Voices from the periphery: Prospects and challenges for the homeless youth service sector

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Abstract
As a result of its focus on transitionally-aged youth (16–24), the homeless youth service sector finds itself on the periphery of both the children's service sectors, represented by children's mental health, child welfare, education and youth justice, and the adult service sectors that seek to address the varying needs of adults for social assistance and mental health services. Based on an extensive literature review and a series of interviews with service providers, stakeholders and youth within this sector, in the Central East Service Region of the Ontario Ministry of Children and Youth Services, the authors synthesize core themes and issues that help to situate the current prospects and challenges facing this sector. Feedback from informants positioned the concept of “relationship” as a central feature of both service provision and service use on the part of youth. The Central East Region is a mixed urban, suburban and semi-rural region situated in close proximity to Canada's largest urban centre, Toronto. With a population of nearly 2 million, the Region is often perceived as diverse, encompassing a series of highly affluent commuter communities, relatively isolated rural and small town communities and urban working class communities. While social issues such as homelessness and poverty have long been recognized in urban communities, they have only recently been acknowledged as community concerns in the geographically large suburban areas of this region.

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1. Introduction

Services for homeless youth in most Ontario communities exist at the margins of much larger, institutionalized service sectors for children, youth and families (Karabanow, 2004; Youth Shelter Interagency Network, 2007). Given its focus on transitionally-aged youth (16–24), the sector finds itself on the periphery of both the children's service sectors, represented by children's mental health, child welfare, education and youth justice, and the adult service sectors that seek to address the varying issues of adults in need of assistance. As a result of its peripheral position in relation to these more established service sectors, the homeless youth service sector is constantly seeking its place in a continuum of services characterized by major gaps and limitations (Kidd & Davidson, 2006; Kurtz, Jarvis, & Kurtz, 1991). Service providers within this sector have had to develop innovative and highly creative approaches to navigating a system of funding opportunities and related service expectations in order to continue to meet the ever-increasing needs and challenges faced by homeless youth in the community (City of Toronto, 2008; Durham Region, 2007; Karabanow, 2004). Services for homeless youth in rural or semi-rural areas face added challenges related to geographic isolation, social stigma and community expectations (Cloke, Johnsen, & May, 2007; Elias, 2009; Skott-Myhre, 2008).

In this paper, we give voice to the service providers and the youth they engage with in order to articulate the prospects and challenges facing this particular component of an otherwise formalized and institutional service system. In our discussions with a wide range of stakeholders in the homeless youth service sector, we were impressed by the centrality of the concept of “relationship” to virtually every aspect of this system's dynamics. Executive leadership as well as youth themselves...front line staff as well as academic observers...all agreed that the informality of the sector is both its strength and its impediment; the latter because the sector lacks the resources and clinical skills to address the frequent and often intense mental health concerns of homeless youth, and the former because youth themselves are engaged not so much by the quality of service structures, but by the prospects of on-going relationships with particular agencies, programs and professionals. In our discussion of the voices of the homeless youth service sector, we will, therefore, emphasize the relationship context of service provision and youth engagement.

2. Youth homelessness in Central East Region

A snapshot of youth homelessness in Central East Region, and the services currently in place to address this challenge, will help to provide a background for the voices of the various stakeholders. The region, situated north of Toronto, stretches from Richmond Hill north
to Haliburton and east to Peterborough, and is one of nine regions for the provincial ministry responsible for all services to children, youth and families, except education. The long-standing perception that most areas within this region are affluent, with primarily suburban lifestyles, has resulted in the marginalization of social issues and concerns within the public political agenda and narrative. Much of the service system to address youth homelessness in this region is relatively new, and outside of the working class communities in the eastern part of the region, homeless youth themselves have been largely invisible (Pathways, York Region, 2007/08).

The region is home to an extensive network of formal, institutionalized services for children, youth and families, including five children's aid societies, Canada's largest children's mental health centre and a network of mental health services available through hospitals and community agencies. A large number of private sector residential and community-based services are also present, typically working closely with the children's aid societies for the purpose of providing services to children and youth in care.

A number of recent regional studies have pointed to increases in youth homelessness, broadly defined (Durham Region, 2007; Simcoe County Alliance to End Homelessness, 2006; York Region Alliance to End Homelessness, in press; York Region Homelessness Task Force, 2002). Within this region, youth homelessness includes youth living on the streets and in shelters, and also those with no stable housing who "couch surf" or inhabit insecure or unsuitable residences in the private housing market. Similarly to other regions in Ontario and throughout Canada, the population of homeless youth includes those transitioning or aging out of other sectors, notably children's mental health and child welfare, as well as those finding themselves without secure housing after leaving or being rejected by family at age 16 or older. In some cases, youth find themselves homeless after being discharged from youth justice facilities with no plan for housing (Haggart, 2007). The prevalence of mental health concerns, while not the subject of targeted measurement, is said to be very high, as are personal histories of trauma, abuse, family conflict, poverty and newcomer status (Van Daalen-Smith & Lamont, 2006).

The service system in place to provide intervention and support to homeless youth consists of a somewhat fragmented collection of service providers who offer emergency shelter and transitional and semi-independent residential group care services, as well as outreach services, drop-in centres and mobile crisis support. The funding for these services is highly differentiated, with some of the residential facilities receiving transfer payment funds from the regional Ministry office, and other services receiving municipal funding, as well as private donations, to maintain programs.

3. Methodology

The research for this paper was undertaken in partnership with the Central East Region office of the Ontario Ministry of Children and Youth Services (MCYS). As part of a review of their residential mental health services, the office was interested in better understanding the mental health needs and related issues specific to the population of homeless and hard-to-house youth in the region. A wide range of informants and stakeholders were consulted, including the executive leadership of MCYS-funded agencies serving homeless youth, regional experts and peripheral stakeholders within the homelessness system in Ontario and beyond, and the youth themselves. The emphasis in this study was to listen to the multiple perspectives of service providers, stakeholders and youth in order to identify their core themes and issues. To that end, a series of interviews and focus groups was conducted across the region using a snowball sampling technique; participants who could speak to service sector concerns, as well as to the experience of using services within this sector, were recruited.

Interviews were initiated with the executive leaders (3) of services funded by Central East MCYS to provide housing for homeless youth (under the mental health funding envelope). These leaders referred the researchers to other stakeholders (4) who provided similar services or were considered to have expertise in homelessness issues in the region or in the Greater Toronto area. In the course of the research, the researchers learned of additional service providers familiar with the population, and these providers were also invited to participate in an interview. Six invitations were extended to direct service providers running municipally-funded shelters, youth recreation programs and a mental health support group. One interview was completed, and additional information was received by email. Frontline and specialized staff members were also present at some of the interviews with the executive leaders.

Youth participants were recruited using posters providing a brief project description, along with the group interview dates and contact information, which were distributed by staff in the (MCYS-funded) youth shelters. Youth over the age of 18 were invited to contact the researchers directly, or to show up at a group meeting at a local drop-in program. Each youth who agreed to attend a focus group or be interviewed individually received a cash payment of $25. Three focus groups took place, with six participants in Newmarket, nine in Richmond Hill, and six in Oshawa, along with one individual interview, representing a total of 22 youth.

All interviews and focus groups were audiotaped with participant consent. The tapes were reviewed independently by each investigator, and themes were distilled from the data. A collective review of the themes identified commonalities, as well as themes unique to each group. All the research protocols employed in this study were reviewed and approved by Ryerson University's Research Ethics Board.

4. Findings

Although there was considerable overlap between the voices of service providers, external stakeholders and the youth themselves, we are presenting these voices separately in order to highlight the specific concerns and challenges identified by each of these subgroups. In addition to the previously mentioned focus on relationships, a notable feature of all the interviews and focus groups was the degree to which the participants identified as being on the periphery of broader social service systems in the region and beyond. The language used to frame this marginalization most commonly included references to "formal" and "informal" sectors. The former seem to include agencies and services areas that are associated with stable government funding as well as relatively large bureaucratic organizations (e.g. children's aid societies, hospitals), while the latter include smaller, not-for-profit or private organizations that are characterized by unstable funding and the need for fundraising; limited regulatory oversight; and frequently small or single person management teams (e.g. shelters, drop-in programs, neighbourhood centres).

4.1. Service provider voices

Several core themes emerged from the discussions with service providers; however, the most central concern was funding. While virtually all the service providers indicated that current funding was adequate for basic on-going operations, all lamented the associated limitations in service provision. First and foremost, service providers were concerned about the staffing levels in the shelters. In the residential shelter programs for homeless youth, staffing ratios were typically very low in spite of significant needs. Shelters operated with a staff/youth ratio of 1:7 in the evenings only. As a result, adequate levels of safe supervision and care were not always available to youth with notable mental health concerns. Since service providers were concerned about the safety of these youth, as well as the safety of the
other youth and staff in the program, the low staffing levels resulted in the exclusion of youth with significant mental health issues from such services. Service providers were also concerned about the lack of meaningful access to mental health services, and even where such access was possible, the resulting appointments, and related travel costs and time, required extra staffing for transportation and follow-up.

Inadequate staffing levels also impacted transitions for youth. All of the residential service providers indicated insufficient resources to prepare and support youth as they transitioned from residential services to independent housing situations. The consequence was a significant relapse – financial collapse and loss of housing – as well as involvement with the criminal justice system, drug use and abuse and mental health episodes in which self-harm or even suicide were significant risks: “We have one transition worker and at least one hundred youth in need of her support! She has to take care of transitions into the program, out of the program as well as keeping in touch with the youth who have been out there for a while and are finding things more difficult than they thought. How can this possibly do justice to the young people?”

In spite of concerns about staffing levels, service providers took considerable initiative to ensure that youth had access to and were involved in essential services wherever possible. All of the residential service providers were actively engaged in advocacy, on behalf of “their” youth, with other service providers representing other systems, including housing, health care, adult mental health systems, and where applicable, with the children’s mental health, education and child welfare systems. In many instances, staff from these service providers participated in case conferences where appropriate, and were actively involved in the development and monitoring of care plans and goals for the youth. Indeed, a major strength of these residential service providers is their ability to connect the youth with outside resources and monitor how they are experiencing those services, as well as advocating on their behalf where necessary.

Aside from the issue of funding, service providers highlighted the need for informality and pragmatism in developing rules and regulations related to service delivery. Virtually all of the service providers emphasized the unique nature of the needs of homeless and street-involved youth, and suggested that programs and services that are helpful to them must be easily accessible, tolerant of repeated failure to achieve goals and focused on longer-term engagement. To this end, both the residential service providers and the drop-in services devoted much of their work to providing for the basic needs of the youth (food and shelter), and connecting with them with a view to developing longer-term relationships. Staff recognized that many youth would not be able to make an immediate connection or follow through on expectations, but generally thought that providing logistical and practical supports would create effective long-term relationships.

Service providers within the homeless youth sector saw themselves on the periphery of social service systems within their community. In their experience, homeless and street-involved youth experience a great deal of social stigmatization, which also reflects on the service providers. While all of the service providers who participated in this study regularly made an effort to maintain connections and positive relationships in their neighbourhoods and local communities, they also had to perpetually make the case for services and supports for homeless youth, and “hustle” funding for their programs and service.

In their experiences of interaction and attempted collaboration with the formal service sector, service providers described instances of meaningful collaboration and partnership as well as instances of failed collaboration and communication difficulties. Moreover, the service providers lamented the formalities, such as extensive intake processes and appointment-based meetings, so that youth were not always able to follow through on. In general, service providers reported relatively low motivation on the part of youth to engage with formal services long-term. They indicated that the most commonly used formal services are those that can respond during crises, such as hospitals in particular, something that was also indicated by the youth themselves (see below).

On the other hand, all of the service providers also highlighted partnerships with formal service providers that were of great value and that had proven sustainable. In differentiating such partnerships from other collaborative initiatives, time and time again service providers described the importance of inter-professional relationships with specific individuals within the formal service sector. One area in which such partnerships were particularly valuable was in relation to assessments for youth experiencing mental health concerns. While there were significant issues related to managing the implications of assessments and collaborating on developing appropriate service responses, at least the assessment function itself resulted in enhanced access to other types of services within the formal sector. Such partnerships, while valuable were nevertheless scarce, much to the dismay of the service providers.

Many of the informal sector service providers sought to develop their own specialized services, including counseling, employment-related and housing services, instead of partnering with others in the formal service sector. In several cases, community partnerships proved unsustainable for a variety of reasons, resulting in a service provider trying to duplicate services already available but difficult to access in the community.

While the majority of services available through the informal sector are intended for youth ages 16 and up, the vast majority of youth using these services are 18 years of age and older. Service providers within the informal sector noted repeatedly the difficulties associated with providing services to the 15–17 year age group. They pointed to a system gap, whereby youth in this age group are too old for the formal children’s mental health system and too young for the informal homelessness system and adult mental health services. One outcome of this gap is that youth often find themselves experiencing very difficult situations that lead to long-term system involvement, including trauma related to street life, substance use and addictions; in the case of girls, they are vulnerable to sexual abuse and exploitation, as well as teenage pregnancy.

In response to these issues, service providers suggested that there was a need for a greater emphasis on early intervention initiatives by both sectors, as well as for the formal and informal sector service providers to work together on identifying and intervening with children and youth at risk of homelessness. However, they were not able to provide a great deal of detail on what such collaboration or early intervention might look like.

4.2. Voices from stakeholders

Stakeholders in the homelessness sector, both inside and outside of the Central East Region, echoed many of the issues and themes cited by the service providers themselves. In addition, however, these stakeholders raised several other themes and highlighted the urgency of developing new approaches to responding to homeless youth.

Stakeholders indicated much more emphatically than the service providers that the day-to-day experiences of working with homeless youth frequently felt like “an imposition from the formal systems onto the informal ones”. They had many anecdotes related to youth transitioning from formal mental health services to the homelessness system, instances such as youth being dropped off at homeless shelters, without a plan or even medications after spending weeks in in-patient psychiatric hospital wards or jail. Another area of criticism was the lack of collaborative efforts related to ensuring that youth with mental health issues had access to appropriate services and care. It was also very clear that in the view of stakeholders, the “typical” homeless youth shelters, with an average staffing ratio of 1:15 (in the Toronto area), were not appropriate placements for youth with serious mental health issues. Furthermore, when such placements
were made without any inter-system communication or consultation, the ethical foundations of the system were questioned.

Stakeholders believed that a great deal of the perceived dysfunction related to the transition from formal to informal systems was associated with a lack of understanding of the specific issues and struggles of homeless youth on the part of the formal system. Both the personal and the community resources available to homeless youth were thought to be over-estimated by the formal systems, and this was reflected in the perceived assumption that there was a high level of stability and predictability in the lives of the youth.

Stakeholders provided a range of suggestions related to resolving the gaps between the formal and informal systems. In one case, considerable pessimism was expressed along with a lack of confidence that the formal systems could change their approaches sufficiently to become useful to homeless and street-involved youth. Therefore, the most meaningful strategy was thought to be that the informal system should develop its own services similar to the services offered by the formal systems but taking into account the specific needs of homeless youth. The “One Stop Shop” concept that underlies much of this thinking was frequently referenced. On the other hand, some stakeholders were critical of this perspective, arguing that informal services are not well suited to offering clinical interventions, in part because these service providers would not be able to attract qualified staff given lower funding levels. These stakeholders advocated for more concrete approaches to collaboration, including the sharing of staffing and knowledge resources between formal and informal systems. As a very specific strategy, proponents of this approach suggested that formal service providers could allocate limited staff time for clinical positions to be transferred to the informal sector. This would result in a greater appreciation of the needs of homeless youth by having these staff share their experiences back in their primary work place in the formal sector. Conversely, it was suggested that the informal sector could assist the formal sector with training and developing cultural competency with respect to homeless, street-involved and under-housed youth and families that would assist the formal sector to improve its own services and to develop more meaningful outreach capacities.

Stakeholders in the youth homelessness system also agreed with service providers that housing represents the most urgent and acute need of homeless youth, and that a national housing strategy should therefore take precedent over all other types of services. The efficacy of treatment within either system was thought to be significantly compromised, particularly for youth with mental health issues, when they had no stable and safe place to live. Stakeholders expressed grave concern over the ever-increasing visibility of substance use and addictions, and associated concurrent disorders.

Stakeholders emphasized the urgent need for early intervention strategies specifically targeting younger homeless youth, ages 16 to 18. From their perspective, mental health issues were less complex and less entrenched within this age group, and therefore it would still be possible to influence the experiences of these youth positively. They emphasized the need for access to a greater range of services that take into account the developmental and cultural specificity of this group, including services that were able to connect with youth and their families. Stakeholders also noted the potential of peer mentorship programs as a way of reaching youth who would not on their own access services in the formal system. Particularly with respect to mental health services, peer mentorship was thought to have the potential to help youth overcome their hesitations to engage with formal sector service providers, as well as to ensure greater follow through with multi-step access procedures.

4.3. Voices from youth

There were twenty-two youth that participated from three communities; six of them were female, the rest were male. Four of them were parents themselves (three young men and one young woman), who were actively parenting or trying to. As described in other surveys on this population (Evenson, 2009; The McCreary Centre Society, 2001, 2002; Public Health Agency of Canada, 2006, 2007; Streetkids International, 2008), the overwhelming majority had experienced multiple placements in foster care and group care, both child protection and residential mental health services. Almost all of them identified family “problems” from an early age. About half had finished high school, and had aspirations for post-secondary education, if they could find the funding to support this direction. Four of the group members had immigrated with some of their families to Canada.

The youth voices were much less focused on service design and the need for clinical competence within the system, and much more focused on practical solutions to everyday problems. Overall, the youth emphasized the importance of meaningful connections with service providers and individual staff members, as well as their desire for stability and safety on an every day basis. Of particular note were three themes discussed by the youth: housing, addictions and self-determination.

4.3.1. Housing

Having access to clean and safe housing in their own community was the number one concern before youth could consider any other health issues. Not all of the youth who participated in the focus groups were living in shelters. Indeed, shelters were often seen as accommodations of last resort. Some youth shelters were generally thought of as safe, though not preferred since they were crowded and you had to live with unknown peers. However, adult shelters were thought to be very unsafe.

“I’ve been clean for two months. Staying at the shelter is tough, there’s a lot of drugs there.”

If possible, youth preferred to stay with the parents of friends or supportive friends, or to sleep in cars or alleyways, rather than going to a shelter. Employment or collecting social assistance was a prerequisite for finding clean, safe accommodation, and staying in a shelter worked against getting employment, while social assistance did not provide sufficient funding for clean accommodation.

“When they give you housing, they give you a “shithole”. It’s infested with bugs... maybe you are going to rent a room, or it’s falling apart... [subsidized housing] is full of bugs, cockroaches or bedbugs and you have to deal with that... it’s horrible... I gave up my housing.”

Solving the housing dilemma required having someone to live with, and often the only person(s) that the young person had to live with was someone else who was homeless or facing difficult conditions of their own. Family members were either not appropriate (due to previous abuse or mental illness), or not available as a support system until the youth could show some long-standing evidence of having changed their life. In order to be healthy and move forward with their lives, they felt that they needed to leave their “Street” friends, but at the same time these friends were the only support system available. Staying with the current support system meant risking relapse to substance abuse or criminal activity.

“Just because you have that little room or that bachelor apartment, doesn’t necessarily mean that you are out of the street; you are still “streets”; you might have somewhere to go back to, but it’s not necessarily a safe place, or a clean place that you can maintain and get yourself on your feet to go to school. You’re only a heartbeat away from... just because you have 4 walls around you doesn’t mean that you are housed. When it comes to maintaining it or making something of it; you’re still homeless; you’re still not out of the clear.”
Youth stated clearly that housing in their home community, and more housing for youth having difficulty, was essential, but that the members of local communities resisted having subsidized or inexpensive housing in their community. The youth also described a need for practical support for employment, and were generally unaware of how to engage in effective job searches given today's economic climate. Youth described mentoring each other to understand the system, particularly in regard to accessing social assistance, being able to get ID and health cards, and finding the appropriate funding for the things that they needed, including ongoing medical care and medication. When service providers such as Ontario Works (social assistance) social workers and addictions counselors came to the centre, it was not only convenient, but the youth were more likely to get the practical help that they needed.

4.3.2. Addictions

Substance use, substance abuse and addiction were part of the ongoing struggle that youth engaged in to deal with the stresses of life, including diagnosed mental illness, family violence, parental mental illness and poverty. Many of the youth recounted depression and turning to drugs at an early age, generally 12 to 13, as well as the ongoing use of substances throughout their lifetime. They knew of no resources to deal with addictions or substance abuse prior to the age of 18, and indeed indicated that they might not have been ready at that time but felt it was important to deal with.

“You can try and lead someone, but ultimately at that age they are going to do what they do. Offering them non-judgmental resources that they can go back to. They have to go through the system, they have to go to jail, and when they've had enough and they see—Listen—I CAN DIE then they've had enough and pretty much that's when.... And now I can stand up for myself, I can say NO, I know where you're going and that path leads THERE and I'm not going THERE.”

“A good worker has to have that patience, you'll have your bad days, but a good worker will just take it as an understanding of your person...getting better takes time... you learn a little bit each time”

Use of substances, mixing substances or overdosing often resulted in hospital stays for youth or their friends, and typically young people were responsible for taking their peers to a secure setting to detoxify or to deal with suicidal threats (almost invariably a hospital emergency room). Waiting lists to get into programs are long and the motivation to change may have left the person by the time they get access to the service. For those over the age of 18, a range of adult-serving institutions was available to them to deal with their addictions. Most of the clients in these settings were over 40 and, in the eyes of the youth, were chronic users whom they did not want to resemble; in some cases, youth spoke very positively about the safety and acceptance they encountered at some adult-based addictions (detox) services.

4.3.3. Self-determination

Most of the youth were very clear that the source of their problems was family. Parents had struggled with unemployment, addictions, violence, and mental illness, and rarely were the interventions effective or practical if they were present. By the time they reached the age of 15 or 16, they were on their own and determined to make it, or they were close to exhausting the child welfare and children’s mental health residential programs, having already been to most of them.

Helping relationships that made a difference were characterized by youth as ones that existed over a long period of time (3 to 5 years), and allowed them to move in and out of the relationship. Youth came to the person when they were ready to make some personal changes, and felt accepted and cared about by the person. They could return, after a period of addiction, depression, and/or homelessness, and be accepted and begin trying again to move their lives forward. The young people that we spoke to felt privileged to have found someone that could do this for them. In general, it was rare to find a counselor who was this accepting and would be available to them when they were ready. Most of the time, they were focused on practical day-to-day realities, like finding a place to sleep and food. Only when these were achieved could they return to a safe accepting relationship that would help them work on personal issues and enhance their mental health.

Young people also provided assistance to each other, mentoring new youth on the street to understand how to get ID, how to access social assistance, where they were safe, how to find a place to sleep; they watched out for them as they got deeper and deeper into addictions or criminal activity, trying to ensure that they didn't make a fatal error and getting them to hospital when necessary. They recognized that when you are a teenager, you don't really care and don't necessarily want to be helped, but you still need someone to watch out for you — that was the role of the older peers.

“When you are on the street, you're swimmin’ with a bunch of fishes and whatever they're doin’, you're doin’...cause they're makin’ sure that you eat and stuff. When you are off, you're housed, but you're alone, it's still not normal.”

Basically, if their friends go for help, young people will follow them and go for help too, when they are at that younger age. There are also more people willing to help, even when help is not necessarily desired.

“When you are 14, everybody wants to help you. Friends take you in; group homes;”

“When you were younger it didn't matter, you didn't care. It kind of dawns on you when you are 18 or 19, and you realize you have nowhere else to go and you get depressed, into alcohol or drugs, or go to jail. You choose your path, you know....”

Youth felt that voluntary commission for substance use or for mental illness was essential to successful treatment. Getting in for treatment required a commitment on the part of the young person, and they had to do the work while they were there. Once the work was done, support for transitioning out was essential. The residential treatment centre was safe. Everyone accepted the young person, and there were no temptations or risks to deal with. Once they returned to the community, young people had no money, no place to live and plenty of temptation. Youth felt that they needed a lot of practical support, immediately following treatment. A social worker or support person might be assigned, but without family or a home to return to, they needed plenty of hands-on guidance in order to get a job, find a safe place to live and maintain an addiction-free lifestyle and/or mental health. While jail time did not necessarily include treatment, the transition back to the community had even fewer supports in place and the same risks.

5. Discussion

While those interviewed did not use the term themselves, it is reasonable to characterize their self-perception as “informal services” that stand in the shadow of “formal services” delivered by larger and better funded institutions such as children’s mental health centres, hospitals and child welfare agencies. The “informal sector”
associated with itself a culture which values pragmatism and grassroots initiatives more so than clinical sophistication and organizational prestige.

Services for homeless youth who exhibit mental health concerns in Central East Region are clearly caught in a duality of children’s services that appears structurally entrenched. On the one hand, children’s services are well funded and resourced, and generally include clinically sophisticated approaches to working with children and youth. On the other hand, those systems are not always successful in stabilizing and strengthening the life circumstances of youth, and very little support is extended to those youth once they age out at 16, or are excluded from service because of lack of family involvement or criminal behavior. Instead, these youth now find themselves seeking assistance from the homeless youth service providers, who are not nearly as well resourced to manage their issues, the same issues that the children’s services were unable to manage. Moreover, the children’s service sector provides very little in terms of transitional supports; once a client has moved on, the services by and large end (Bucher & Coward, 2008; Yonge Street Mission, 2009).

It is within this framework of service exclusion and limitations that service providers within the homeless youth service sector seek to establish themselves as meaningful places and spaces for homeless youth. Through the discussions with executive leaders within this sector, it has become clear that the basis of service provision is relationship. What is particularly noteworthy, however, is that this service sector extends the concept of relationship to every level of day-to-day activity, including worker–client and worker–system interactions, and even the development of systems and approaches to securing resources and funding. In the absence of clinical resources, the homeless youth service system bases its everyday activities on the provision of logistical support that can have immediate, tangible impacts for youth. The assistance provided in relation to food, housing, employment, and personal support and nurturing create the foundation for a longer-term relational engagement between service providers and homeless youth. Whether it is through the drop-in program or a residential service, service providers are finding their connections with youth strengthened and deeply embedded in their everyday interactions. Youth themselves express their appreciation for these day-to-day services and supports; they are very clear that, in spite of inadequate facilities especially in the context of long term housing, they feel supported and cared for by the temporary housing solutions provided by the sector.

The youth themselves were very much committed to the idea of self-determination, and they overwhelmingly endorsed the concept of “readiness for change”; from their perspective, no clinical intervention or service is likely to advance their readiness to make changes and seek out sustainable growth and development. Ultimately, they seek relational engagements with a wide range of individuals, including peers and child and youth care staff, in order to manage the often lengthy time period during which they experience significant ups and downs in their everyday life experiences. To the extent that these experiences might feature moments of crisis, youth are much more open to using established and institutional services such as hospital emergency rooms, rather than targeted services such as community mental health programs where they could develop ongoing counseling relationships. Instead, they prefer the existing supportive relationships of their peers and/or the service providers in the homeless sector.

Most of the youth we spoke to were able to articulate clear goals for their future, and they had clear ideas about how to achieve these goals. Most, however, did not believe themselves to be ready to commit to a sustainable and disciplined life style that might get them closer to achieving their goals. For most, an on-going engagement in the homeless youth service sector was inevitable for a few more years.

The idea of relationship does not, however, end with the youth-staff relationships that clearly provide the foundation for the everyday interactions within this sector. Although some services were not available through their own sector, staff and leaders did not rely on formalized collaborations with agencies in other sectors to provide support to their clients. Instead, they focused on the development of professional relationships with individuals in those other sectors who might be able to open doors for their youth. Gaining access to the established and clinically-based services in both the children’s and adult service sector was most likely when the referring person from the homeless youth service sector had specific professional contacts with an individual in the more formal service sector. Staff in the informal sector value these contacts a great deal, and work hard to nurture such relationships on behalf of the youth they serve.

Finally, even in the context of resource acquisition and government funding schemes, service providers within the homeless youth service sector fostered individualized professional relationships with other professionals from funding agencies and government departments. Executive leaders were very clear that their attempts to follow official processes and procedures in order to compete with the formal sector for funding and resources were not likely to yield positive results. Ultimately, virtually all initiatives within this sector begin with an activation of already existing relationships between the service provider and specific professionals from the funding government department.

6. From the periphery into the core

While the voices of the homeless youth service sector captured for this study clearly expressed some frustration with the formal systems and the lack of services provided for young people who are not eligible to access the formal system, neither were the parties of this sector interested in or engaged in creating systemic change. Youth themselves expressed clear preferences for the grass roots informality represented by the homeless youth serving agencies and their staff, while the service providers expressed hesitation to invest time and energy in more structured and formalized collaborations with the formal sector. Ultimately, homeless youth are a difficult social group for which to design publicly-funded services. They are neither children nor adults, and their transient status and high levels of mobility exile them to the periphery.

On the other hand, in spite of the clear presence of significant resilience and strength amongst these youth (Bender, Thomson, McManus, Lantry, & Flynn, 2007; Griffin, 2008; Karabanow, 2003), there are some less promising trends that require our attention. While many youth will eventually discover their readiness for change (Karabanow, 2008), many others will fall victim to addictions and accumulate more trauma and victimization than they will be able to recover (Baron, 2008; Baron, Forde, & Kennedy, 2001; Werb, Kerr, Li, Montaner, & Wood, 2008; Stewart et al., 2004). Self-determination as a driving force for change must be responded to quickly, and the formal systems are unable to do so. The interventions currently available through the homeless youth service sector are strong, meaningful and logistically highly relevant, but they do not always address the underlying causes or contributors to homelessness and high risk lifestyles (Whitbeck, Hoyt, & Bao, 2000). It is therefore essential for informal services to find ways of connecting with their formal counterparts in both the children and adult service sectors (Nichols, 2008), in order to support the expressed desire of these youth for self-determination.

In order for the periphery to gain access to the core, without having to relinquish its organizational commitment to the everyday interactions with youth based on logistical considerations and a desire for longer-term relational engagements, a more coordinated strategy for system-to-system relationships is needed. This would be facilitated by funding to support active collaboration between sectors and systems, based on an understanding that homeless youth are not a
social group to be left to its own devices on the periphery. Rather, children and adult services share some level of responsibility to engage with the periphery. Until this happens, it is our belief that the voices of service providers and youth must be heard. With this article, we endeavour to bring the voices from the periphery to the forefront.

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