youth are scarce, particularly housing resources.

### **Drug use**

Addiction within the family of origin and drug use by youth contributes to youth homelessness. Drug use is extensive among the young women known to our informants — as many as 90% to 95% of them. Heroin, coke, crack, crystal, marijuana and ecstasy are the most commonly used drugs. Crack cocaine is the drug of choice for many as it is relatively inexpensive. Reasons for drug use are as varied as reasons for being on the street in the first place, but escape from traumatic family life is a significant factor.

Drug use is also inextricably linked with the sex trade. Drugs are a favoured tool to lure young women into the sex trade, and once addicted, prostitution is the only way to support a drug habit. One service provider estimated that as many as 85% of sex trade workers use drugs as a coping mechanism.

Increased violence on the street is associated with the prevalence of crack cocaine. One informant referred to the street as a battleground. Women are now more likely to act violently, and many of the norms that once governed life on the street have been abandoned.

Young women with addictions have difficulty parenting, and child apprehension is a frequent occurrence with drug use. In some cases, the threatened loss of children has prompted women to stop using drugs; however, Vancouver is under-served in addiction treatment programs, and there are few addiction treatment resources specifically for women or youth.

### **Young Homeless Women in Montréal**

Females are in the minority of youth who use shelters and related services in Montréal.<sup>21</sup> Dans la Rue is a multi-service agency that provides outreach (a van that stops in a number of downtown spots each night, offering food and warmth to youth), a shelter for minors aged 12 to 19 years, and a day centre. About one third of their clients are female. Another agency, En marge, sees an equal proportion of male and female clients in its street work, but only about

one third of its shelter users are female. L'Antre-temps, based in a south shore suburb, has a clientele that is 20% female.

Although some homeless youth sleep in deserted buildings, over subway vents and in parks, young women are less likely to sleep rough. Some young women, although in extremely marginal and unstable conditions, do not consider themselves homeless and will not use shelters and other services. In the words of one informant:

*The problem with young women on the street is that they don't see themselves as homeless. They live in squats, in parks, and don't accept more help. In some cases, accepting help is just too difficult, too painful for them.*

In some respects, the issues and situations for women are particular to their gender. This includes their methods of survival, health concerns and the role violence plays in their lives. Yet informants who work with youth emphasized that the causes of homelessness and the impact on young people are no different for male youth. There is a consensus that the causes of homelessness for youth are rooted in the family. Other institutions have failed youth who become homeless. Many of them have been involved with the child welfare system, which intervened on their behalf, but did not provide adequate assistance. They have also had difficulty in the education system whose schools are too rigid to deal with students who do not "fit the mould."

Montréal appears to draw youth from small towns and rural areas in the province. Some young women move to escape difficult family situations and find security or services that are lacking in their home communities. A few young women choose to travel for the experience of freedom and adventure and move from city to city, especially to Vancouver.

### ***Characteristics***

Often, the family experiences of young homeless women have been marked by violence, abuse, neglect, incest and parental addictions. Some parents were simply incapable of dealing with their children, and family ties may be irreparably damaged. Some homeless youth

*don't feel missed. Their families aren't looking for them.*

Family difficulties were not necessarily related to income, as young persons from all income levels were represented in the homeless population. However, poverty leaves young women less able to cope with abuse and contributes to problems of mental health and addiction.

Lack of self-esteem was often mentioned as a characteristic of young homeless women. Many "have been crushed" by their pasts. The situations that confront them on the street are often no better.

*They go to the street and feel that they are nothing, and they believe that they deserve this.*



Many homeless young women are emotionally wounded, without a stable support system and very mistrustful.

*They have attachment difficulties originating from birth. It's important to be cared for from the beginning.*

Neglectful and abusive parenting has left these young women impaired in their ability to develop emotional intimacy and resolve problems. Often, there is a loss of contact with their families,

*but this is not always a negative thing, when you think about the dramatic pasts that they reveal to us.*

The term "borderline personality" was used by several informants to describe homeless young women. However, a women's shelter worker observed that mental health issues were more prevalent among older women, and those between 18 and 30 were more likely to have problems related to drug use.

### **Racial minority youth**

Only a few informants had clientele that were members of ethno-racial minority groups. One agency reported an increase in the number of young women who were second generation Canadians experiencing conflict with parental cultural values.

### **Youth in care**

Several informants referred to the association between foster care and homelessness. Seventy percent of the clients of one youth shelter have been involved with the child welfare system. There is a lack of support services once youth have reached 18 and are out of the system. Within a few weeks of release from the jurisdiction of youth protection services, many young women find themselves homeless because they are ill-prepared for independent living.

### ***Changes in Service Users and Services***

Organizations serving homeless women reported an increase in demand in recent years. Auberge Madeleine, which offers short-term shelter, turns away three times more women than it did 10 years ago. Another shelter, Maison Marguerite, has had a steady increase in the number of women housed over the last decade. Their occupancy rate has risen from 83% in 1998 to 95% in 2001, and they had to turn away 1,400 women in the last year.

The age range of homeless youth seeking services has been dropping. One agency used to deal with youth between the ages of 18 and 25; that has dropped to 16 to 22 years. And certain sub-groups are more prevalent among service users: pregnant young women and young mothers, and women with problems of bulimia and anorexia.

Despite the increased demand on services, funding has been reduced and there have been reductions in some services.

*Our services have shrunk. We've cut beds. This does not mean there is less need.*

There are more homeless youth with mental health and multiple problems, and drug use has increased. Referring to the increased complexity of issues faced by homeless youth, a few informants used the term "alourdishment" or increased "heaviness" of the clientele.

*They have much harder, more damaged, more difficult lives.*

Apparently, there are more aggressive young women who are engaging in serious crimes similar to those committed by young men.

There has been an increase in the incidence of violence, drug use and prostitution. One informant attributed this, in part, to the demise of punk culture.

*There is no longer the punk milieu and gangs. This means that the youth are less protected and more vulnerable to exploitation by criminal elements, especially prostitution.*

### **Implications of age for services**

Reductions in services have affected all homeless youth, but especially those aged 16 and 17 due to a service gap in the transition from the child welfare system to adult services. Changes to social assistance programs have made it more difficult for young people to receive help. Monthly benefits are reduced to \$150 for youth who are considered employable.

### **Issues Areas**

#### **Gender relations**

Relationships with men are key to the survival of young women. Men are a source of shelter and protection, especially older men.

*It's a game of seduction to get affection and financial help.*

In some cases, older men are also looking for physical care and support, such as help with bathing and going to doctors' appointments.

Friends, both male and female, street gangs and street families all play important roles in protecting young homeless women. Apartments are shared with friends and boyfriends, but these are often precarious situations.

*They live with friends, but for them a friend could easily be just an acquaintance.*

#### **Violence against women**

Several informants stated that violence was the most important issue facing homeless women, more so than mental health or addiction problems. Women's homelessness is often an

outcome of women escaping violent relationships, yet violence is not necessarily lessened nor conditions greatly improved once women have left their home.

### **Sex trade and prostitution**

Illegal activities, notably prostitution, appear to be a major source of money for homeless young women. Some informants believe that most young women had prostituted themselves at some point.

*Money can be made quickly, and it pays well.*

Nude dancing and escort work is common. Prostitution is becoming more accepted among homeless youth, along with criminal activities, such as shoplifting and selling drugs. Some young women become involved in these activities to help their boyfriends.

### **Health**

Health problems are common among homeless people. Physical problems range from AIDS, STDs, hepatitis and tuberculosis to anemia, recurring colds and flus, and even scurvy. Poor nutrition and drug use contribute to health problems, and many young women do not use protection when having sex, especially if their partners do not wish to use condoms.

There are few health services for homeless and street-involved youth in Montréal. There are no programs for youth who want to quit using drugs, but are not seeking employment or education.

### **Mental health**

The range of psychological problems among homeless youth includes depression, suicidal behaviour, and bipolar affective disorder (i.e., manic depression), usually undiagnosed. Anorexia and bulimia are becoming more prevalent, and self-mutilation has been observed. It appears that pediatric psychiatric resources are very limited in Quebec.

### **Drugs**

Like violence, drugs seem to be a constant feature in the lives of young homeless women. Soft drugs are most common, but mescaline, cocaine, methadone and heroin are also used by homeless youth. The link between drug use and prostitution was referred to as a vicious cycle.

*They take drugs to be able to prostitute themselves, they spend their money on drugs, so they once again have to prostitute themselves, to once again get drugs.*

### **Pregnancy and young mothers**

It appears that most pregnant homeless young women in Montréal have abortions. Pimps and boyfriends often dissuade them from carrying the pregnancy to term. Poor health is related to a high rate of miscarriages and irregular menstrual cycles. Young women are sometimes unaware of pregnancies until an advanced stage. Pregnancy can be a catastrophe or a driving force for major life changes. Unless housing and support services are offered

during pregnancy, young women are generally unable to take on motherhood successfully, and their babies are often apprehended. Fathers are rarely involved.

### **Summary of Case Study Findings**

Informants in all eight cities across the country were quite consistent in their views on the causes and characteristics of young women's homelessness.<sup>22</sup> The lack of affordable housing and the inability for young women to find low-cost housing was repeatedly noted. A backdrop of structural factors — high unemployment among young women, discrimination in the labour market and low wages, along with high housing costs, a lack of social housing, housing discrimination, and reductions in unemployment insurance and social assistance rates and eligibility — combines with their incomplete education, low skill level and, frequently, immaturity to leave them at a great disadvantage in the housing and labour markets. Family disruption and conflict (due to poverty, divorce, violence, addictions, young women's sexuality, etc.) was the most commonly cited precipitant cause for young women's homelessness. Young women's involvement with the child welfare system signals serious abuse in families. Failings in both private and public parenting and support leave some young women on their own before they are ready or able to support themselves within an economy unfavourable to them.

Youth shelters exist only in the largest cities, and most of them are gender mixed. There is only one shelter specifically for young women, located in Toronto. Young women above a threshold age of 16, 18 or 19, depending on jurisdiction, are also eligible to use family violence shelters or adult shelters. Very few young women sleep rough, but forms of hidden homelessness, such as staying with friends and trading sexual favours for a place to sleep, are very common.

Non-residential services, such as drop-in centres and outreach programs, are available in most of the cities studied. They play an important role in addressing the particular needs of youth and offering them spaces apart from older homeless adults.

#### ***Overrepresented Sub-Groups***

Certain sub-groups are especially vulnerable and appear to be overrepresented among the population of visibly homeless young women:

- those who are or have been involved with the child welfare system;
- those who are lesbian, bisexual or transgendered;
- those who are Aboriginal; and
- those who are recent refugees or immigrants.

Homeless young women who are, or have been, involved with the child welfare system are generally ill prepared to manage their lives independently. Although there are some jurisdictional differences among provincial child welfare systems, regarding age eligibility, for instance, it is clear that there are widespread inadequacies.

The proportion of homeless Aboriginal young women is highest in western and northern cities such as Winnipeg and Yellowknife, but they are disproportionately homeless in the other cities, too. In Toronto, most shelter and other services for homeless youth do not address their particular needs for cultural appropriateness, self-determination, and traditional healing techniques (NCFST 1999; Beavis et al. 1997). This is less the case in cities in western and northern cities, where Aboriginal-specific services are available for young women.

There is a high proportion of homeless young refugee and immigrant women in Toronto. As refugee claimants, they face limited access to services and employment, and there are insufficient settlement services and supports.

### *Issue Areas*

#### **Gender relations**

Personal safety is a paramount concern for homeless young women. Nevertheless, they frequently barter sex for access to shelter and protection. Men are dominant in street and shelter cultures, and traditional gender roles are expected.

#### **Age group distinctions**

Informants in Toronto, Vancouver and Montréal noted that the average age of homeless young women is dropping. As suggested in the literature, homeless minors generally avoid involvement with the child welfare system, yet are ineligible to use shelters or receive income support and other services. This is a pervasive problem. There is little known about this group, but their desperate circumstances make them highly vulnerable to exploitation. As the Montréal data show, this group is forced to rely more on illegitimate means of support.

Another glaring service and program gap between child and adult welfare services affects 16 and 17 year olds (and 18 year olds in British Columbia) and leaves them without adequate financial and other support.

#### **Education**

Our informants confirmed that school difficulties and early school leaving are typical among young homeless women, as previous studies have shown. Informants across the country perceived the educational system to be inadequately addressing the difficulties of high-risk youth. There is little awareness of student homelessness, and the extent of it is unknown. Alternative schools are available in larger cities and offer more flexible programs that better suit homeless youth, but it is unclear how appropriate or effective they are with students who lack stable housing.

#### **Health**

Homeless youth face barriers to health care services and exhibit a high rate of physical and mental illnesses. Young women have particularly high rates of sexually transmitted diseases. Early pregnancy is common, and there appear to be cultural patterns among Aboriginal and some immigrant women that encourage them to try to raise their babies despite being homeless. Drug use and abuse is common, especially among those working in the sex trade. Yet treatment facilities are generally insufficient and unsuitable for homeless young women, with and without

children. There are plans and initiatives by agencies in several cities toward integration of a harm-reduction approach to deal with addictions and high-risk behaviour.

### **Mobility**

Whether it is to seek employment or escape conflict within the family and community, youth are generally drawn to larger cities where there is more potential employment, anonymity, services and larger congregations of peers. There have been discernible waves of homeless youth pushed from one city to another by anti-panhandling and squeegeeing legislation. Movement of Aboriginal youth between reserve communities and cities is frequent.

### **Regional differences**

The age at which teenagers can leave public care and have the legal right to sign a lease varies from 16 in Ontario to 18 in Quebec and 19 in British Columbia. There are also differences in the extent of protective services and supports for independent living.

Pregnancy rates among young homeless women are generally high. It appears that more young women in Toronto choose to have their babies and attempt to raise them, despite all odds. This pattern is less evident in Montréal and perhaps Vancouver as well.

The recruitment of homeless young women into the sex trade is prevalent in larger cities, but appears to be more pervasive, organized and violent in Vancouver.

Child prostitute rescue legislation has passed in British Columbia, but has not yet been implemented. The contentious child rescue legislation adopted in Alberta is being considered in other jurisdictions, such as Ontario. This approach may funnel services to particular youth and extend social control strategies that drive some youth underground. This type of legislation will likely affect young women more than young men.

### **Gender differences**

As the average age of homeless youth falls, that of females appears to drop even lower. Young homeless women are more likely to have experienced sexual abuse within their family and exhibit higher levels of depression and low self-esteem. The rate of sexual violence is high before and after becoming homeless. And mental health services for abuse survivors who are unable to pay fees for private sector therapy seem to be generally insufficient.

In all the large southern cities, youth can be found sleeping rough and staying in squats, but young women are far less likely to do so than young men. The Montréal data show that young women are more likely than young men to rely on, and stay temporarily with, family members and friends. They are less likely to deal in drugs, but more likely to work in the sex trade. And they are much less likely to receive social assistance, perhaps due to age-based ineligibility.

### **Services for homeless young women**

Toronto has been referred to as the homelessness capital of Canada and has the largest number of shelters and other services designed for homeless youth. However, as in Vancouver and

Montréal, there are very few services specifically for young women. Young women generally prefer to align with young men more than with adult women due to a strong peer orientation and distrust of adults. Yet the gender dynamics in youth shelters, drop-in centres and on the street are traditional and oppressive for young women, and sexual violence is commonplace. Most youth-serving agencies exhibit some awareness and responsiveness to the issues of young lesbian women, but there are signs that shelter staff (especially males) require training on gender issues.

Service agencies across the country are struggling with funding reductions and inflexibility. Despite this, service innovations are being developed to address a diversity of needs among homeless youth. Among them, Eva's Phoenix has recently drawn much attention. Although described as transitional housing, it also has the features of a foyer model in that it provides on-site training and employment opportunities. It was developed through a private-public, multi-stakeholder partnership of funders. Such partnerships are much favoured by governments, but can place a tremendous demand on small youth-serving agencies to broker relationships among the various stakeholders.

A comparison of shelter and housing services and related information in the first-tier cities (Appendix B) shows that there are very few services specifically for young women. The number of addiction treatment beds for youth is extremely low in Toronto and Vancouver. There are no safe house beds in Montréal, and very few in Toronto.

Social assistance rates for single women and single mothers are clearly inadequate to pay for average housing costs, especially in Toronto where average rents have increased greatly. Even those employed full time at minimum wage rates find it difficult to afford housing, again especially in Toronto where the rents are highest and the minimum wage rate lowest.

Vacancy rates in these cities are very low, adding to the difficulties young women face in the rental market. And there are long waiting lists for social housing in each city.

Informants in all eight cities cited a need for transitional or supportive housing for youth. Very few such projects exist in Canada.

## 5. SERVICE, PROGRAM AND POLICY REVIEW

### The Toronto Context

#### *Child Welfare*

Partly in reaction to the deaths of eight children in public care, which occurred within an 18-month period, the child welfare system in Ontario has undergone reform and sharpened its focus on protection rather than prevention services. Increased demands for documentation and administration duties, along with greater caseloads and a threefold increase in court-related duties, may have led to diminished direct service time (although this cannot be established with the available data).

The Ontario Ministry of Community and Social Services and child welfare agencies have developed extensive independence-preparation programs to get youth ready, as soon as possible, for independent living so they can leave the care of the state by their 21st birthday. In fact, most youth in care leave well before the age of 21.<sup>23</sup>

Youth leaving Ontario care do so in a more depersonalized and irreversible way than is the case when most youth leave their family home. Expulsion from care is considered arbitrary and insensitive to the needs of many youth (Leslie and Hare 2000). In Toronto alone, there are approximately 3,000 children in care. About 600 youth over the age of 16 are discharged from care each year. There is no tracking of these young people, so virtually nothing is known about where they are and how they fare.

Widespread criticism of the child welfare system has focussed on the too early age of release from care and inadequate preparation for the transition. Some youth are eager to leave the authority of the child welfare system, which they may do at age 16. These youth must be prepared for leaving at age 15, when most are too immature to deal with it. After years of dependency, the release or break from public care is also too abrupt. Moreover, there are no institutional connections between the child welfare and the youth shelter systems. With different funding and accountability bases, these systems have no method of sharing information on youth (e.g., health problems) and service planning.

#### *Criminal Justice and Policing*

Homeless youth, especially those involved in the sex and drug trades, are very likely to become involved with the police and the criminal justice system. Those who are street involved, who panhandle for cash or hang out in groups in downtown parks, are also more likely to encounter difficulties with police. Youth who have experienced abusive parental authority are likely to respond to police requests to “move on” with anger. Police have been observed to escalate their dealing with street-involved youth: from verbal warnings, to laying charges, to more aggressive interaction. Some youth have complained of being taken to unpopulated places and “roughed up” by police.



Advocates for homeless people have argued that laws are used selectively to control people who are homeless and their use of public space. This involves the application of archaic as well as newly tailored laws. In Ontario, the squeegee activities of homeless and unemployed youth quickly attained a surprisingly high profile as an issue for the Harris Government (Glasser and Bridgman 1999). To address this, the provincial government passed the *Safe Streets Act* in 1999. It expressly prohibits homeless people from panhandling or squeegeeing. Enforcement has been firm. Fines range from \$100 to \$500 and may include six months in jail for repeat offenders. Some service agencies try to assist homeless youth by contesting the fines or paying the tickets to prevent the incarceration of those who have no possibility of paying themselves.

The *Safe Streets Act* was passed to address legitimate fears of aggressive panhandling and harassment. However, critics argue that federal criminal laws against harassment and aggression, along with the *Highway Traffic Act* to ensure that cars are not forcibly stopped in an unsafe manner, were adequate for dealing with this. On behalf of 13 youth charged under the *Safe Streets Act* for squeegeeing, lawyers have argued that the tickets issued violate the *Canadian Charter of Rights and Freedoms* by preventing squeegee people from working (Gombu 2001).

Similar legislation in other jurisdictions has also met with organized resistance. In September 2000, court action initiated by the National Anti-Poverty Organization (NAPO) convinced Winnipeg's City Council to repeal the city's by-law against panhandling. NAPO is one of three groups challenging the City of Vancouver's by-law against panhandling.

Schafer (1998) argued that anti-panhandling legislation in Canadian cities is an inappropriate legal response to what is only a symptom of a deep social problem that requires an approach based on progressive income redistribution and provision of housing and social services. He pointed to various ethical reasons for allowing panhandling as a way for destitute people to communicate their plight, obtain badly needed income and promote entrepreneurialism. O'Grady et al. (1998) found that youth who squeegee were less likely to engage in criminal activity, but the criminalization of squeegeeing could further marginalize these youth and lead to more street crime.

Many homeless youth are also charged with loitering,<sup>24</sup> possession of drugs, breaking and entering, and simple assault. Being out on bail and on probation are common. This status, in turn, limits their access to shelters. As several suburban youth shelters faced strong opposition from neighbouring homeowners during their development, concessions were made to allay neighbours' concerns over perceived risks of criminal behaviour and lowered property values. Two shelters agreed to limit the upper age limit to 21 years and to screen youth with charges pending who were out on bail.<sup>25</sup> Another shelter excluded all youth with any criminal charge or record at all. Relations with homeowners improved once it became obvious that the sheltered youth presented no trouble to neighbours, but the conditions remain in place.

### ***Rescue of Young Prostitutes***

In December 2000, Ontario's Attorney General introduced legislation intended to protect children who have been victimized and forced into prostitution. If passed, the legislation would permit police and Children's Aid Society workers to remove a child under the age of 18 from the streets and place that individual in a safe house for up to 30 days, as determined by a judge. While in the safe house, the child would receive a wide range of services, such as medical care, drug and alcohol counselling, mental health and specialized legal services (Ontario 2000).

While portraying minors in the sex trade as victims may be an improvement over former tendencies to criminalize their behaviour, both stances de-contextualize the issues to focus on individual family breakdown instead of male power in the family, male power to purchase sex and structural analyses of young women's limited options for employment and alternative living arrangements (Lowman 1987).

### ***Domestic Violence Protection Act***

Feminists were greatly disappointed by the Ontario government's proposed Domestic Violence Protection Act, which would make it a criminal offence to violate the province's new intervention orders. Restraining orders would be replaced with tougher, more enforceable measures against alleged abusers and be extended from spouses to people who are dating. Critics charged that the government was being paternalistic and had harmed women by reducing the budgets of shelters and rape crisis centres by 5%. As three quarters of abused women do not rely on the legal system, the legislation is considered to have limited value (Boyle 2000b).

### ***Education***

Early school leaving is common among homeless young women. Some street-involved youth are functioning at only Grade 7 or 8 level. Their histories of school-related difficulties include learning disabilities, developmental delays, poor attendance, school conflict, racism and cultural alienation, and maltreatment of lesbian and gay youth. More female than male youth continue to attend school and are successful in their programs, including young immigrant women who take English as a second language courses and high school upgrading. But most homeless youth abandon formal education. Those who attempt to return to mainstream high schools find it very difficult. Opportunities for both academic development and sport and recreational activities are lost.

Alternative high schools better accommodate homeless youth as they offer students more opportunities for empowerment and are more interactive and flexible than mainstream schools. Some homeless youth manage to attend such schools, but daily attendance requirements remain a significant barrier. Students who become homeless are unable to focus on schoolwork, their attendance drops and they are frequently hungry.

A downtown learning centre for street-involved youth offers an open learning environment with a computer lab, tutoring and high school equivalency classes, but the service users are predominantly male. The few female users tend to come in groups and are drawn by the more

structured courses, some of which are now being designed intentionally for them. Young women are also quite attracted to the expressive art programs designed for homeless and street-involved youth.<sup>26</sup>

Homophobic harassment and conflict in schools is a problem for youth who do not identify with heterosexuality. Triangle, which is part of the alternative high school system, is Canada's only classroom for lesbian, gay and transgendered youth, and those victimized by homophobia. Most of the students are homeless or marginally housed. They live in overcrowded apartments, shelters, group homes, or with friends and family. Most of the students left their parental home due to conflict or abuse. The school program has been adapted to accommodate the instability of the students' lives. For example, courses are divided into quarter credits to maximize academic gains despite interruptions that arise from homelessness and health problems. The classroom is assigned a social worker who provides counselling and a street worker who offers support to find and maintain housing, and other assistance.

Young pregnant women and mothers also find it very difficult to continue their education in mainstream schools. Those staying in maternity homes are able to attend classrooms on site and complete high school equivalency requirements. Day care is available on site, and staff will take care of infants who are ill so young mothers can attend classes. This level of assistance appears to be quite effective as the majority of former residents are still attending school a year later. Similar flexibility is available for young Aboriginal mothers who are allowed to bring their infants to the high school equivalency and other classes offered by Native Child and Family Services.

Many of our informants believe that the school system does not adequately address issues of poverty, homelessness, racism, sexism or homophobia. Nevertheless, there is agreement that teachers and schools are in a good position to identify students who are struggling and at risk of becoming homeless. Teachers are likely to be aware of early warning signs, such as poor attendance, lateness, a drop in marks and choice of friends. Teachers can connect students at risk with guidance counsellors and principals who can offer appropriate referrals to community agencies. Due to current education budget cuts across the province, however, schools are being forced to narrow their attention to core functions of teaching. And the extracurricular school programs being eliminated are matched by reductions in community centre and recreation programs.

Four youth agencies started the Ambassador Program in the early 1990s to prevent youth from dropping out of school. Designated youth from alternative schools speak to primary and secondary classes about assistance programs and the consequences of "poor life choices."

A partnership between schools and health and social service agencies is required to do a better job of intervention with youth at risk of becoming homeless. The Ontario Ministry of Education's Learning Opportunities Grant recognizes the higher costs associated with educating at-risk students and provides some additional funding for schools with a high concentration of at-risk students. However, the amount of funds allocated to Toronto is considered insufficient (Golden et al. 1999: 59). The former Toronto Board of Education offered some support services

and was developing more resources for youth who were homeless or at risk of homelessness. For example, there are six street workers associated with downtown schools. With pressure from the provincial government to reduce costs, some of these services are being eliminated.

### *Social Assistance*

Effective in late 1995, the Ontario government reduced social assistance benefit rates by 21.6%. With inflation, the rates are effectively about 32% lower in 2000 than they were in 1994. Shelter allowance portions, which constitute a significant form of housing assistance, were affected by these cuts. In the month following the benefit reductions, the number of occupied shelter beds in Toronto was 23% higher than the previous year's count (Patyчук et al. 1996 cited in Glasser and Bridgman 1999).

There are two income support programs potentially available for homeless youth — Ontario Works (OW) and Ontario Disability Support Program (ODSP). According to policy analyst Sherri Torjman (1997), Ontario Works makes participation in intense job searches and unpaid work mandatory (i.e., workfare) without offering effective supports, child care, training or job opportunities. Such programs have not been found successful in other jurisdictions.

Since 1995, 16 and 17 year olds cannot receive OW assistance in their own name, only through a trustee or guardian (Workfare Watch 1999). They are ineligible unless they can prove they attend school or an approved training program daily. This includes young single mothers. Students who miss several days of school lose their benefits. Youth who quit their jobs become ineligible for a period of time. Youth who are deemed ineligible or who withdraw because they are no longer in school, cannot re-apply before they reach the age of 18. Unjustified absences from school will result in termination of benefits, and family counselling may be a condition of receiving benefits (Golden et al. 1999).

A more narrow definition of disability was introduced with the ODSP. A written statement from a health professional is required which verifies that the applicant has “substantial” physical or mental impairment, and indicates its expected duration. A second verification by another health professional evaluates a person's capacity to stay employed or care for herself/himself.

Mandatory participation in substance abuse recovery programs is being considered for social assistance recipients with addictions. The Minister of Community and Social Services (MCSS) announced plans to screen welfare recipients to identify those addicted to substances. Those people would then be required to take part in treatment or lose their benefits. This plan has been condemned by medical experts as ill informed and punitive. This strategy may push people off social assistance and into homelessness and could prevent people with addictions from escaping homelessness by denying them social benefits (Simmie 2000).

Beginning in January 2000, the MCSS initiated its Learning, Earning and Parenting Program (LEAP) to encourage young parents to complete high school, develop parenting skills and become financially independent by securing employment. The program is mandatory for young parents aged 16 and 17 who have not completed their high school education. It requires a mother to return to school when her infant is 18 weeks old (while the parental benefits of

employment insurance policies are being extended from 25 to 35 weeks). Meanwhile, adult education and supportive school programs have had their funding reduced, there is no additional funding for day-care centres in schools, and parents pursuing post-secondary education are not eligible for social assistance. Lone parents and couples aged 18 to 21 can voluntarily participate if they have not completed high school. Support is available for transportation costs and school supplies. On completion, participants are eligible for a \$500 bursary for their own or their children's post-secondary education. Opinions are divergent and tentative regarding the program's effectiveness for young mothers.

### ***Employment and Training***

Homeless youth have access to pre-employment training programs at many locations that assist them to prepare résumés, respond to job postings and develop interview skills. But those who have experienced a long history of maltreatment, or have developmental delays, learning difficulties or mental health problems are not prepared to seek employment. Potential employers have reported that these youth cannot “look them in the eye” and they fail to maintain their focus during job interviews. These youth have few legitimate options to obtain money.

Squeegee activity has disappeared, and very few youth are still panhandling since the crackdown by police. Most homeless youth express a strong work ethic, perhaps in reaction to their parents' critical, accusing predictions of failure or parental dependency on welfare. Some homeless youth do manage to work, although erratically. Generally, young women are able to find only minimum wage, service-sector jobs.

Funders have emphasized opportunities for training and employment, and youth shelters have attempted to add such components. For example, one shelter developed a six-week catering training program that has placed some of its participants in jobs. A few non-residential service agencies offer homeless youth apprentice-like opportunities that occasionally result in the youth being hired.

### ***Youth Shelters***

As the result of a city policy to locate new youth shelters in suburban locations throughout the Toronto area, youth shelters are geographically scattered. The rationale for suburban locations was to keep youth close to their schools and community connections and prevent their migration to the urban core with its street culture and higher level of violence and drug use. Many youth, nevertheless, are attracted to the downtown area and go there daily, in part because the vast majority of non-residential services for homeless youth are also located downtown.

The youth shelters offer various services beyond the provision of shelter and food. These include outreach, counselling, drop-in facilities, clothing, health services, life skills training (e.g., nutrition, budgeting, conflict resolution), employment training, recreational activities, tutoring, “roommate fairs” and housing search assistance, and after-care support in the community. One well-funded shelter also offers a runaway prevention program in high schools. In locations where there are few or no other services for homeless youth, the suburban youth shelters have become service hubs. Maternity homes also provide young women with a wide range of services, including on-site classrooms and child care.

Not unlike family violence shelters, youth shelters and maternity homes have tighter security measures than conventional shelters. Enraged parents sometimes appear, demanding to see their children, afraid that family secrets will be exposed. Drug dealers, pimps and abusive boyfriends also try to gain access to young women.

### ***Transitional Housing***

More youth are becoming trapped in the hostel circuit. They leave a shelter after a few months or the maximum stay only to enter another shelter, couch surf in overcrowded conditions or sleep rough. This leaves homeless young women under more pressure to enter tenuous or risky household partnerships or exchange sex for shelter. Many informants said transitional housing was required to provide more stability and better prepare young women for independence.

Only a few youth-serving agencies provide transitional housing. Covenant House has a six-bed transition house and has also purchased a building adjacent to the shelter for renovation into 30 units of transitional housing for youth who are employed or going to school. Massey Centre, the largest maternity home, has 17 self-contained units of transitional housing for young mothers who can stay for up to six months. Native Child and Family Services has recently purchased a house to provide transitional housing for up to 18 months. The house will eventually accommodate eight to ten male and female youth with private bedrooms and a live-in adult mentor. Training and employment programs will be offered. The latest transitional housing development is Eva's Phoenix, which is described below.

### ***Supportive Housing***

There is a very limited supply of supportive housing designated for youth. Street Outreach Services, which serves homeless youth in the sex trade, has a four-person house with a live-in mentor. The Pape Adolescent Resource Centre (PARC) has 52 beds of supportive housing in four shared houses in the Metropolitan Toronto Housing Company's (MTHC's) Singles Housing Opportunity Program (SHOP) and some apartments for current or former wards of the child welfare system. PARC has attempted to interest private-sector landlords and developers to either adapt existing buildings or build affordable housing for youth. Their efforts so far have been unsuccessful.

Second Base (a youth shelter) and the MTHC have developed the Home Base Program which offers public housing units for youth leaving the shelter. Transitional support services are provided by shelter staff to stabilize the youth in their own apartments. Now in its second year of operation, the number of MTHC units has been increased from five to ten. As social isolation in scattered neighbourhoods is a major problem for youth, a strong connection with the shelter is maintained. There is also a tendency for the youth to spend too much of their income on consumer goods and fall short of paying the rent. Shelter staff have assisted them with short-term loans, and most of the youth who have been placed have made a successful transition.

### ***Province of Ontario Housing Policies and Programs***

Between 1989 and 1995, 67,000 units were built in an unprecedented social housing boom in Ontario. In 1995, the newly elected Conservative Government terminated the social housing

supply program and cancelled the construction of 395 non-profit housing projects<sup>27</sup> in various stages of development (CSPC 1999). Introduction of a new shelter subsidy program was announced in 1995, but there has been no progress on this.

Private production of rental accommodation was expected to follow legislative changes, such as rent de-control. However, private-sector development of low-cost housing for people on a limited income is not financially viable or sufficiently profitable without some form of subsidy. A total of 30 rental units were constructed in Toronto in 2000 (Toronto 2001a). The Ontario Ministry of Municipal Affairs and Housing and the City of Toronto have tried to develop a model for single room occupancy housing without public money. Even by making rooms as small as 120 square feet and limiting common space and parking, it was impossible to project a monthly rental cost of less than \$425 a month per room, which is \$100 more than the shelter allowance rate.

Provincial programs to provide affordable housing include \$50 million in new rent supplements. A \$4 million Provincial Sales Tax Grant (rebate program) was introduced in 1999 to encourage builders of rental housing. Unfortunately, the recent provincial budget allocates no new funds to continue this program. The Mental Health Homelessness Initiative has allocated \$44 million for new supportive housing for people with psychiatric disabilities across the province. Administered through the Ministry of Health, the initiative is intended to provide 1,110 housing units in Toronto.

### **Tenant legislation**

The previous tenant legislation was replaced by the *Tenant Protection Act, 1997* and implemented June 1, 1998. For the first time since 1975, rent controls are lifted when tenants move out of their apartments, and landlords may charge whatever they want. Rent prices have gone up steadily since the new legislation came into effect. The average rent on a bachelor apartment went up nearly 10% between 1999 and 2000.

The Act also makes eviction of tenants easier and quicker for landlords. Eviction applications to the Ontario Rental Housing Tribunal rose by 12% during 1989-99 and by 5% during 1999-2000 (Toronto 2001a).

After the successful outcome of a human rights case that contested the use of minimum income criteria by landlords as discriminatory, the *Human Rights Code* was amended to allow landlords to impose income criteria as long as it was not the sole criterion for tenant screening. Critics argue that this loophole allows for widespread discrimination against low-income tenants, and it makes ineffective the prohibition of discrimination against recipients of social assistance.

### **Provincial homelessness strategy**

At the end of 2000, the Ontario government announced it would spend \$26 million to address homelessness. Most of this money will be spent on per diems for emergency shelters, domiciliary hostels and residential care home programs for people with psychiatric disabilities. According to critics, this will not quite re-establish the 80% share the provincial government is required to pay

by legislation and has not been meeting; there has been no payment increase in eight years. These funds also cover the Personal Needs Allowance. Shelter residents who are not eligible or have not applied for social assistance (they are eligible for the basic, but not the shelter component) are given a weekly or daily amount (\$3.75 per day) by shelter staff.

The maximum benefit from the Community Start-Up program was increased from \$799 to \$1,500 in May 1999. This fund is available for eligible families with dependent children to establish permanent residences (allowable costs include the last month's rent, utility deposits, moving costs and furnishings).

A small portion of the \$26 million dollars will be used for outreach efforts to bring rough sleepers into shelters. The Off the Street, Into the Shelter Fund was set to begin in January 2001, and Toronto will receive most of this fund. The province has also donated the site of a former hospital for a shelter and a parcel of land (that will require costly soil remediation) to develop affordable housing.

About \$10.4 million annually is allocated for the Provincial Homelessness Initiatives Fund and is administered by municipalities.

### ***City of Toronto Shelter and Housing Policies and Programs***

The city manages the largest emergency shelter system in Canada and is struggling to meet the demand. Funding is cost shared 80–20 between the province and the city.

The city has expanded funding from various sources, including redirecting hostel funds, for a range of prevention programs. The city runs a rent bank that provides interest-free loans to families with children for rental arrears. And Toronto Social Services has set up the Shelter Fund to help families on social assistance with children to secure and maintain housing and help with housing-related costs. The city has also established the Rental Housing Office to support a citywide network of legal clinics, housing help centres, and other agencies that offer information and advisory services to tenants and landlords. The \$300,000 Tenant Defence Fund has been set up to help tenants dispute applications for rent increases above the provincial guideline (Toronto 2001a).

City staff have begun meeting with community-based youth service agencies to discuss the apparent increase in mental health problems among homeless youth, assess needs and strategize solutions.

The city has an affordable housing supply strategy with several components: the Housing First policy that prioritizes city land for housing, the Capital Revolving Fund for Affordable Housing and the Let's Build program which makes capital assistance available to help sponsors of affordable housing construct permanent, family-oriented and singles rental housing. Toronto is donating five sites of surplus land identified for housing under its Housing First policy, waiving development fees and charges, and contributing some up-front capital assistance from its Capital Revolving Fund. Of the five development proposals accepted to date, one project will include some apartments designated for youth aged 16 to



29. Other initiatives include development-charge exemptions for non-profit rental housing projects and a special property tax that allows new multi-residential rental housing to be taxed at the same rate as residential property.

In an attempt to develop strategies to protect rental housing, the City of Toronto passed a by-law amendment to its official plan to prevent the demolition or conversion of rental homes into condominiums if the vacancy rate fell below 2.5%. In 1999, it also adopted a second-suite by-law to allow the addition of affordable rental units citywide.

When the federal government transferred social housing to the control of provinces, the Ontario government in turn transferred the administration of social housing (and other commitments) to 47 municipal governments in December 2000. Cash-strapped municipalities, including Toronto, will not be able to provide significant funding for new housing subsidies (either capital or operating) on a property tax base.

The city will deliver \$53 million from the Federal Supporting Communities Partnership Initiative over a three-year period; 40% of this amount will be directed to the developing of transitional housing.

## **The Vancouver Context**

### ***Child Welfare***

The focus of the B.C. child welfare system is on child protection and care rather than prevention services. Funding cutbacks have resulted in fewer social workers, larger caseloads and a focus on apprehension. Most foster home caregivers lack adequate training in drug and alcohol issues, and other behavioural problems. Some children are in the foster care system far too long, moving from home to home with no sense of stability.

While youth unable to live at home are officially eligible to be placed in care until the age of 19, and some are, in practice, the child protection system in British Columbia focusses on younger children up to age 16. Youth aged 16 to 18, who are unable to stay at home but unwilling to go into care, present a serious challenge for the child protection system, as they have achieved a certain level of independence and require a different response.

There are two options available for youth age 16 to 18 years: the youth agreement (for those not in care) and independent living (for those in care). Youth agreements offer training, counselling and up to \$200 more per month for shelter, making rental of a bachelor apartment or basement suite feasible. The eligibility requirements and length of application process, however, are onerous, and there are only 14 youth agreements in effect in Vancouver.<sup>28</sup>

Youth who leave care at the age of 19 are generally ill prepared to live independently. Some informants believe that 19 years of age is too young, and more support and housing services are required to make the transition to independent living smoother.

Youth are released from care with some limited support for education and rehabilitative services if desired, but delivery is uneven. The MCF is reviewing and better rationalizing all policies, services and practices that support transition of youth to independence, adulthood, work and family.

Pregnancy and parenting presents the only area where child protection responses differ by gender. Ministry policy regarding young homeless women with children is to try to support the young woman in a foster home or independent living. The baby is not automatically taken into care. This occurs only if there are protection concerns.

Police are authorized to apprehend youth at risk under the auspices of the *Child, Family and Community Services Act* which permits a police officer to take charge of a child if the child's health or safety is in danger. While it is police policy to pick up all youth under 19 from the street and take them to the Ministry's Adolescent Youth Services, the decision to do so, in each case, is based on the personal choice of officers.

Somewhat controversial new legislation is intended to address the risks faced by minors involved in high-risk activities, such as the sex trade or substance abuse. Passed but not yet in force, the *Secure Care Act* (July 2000) allows for the detention of youth who meet specific definitions of "at extreme risk of harm or death" due to their own or others' behaviours. The independent Secure Care Board will decide whether particular youth fit the criteria. The Board may grant a certificate authorizing detainment of a young person for up to 30 days for safety assessment and planning. In exceptional cases, the Board may extend this period by granting up to two more certificates. Implementation of the Act is scheduled to occur late in the fall of 2001.

Critics charge that secure care violates a youth's rights, and that it is impossible to treat someone by force. Others speculate that young women will be overrepresented among those targeted by this legislation. It is unclear why sufficient treatment services would be available to youth in secure care, but not for youth who voluntarily seek them.

### ***Criminal Justice and Policing***

Most homeless young women, especially those in the sex trade, are or have been in conflict with the law, primarily for minor crimes such as theft, shoplifting, loitering, prostitution and failure to appear. If jailed, young mothers face the added risk of losing their children.

Homeless young women distrust the police. Many have been treated badly in the past, and the police admit to a certain lack of sensitivity, particularly toward sex trade workers and Aboriginal youth. This may be improving, and there are now some female officers.

It is police policy to pick up all youth under 19 from the street and take them to the child welfare authorities. Recent police statistics show a fourfold increase in the number of apprehensions (some youth are apprehended repeatedly) from 50 per month three years ago to the current level of 200 per month; three quarters of those picked up were female (VPD

2000). This is not necessarily representative of the street population, but the result of police officers' decisions about risk and vulnerability of street youth.

### ***Education***

Negative school experiences are typical for many homeless youth. Alternate approaches to education, such as those operated at downtown community centres, are considered more effective for those who have not succeeded in their past school experiences. Realistic school-based drug education was identified as a prevention strategy, along with early intervention with high-risk youth.

There are many youth-oriented training and pre-employment programs offered in association with income assistance benefits. The focus on labour force attachment, however, has a limited effect on youth whose subsistence needs are ignored.

### ***Social Assistance***

Youth experience difficulty obtaining income assistance in British Columbia partly owing to changes introduced in 1996 that affect eligibility, a focus on labour force attachment and reduced benefits. Youth under 16, who are not living at home, are ineligible for income assistance. Their only choices are to live with their parents or enter care. Both options are often unacceptable to them. Youth between the ages of 16 and 19 years are eligible for income assistance (B.C. Benefits) in certain circumstances — first and foremost if their parents inform the child welfare authorities that they are not welcome at home or if there are child protection issues. Once this hurdle is cleared, they face the same eligibility requirements as adults. Youth age 19 to 24 are eligible for Youth Works, which has a stronger labour attachment focus than B.C. Benefits.

Allocation of benefits has shifted to a focus on eligibility rather than need, and eligibility is linked to participation in job training or job searches. Youth with developmental delays or other challenges, such as a mental illness, addictions or abusive backgrounds, often have difficulty successfully participating in job training or job-search activities. As a result, they are not eligible for assistance.

Youth are eligible for income support through two different streams depending on their age. Youth aged 17 and 18, who are living away from home, may be eligible for underage B.C. Benefits. The Ministry of Social Development and Economic Security will attempt to make contact with the parent or guardian to determine if the youth is welcome at home (i.e., if the child will not be endangered at home). If parents say the youth is welcome, he or she is ineligible for income assistance. Eligible youth would be expected to follow the same application procedures as other employable applicants, and to participate in training and job search programs. In cases where there are child protection concerns for an applicant under 19 years of age, or the applicant is less than 17 years of age, a referral would be made to a social worker (Ministry for Children and Families).

Youth aged 19 to 24 are eligible for Youth Works, which has an even stronger labour market attachment focus than B.C. Benefits. It is estimated that less than one percent of all bachelor

apartments in Vancouver could be rented for the shelter component rate of \$325 per month (Woodward et al. 2000). Homeless people who are eligible for income assistance and are without a permanent address are eligible to receive only the support component of B.C. Benefits (i.e., \$175 per month).

### ***Emergency Shelter***

There are three basic types of emergency housing for youth depending on age and child welfare status. Most emergency shelters provide overnight accommodation for individuals 19 years of age and up, although many providers are reluctant to mix young adults, particularly young women, with older chronically homeless people, particularly in a co-ed facility. The youth shelter in Vancouver serves youth 19 (now 16) to 23 years of age of both genders. Safe houses serve youth under 19 years (some for youth in care, some for those not in care), and there are youth-oriented drop-in centres (daytime, evening and 24-hour) with mats to sleep on.

Virtually all our informants pointed to the need for emergency shelter space dedicated for women. Existing women's shelters are always full, and many young women, particularly those in the sex trade, turn to drop-in centres with mats. Youth with addictions are not well served by existing emergency housing options. The youth shelter will not accept youth who are intoxicated. Concerns about the safe houses include the lack of spaces, time limitations for length of stay and the problems associated with mixing street-involved youth with those who are newly homeless.

Because homelessness policy in British Columbia has, until recently, been prevention oriented, few new emergency shelters have been built. Instead, emphasis was placed on building new social housing and increasing temporary emergency shelter capacity in the winter months through cold/wet weather beds. The Cold/Wet Weather Strategy is a regional network of community partners in the Lower Mainland working to implement a continuum of minimal barrier shelter services in response to local needs during inclement weather. Minimal barrier shelters do not require clients to be eligible for income assistance in order to stay. Recently, several new emergency shelters in multi-service projects have been initiated, funded by B.C. Housing and, in part, by the federal Supporting Community Partnership Initiative.

Multi-service housing represents a recent innovation in the provincial response to homelessness. It consists of combined short-stay housing (emergency shelter), second-stage housing and expandable capacity to provide additional overnight housing during severe weather conditions. The combination of short- and longer-term housing is intended to facilitate individuals moving from the street or shelter system to stable housing. It is also envisioned that these developments will include temporary shelter beds during the severe cold or wet weather. B.C. Housing is piloting several multi-serviced housing projects under HOMES B.C.

Adult emergency shelters in British Columbia are run by community agencies and funded by the Ministry of Social Development and Economic Security, sometimes with support funding from other ministries or regional health authorities. In general, only individuals who are eligible for income assistance are permitted to stay in emergency shelters in British Columbia,

although private funding can offset costs of unfunded individuals. Unaccompanied youth under age 19 are generally not permitted to stay in adult shelters, unless other alternatives cannot be found. Many shelters offer a range of support services for their clients, with the aim of helping to stabilize their situation.

There are few youth shelters and women's shelters in the Lower Mainland, and there are no shelters or shelter beds dedicated to young women.<sup>29</sup> Only a portion of the beds at the youth shelter requires youth to be eligible for income assistance. For those under the age of majority, the provider will attempt to perform due diligence by contacting the parent or guardian.

Safe houses provide temporary homes for youth aged 13 to 18 who require safe overnight accommodation to escape the street, and the sex or drug trade. Length of stay varies from agency to agency across the province, ranging from a few days to up to six months. These facilities are funded by the MCF and operated by community agencies. Some safe house beds are for youth in care; others operate on a self-referral basis. The MCF is developing standards for safe housing and conducting a consultation with youth groups, parents and service providers to identify issues affecting safe housing.

### ***Supportive Housing***

Several existing youth housing projects are unable to accommodate those with the highest needs due to a lack of support services. Housing management that is tolerant of mistakes allowing youth to slip up and use drugs as long as it does not affect others, would better meet existing needs.

### ***Province of British Columbia Policies and Programs Housing***

British Columbia is one of only two Canadian provinces that continues to build social housing under its own auspices. Youth and women are viewed as special-needs groups under the Housing Homeless/At Risk Housing (HARH) program introduced by the B.C. government in 1992 to meet the needs of people who were falling through the cracks in the federal social housing program. Since then, this initiative has been incorporated as a component of HOMES B.C., the provincial social housing program launched in 1994.

HARH developments serve low-income people who have been homeless or who are at risk of homelessness and need program assistance to maintain their independence. These projects may be referred to as second-stage housing, providing an intermediate stage of accommodation from short-term to fully independent housing. Projects may also provide permanent housing for people who are able to live independently as long as they have access to support programs. Eligible client groups include women and their children who have left abusive relationships and need counselling and assistance to re-establish themselves, and youth who have decided to end their street involvement but need support and assistance to make the transition. Several youth-oriented second-stage housing projects have been built under this program; however, in practice there is limited support funding available.

A number of provincial youth-related housing initiatives are under development, including a youth housing strategy in recognition that there are serious shortfalls in short- and long-term housing options for youth. The Ministry for Children and Families is examining the feasibility of a rent supplement initiative for youth.

Rent supplements are being piloted for youth with a mental illness, in co-operation with the Ministry of Health, under the Supported Independent Living Program which enables youth to live independently with the assistance of outreach support services. Clients are housed in private rental units and receive a rent supplement that enables them to pay the market rent charged by the landlord, up to Canada Mortgage and Housing Corporation maximums. The advantage of this model is that when the youth reaches adulthood there is no requirement to leave “youth” housing. If further support services are required, the option exists for a youth to transfer seamlessly into the adult program (under the Ministry of Health) while still maintaining the support worker and an apartment.

The harm reduction approach remains an extremely contentious issue in Vancouver. The city has developed a draft drug strategy that includes harm reduction, defined as decreasing the negative consequences of drug use for communities and individuals (Vancouver 2000). The plan has yet to gain support for its recommendations, which include low-threshold day centres, safe injection rooms and “wet” or “damp” short-term shelter and housing. Wet housing refers to a place in which substance misuse is tolerated and is not considered a reason to bar or discharge a person, while damp housing tolerates substance misuse off site and provides support to help people make the transition to abstinence. In the meantime, some service providers have adopted a harm-reduction philosophy in their operations, but prefer to keep a low profile to avoid potential controversy.

Provincial priorities also involve maintaining the existing stock of affordable housing, particularly the large number of single room occupancy hotel units in major centres throughout the province. For example, the provincial government has recently participated in the purchase of several hotels including the Sunrise and Washington hotels in Vancouver through a partnership with the City of Vancouver, the Vancouver-Richmond Health Board and the federal government (Residential Rehabilitation Assistance Program funding). It has also enacted enabling legislation to permit the City of Vancouver to regulate demolition and conversion of these hotels.

### **Social services**

Most provincial youth policies and programs are offered through the Ministry for Children and Families which was created in 1996 by drawing together programs from several ministerial jurisdictions (social services, health, education, women’s equality and the attorney general). The objective was to centralize programming for children, youth and families to reduce the likelihood that children and youth could fall through the cracks. The MCF offers a range of programs and services targeted to children and youth as well as some functions related to adults with addictions and developmental disabilities.

The MCF has developed its Youth Policy Framework that provides a rationale and philosophy to guide policy and program development for youth across all its programs and services (BC 2000). The policy gives priority to youth with a minimal capacity for making successful transition to adulthood. It considers effective youth services to be those that are youth centred, built on family and adult relationships, requiring integrated planning and service delivery, respectful of culture and beliefs, and involving youth in creating safe environments.

Two provincial inter-ministerial committees address issues related to youth homelessness: the Assistant Deputy Minister's Committee on Special Needs Housing and the Assistant Deputy Minister's Committee on Prostitution and Sexually Exploited Youth.

### ***City of Vancouver***

Municipalities in British Columbia have limited authority over the substantive areas of housing, income support or social services for young women or any other group. Many municipalities adopt a facilitator role with respect to affordable housing, although some municipalities are more active than others. The City of Vancouver supports social and affordable housing through a number of measures including leasing land, granting density bonuses and making capital contributions. The city also builds and manages social housing through a municipal non-profit agency.

In addition, the City of Vancouver carries out a social function through its social planning department. Several social planning staff work to address youth, housing and Aboriginal issues. In addition, a city tenant relocation worker plays an outreach role with homeless people. The city also operates some key services accessed by people who are homeless, for example, the Carnegie Centre and Gathering Place, both community centres that serve downtown street-involved populations and are geared to local needs.

Greater Vancouver municipalities (and other private, public and non-profit stakeholders) are developing a regional homelessness plan which outlines policies and strategies for addressing homelessness according to a continuum of housing and available supports. It is expected to be finalized and endorsed in the spring of 2001.

The City of Vancouver has passed a panhandling by-law intended to reduce begging in commercial areas although it appears there is limited enforcement. The by-law is under review due to Charter concerns and may be replaced with amendments to the traffic by-law.

### **The Montréal Context**

#### ***Child Welfare***

Youth in care tend to be poorly prepared for independent living and receive inadequate assistance. Our informants conjectured that there are fundamental problems with the child welfare approach.

*Minors are protected, when what they want is their freedom. We show them that they are fragile, instead of respecting them.*

*[Protection based on control is] what they are fleeing.*

The *Youth Protection Act* states, as a fundamental principle, that primary responsibility for the care, maintenance, education and supervision of a child rests with the parents. The legislation is seen as putting emphasis on the child without assisting families or helping parents develop parenting skills. Parental responsibility is quickly removed, so it is not surprising that parents feel inadequate and parent–child emotional ties weaken (Wallot 1992).

The lack of resources also makes this goal difficult to realize. While funds are at hand to put a child in care, they are not available for assistance (e.g., an auxiliary worker) to help a family for a time to avoid placing the child in care. If a report of abuse or neglect is made, but the situation does not warrant an intervention, no services are offered to the youth or to the family. Rather, the system waits until the case comes back in a more serious form (Menard 1992). Thus, prevention is almost non-existent, especially in the context of cuts to services. For example, the Batshaw Youth and Family Centre which delivers services to English-speaking youth on the island of Montréal was forced to implement \$2.5 million in cuts in 1999-2000. Since the mid-1990s, it lost over 10% of its financial and human resources as a result of direct and indirect budget cuts.<sup>30</sup> This has resulted in a reduction in service provision to youth, forced agency re-organization, reduced management support and affected staff morale (Batshaw 2000).

Residential care under the child welfare system has come under fire recently. Residential youth centres in the Montérégie of Quebec were investigated and found to violate the rights of the children to liberty, dignity and security (Commission des droits 2000). The Commission found further problems: excessive and extended use of isolation as a means of discipline, illegal restriction to confidential communication, disparaging attitudes on the part of workers, abuse of power, the lack of supervision with educators and excessive time spent with unspecialized workers, notably security agents (Requête Commission 2000). Similar conditions have been found previously, along with excessive disciplinary measures and regular use of isolation (Bureau de Consultation Jeunesse 1988).

Community service providers working with youth coming out of care cite the use of isolation, arbitrary discipline, the lack of autonomy and low levels of education as contributing factors in the lack of preparation of youth for independent living. Existing programs to prepare youth for what is a complicated and difficult transition are not sufficient. “[S]teps toward independence stimulate memories of initial placement experiences and rekindle rage and confusion. Unresolved emotional issues block the learning of necessary life skills...making apartment hunting and job applications extremely daunting because of the painful separation issues they represent” (Mann-Feder and White 1999).

The methods and policy of terminating care at age 18 have been criticized for being insensitive and abrupt. The impact was recently highlighted in a coroner’s report on the death of an 18-year old in foster care whose suicide note expressed his distress over termination of financial and other support (*La Presse* 2000).



### ***Criminal Justice and Policing***

Problems with the law seem to be widespread among homeless youth. Police in Montréal are quite vigilant with youth, especially those who squeegee. While infractions may be relatively minor, the fines accumulate, and some youth owe thousands of dollars; or they are forced to undertake community service, which is very difficult for youth with mental health problems. Informants pointed to the criminalization of prostitution and drug use as problematic. Squeegeeing was portrayed as an entrepreneurial effort.

The visibility of street youth in public spaces has caused conflict with residents and business persons. Increasingly, legal means have been used against street youth. Several actions have exacerbated this conflict: the move toward community policing, the transformation of the downtown and legal aid reform in 1995 which withdrew the right to legal counsel for municipal infractions. In the year following the change to legal aid eligibility, community workers noted that almost 200 youth received fines for behaviours such as taking more than one place on a park bench or walking on the grass.

The revitalization of the downtown area in Montréal has resulted in the appearance of organizations promoting economic growth and a better quality of life for residents, while the move toward community policing has resulted in closer collaboration between these organizations and police. Street youth are often targeted, as are sex workers. Downtown revitalization included the transformation of a large public space (now called the Parc Émilie-Gamelin) and the “cleaning up” of the area. During a four-month period, about 150 youth were fined for infractions such as sitting on the grass or spitting. The transformation from a square to a park meant that the space was closed to the public between midnight and six in the morning (Charest and Gagné 1997).

The police have also pursued squeegee kids to stop Montréal from becoming the squeegee capital of Canada. Between May and October 1998, 306 fines were given out for squeegeeing on the island of Montréal, mostly in the downtown area (Foisy 1999). The fines are \$27 for a first infraction, but costs of not appearing at the hearing and other related costs, such as a bailiff, increase this amount. Because most youth do not have the means to pay, they often find themselves in jail. The current practice appears to be one day in jail for each \$25 in fines (Foisy 1999). Community groups continue to lobby the government to change this approach, noting the contradiction with the health and social services network approach that favours tolerance and the zero tolerance practised by the police.

### ***Education***

The failure of the education system to respond to the needs of the youth was repeatedly mentioned by our informants. Too much emphasis is placed on academics and “the elite.” Schools are considered insufficiently responsive to the needs of homeless youth, and adult education programs have been reduced.

Education is mandatory until the age of 16; however, problems experienced by young homeless persons, such as a family crisis, pregnancy and drug addiction, often make completion of high school unlikely. According to community workers, two phenomena occur when a young

person reaches 16 and has not yet completed secondary education. There can be impatience on the part of teaching staff with the young person, leading to discouragement and abandonment of studies, or quick reaction at the first sign of disciplinary problems and expulsion.

The problem of school drop-out rates has become serious in the last few years in Quebec. In 1996, 58% of young persons receiving social assistance had not completed high school; in 1999, this proportion had increased to 71% (Quebec 1999). Two projects for homeless youth have been developed in Montréal. L'autre côté de la rue (the other side of the street) initiated by a number of organizations dealing with homeless youth (including young prostitutes) seeks to prepare them for employment. Operating since 1997, the École du Bon Dieu dans la Rue is an alternative school set up by an outreach project (that now includes a shelter and day centre). Two teachers from the French school board (experts in behavioural problems as well as in high school subjects) have been assigned to the school and to the 30 students who participate. Adapted to the needs of fragile youth (e.g., school starts at noon with a half-hour lunch with teachers and ends at 5 p.m.), the main objective is to help youth sufficiently so they go on to regular adult education. This year, for the first time, there is a waiting list.

### ***Employment and Training Programs***

Employment programs are also considered too rigid for many homeless youth. Training for young women is often based on traditional female jobs that offer young women little more than a life of low-wage poverty. Training program objectives were questioned.

*[Homeless youth] need to find themselves in a secure situation, they need to be valued...not just employed.*

### ***Province of Quebec Policies and Programs***

#### **Housing**

A new approach to social housing in Quebec was instituted following a 1996 economic and employment summit. In 1997, a Quebec fund for community housing was created, with a board of directors made up of representatives from communities and municipalities, as well as from the financial sector and the Société d'Habitation du Québec. The government committed to annual contributions of \$43 million for five years while the mandate of the Fund was to solicit and administer donations, gifts and contributions from all sectors. It was expected that the Fund would become independent of government funding after the five-year period, but attempts to raise money from other sectors have not proven successful. The AccèsLogis social housing program consists of permanent housing for low- and modest-income families (870 units annually) and frail seniors (365 units annually), and permanent and transitional housing for special groups (increased to 190 from 90 units).

The program consists of capital subsidies and rent supplements for five years. Subsidies are forgivable if organizations respect a number of conditions, including a contribution from municipalities, charitable organizations, the private sector or fund-raising undertaken by the organization. It also can be in the form of non-monetary contributions such as land or buildings, interest-free loans or tax reductions.

Housing for homeless persons is most likely to fall under the third facet of the program. Because this housing includes support services, one of the issues for the City of Montréal has been the lack of clarity in responsibilities related to housing and those related to social services. The city has not participated in this facet of the program for this reason as well as a concern that the province was dumping its responsibilities on municipalities. The city called on the provincial government for better co-ordination between the Ministère de la Santé et des Services sociaux and the Société d'Habitation du Québec. The municipal mergers, which became law in December 2000, will result in an island-wide city and a change in the delivery of social housing. The City of Montréal is reviewing its position on the third facet of AccèsLogis and, in all likelihood, will participate in the future.

### **Other housing programs**

Renovation of rooming houses is subsidized, but renovation programs now target specific neighbourhoods in need of revitalization (based on physical and economic factors). Other housing programs funded by the provincial government include a rent supplement that is available to households on waiting lists for public housing. Units can be in the private sector, co-operatives or non-profit groups that agree to house eligible households.

### **Shelter allowance**

The shelter allowance portion of welfare was modified and now combines a number of programs. It is available to households of single persons over 55 years, couples in which one member is over 55 years and low-income families (including lone parents) with at least one dependent child. This is available to both homeowners and tenants, including residents of rooming houses. Up to \$80/month can be allocated, depending on rent, income and household size.

### **Social security programs**

Social assistance programs in Quebec have changed significantly since the adoption of Bill 37 in 1989 and Bill 186 in 1998. In general, the orientation of social assistance programs for the last decade has been to favour the return or integration of persons into the work force. In 1997, the Ministère de la Solidarité sociale was created bringing together income security, employment insurance and placement services. This change is evident in the approach to social assistance now in force.

Youth have been of particular concern in the reforms. In 1999, one in twelve persons aged 18 to 24 was on social assistance. Of these, 87% were capable of work. Changes in employment insurance had forced more youth to rely on welfare. The low educational levels, the lack of work experience and the intergenerational nature of social assistance dependence has resulted in a strong emphasis, especially for youth, on integration into the work force (Quebec 1999).

### **APPORT and Assistance-Emploi**

APPORT (Aide aux parents pour leurs revenus de travail or parental wage assistance) targets low-income working families with dependent children who have employment incomes below \$22,000 (two-parent families) or \$16,000 (lone parents). Support consists of monthly benefits and reduced child-care costs.

Youth over age 17 (or younger if they have a dependent child) are eligible for the Assistance-Emploi (employment assistance) program. Employable single recipients must participate in a program to develop their skills. Combined with Assistance-Emploi is Destination Emploi. Persons considered capable of work must either meet with an employment-assistance officer to draw up a personalized action plan or look for work on their own while participating in a job search support activity organized by Emploi-Québec. Participation is obligatory. Each refusal to participate results in a reduction of the monthly payment.

Changes to social assistance programs in Quebec have been criticized for the move away from a universal right to economic support and toward an American-style workfare system. While the ideal of integration through work has been acknowledged and supported, the approach based on punitive and coercive measures was felt to be unacceptable and ultimately inefficient.<sup>31</sup>

The Regroupement des Organismes communautaires autonomes jeunesse du Québec (ROCAJQ) represents community organizations dealing with youth. In its 1997 brief on the reforms, it criticized the compulsory nature of the measures and viewed them as inefficient (ROCAJQ 1997). The brief questioned the targeting of youth, when data indicated that the level of participation of youth 18 to 24 was 22% compared to 16.7% for all adults. The low levels of social assistance were seen as putting youth in extremely fragile situations that could easily result in homelessness. ROCAJQ and numerous other organizations have especially criticized the penalty for shared housing by single people. Monthly payments are reduced by \$50 if a person on social assistance shares housing. In 1997, this penalty was applied to nearly 107,000 of the 350,000 employable households on welfare in Quebec (NCW 1997). Lone parents have been exempt from this penalty since June 1998.

### **Parental contribution**

Changes introduced in 1989 and 1990 included the requirement of a parental contribution for youth who are not considered independent. Independent youth are those who have had full-time employment for at least two years, are married or living in a common-law situation, have a dependent child, have a bachelor's degree, or have lived apart from their parents (for reasons other than full-time studies) and met their own needs. In all other cases, a parental contribution is calculated according to the parents' revenue, the parents' marital situation and the number of their dependent children. In October 1996, about 6,300 young people received reduced benefits due to the parental contribution requirement (NCW 1997). The requirement is especially difficult in the case of youth who have been homeless and whose ties to parents are fragile, non-existent or unsafe (Wallot 1992).

### **Solidarité Jeunesse**

This recently announced program is a response to the low levels of education and training of many youth who apply for social assistance. The initiative targets social insertion and integrates youth employment centres and community organizations to help youth get training and employment. The recipient will receive the same amount as under Assistance-Emploi.

Community groups are criticizing this measure as a disguised forced workfare program and denounce the push toward skills acquisition rather than education. This same concern was raised in the ROCAJQ brief by a member organization that offers services for young single mothers. Access to higher education is more likely to break the cycle of poverty (ROCAJQ 1997).

### **Health and social services**

There is a concentration of homeless youth in the downtown area, notably in three neighbourhoods (Centre-Sud, Village Gai and the Plateau Mont-Royal), called the downtown triangle by community workers. Three CLSCs (or neighbourhood health and social service centres) in the downtown triangle have had to adapt their services to homeless and marginalized youth. In the last few months, the CLSCs and community organizations have noticed some homeless youth moving away from the downtown triangle area because of problems with the police, organized crime or fatigue caused by the lifestyle. They appear to be moving into peripheral neighbourhoods, such as Hochelaga-Maisonneuve and Saint-Henri which, in turn, will require that local services adapt to these new needs.

In 1999, an intervention by the Ministère de la Santé et des Services sociaux, Jeunes en Détresse, permitted consolidation of existing services given by both community and institutional organizations in the downtown triangle. Over the three years, \$975,000 was allocated for this initiative. In early 2000, a committee on street youth was formed to improve access to services. Jeunes en Détresse has allowed for a new service based in the downtown CLSC (Les Faubourgs) that includes nurses and psychosocial services. Funding also was made available to Médecins du Monde to increase medical support (nurses and doctors) to community groups.

### **Federal Government Policies and Programs**

The function of the federal government altered significantly during the 1990s, with its emphasis on public austerity and the devolution of major policy areas such as housing, health and education to provincial and territorial governments. The most striking federal policy has been the withdrawal of funding for new social housing. A new affordable rental housing program being formulated may establish a new direction.

#### ***Federal Housing Policies and Programs***

For almost 50 years, from the mid-1940s to the early 1990s, the federal government played a major role in addressing the housing needs of Canadians with various programs that developed low-cost housing across the country. Now, Canada is the only major Western country without a national social housing<sup>32</sup> supply program. Some analysts argue that Canadian federal governments have been even more closely wedded to free-market principles than their U.S. counterparts (Harris 1998; Bacher 1993). Other English-speaking countries (United States, United Kingdom, Australia and New Zealand) also reduced funding for their housing programs in the late 1980s and early 1990s, but Canada was the only nation to eliminate entirely its social housing supply program (Bula 1999).<sup>33</sup>

The federal government continues to spend \$1.9 billion annually on rent supplements for households in the profit and non-profit sectors who cannot afford to pay market rents. This is a critical buffer for many households who would likely become homeless without this assistance. As current subsidy agreements mature in the next few decades, this level of expenditure will decline.

In 1996, the federal government transferred the administration of social housing to the provinces and territories. By 1998, only two provincial governments, British Columbia and Quebec, continued to invest in the development of new social housing (i.e., non-profit and co-operative housing).

The federal government has several programs that address various aspects of housing need. It expanded the Residential Rehabilitation Assistance Program to allow for the conversion of non-residential space into affordable housing as well as the upgrade of homes of low-income homeowners, renters and rooming house residents. The Shelter Enhancement Initiative provides grants to repair and improve domestic violence shelters. In December 1999, the federal government announced \$43 million in additional funding for this program, nationwide, over three years. For the year 2000-01, \$1 million was granted for six existing women's shelters in Toronto. Funds may also be approved for one new youth shelter and one new women's shelter (Toronto 2001a).

In December 1999, the federal government announced an extra \$59 million nationwide over three years for the Urban Aboriginal Strategy on Homelessness.

During its 2000 election campaign, the federal government promised to introduce an assisted rental housing program (Toronto 2001a). It recently offered \$680 million over four years, to be matched by provincial contributions, for grants to developers totalling \$25,000 per unit. Not initially well received by provincial housing ministers, a revised program will be discussed in the fall of 2001 (Lawton 2001; Dunfield 2001). The Federation of Canadian Municipalities is calling on the government to double the per unit amount to a total of \$50,000 so units will be truly affordable. It is important that the program address the needs of very low-income households — those at risk of homelessness.

### ***Addressing Homelessness***

By the late 1990s, the federal government acknowledged the problem of mounting homelessness. In December 1999, the Hon. Claudette Bradshaw, Canada's Co-ordinator on Homelessness announced the federal government commitment of \$753 million over three years to help alleviate and prevent homelessness across the country. Almost half of this amount, \$305 million, will be allocated to communities via the Supporting Communities Partnership Initiative (SCPI) to assist them with local initiatives. Eighty percent of SCPI funding is targeted to 10 cities that have a documented significant homelessness problem: Vancouver, Calgary, Edmonton, Winnipeg, Hamilton, Toronto, Ottawa, Montréal, Québec City and Halifax. The remaining 20% is being directed to smaller communities that demonstrate a problem.

***Other Federal Programs***

- A total of \$59 million has been targeted for programs under Canada's Youth Employment Strategy which give homeless young people an opportunity to gain work experience and develop life skills.
- In Ontario, Point-of-Entry has been established as an ongoing program for refugee claimants. Refugees receive an acknowledgment of their refugee claim letter that expedites access to health care services, social assistance programs and school programs.
- The National Child Benefit has been increased.

## 6. RECOMMENDATIONS

### **Service Recommendations**

All our informants stressed the fundamental need for more affordable housing that is accessible for young women. A very high proportion of the young homeless people they see, including youth with severe and multiple problems and those who have been homeless a long time, require transitional and supportive housing. Some basic service needs were widespread — youth shelters in cities that did not have them, and transitional and supportive housing for young women and youth in larger cities.

The vast majority of services for homeless youth or youth at risk are gender mixed, and few of them appear to appreciate the distinctive needs of young women in service provision or be able to meet them. The lives of young girls and women who are homeless are intensely sexualized. It is not just the basis for their survival in a material sense, but their prime avenue for trying to gain affection and love, a sense of their worth and their need for social connection. The strong association between childhood sexual abuse, homelessness and pregnancy is linked to this dynamic. It throws into relief the full range of social and economic factors that shape women's oppression in this culture.

In general, longer-term interventions (two or three years) that combine housing provision with health, including mental health, and education services are required for many homeless young women to weather the transition to adulthood.

Some service and programming suggestions that evolved from our informants' input were specific to local needs (e.g., addiction treatment services for youth in Winnipeg, a youth shelter in Halifax). (See the Appendix A second-tier case study reports for more information.) Those for the first-tier cities are outlined below.

### ***Services in Toronto***

#### **Safe houses**

Service gaps for homeless young women who are under 16 years of age must be addressed, although it will be difficult and may require legislative change. Most homeless 12 to 15 year olds have fled from child welfare services or want to avoid involvement, and youth-serving agencies are obligated to notify child welfare authorities when an underage child approaches them. This situation drives some underage children underground. One proposed remedy is safe houses not managed by the child welfare system.

#### **New shelter for young women**

A new shelter for young women is needed that deals with their issues of poor self-esteem, sexuality and relationships, as well as coping with past abuse. There should be less emphasis on training and employment and more on therapeutic and counselling services to strengthen the women's social connections.



### **Training for shelter staff**

Ensure that gender awareness is included in local training programs for shelter workers, especially for male staff. Staff should recognize the gendered nature of trauma in the lives of many young women and adapt services to take this into account.

### **Longer-term interventions**

The recent increase in funding for outreach services<sup>34</sup> has resulted in workers

*tripping over each other out here.*

Longer-term interventions and a holistic approach to the needs of homeless young women are needed. This might be accomplished through transitional housing schemes that extend up to two or three years and incorporate a wide range of supports that assist individual development.

### ***Services in Vancouver***

#### **Gender-sensitive programming**

To better meet young women's safety needs, locks should be added to shelter doors. Violence-prevention efforts and counselling services are needed to deal with the trauma of violence, rape and sexual exploitation. Female-only programming would address this to some degree. Staff attitudes and a philosophy of service that respects the youth culture are critical. Elements that would make services more conducive to the needs of young women and youth generally include peer support, self-referral, young staff, night-time service seven days a week, confidentiality, client-centred programs and non-judgmental, flexible staff. Female-only times and more female staff would promote greater use of existing services by young women. Some informants suggested that helping young woman move away from the Downtown Eastside by locating more services and facilities outside the downtown core would improve their chances of survival.

#### **Addiction treatment and harm reduction**

Some people "age out" of their addictions (i.e., they quit when they are older). Policies and programs need to focus on keeping people with addictions alive using a harm-reduction approach that provides housing, health care, nutrition and other essentials for daily survival.

More addiction treatment services are needed, along with implementation of a harm-reduction approach. Priority items for addiction treatment include:

- immediate access to detox facilities;
- long-term addiction treatment;
- education about addiction and outreach in schools (talk to youth honestly about alcohol and drugs, present them with realistic consequences); and
- counselling along with addiction treatment to help them deal with trauma that contributes to substance misuse.

### **Health services for young women in the sex trade**

Young women involved in the sex trade are apparently not accessing health care services to the extent they could for fear of discrimination. Specific health outreach services for young women and a clinic serving their specific needs are required.

### **Longer-term interventions**

More long-term interventions are required to address homelessness among young women. A comprehensive range of programs and services that meet the needs of young women for safety and security would be ideal. Included in this are education, counselling, outreach, 24-hour drop-in centres, job training, child care, emergency housing, transition housing, supportive long-term housing, detox on demand for all age groups and long-term addiction treatment. Traditional models of healing, for young Aboriginal women and others, should be explored.

### ***Services in Montréal***

#### **Housing**

The vulnerability and victimization of young homeless women make the provision of safe and secure accommodation imperative. For example, gender-mixed rooming houses managed by a large non-profit organization have proven to be unsuitable for women who feel harassed, and often wind up leaving and returning to shelters. Some female-only shelter and housing options should be available.

Shelters and transitional housing for “young” youth are needed. Service needs can vary greatly between that of 17 year olds and 23 year olds. Collective housing models for youth should be developed.

#### **Improved service funding**

Current service provider-to-client ratios are too high as is staff turnover. Stable, core funding is required for organizations to deal with complex needs and be able to network and strategize programming and service improvements that are responsive to youth needs.

#### **Storefront services**

Storefront services that offer a range of services, such as basic medical care and counselling, are necessary to serve young women who avoid more conventional youth and homeless services.

#### **Primary prevention**

More prevention work with families and youth at risk would better address fundamental elements of the solution to youth homelessness.

*Reinforce community services already there. Invest in schools, and give support to families in difficulty.*

## **Program and Policy Recommendations**

Policies that address the structural basis of poverty are necessary to prevent homelessness. However, some degree of homelessness exists even in countries with extensive welfare programs. Along with the paramount priority of providing sufficient affordable housing, other strategies are necessary to address the complexity and heterogeneity of homelessness. Conventional policy sectors must be transcended to develop policies that will provide a combination of housing, financial and social support (Avramov 1999b).

Any broad primary prevention programs that would alleviate poverty and improve housing affordability, employment insurance eligibility, employment opportunities for youth, anti-violence programs and support service for victims, and developmental support for youth and families with children are highly desirable. These programs would undoubtedly reduce the number of young women at risk of homelessness and assist those who become homeless. Although such programs are costly, the economy is much improved from the early 1990s when there was a flurry of extensive funding cuts by governments.

The federal government spends \$1.9 billion annually for rent supplements for households in profit and non-profit housing that cannot afford market rents. This is a critical buffer against homelessness for many people. Advocacy groups have called for a doubling of this expenditure to provide new social housing to meet the growing housing crisis. (This is dubbed the 1% solution as it amounts to 1% of the total budget.) Similarly, the alternative federal budget proposed by the Canadian Centre for Policy Alternatives included an additional \$1.6 billion for social housing. It called for the federal government to resume a leadership role in facilitating the development of non-profit and affordable housing in partnership with provincial and territorial governments (CCPA 2000).

### ***Government of Canada***

- Fund a multi-sectoral initiative administered by municipal governments to develop transitional and supportive housing for youth, with matched or integrated funding sources for capital building and operating costs, and with ongoing funding for support services, administration and program evaluation. Develop a range of transitional and supportive housing options for homeless youth, including female-only projects, with varying levels and types of support services. This initiative should encourage self-build housing schemes for youth, including female-only projects.
- Develop a specific initiative to focus on the prevention of youth homelessness. Some nations are making special efforts to prevent and limit the harms of homelessness among youth. For example, several initiatives in Australia are designed for homeless youth.<sup>35</sup> There should be meaningful opportunities for young women to be part of the planning and decision making.
- Provide sufficiently “deep” per unit grants for the new assisted rental housing program so low-income young women and single mothers are able to benefit.

### ***Provincial and Territorial Governments***

- Reform social assistance programs to extend eligibility to 16 to 18 year olds without rigid requirements for school attendance or employment, and with a relevant skill promotion component that allows young women to develop their parenting capacities in lieu of, or in addition to, their employment interests. Quebec's excellent child-care program should be emulated so young mothers can realistically choose to attend school or be employed.
- Reform the child welfare system to make policies and services consistent across the country, reduce the degree of transience for youth in care and provide more stability in their lives, extend services to older youth and explore partnerships with other youth-serving agencies to develop services, such as safe houses, that are adapted to deal with the restrictions that minors currently face. Increase monitoring of children and youth in public and institutional care, including follow-up tracking.
- Increase social assistance benefits and other supports to allow individuals and families to meet their basic needs with dignity and parent effectively.
- Provide more non-traditional job opportunities for young women, including supportive employment schemes.
- Assess program and policies with the goal of improving access to mental health care services and substance abuse treatment for young women and their families.
- Protection for young prostitutes would be better accomplished by providing more general funding for the services they need than by legislating rescue schemes.

### ***Government of Ontario***

- Raise the minimum wage.
- Develop new strategies, programs and services within schools and the education system, in collaboration with health and social service agencies, to identify and assist girls and young women at risk before they leave and to improve access to education for young women who are homeless.
- Provide additional funding for more family violence shelters.
- Review Ontario's child welfare system's mandatory "aging out" and provide contractual service arrangements for wards up to age 21.
- Social assistance eligibility should be extended to 16 and 17 year olds. Increase the shelter allowance portion to reflect market housing costs. Reinstate social assistance benefits for first and last months' rent.
- Provide additional funding and direction to the child welfare system to be more proactive, intervene earlier and offer more resources to families. Some balance between prevention

and protection efforts must be regained. Co-ordination with youth shelter services should be developed. The age eligibility for youth in care should be raised to 21 years.

This study has revealed a wide range of service and policy issues related to young women and homelessness. There are many unanswered questions that warrant further investigation.

- What are young women's experiences of becoming homeless?
- What is the likelihood of homeless young women re-experiencing homelessness as adults?
- What services and interventions are most effective in helping homeless young women become and stay housed?

Several questions arise as to the relationship between the child welfare system and young women's homelessness.

- Why do so many teenagers leave the child welfare system at the earliest opportunity?
- How many of them experience subsequent homelessness?
- What program changes would better prevent teenagers being on their own too young and unprepared for adult responsibilities?
- Are linked housing services required for youth leaving care?

## APPENDIX A: SECOND-TIER CASE STUDY REPORTS

### Young Homeless Women In Edmonton

About 10% of the homeless population in Edmonton are youth aged 15 to 18 (Edmonton Joint Planning 2000). Although Aboriginal people constitute only 4% of the City of Edmonton's population (1996 Census), they make up about 40% of the total number of homeless people counted, and are less likely to use shelters (Edmonton Homelessness 2000). Another 7% of homeless people are of a visible minority.

Discrimination against youth and racism reportedly make it very difficult for homeless youth to find accommodation. One informant accompanied a young Aboriginal couple who were turned down for more than 20 apartments, despite having the required rental deposit and good references.

Among Aboriginal youth, homelessness often means moving among relatives and friends and, occasionally, renting poor-quality accommodation or staying in a hostel. Young women tend to have serial partnerships or living arrangements that last a few days and are based on fleeting relationships with men, a nomadic existence with

*no dignity, no possessions and no privacy.*

Many young women who use the shelter system find the rules too rigid. Once the allotted time is up, they generally end up back on the street. Most homeless people seek some form of shelter, particularly in the winter months. There are unconfirmed stories that some youth occupy abandoned buildings. The needs and issues of homeless young lesbians are unacknowledged, and there are no Aboriginal services designed for lesbian women. Transgendered people face particular problems and discrimination in finding emergency shelter and long-term accommodation.

Some young women with children are fearful that using a shelter may result in apprehension of their children by child welfare authorities. As there are no family shelters, some mothers resort to feigning recent abuse to gain entry to family violence shelters. Families are generally split up, with the husband or partner going to a men's shelter, while the woman and children are sent to a women's shelter or the children are placed into care. Families are occasionally placed in motels where there is little if any support available. The rate of teen pregnancy in the inner-city area is 6% vs. 2.6% in the region. Teenage mothers or parents are highly likely to become homeless.

#### *Issue Areas*

##### **Drug use**

Crack, cocaine, ecstasy and date rape drugs are well known on the street. A few youth use solvents. Drugs and alcohol are often used in combination, which can be deadly. The waiting lists for drug abuse treatment programs are often lengthy, and few services use a harm-

reduction approach. Often, youth do not complete the full term in treatment facilities and may return a number of times or use a variety of treatment options. Treatment programs geared specifically to young women who have been engaged in prostitution are required, but unavailable.

### **Prostitution**

Young women engaged in prostitution typically use drugs and have a history of sexual abuse. Although some young women work for pimps, many are independent. Women over the age of 18 are more likely to work through an escort agency. One informant described a typical scenario in which a young woman runs from home or foster care and ends up staying with friends who are involved with prostitution. She gradually becomes desensitized to sex trade work, feels guilty for not contributing money to the household and eventually goes to work with her friends. She will move around and may encounter predatory adults who take in street youth. Sexual or financial demands prompt her to keep moving on. Some young women move in with their regular johns for a time. There are unsubstantiated reports of young girls being forcibly kept in brothels by gangs. Pimps move them on a circuit from Vancouver, Penticton, Kelowna, Calgary and Edmonton to keep their charges from police or anyone who would assist them to leave. Apprehended 14 and 15 year olds are placed in foster care or a safe house operated by the child welfare system. There are more housing options for 16 and 17 year olds, although serious addictions makes secure tenure unlikely.

### **Health problems**

Along with HIV/AIDS, hepatitis C is a rapidly growing problem. About 800 to 900 people in the urban core are diagnosed with this disease each year. Most of them never return for follow-up health care and have little knowledge of the disease. Homeless people are also plagued by a host of other medical problems, such as untreated infections, respiratory and circulatory problems, and influenza.

Young women are particularly at risk for sexually transmitted diseases and early pregnancy. The Aboriginal community places great value on having children, but many young mothers do not have adequate supports, and homeless mothers and their babies face serious health problems, such as inadequate nutrition.

### **Mental health**

Some service providers do not recognize that drugs or alcohol may be used to deal with mental illness, a strategy that can mask psychiatric problems, which typically emerge during adolescence and young adulthood. The combination of addictions and mental illness is very difficult to treat, and there are few services available. Aboriginal adults with mental illness often end up in jail. Apart from a few Aboriginal mental health workers, only mainstream mental health services are available.

Rates of depression and suicide are very high among homeless youth. Aboriginal youth often use methods, such as hanging or shooting, that maximize fatalities. Fetal alcohol syndrome is relatively common among young adults who are homeless, but there are few services for this population.

## ***Resources and Services***

### **Social assistance**

Social assistance (Supports for Independence) is not available for those under 18 years of age. Youth are frequently urged to return to their families unless there is a situation of sexual abuse, which warrants protective services. During the early 1990s, a special program assisted 16 and 17 year olds to live independently while continuing with their schooling or working part time. Under this initiative, room and board costs were provided to help youth obtain accommodation other than group or foster home options. The program was terminated in 1993 when the Klein Government came to power. Some of the teens who lost this assistance reportedly went underground — living in garages, staying with friends or surviving on the street. Many of them dropped out of school.

Youth aged 18 to 24 face major barriers to receiving social assistance unless they have a medical problem. Singles are pushed to get jobs regardless of their circumstances. As a result, many homeless individuals have no income at all and are forced to lead a nomadic existence moving from friend to relative to hostel. Young mothers can stay at home with a newborn for six months and receive social assistance. After this period, there is pressure from the government for them to work or attend school.

### **Education**

Two inner-city alternative schools cater to the needs of homeless youth. Students receive individual program planning and can take as little as one course. Some reintegrate into the regular public system while others remain in the alternative system until graduation. These schools offer stability in an otherwise changing and unsettling home and social environment. Participation in the school programs improves self-esteem. Income support is unavailable for students between the ages of 16 and 18, unless their guardian signs an affidavit indicating that they cannot support their ward, and child welfare authorities agree to provide financial support.

### **Emergency shelter and housing**

There are 68 emergency beds for youth aged 12 to 24 and 56 transitional beds. All the emergency shelters, including those for women and youth, are usually filled to capacity. At least 25 additional shelter beds for youth and 15 beds for sex trade workers and transgendered youth are needed. Fifty additional units of transitional housing are also needed — 15 specifically for Aboriginal youth and 10 for pregnant youth (Edmonton Joint Planning 2000).

The Inner City Youth Housing Program operates six houses that accommodate a total of 27 youth between the ages of 12 and 18. Three of the houses offer only short stays. Two beds are reserved for youth involved in prostitution. Another home, Tessa's Place, has minimal rules (no sex, drugs or alcohol in the house, and residents must phone if they are not coming home) which street youth find more welcoming. Many service providers emphasized the need for more houses like Tessa's.



Edmonton is now experiencing an economic boom. People are moving into the city, and rooming houses are being demolished. The vacancy rate has dropped from 10% in 1995 to 1.9% in 1998 and is predicted to remain low. Some rental applicants are charged a \$50 deposit, as well as the first and last months' rent (or a security deposit), yet funds for this are unavailable from social services. Social assistance rates are insufficient to cover market housing costs, including rooming houses. Large families can wait for one to three years for subsidized housing (Edmonton Joint Planning 2000).

Aboriginal communities often use role modelling or mentoring to assist young families. The term "natural helper" refers to people in the community willing to provide a meal, a couch for the night or longer-term accommodation. If the natural helpers are on social assistance themselves, however, they can be cut off benefits for providing accommodation to someone else. One informant said she sometimes takes young couples home to provide a role model for them.

*This is how a healthy Aboriginal family lives.*

Despite the violation of "boundary issues" as understood by conventional social work, she feels that social services should provide more support to Aboriginal communities to foster natural helper relationships.

### **Support services**

Several inner-city agencies offer a range of support services to homeless people. Many of the services, including mental health programs, needle exchanges, outreach workers, drop-in centres and food services, are geared to the Aboriginal community.

### **Harm reduction strategies**

While several informants believed that services should be more oriented to harm reduction, others disagreed and required their clients to be "clean and sober." Rigid shelter rules have pushed some people back on the street where they are likely to engage in substance abuse and prostitution again. While there is some support from the Alberta government for the harm reduction approach, some informants wished for a formal adoption of this strategy.

Those in prison are unable to apply for social assistance until they have been released, after which there is usually a two- to six-week wait before any benefits are received. Often women go straight from jail to the hostel system where they are likely to return to drug use.

One agency (Streetworks) offers a needle exchange program and free medical attention to people living on the street, as well as a program for educating and improving the health of intravenous drug users. Some youth who believe they are using drugs safely have very little knowledge about their bodies. For example, they may have some knowledge regarding AIDS transmission, but little information on other sexually transmitted diseases. Or they use condoms with a john, but not with their pimp.

### **Identified service gaps**

There is a desperate lack of transitional and long-term housing for homeless youth. A recent assessment determined that the city requires 5,000 additional units of affordable housing, as well as a continuum of emergency, transitional and long-term supportive housing, and culturally appropriate support services (Edmonton Joint Planning 2000). It is important that housing, homelessness and health issues are addressed in an integrated fashion and that a holistic, culturally sensitive vision of “homefulness” be adopted in the development of solutions (Native Counselling 2000).

Harm reduction treatment models for youth with addictions are needed, as well as more mental health outreach workers.

### **Innovative services**

The Bissell Centre offers several services that are used by young mothers who are homeless or at risk: parenting and healing sessions based on traditional Aboriginal practices, emergency child care at no cost for young mothers with children under six for up to six days a month or longer, and a fetal alcohol syndrome prevention program using family advocate workers. A woman whose child has fetal alcohol syndrome is very likely to pass the condition to subsequent children, and most FAS children end up in the care of the child welfare system. The program helps women abstain or limit alcohol consumption during pregnancy or prevent pregnancy while they are drinking. Most of the women using this service are under age 24 and of Aboriginal descent. Family advocate workers offer cooking courses and nutritious lunches for the women and can provide one-on-one advocacy around the clock. Young women in this program have given birth to non-FAS children and have been successful in raising them.

### ***Protection of Children Involved in Prostitution Act***

The *Protection of Children Involved in Prostitution Act* (PCIP) came into effect in early 1999 and is the first such legislation worldwide. It governs the services of protective safe houses that are intended to save young people under the age of 18 involved in prostitution. The Act provides for specialized services for these children and the prosecution of customers and pimps who abuse them. Minors involved in prostitution are presumed to be victims of sexual abuse who require protection. Viewing young women in the sex trade as victims rather than perpetrators is a significant change from the previous philosophy of the Ministry of Child Welfare.

The Act enables a police officer to apprehend a child and take her to a protective safe house, where she can be confined for up to 72 hours. Food and shelter are provided, and the child is assessed and offered counselling and follow-up services. Services are available to children (and their families) who voluntarily choose to end their involvement in prostitution, as well as those who will not voluntarily end their involvement in prostitution or access community support programs and remain at risk.

Although many social service providers support the PCIP initiative, there are some who view the Act as a violation of human rights. Initially, youth who were apprehended could be sent to

a safe house where they were confined for 72 hours without being brought before a judge or charged. One Calgary Family Court judge identified problems in the legislation, which resulted in a Queen's Bench review. The Alberta government has tabled an amendment to the Act, which will allow any youth to have a hearing regarding confinement within 24 hours of being picked up. Youth must be informed of the right to legal council, but the onus for requesting a review will be on the youth. The amount of time that youth can be held will be increased from 72 hours to five days, although a court hearing will take place after 72 hours.

Some service providers believe this legislation is driving women underground, and the forcible confinement of youth cannot be justified. Since social service and health care workers are obliged to notify authorities of any woman under the age of 18 engaging in prostitution, young women are, understandably, unlikely to disclose this type of activity or any associated problems they have, such as difficulties with pimps or threats from gang members. Pimps may refuse to allow young women access to certain services or health agencies for fear that the women will be turned in to authorities. Untreated sexually transmitted diseases and unwanted pregnancies may be the result. The worker-client relationship may be compromised by the obligation to report.

From 1986 to 1999, a safe house has operated in Edmonton as a voluntary facility. It originally provided a refuge for women who were testifying against pimps. Since the Act was passed, 135 youth have used the safe house, including four 12 year olds. The average age of safe house users is 15½, and almost half of the teens admitted are Aboriginal youth. Some young women have asked to return to the facility as it offers them a safe haven to rest, get proper food, slowly build up relationships with staff and consider alternatives to prostitution. Follow-up services are available, but only until the youth reach 18.

Some police officers believe the existing program has been very successful in connecting hard-to-reach young women with resources and programs, and gradually assisting them to move off the street. Child welfare workers are also beginning to identify problems earlier and have been able to prevent young women from ending up on the street. Judges who used to say that prostitution was a lifestyle choice must now consider prostitution for women under the age of 18 to be child abuse. Before the new legislation, according to one informant, one or two women under the age of 18 could be observed working the streets nightly. Now, none may be seen for a week.

Some informants identified the need for a residential facility that bridges the gap between a protective or secure environment, and a community placement. This facility would focus on the needs and issues of young women who have been in the sex trade, such as addictions, violence from pimps and past sexual abuse.

### **Young Homeless Women in Winnipeg**

Unlike other large Canadian cities, Winnipeg does not suffer from a significant housing shortage, and it is easier to find accommodation, although often of poor quality. Much of the

existing stock is in poor repair, and vacant and boarded-up buildings are found in some inner-city neighbourhoods.

Youth homelessness is characterized by short stays with relatives and friends, and shelter use. For some, the pattern includes stays in group homes or jail. White youth are more likely to be found in shelters than are Aboriginal youth. A few youth sleep in the parks in the summer (“urban camping”) and travel to British Columbia in the winter months. Some young lesbian women end up on the street after coming out and being rejected by their families.

Although there are some Asian and Caribbean youth who are homeless, as well as youth from other minority groups, most homeless youth are Aboriginal or White. A disproportionate number are Aboriginal women.<sup>36</sup> Many homeless young women have children at an early age. Their babies are apprehended at birth if they are suffering mental health problems or addictions. Some pregnant young women and young mothers stay with their parents or move from one relative to another due to the lack of housing options.

Some young women move to Winnipeg to escape abuse on the reserves. They may experience particular problems in adjusting to city life and are easily exploited by gangs or pimps, in part due to their lack of knowledge about services and resources available to them. Because reserve funding is based on the number of people residing there, chiefs or Aboriginal councils sometimes make it difficult for young women who have left abusive partners or spouses to remove their children from the reserve. Advocacy is often needed to assist women to regain custody of their children and help them resettle in an urban area.

It is relatively common for young homeless women to be in, or have experienced, violent relationships as well as histories of child abuse. One informant described the worsening conditions as “solidifying despair” due to increased poverty, more serious addictions, more pregnancies, more prostitution, more frequent instances of physical abuse and a general deterioration in health and lifestyle. A significant increase in gang activity in the last few years exacerbates this situation.

### *Issue Areas*

#### **Drug use**

Crack, marijuana and ecstasy are the most commonly used drugs. Some young women also use prescription drugs or “cocktails” of various kinds, and may use a mixture of drugs and alcohol. It is not unusual for young people to return to their communities after completing a treatment program, resume relations with drug-using peers and start using drugs again. Treatment facilities do not exist for the small number of solvent abusers.

#### **Prostitution**

Several agencies work with young women engaged in the sex trade. Sex work has reportedly become a more underground activity, particularly for very young women. Highly organized gangs operate out of hotels, using cell phones and pagers to connect sex workers and customers. Outreach workers are finding it more difficult to reach very young women in

the sex trade. In part, this is because the women fear retribution against themselves or their families if they attempt to sever their links with gangs.

### **Health problems**

There has been an increase in hepatitis C and D and AIDS among homeless people. Among young women, self-harm behaviour and eating disorders are common. Obtaining adequate food is difficult for homeless youth. They tend to avoid soup kitchens where adults, including those with mental health problems, are sometimes disturbed by the appearance and behaviour of the youth (and vice versa).

### **Mental health**

Mental health problems and addictions are highly prevalent and appear to be increasing. Rates of depression, low self-esteem and suicide are unusually high among Aboriginal women, especially for those on reserves living in abusive relationships with no supports or assistance. Mental health practitioners have large caseloads, and more services are needed.

### ***Resources and Services***

#### **Social assistance**

Manitoba provides income support for youth between the ages of 16 and 18 only in cases where a guardian refuses to provide the youth with a home or support, Child and Family Services must approve the alternative living arrangements. When agency staff advocate for youth, they are usually able to obtain social assistance.

#### **Education**

A few schools attempt to integrate and support homeless youth within the mainstream education system. At Argyle Alternative School, students proceed at their own pace, and attendance is not mandatory. Many of its students have been or are involved in drug use or prostitution, and have histories of running away from group or foster homes. Some also suffer from mental health problems. Free breakfasts and a subsidized lunch, plus transit subsidies are available to encourage poor and homeless youth to attend. About one fifth of the students are homeless.

The Youth Builders project has involved street youth in the renovation of a large house that will be used to accommodate homeless youth attending Gordon Bell High School. Youth who have been out of school and unemployed for one year, who are homeless or at risk of becoming homeless, are eligible for the program which combines 10 hours of schooling per week with on-site training in construction skills. Three program graduates from the first year of operation will act as team leaders for the second group of youth who will be involved in the renovation of three more houses.

#### **Emergency shelter and housing**

About half of the residents of Ikwe-widdjiitiwin, which provides emergency shelter to women leaving abusive situations, are under age 25. Many come from reserves and require orientation to city life. Transitional housing is available through the Native Women's Transition Centre, but their waiting list is lengthy. Women who move into transitional housing are often able to

reunite with their children. The longer children remain in public care, however, the more difficult it is for mothers to regain custody. Most service agencies have positive working relationships with Child and Family Services, the provincial body responsible for child protection, and their recommendations are generally accepted.

While the shortage of housing in Winnipeg is not as severe as in other major cities, people on social assistance are forced into the most sub-standard, inadequate and oldest housing stock, sometimes located in dangerous areas. Except for those with a disability, single persons are not eligible for subsidized housing. Young women with large families find it very difficult to obtain accommodation in either the private or social housing sector.

### **Support services**

There are a number of drop-in, counselling and outreach services for youth. Some churches operate drop-in centres and food banks. McDonald Youth Services operates a shelter and non-residential programs that serve about 1,400 youth per year. The North End Women's Resource Centre provides programs on anger management, parenting and grief, and a survivor program for women leaving abusive relationships. Some services are specifically for Aboriginal youth. The mainstream agencies are more likely to see Aboriginal youth who are disconnected from their culture.

Rossbrook House offers a unique drop-in centre for youth that is open all night, including weekends and holidays. It provides educational classes at the elementary and secondary level that are available to street youth, as well as an after-school and supper program. In the evening, younger children are driven home to ensure they arrive safely and there is someone to look after them. Mentoring among the youth is encouraged, and former service users are hired to work in the centre.

### **Harm reduction strategies**

Many services have adopted a harm-reduction approach, especially the services targeted to Aboriginal youth. Some addiction programs, however, still work on an abstinence model. Few treatment programs are effective with people who have both mental health problems and addictions. A fetal alcohol syndrome prevention program (similar to the one in Edmonton) operates out of Mt. Carmel Hospital. There are no specific programs, however, for women who are pregnant and have addictions. Some inner-city agencies are working with the police to develop harm reduction approaches for people on the street.

### **Identified service gaps**

- 24-hour youth shelter;
- transitional housing and services for young Aboriginal women new to the city;
- addiction treatment that is culturally appropriate and has a harm-reduction focus;
- addiction treatment for solvent use;
- detoxification facility specifically for youth; and
- more mental health services.

### **Innovative services**

Transitional Education and Resources for Females (TERF) is a program for young women (aged 14 and up) who have been sexually exploited through prostitution and are making the transition from street life back into the community. TERF takes into account the life experiences of the women, such as physical and sexual abuse (both in the family and on the street), drug use and health problems. A holistic approach is used to build on existing strengths through a combination of academic work, cultural studies and communication skill development. Young women can obtain their Grade 12 diploma through the program. The addition of a day-care component is planned but, until it becomes operational, staff continue to assist women to find day-care placements for their children. In addition to academic achievements, program users have been able to improve their parenting skills. The program has recently been opened to transgendered women.

McDonald Youth Services, which operates a walk-in counselling service, street outreach program and shelter, is producing an information pamphlet about self-harm. Some young women slash their wrists, burn themselves with cigarettes or engage in other forms of self-harm, a practice related to childhood physical or sexual abuse. While resources have been developed to address eating disorders, there are few places where women can receive information about other forms of self-harm and develop strategies to combat it.

### **Panhandling legislation**

There were mixed feelings among service providers when Manitoba passed legislation outlawing squeegeeing a few years ago. Squeegeers either left for Calgary and other cities, or their groups dispersed. For the few remaining youth who squeegee, police enforcement is somewhat arbitrary or varies by neighbourhood. Most of the youth who squeegee are White and tend to operate in Osborne Village or the more trendy areas of town. A new group called “flaggers” — people who ask for money when cars are stopped at intersections — has appeared.

### **Young Homeless Women in Halifax**

Homeless young women in Halifax tend to stay in hostels or couch surf and rarely sleep rough. About half the residents of Adsum House, a shelter for homeless women and children, are youth. It is estimated that there are 200 to 300 homeless people on any given night in Halifax, but there is no information on their age. As in other large cities, there are a few squats where youth take refuge for a time. Others take shelter at the all-night donut shops or stay in crack houses, and some young women trade sex for a place to sleep. Service providers have noted an increase in the numbers of homeless youth in the last few years.

Some homeless people have come to the city from rural areas, and some have come from Montréal, Toronto or Vancouver in search of a smaller community. Although Halifax has outlawed squeegeeing, there is a migrant group of squeegee youth into the punk or grunge scene who move between Toronto and Halifax.

It is estimated that 95% of homeless youth in Halifax are White (which reflects the ethno-racial pattern in the city), although a few young women of African descent, immigrant women

and Aboriginal women use the emergency women's shelter.<sup>37</sup> As in other cities, Aboriginal youth tend to stay with friends or relatives rather than use the shelter system.

Some lesbian and bisexual youth, particularly those from rural areas, move to Halifax to escape community censure and to access lesbian, gay and youth services. Intolerant milieus prompt some lesbians to leave school early.

### *Issues Areas*

#### **Drug use**

Crack is said to be a growing problem in Halifax. Marijuana, acid, ecstasy, heroin and prescription drugs are also used. There is no residential treatment program specifically for women, and those who are interested in a residential program must travel to Cape Breton where there is a facility or else to another province. The one drug dependency clinic for youth 19 and under is on the grounds of a psychiatric hospital in Dartmouth, but the distance and the stigma of a psychiatric institution reduce its accessibility.

#### **Prostitution**

Prostitution and drug dealing are often linked, but there has been a general shift in operation as more prostitutes work indoors and use pagers and cell phones. Halifax has a diversion program for johns and prostitutes. Women can opt for the program and avoid charges if they attend a day-long session that provides resource people from health clinics, addiction programs and educational alternatives, and assists women to contact these services. Stepping Stone offers a drop-in, referrals, counselling, advocacy and food bank to men and women involved in prostitution. About 15% of the people they serve are women under the age of 24. One change they have noted over the last few years is that there are more young women on the street and more IV drug users. Most are drug addicted (70% to cocaine) and on the run from disrupted families or foster care, initially lured by the perceived glamour and money of the sex trade.

#### **Health problems**

As in the other cities surveyed, hepatitis C and HIV are on the increase, as is chlamydia. Malnutrition and scabies are also common among street youth. Some young homeless women engage in various forms of self-harm, from slashing to eating disorders.

#### **Mental health problems**

Many of the young women who use the women's shelter, Adsum House, have mental health problems and require supportive housing (for which there is a long waiting list). Some housing programs require their residents to be in school or involved in an acceptable alternative activity, and many young women are unable to meet such conditions. The vast majority of the young women who use the shelter have been traumatized by abuse. Post-traumatic stress from past abuse is common, but long-term therapy to address these issues is often inaccessible because of long waiting lists or high costs. From 1996 to 1998, 11 women, who had used the shelter and were trying to re-establish themselves in the community, either committed suicide or were murdered.



## ***Resources and Services***

### **Social assistance**

Young people are not eligible for welfare before the age of 19. Some youth try to find work and link up with an older person to obtain housing. The social assistance rate for shelter for a single person is \$217, but there is nothing available on the private market for this amount. Rooms typically rent for \$400. As a result, youth who receive welfare must share their accommodation, live in sub-standard housing or live in areas of active drug trade.

### **Education**

Most homeless youth have left the school system, but there are programs that encourage them to return. Phoenix House has a learning and employment centre that offers training in life skills, computer skills and job readiness, as well as academic subjects. The newly established Shelter for Learning provides a program for Aboriginal youth aged 19 to 30.

### **Emergency shelter and housing**

There is no youth shelter in Halifax, but young women may find shelter through Adsum House or the YWCA. Adsum has 15 transitional housing units where women can live for up to a year, and Phoenix House provides group home accommodation as well as supervised apartments. Shelter for Learning, which operates in conjunction with the Micmac Friendship Centre, has seven emergency and transitional beds where people can stay up to nine months. There are long waiting lists for supportive housing for women with mental health problems, even though residence is conditional on school attendance or an acceptable alternative.

Rents have increased substantially in the last few years as vacancy rates have declined (from 7.8% in 1995 to 3.6% in 1999) due to growth in the region. Vacancy rates in the central core are as low as 0.9% (Community Action 2000). Much of the rooming house stock is located in the downtown core and is in very poor condition.

More stringent regulations for the operation of rooming houses and frequent inspections are required (PGF-GTA 2000). One informant suggested that subsidized transportation for those on low incomes could make housing in safer parts of the city more accessible.

### **Support services**

Arc Outreach tries to reach people who fall through the cracks, especially those involved with the criminal justice system. They see 35 to 50 young women in a week, at least 85% of whom have been physically or sexually abused in their early years. Arc is establishing a new drop-in centre that will open its doors at 4:30 p.m. when other services are closing for the day.

### **Harm reduction strategies**

There are several day programs for women with addictions, but the lack of child care is a barrier for some women. Exodus, a centre for women that addresses issues of addiction and abuse, is planning to expand its day program with a longer-term residential program for women. They also hope to provide day care for the children of residents. Another agency, Matrix also provides day programs for women involved with drugs, alcohol or gambling. Go Girls is a support program for women leaving the street.

**Identified service gaps**

- Youth shelter;
- counselling for child sexual abuse victims;
- services for youth with mental health problems and addiction problems;
- residential centre for women with addictions;
- day care for the children of young women in school;
- accessible family mediation programs for youth still at home; and
- outreach to youth of African descent and youth from immigrant communities.

**Innovative services**

Phoenix House offers a range of services for homeless and at-risk youth including a drop-in centre, 10-bed group home, supervised apartment living, and a learning and employment centre. Its follow-up program offers support to youth up to the age of 25 (other programs stop at age 18 or 21). The organization has a holistic approach to youth needs, encompassing counselling, education, employment and housing services, providing a continuum of support for youth.

**Young Homeless Women in St. John's**

The visibly homeless population in St. John's is small, but it appears to be increasing. A few people sleep in the parks or in their cars during the summer. There are few shelters and only one addiction treatment centre in the province (not specifically for youth). One informant speculated that because of the urgent need to address addiction problems among youth in Davis Inlet, Labrador, a treatment centre for youth might be developed. More youth have been coming from rural areas and from Labrador.

***Issue Areas*****Drug use**

Drug use is on the increase; however, it is very difficult for youth to receive residential treatment without leaving the province.

**Prostitution**

There appears to be an increase in the number of young women involved in the sex trade. After moving from friend to friend, some young women end up working the street as a means of support.

**Health problems**

Homeless young women are generally in poor health, and most have lost touch with family doctors. One informant noted an increase in the incidence of asthma, perhaps because homeless people are more prone to respiratory ailments due to exposure and poorly heated shelters.

### **Mental health problems**

Many women with mental health problems have been involved with the justice system, and some feel safer in jail than in a psychiatric hospital. Boarding homes are available for people with mental health problems, but they are unregulated and not appropriate for youth.

### ***Resources and Services***

#### **Social assistance**

Two benefit rates are available to single people — board and lodging in shared rooms at \$385 per month and a bed-sitting room (single room occupancy units) at \$635 per month. Board and lodging are usually provided for youth aged 16 to 19 or those living with a relative. If agencies lobby on their behalf, it is possible to get the higher rate for 16 year olds. A recent change in legislation permits individuals 16 to 18 years of age to receive income support once the child welfare authorities have approved their eligibility.

#### **Education**

There is a long waiting list for the sole alternative high school. The same is true for job readiness programs.

#### **Emergency shelter and housing**

Young women on the street can find shelter at the Salvation Army or Naomi Centre. The latter provides temporary shelter to eight women between the ages of 16 and 30.

There is a three- to four-month wait for subsidized housing through the City of St. John's Housing and Newfoundland and Labrador Housing. Emmanuel House leases properties from the municipal housing agency and sub-leases them to their clients for whom support services are provided in the home. Bed-sitting rooms are the least costly form of private sector housing, but they are unregulated and many are sub-standard. Some women end up returning to shelters, because of safety issues in the bed-sitting rooms.

#### **Support services**

Choices for Youth provides support services to youth aged 16 to 20 who are former wards of the court. It was initiated 10 years ago to place youth from Mt. Cashel School when it was closed. Many of the youth live on their own and receive counselling, referrals and assistance with life skills. Communal suppers are held once or twice a week.

#### **Harm reduction strategies**

Both Naomi House, a shelter for young women aged 16 to 30, and Emmanuel House (see below) have adopted a harm-reduction approach. Except for the Detoxification Centre, there are no drug or alcohol treatment centres in St. John's. Women over age 19 are referred to Humberwood, which is situated across the island in Cornerbrook. There are no facilities for women under age 19.

#### **Identified service gaps**

- Housing for youth with mental health problems;
- in-patient addiction treatment for youth in St. John's; and

- housing support for youth aged 19 to 21.

### **Innovative services**

Emmanuel House provides a residential program for 14 people dealing with issues of child abuse, addictions, mental health problems and abusive relationships. It is unique in offering residential support and life-skills training to people with such a wide range of problems and in tailoring the program to the person. People with active addictions are often referred to Humberwood, a centre in Cornerbrook, or to the detoxification centre and then Naomi House (the women's shelter) until they are stabilized and can return to the program.

### **Young Homeless Women in Yellowknife**

Homeless youth in Yellowknife often couch surf, stay up all night in coffee shops, sleep over warm grates, in stairwells or in bank machine entryways. Young women also trade sex for accommodation. Drug use and teenage pregnancy are both common.

The housing situation in Yellowknife appears to be worse than most cities in the southern parts of Canada, and the weather is unquestionably harsher. Informants spoke of houses with no plumbing, no heat, one-room houses with large extended families living in them, trailer camps and shacks on the outskirts of town, and very high rents. Yellowknife is now experiencing an economic boom due to the expansion of diamond mining. As a result, it is expected that rents will rise even higher as the boom continues. Homeless young women generally share accommodation with friends or family members, or find men who will provide housing in return for a sexual relationship.

The vast majority of homeless youth and adults in Yellowknife are Aboriginal.<sup>38</sup> Our informants outlined a range of issues that affect homelessness among Aboriginal youth. The lingering effects of residential schooling include poor self-esteem, lack of parenting ability, dependency, poor relationship skills and detachment from cultural tradition. The Aboriginal community struggles with problems of alcohol and drug abuse, gambling, family violence and child sexual abuse. Most service providers and foster parents are White, while service users and foster children are predominantly Aboriginal. There are very high rates of child placement, and many children run away from their foster homes. The admission-into-care rate is exceptionally high. Of all children served by the child welfare system, 62% are taken into care in the Northwest Territories. The rate is 6% in Ontario (Child Welfare League 2000). Not surprisingly, the relationship between the child welfare system and the Aboriginal community is often adversarial.

In spite of many affirmative action policies, discrimination against Aboriginal people is still strong. And when policies related to Aboriginal self-governance are put into place, they tend to be gender blind. Hence, women cannot always get help from traditional structures in situations of family violence, and many of them leave their home communities to access services in the city. Although Yellowknife has a population of only 17,000, it serves people from all over the Northwest Territories, and in the last few years there has been more migration from small communities. Some people come from dry communities, but end up abusing alcohol or drugs

in the city. People unaccustomed to an urban setting are unaware of the services available or the “rules.” (For example, when people from outlying areas stay in the apartment of a relative or friend in town, the friend or relative can be evicted for overcrowding.) As a result some end up on the street.

### ***Issue Areas***

#### **Drug use**

Although alcohol abuse is more common among homeless young women, cocaine, marijuana and hash are also used. Gangs are now bringing in drugs, and one informant said that the Northwest Territories has the highest rate of cocaine use in the country and eight times the national average for violent crime. Young people who attend addiction treatment centres have a difficult time when they re-enter the community and go back to old friends and old haunts. For some, the only way to stay clean is to leave the community.

#### **Prostitution**

Although there is prostitution in Yellowknife, homeless women are more likely to exchange sex for a place to stay.

#### **Violence against women and health problems**

Many teenage women struggle with violence in the home and in their relationships. The rate of teen pregnancy in the Northwest Territories is 16%, which is four times the national rate (NWT Status of Women nd). Many young women want to get pregnant, and their peers encourage it. The rate of sexually transmitted disease is also very high, and fetal alcohol syndrome is common. It is often difficult for a youth with fetal alcohol syndrome to obtain disability rates of social assistance unless the mother admits having had a drinking problem during her pregnancy.

Sexual assault in the Northwest Territories is reported at a rate that is eight times the national average. Girls aged 7 to 18 years were the complainants in the majority of reported sexual assault cases, and 29% of the assaults were committed by members of the victim’s family (NWT Status of Women nd).

#### **Mental health problems**

Many young women suffering from mental health problems are also addicted to drugs or alcohol. The sole mental health agency serves only people who have been medically diagnosed, so those who do not want contact with the established mental health system have few options. Very little affordable therapy is available to assist people in dealing with issues of childhood physical or sexual abuse, although some healing circles have been set up in the Aboriginal community.

### ***Resources and Services***

#### **Social assistance**

Social assistance is not available for those 16 and 17 years of age. The housing allowance for singles is \$450, but most rooms rent for \$500 to \$600. There is a corresponding gap in the amount provided for families.

### **Education**

Many homeless youth have dropped out of school or attend only sporadically. There are alternative programs incorporated in some schools, and some young women find night school a bit less formal and more appropriate to their needs.

### **Shelter and housing**

Three shelters serve young women, although the women's shelter has only seven beds in a very small space. Young lesbian women reportedly do not feel safe or accepted using services for women who have been abused by male spouses, although violence in lesbian relationships is an issue that needs to be addressed.

The waiting list for municipal-owned housing without subsidy is about four months. The wait for subsidized housing is several years. Private-sector landlords are unwilling to rent to youth under 18, who do not have the legal right to sign a lease. Although 65% of the population of the Northwest Territories is made up of youth, the provision of housing for youth has not been a government priority.

### **Support services**

The Side Door, a drop-in service for youth, offers access to computers, television, a pool table, music and coffee. In 2001, the drop-in centre moves to a new site where it can operate all night. Youth will be able to sleep, although not reside, on the premises. Counsellors will be available to talk to youth and assist them in developing housing options and harm reduction or addiction treatment plans. The Centre is part of a deliberate strategy by social service agencies to keep young people apart from the older, chronically homeless population.

The Yellowknife Women's Centre is open 24 hours a day, offering counselling, advocacy, support, food, shower and laundry facilities, as well as shelter for seven single women. The Centre offers a young woman the option to leave an unsafe situation at any time or to receive support, food and shelter without necessarily leaving her home. This can be an important step in beginning to address issues of violence in a dating relationship, with a partner or by parents.

### **Harm reduction strategies**

There are differing approaches in terms of addressing drug abuse. Some service providers insist on total abstinence from all drugs and alcohol. Others attempt to provide a more accepting harm-reduction approach. There are addiction treatment services in the province, but no specific services for youth.

### **Identified service gaps**

- Transitional and long-term housing for young people;
- flophouse for women with serious addictions;
- counselling and therapy for women;
- specific assistance for those making the transition from a rural to urban environment; and
- humane standards for emergency shelters.

## APPENDIX B: HOUSING AND SERVICE DATA

**Table B1: Shelter and Housing Services for Young Women by City**

Characteristics	Toronto #	Vancouver #	Montréal #
Shelter beds dedicated for young women	27	0	0
Shelter beds for youth	485	18	67
Shelter beds <sup>39</sup> for women (with and without children or partners)	3,074	84	209
Safe house beds for youth <sup>40</sup>	5	24*	0
Transitional beds for youth	56	24	83
Supportive housing units dedicated for youth	156	17**	0
Transitional or supportive units for teenage mothers	43	0	31
Addiction treatment beds <sup>#</sup> for young women (and for youth)	9 (30)	7 (30)	0(146)

Notes:

\* In the Greater Vancouver Area.

\*\* Supported Independent Living Program for Youth with mental illness. Rent supplement program.

# Addiction treatment occurs after detoxification and before recovery stages. Treatment programs may be as short as three weeks in Ontario or up to one year in British Columbia.

**Table B2: Housing Market Characteristics by City**

Characteristics	Toronto #	Vancouver #	Montréal #
Average rent for one-bedroom apt in 2000*	\$830	\$695	\$477
Average rent in rooming house	\$450	\$339**	\$375
Vacancy rate	0.6%	1.3%	1.6% <sup>#</sup>
# households on social housing waiting list	56,000	8,632 <sup>##</sup>	7,948

Notes:

\* From CMHC 1995b, 2000.

\*\* From Main and Hastings 2000.

# Island of Montréal only.

## In the Greater Vancouver Area (Lower Mainland).

**Table B3: Age of Majority, Minimum Wage, and Benefit Rates by Province**

Characteristics	Ontario	British Columbia	Quebec
Age of majority	18*	19	18
Age for notification of parents/guardians	<16	<19	<18
Minimum wage	\$6.85	\$7.60	\$7.00
Basic social assistance rate for single employable/shelter allowance portion	\$520/ \$325	\$510/ \$325	\$502
Basic social assistance rate for single mother with 1 child <12/ shelter allowance portion	\$957/ \$511	\$896/ \$520	\$901**

Notes:

\* Age 16 for purposes of renting (right of contract).

\*\* Quebec has a distinct shelter allowance program for families that provides additional funds depending on a complex calculation of actual housing cost, family size, etc.

## APPENDIX C: LIST OF INFORMANTS BY CITY

### Toronto

Karen Arthurton, Youth Worker, *Youthlink Inner City*  
Joyce Bernstein, Epidemiologist, *Department of Public Health*  
Sue Bigurdson, Executive Director, *Humewood House*  
Will Coukell, Executive Director, *Horizons for Youth*  
Maria Crawford, Executive Director, *Eva's Place*  
Ruth DaCosta, Executive Director, *Covenant House*  
Bob Duff, Manager, *60 Richmond St. Shelter*  
Eleanor Edwards, Supervisor of Resource Centre, *Evergreen (Yonge Street Mission)*  
Irwin Elman, Manager, *Pape Adolescent Resource Centre (PARC)*  
Carlos Francis, Co-ordinator, *SWYM Program*  
Kim Fraser, Director, *Stop 86*, and Manager, *Jessie's Non-Profit Homes*  
Kiaras Gharabaghi, Director of Programs and Services, *Eva's Place*  
Clayton Greaves, Co-ordinator of Drop-In, *Evergreen (Yonge Street Mission)*  
Barrie Hannah, Acting Executive Director, *Second Base Youth Shelter*  
Gerri Laford, Housing Advocacy Worker, *Native Women's Resource Centre of Toronto*  
Darlene Leaver, School Superintendent, *Toronto District School Board*  
Bruce Leslie, Researcher, *Children's Aid Society of Metropolitan Toronto*  
Dennis Metcalfe, Programs and Services Officer, *Human Resources Development Canada*  
Susan Miner, Executive Director, *Street Outreach Services (SOS)*  
Nancy Peters, Executive Director, *Centre for Women/Massey House*  
Sheryl Pollock, Shelter and Housing Services, *City of Toronto*  
Margarita Quintana, Children's Services Worker, *Catholic Children's Aid Society*  
Vanessa Russell, Teacher, Triangle program, *OASIS Alternative High School*  
Vicki Sanders, Outreach Worker, *Central Neighbourhood House*  
Lucy Scanlon, Educator, *Beat the Street*  
Jamie Toguri, Youth Program Manager, *Native Child and Family Services*  
Anna Travers, Program Director, *Shout Clinic*

### Vancouver

Jesse Abel, Board Member, *Downtown Eastside Women's Centre*  
Jerry Adams, Executive Director, *Urban Native Youth Association*  
Anonymous, *Willingdon Juvenile Detention Centre*  
Ann Aram, Co-ordinator, Youth Action Centre, *Downtown Eastside Youth Activity Society*  
Rebecca Bateman, Board Member, *Bridge Housing Society*  
Sandy Cooke, Executive Director, *Covenant House*  
Lou Desmerais, Executive Director, *Vancouver Native Health Society*  
Dave Dixon, *Vancouver Police*  
Irene Elhaimer, Program Manager, *Margaret Dixon House (Burnaby)*  
Alison Emond, *Nisha Family and Children's Services Society*  
R. J. Evans, Social Worker, Adolescent Street Unit, *Ministry for Children and Families*  
Cynthia Farnsworth, Bridging Worker, *Peak House Bridging Project*  
Horace Fox, Safe House Worker, *Urban Native Youth Association*



Cori Kleisinger, Youth Worker, *Urban Native Youth Association*  
 Gil Lerat, Safe House Worker, *Urban Native Youth Association*  
 Marilyn Michaud, Career Resource Centre, *Family Services of Greater Vancouver*  
 Cheryl Mixon, Co-ordinator, *Family Services of Greater Vancouver*  
 Alistair Moes, Street Youth Services, *Family Services of Greater Vancouver*  
 Chris Morissy, Executive Director, *Powell Place for Women*  
 Andrea Myland, Women's Outreach Worker, *Union Gospel Mission Shelter*  
 Karen O'Shannacery, Executive Director, *Lookout Emergency Shelter*  
 Rose Perreault, Manager, *Scottsdale House (Delta)*  
 Raven, Co-ordinator, *Prostitution Alternative Counselling and Education Society*  
 Joanna Russell, Centre Co-ordinator, *Women Helping Women in the Downtown Eastside*  
 Steve Smith, Outreach Worker, *Family Services of Greater Vancouver*  
 Kathy Stringer, Manager, *Van City Place for Youth*  
 Pat Townsley, Co-ordinator, *Downtown Eastside Youth Activity Society*  
 Catherine White, Community Counsellor, *Downtown South Community Health Centre*

### **Montréal**

Céline Bellot, doctoral candidate, *Université de Montréal*  
 Mark Boutin, *Maison l'Éclaircie*  
 Micheline Cyr, *Auberge Madeleine*  
 Chantale Demers, *Maison Marguerite*  
 Annie Dion, *En Marge*  
 Claude Filiabault, *Antre-temps (Longueuil)*  
 Diane Fortin, *Maison de l'Ancre*  
 Felicia Katsouros, *Patricia Mackenzie House*  
 Maffie Lafleur, *L'Escalier*  
 Claudine Laurin, *Bureau de Consultation Jeunesse*  
 Phillippe Legeault, *Les Centres Jeunesse de Montréal*  
 Micheline Perrault, *L'Arrêt-Source*  
 Ghislain Prud'homme, *Ressources Jeunesse Ville St-Laurent*  
 Sylvie Simard, *Centre le Diapason (Mascouche)*  
 Aki Tchitacov, *Le Bon Dieu dans la Rue*  
 Trish White, *Batshaw Youth Centre*

### **Edmonton**

Tracy Bridges, Family Support Worker, *Boyle Street Community Services Co-op*  
 Karen Bruno, Young Adult Outreach Worker, *Boyle Street Community Services Co-op*  
 Gaye Catherall, Program Worker, Protective Safe House, *Catholic Social Services*  
 Michele Deis, Team Leader, Protective Safe House, *Catholic Social Services*  
 Marilyn Fleger, Program Manager, *Boyle Street Community Services Co-op*  
 Gary Gordon, Manager, *Community Development Branch*  
 Jim Gurnett, Community Services Manager, *Bissell Centre*  
 Kevin Hood, Ministry Co-ordinator, Protection of Children Involved in Prostitution Program,  
*Alberta Government*  
 Hope Hunter, Executive Director, *Boyle Street Community Services Co-op*  
 Sandy Johnson, Outreach Worker, *Streetworks*

Irene Kerr Fitzsimmons, Executive Director, *Inner City Youth Housing Project*  
 Shirley Maynard, Principal, *Boyle St. Charter School*  
 Brian Robertson, Vice Squad, *Edmonton Police*  
 Rosemary Sakyi, Program Worker, *Catholic Social Services*  
 Jennifer Serniak, Mental Health Co-ordinator, *Boyle Street Community Services Co-op*  
 Marliss Taylor, Program Manager, *Streetworks*

### **Winnipeg**

Barbara Andrews, Minister, *West Broadway Community Services*  
 Chari Arsenault, *Youth Resource Centre*  
 Jocelyn Greenwood, Ikwe-widdjiitiwin, *Aboriginal Women's Centre*  
 Hazel Henry, *Ndinawemaganag Endaawaad*  
 Marilyn McGillivray, *Native Women's Transition Centre*  
 Allen McIntosh, Program Manager, *Youth Builders*  
 Sister Bernadette O'Reilly, *Rosburn House*  
 Irene Rainey, *St. Matthews Community Ministry*  
 Jane Runner, *New Directions for Children & Youth, Training & Employment for Females*  
 Marjorie Szezpanski, *North End Women's Resource Centre*  
 Olga Szumik, Counsellor, *Argyle Alternative School*  
 Janice Walker, *Salvation Army*

### **Halifax**

Carolyn Bennett, *Stepping Stone*  
 Marilyn Berry, Executive Director, *Adsum House*  
 Donna Hannaford, *Shelter for Learning/Native Youth Education*  
 Chris Jarvis, *Arc Outreach*  
 Linda Johnson, Clinical Therapist, *Matrix*  
 Alison Little, *Phoenix House*  
 Lyn McDonald, *Phoenix House*  
 Mary Morris, Program Worker, *Exodus House*  
 Dorothy Patterson, *Arc Outreach*  
 Patricia Richards, Co-ordinator, *Community Action on Homelessness*

### **Yellowknife**

Diana Beck, *Native Women's Youth Association*  
 Jim Bentley, *Yellowknife Health and Social Services*  
 Rosemary Cairns, Executive Director, *Status of Women Council (Yellowknife)*  
 Arlene Hache, *Yellowknife Women's Centre*  
 Karen Hoeft, *Salvation Army*  
 Kevin LaFramboise, *Side-Door Ministries*

### **St. John's**

Carolyn Bruss, *Emmanuel House*  
 Wanda Crocker, Choices for Youth  
 Violet Malloy, Administrative Assistant, *Naomi Centre*

## APPENDIX D: INTERVIEW GUIDELINE QUESTIONS

### A. Service and Users' Profile

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1. Describe your services and the age range and sex ratio of those who use them.
2. What segment of the overall population of homeless young women are you most likely to see and not see in your work?
  - a) What are the implications of their age? Do you serve those under majority age? Under 16 years? Under 12 years? If not, why?
3. What changes, if any, have you noticed in the past 5 to 10 years
  - a) in the number and profile of service users?
  - b) in the services available?
  - c) in the difficulties faced by young women?
  - d) other?
4. What proportion of homeless girls and young women avoid using your services?
  - a) What changes, if any, would increase their use of your services?

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### B. Dynamics of Homelessness among Girls and Young Women

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5. What are the causes of homelessness among girls and young women?
6. What are the characteristics of young women who
  - a) are at risk of becoming homeless?
  - b) become homeless?
7. How do homeless young women survive? [Probe: Where do they sleep? How do they get money? Where do they eat or get food?]
8. To what extent do they move from one area or community to another? Why? And from city to city? Why?
9. What kind of relations do they have with young and older men?
10. What role does sexual violence or violence against women play in their lives, including sexual exploitation and the sex trade?
11. To what extent is drug use a problem? What drugs are most commonly used?
12. What happens when they get pregnant?

13. What kind of physical and mental health problems do they have? [Probe: self-harm, eating disorders, sexually transmitted diseases and HIV-AIDS.]

14. To what extent have they been involved with the child welfare system? What role does the child welfare system play in relation to homelessness among young women?

15. To what extent are homeless young women in conflict with the law? And what kinds of difficulties do they face?

16. Are you aware of any particular issues faced by homeless young women who are

- a) women of colour?
- b) lesbian?
- c) emotionally disturbed or mentally ill?
- d) other?

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### **C. Evaluation of Current Policies and Programs**

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17. How do government programs or policies specifically help or hinder girls and young women who are homeless or at risk (by policy area): [distinguish by age group: under 16, 16 to majority, over majority]

- b) employment and income support
- c) education system
- d) criminal justice system
- e) child welfare
- f) health system
- g) other.

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### **D. Suggestions for Change in Services**

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18. What suggestions do you have for improving services for girls and young women who are homeless or at risk?

19. If you were in charge of designing a service for young girls and women who are homeless or at risk (e.g., safe house, program for pregnant teenagers or young mothers, education program, harm reduction program, counselling), what would it be like?

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## ENDNOTES

<sup>1</sup> Causal relationships between macro-level policies and the outcomes for particular groups of people cannot be inferred with the available data. We have, nevertheless, attempted to document and comparatively assess the policies affecting young women in Canada's three largest cities and extrapolate what would improve the situation for young women.

<sup>2</sup> The Montréal study is led by Dr. Élise Roy, of the Infectious Disease Unit.

<sup>3</sup> Special tabulations compiled by Harvey Low, Community and Neighbourhood Service Department, City of Toronto.

<sup>4</sup> Youth under the age of 16 are generally not eligible to use any of the shelters; however, exceptions are made for those close to that age with no reasonable alternative.

<sup>5</sup> Due to recent uploading of FV shelters to the province, that data have been missing since 1998 and projected estimates have been used instead. Negotiations are under way with the Ministry of Community and Social Services to re-establish a systematic flow of that information.

<sup>6</sup> The first family shelter opened in Toronto in 1968 (Anstett 1997), and the first shelter for battered women opened five years later (Walker 1990).

<sup>7</sup> For example, most studies are descriptive and lack a theoretical framework; samples are generally small, non-representative, limited to a particular geographic area and frequently specific to one organization. The use of comparison or control groups is rare.

<sup>8</sup> An observational street count in the downtown area was added to data provided by 23 agencies. The total count of homeless persons was 1,296.

<sup>9</sup> For example, Clarke and Cooper (2000) found that youth in Calgary also avoided adult shelters and described them as crowded, dirty and unsafe. Some young Aboriginal women preferred to stay at the Native women's shelter, which is primarily for abused women. On the other hand, adult shelters did appeal to a minority of homeless youth because they were generally easier to get into; curfews were later or non-existent; parents were not contacted; obligations and expectations were not imposed; some shelters accepted intoxicated residents; and there was no limit on length of stay (Clarke and Cooper 2000).

<sup>10</sup> Due to immigration patterns, the number and proportion of racial minority youth in Toronto have steadily increased to 47% of all 15 to 19 year olds and 42% of 20 to 24 year olds, as of the 1996 Census (Toronto 1999).

<sup>11</sup> Supportive housing is a combination of subsidized permanent housing and support services. The housing may be tied to the support services and offered by the same agency, or

be offered by a separate housing agency or landlord. The type and intensity of support services varies by project. It is generally distinguished from transitional housing by having no time limit on housing tenure.

<sup>12</sup> In Toronto, the number of female youth accompanied by parents is small but increasing. See Chapter 3 of this report.

<sup>13</sup> A multi-year study is under way in Ontario and is associated with an international research effort based on shared data collection criteria (Evaluating Child Welfare Outcomes Project, University of Ottawa).

<sup>14</sup> And 18 year olds in British Columbia.

<sup>15</sup> Panhandling refers to asking people for money in public places. Squeegeeing refers to the unsolicited cleaning of car windshields for a donation at major intersections.

<sup>16</sup> Sleeping rough refers to staying in places unfit for human habitation, such as parks and ravines, vehicles, doorways, alleys, bus shelters and abandoned buildings. Squat refers to groups who take over abandoned buildings.

<sup>17</sup> This case study is based on the input provided by 27 informants who provide a range of services including shelter, educational programs, drop-in centres, outreach, transitional and supportive housing, community and public health, child welfare services, and training and employment programs.

<sup>18</sup> Modern maternity homes provide comprehensive services for pregnant homeless young women and young mothers. They have evolved into resource centres for young parents, both their own residents and those in the community.

<sup>19</sup> This section is based on the observations and views of more than 20 service providers who work with homeless young women and those at risk in the Greater Vancouver area, focussing on the City of Vancouver. The primary clientele of most of the agencies are youth or women. Only two agencies offer services predominantly for young women (a counselling and drop-in service for women in the sex trade and an agency focussed on pregnancy and parenting issues), neither of which offer shelter. More typical were agencies providing service to youth, women or adults. They range from outreach services to permanent housing for youth and include outreach, drop-in centres, social services, health clinics, emergency shelters, safe houses, a transition house for women fleeing violence, mental health services, addiction services, police and criminal justice institutions and permanent independent housing. Several Aboriginal organizations were included. Most services are located in the downtown core of Vancouver in the areas known as the Downtown Eastside and Downtown South. Several agencies were located in Vancouver outside the downtown core, and a few offered services in other Greater Vancouver municipalities (Burnaby and Delta).

<sup>20</sup> Gated access requires a Ministry for Children and Families referral, and usually means the youth is in care.

<sup>21</sup> Most of the informants work for agencies that serve either youth under 18 or women over 18 years of age. One organization has a shelter for young women aged 12 to 18. Most of the services are based in Montréal, but two, Centre le Diapason and l'Antre-Temps, are in off-island suburbs, the first on the north shore in Mascouche and the other on the south shore in Longueuil, close to Montréal.

<sup>22</sup> The case study overview is based on the input of over 100 informants in eight cities: Toronto, Vancouver, Montréal, St. John's, Halifax, Winnipeg, Edmonton and Yellowknife. See Appendix A for the second-tier case study reports.

<sup>23</sup> A crown ward is a child for whom parental rights have been terminated by an order of the Court. A society ward is a child who is temporarily placed in the care and custody of the Children's Aid Society for a maximum period of two years. Only Crown wards can stay in care past age 16, but must leave at age 18, unless they are attending school and qualify for the Extended Maintenance program. All financial support ends at age 21.

<sup>24</sup> Youth under the age of 16 found loitering in a public place between midnight and 6 a.m. without being accompanied by an adult may be apprehended by a peace officer. Police must notify parents or guardians of any youth under 18 who are arrested.

<sup>25</sup> Those on probation were not exempt, although they have been convicted, while those with charges pending are supposedly innocent until proven guilty.

<sup>26</sup> The Drug Project, begun in 1994, is an annual 10-week program for homeless and street-involved young women. It offers job readiness training and uses the arts to explore issues of addiction and violence against women. Operating since 1996, Sketch, the Art Centre for Street-Involved Youth, has conducted open studio programs, workshops with artists, art festivals and short-term jobs in the arts.

<sup>27</sup> The cancelled projects consisted of 17,000 units that would have accommodated 45,000 low- and modest-income people across the province. Eighty of these projects were located in Toronto, where they would have provided six to eight thousand affordable homes (CSPC 1999).

<sup>28</sup> Youth agreements, a service added in 2000, reflect a general MCF recognition that youth need to be treated differently than children. The youth agreement (YA) provides an alternative to bringing some youth aged 16 to 18 into care. It is intended for youth living apart from their families who are at some degree of risk, but do not require the full child protection response and are capable of living independently with support. The youth (not the parent or guardian) enters into the agreement directly with the Ministry. It may consist of residential, education, financial or other service support. Approximately 125 YAs are in effect across the province currently. The MCF has embarked on a three-year evaluation of YAs.

The Ministry also operates the Independent Living Program for youth aged 16 to 18 who are in care and is reviewing the program to harmonize its policies with YAs.

<sup>29</sup> Covenant House in Vancouver is reviewing its policies and practices regarding mixed-gender facilities with the intent of ensuring that young women are adequately served.

<sup>30</sup> About \$60 million in funding has been cut from youth centres in the last few years.

<sup>31</sup> The Fédération des Association coopérative d'économie familiale (FACEF) rejected Bill 186, Montréal May 22, 1998. FACEF Web site : <<http://www.consummateur.qc.ca/facef/>>. Accessed August 13, 2000.

<sup>32</sup> The term “social housing” refers to government-owned and managed public housing, non-profit housing owned and managed by municipalities and non-profit groups such as churches and social agencies, and non-equity co-operative housing that is resident-owned and managed.

<sup>33</sup> The first of a series of significant cuts in social housing spending was introduced in 1984 when \$48.3 million was eliminated from the housing budget. After a public consultation on housing policy, a new agenda for housing was released in 1986, refocussed on helping those most in need (Hulchanski 1999a). Additional cuts were made each year from 1989 to 1993 for a total of almost \$560 million (Carter 1997). Federal funding for social housing programs was reduced or terminated in favour of a homebuyers' plan that allowed the withdrawal of up to \$20,000 from Registered Retirement Savings Plans tax free (Hulchanski 1999b). In 1993, the federal government cancelled all funding for new social housing, having cut a total of \$2 billion from the housing program. The effects of this, combined with economic recession, were soon apparent. By 1996, 1.7 million out of a total of 9.8 million households had serious affordability problems (i.e., were paying 30% or more of their income for housing). Single females and single mothers together comprised 45% of them (CMHC 1999). Between 1991 and 1996, the proportion of households in core need increased by 7.3% in Ontario, 5.0% in British Columbia and 4.9% in Quebec to reach levels of 18.2% to 19.0% in all three provinces (Carter 2000).

<sup>34</sup> Outreach workers spend most of their time on the streets and in places where homeless people sleep rough. They offer material assistance, support and try to encourage people to “come in from the cold.”

<sup>35</sup> More than one third of federal expenditures from the Supported Accommodation Assistance Program fund agencies that focus their services on young people. In 1996, the Prime Ministerial Youth Homeless Taskforce was set up to advise the prime minister on the framework, goals and establishment of the Youth Homelessness Pilot Programme. Twenty-two pilot projects were funded across Australia with the objective of improving the response to young people's homelessness with an emphasis on early intervention, family reconciliation where appropriate and assisting young people to access work, education and training. Another federal program,

Innovative Health Services for Homeless Youth, funds health centres and mobile outreach services to respond to the health needs of young homeless people.

<sup>36</sup> Seven percent of Winnipeg's population is of Aboriginal descent, but in the downtown area this rises to 18% (1996 Census).

<sup>37</sup> Seven percent of the Halifax population are of a visible minority, including 4% of African heritage and less than 1% of Aboriginal heritage (1996 Census).

<sup>38</sup> About 20% of the population of the City of Yellowknife is Aboriginal (1996 Census).

<sup>39</sup> In Toronto, data on conventional family shelters and designated family violence shelters or transition houses are combined. There are no conventional family shelters in Vancouver or Montréal. In Montréal, women using family violence shelters or transition houses are not considered homeless.

<sup>40</sup> In British Columbia, for youth aged 13 to 18 escaping the street, and the sex or drug trade; in Toronto, for youth in care aged 13 to 15 involved in high-risk behaviour such as prostitution.