

# **Community Council for Children & Youth in Elgin (CCCYE)**

## **Responding to Youth Homelessness in St. Thomas & Elgin County**

January 10, 2013

*Prepared by*

**OrgCode Consulting Inc.**



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## Acknowledgements

In addition to the independent research conducted for this study, this report acknowledges and builds on the work from the following studies:

- Elgin-St. Thomas Public Health. (2011) *Healthy Communities: Community Picture*.
- Elgin-St. Thomas Public Health. (2011) *Nutritious Food Basket Report*.
- Elgin-St. Thomas Public Health. (2010) *Community Health Status Report*.
- Elgin-St. Thomas Public Health. (2010) *Mapping Opportunities for Physical Activity and Healthy Eating*.
- City of St. Thomas. (2009) *St. Thomas and Elgin County Study on Homelessness*.
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- City of St. Thomas. (2004) *St. Thomas and Elgin County Housing Strategy*.
- City of St. Thomas. (2004) *St. Thomas and Elgin County Housing Needs Assessment*.

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## Executive Summary

Over the past ten years, increasing attention has been paid to the issues of poverty, housing affordability, and unemployment in the City of St. Thomas and Elgin County. In 2004, a Housing Needs Assessment was conducted that resulted in a Housing Strategy. In 2006, the United Way conducted a public engagement initiative to determine the priority issues and Youth were identified as the top priority across the area. In 2009, a Study on Homelessness was conducted to assess the need for homelessness programs and services in St. Thomas and Elgin County. A year later, the first shelter, Inn Out of the Cold, was opened in St. Thomas.

In 2012, the Community Council for Children and Youth of Elgin (CCCYE) issued an RFP to conduct a study focused on youth homelessness. OrgCode Consulting, Inc. was awarded the project and assumed the responsibility to meet five objectives:

1. understand the nature and scope of youth homelessness in the region,
2. develop a coordinated service protocol to respond to youth homelessness,
3. identify the services and resources available to youth,
4. identify gaps in service, and
5. provide recommendations for addressing the identified gaps.

OrgCode used comprehensive research methods to accomplish the five objectives mandated by the CCCYE. The methods included:

- Key informant interviews were conducted with over 18 organizations that provide services to youth directly or support those that do.
- Youth focus groups were conducted to target a range of different youth who have experienced homelessness.
- Three different online surveys were administered to augment the findings from the interviews and focus groups and to determine public perceptions regarding youth homelessness.
- Data was collected from Statistics Canada, Health Canada, Canada Mortgage and Housing Corporation, and a variety of other reliable sources.
- Similar studies on youth homelessness were reviewed from comparable jurisdictions to provide evidence rich context to the Elgin study.
- Academic research was undertaken and included the most recent theories and practices regarding youth homelessness.

In St. Thomas-Elgin, youth are considered homeless when they *lack stable, permanent, acceptable housing, or the immediate prospect of acquiring it, when it is not possible for the youth to live in a safe environment with a relative and who have no other safe alternative living arrangements*. Homeless youth, in the context of this study, are unaccompanied by parents or adult relatives. If a youth is accompanied, he or she is part of a homeless family and that population was beyond the scope of this report that defined youth as being ages 12-24. While it is possible for youth under age 12 to be homeless and alone, most commonly children under the age of 12 who become homeless remain with extended family members.

Data shows that few homeless families have children aged 12 or older, and relatively few youth under age 12 are found homeless on their own.<sup>1</sup> Within the targeted age range of homeless youth 12 to 24, there is a wide variation of characteristics and needs within this range.

| Age      | Characteristics                                                                                                                                                                                                                                                                                                                             |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Under 12 | Child. Very rare to see a child under age 12 homeless and on their own.                                                                                                                                                                                                                                                                     |
| 12-15    | Juvenile. Must attend school and cannot obtain legal employment. Not able to be self-sufficient; dependent on adults for food, shelter, and support. Family & Children’s Service is able to intervene.                                                                                                                                      |
| 16-17    | Grey area. Family & Children’s Services may intervene, but youth as young as 16 may be legally considered an adult and may apply for Ontario Works. Many adult shelters accept youth aged 16 and older.                                                                                                                                     |
| 18-21    | Transition to adulthood. Foster care ends, but former Crown Wards may request Extended Care & Maintenance in order to continue to receive support until age 21. In most cases, youth aged 18 and higher are no longer eligible for youth-specific services. Usually, youth aged 18-21 are learning to live on their own for the first time. |
| 22-25    | Young adult. No longer eligible for any youth-specific services or financial assistance from Family & Children’s Services, though emotional support is provided.                                                                                                                                                                            |

Youth homelessness is complicated. It has no single cause. Many homeless youth will encounter struggles academically, experience compromised mental wellness, experiment with substances, experience interactions with law enforcement, have problems at home that generate high levels of relationship tension and, are more likely to come from a household where the parents experienced similar problems. Most homeless youth report an average of 5 “stressors” before becoming homeless.<sup>2</sup>

Homeless youth—as a sub-population of all people experiencing homelessness—are unique. His or her homelessness comes during a time of development – physically, emotionally, psychologically, socially, spiritually, intellectually, etc. Often, youth become homeless without a complete education and limited work experience. Life skills and money management skills are also often in development stages. Finally, homeless youth are vulnerable to victimization, such as sexual exploitation and assault.

Because of the complicated nature of youth homelessness, helping youth recover from the experience of homelessness often requires housing as well as supports. Service providers must be willing to work together and address a number of interrelated issues that homeless youth may be facing. These issues include:

- **Interaction with Justice.** Many homeless youth have a history of involvement with law enforcement and the court system – as perpetrators of offences as well as victims of offences. Having a criminal record can negatively impact job prospects, so diversion and alternative sentencing are useful strategies to help homeless youth.
- **Domestic abuse.** Many youth who have become homeless have experienced domestic violence, physical and emotional abuse and sexual abuse. Helping youth cope with past instances and preventing re-traumatization are important elements in their recovery.
- **Drug and alcohol use.** Experimentation with drugs and alcohol is not foreign to teenagers. Exposure to various substances amongst homeless youth can be different than his/her housed peers. Risk may be higher with certain substances and types of use.

- **Education.** Many homeless youth struggle in school and the majority drop out before attaining their high school diploma. Helping youth finish school through alternative education programs significantly improves their employment opportunities in the future. Alternative schools have been used effectively in Elgin County.
- **Emergency shelter.** Having a safe, short-term place to stay is essential in addressing homelessness. However, homeless shelters—just like fire stations—are for emergencies only. Shelters are not housing and do not solve homelessness. Shelters are only part of the equation that will form a solution in Elgin County.
- **Employment.** Usually, the youth unemployment rate is twice as high as the general unemployment rate. It is difficult to secure or pay for an apartment without a steady income.
- **Food security.** Homeless youth are unlikely to eat regularly or to eat healthy food. The lack of food security makes it even more difficult for homeless youth to function effectively on a daily basis.
- **Health.** Youth are more prone to injuries and are more likely to develop medical conditions while homeless. In addition, homeless youth often delay seeking medical attention until their health problems are severe.
- **Housing.** There are very few adequate, affordable rental units in Elgin County, and landlords are generally reluctant to rent to at risk youth.<sup>3</sup> This makes it extraordinarily difficult for youth to find a place to live.
- **Mental wellness.** A disproportionate number of homeless people have compromised mental health and most mental illnesses first manifest when a person is in his or her teens or early twenties.
- **Presentation and hygiene.** Being homeless has a detrimental effect on one's hygiene and this can become a barrier to finding either a job or a place to live. Over the long term, poor hygiene can impact one's health and result in social isolation.
- **Sexuality and pregnancy.** Homeless youth are much more likely to be sexually active resulting in increased risk for sexually transmitted diseases and infections, pregnancy and sexual victimization. Recent studies have indicated that the LGBTQ youth may represent 25% or more of the homeless youth population.
- **Transportation.** Homeless youth are often dependent, literally, on their own two feet for transportation, which means in a large rural area such as Elgin County, they are often unable to reach the services they need.
- **Violence and bullying.** Homeless youth are at a higher risk of being assaulted, victimized and abused.
- **Youth in care.** A high proportion of homeless youth have had interactions with formal systems of care such as foster care or group homes.

Responding to youth homelessness in an effective manner requires an integrated community response protocol. All service providers must understand their role in the ending youth homelessness. This network of service providers should be comprised not only those organizations or agencies that deal directly with youth homelessness such as the YWCA or Community Alternatives for Youth but, also, the police, teachers, Ontario Works employees, elected officials, faith-based groups, and service clubs.

There are three advantages to a large-scale, coordinated community response in addressing youth homelessness:

1. Inclusion of groups that have designed their services to specifically meet the needs of youth experiencing homelessness translates into a tighter service network with appropriate resources to attain the common goal of ending youth homelessness.
2. Coordination among the service and supports organizations translates into less duplication; redundancies in services can be reduced and this allows resources to be channelled to where they are most effective.
3. A *Community Protocol* for youth homelessness means that all groups will be engaged in a coordinated brokering and advocacy approach and provide Intensive Case Management to ensure that each youth receives the supports that they need to end their homelessness.

### Chapter 1: About Homelessness

The stereotypical image of homelessness is the chronic inebriate in dishevelled clothes or the older lady pushing a shopping cart mumbling to herself in a large urban centre.

The truth is homelessness has many faces. The image and presence of homelessness is different from community to community. Generally speaking, homelessness can be sub-divided into those experiencing absolute homelessness and those experiencing sheltered homelessness. There are also those individuals that experience precarious housing and may be at increased risk of homelessness due to the instability of his/her housing.

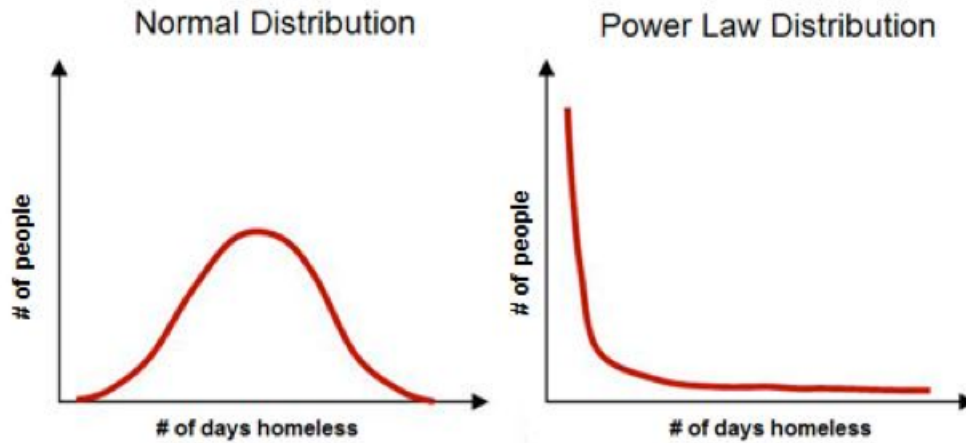
| Absolute homelessness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sheltered homelessness                                                                                                                                                                                                                   | Precariously housed                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Outdoors like sleeping on the sidewalk, sleeping in a park, staying on a park bench, tent in the woods, etc</li> <li>• In a car</li> <li>• In a bus shelter</li> <li>• At a coffee shop or overnight restaurant</li> <li>• In an abandoned house or other type of abandoned building</li> <li>• In a garage or shed</li> <li>• At a business</li> <li>• At a hospital with no fixed address</li> <li>• In jail with no fixed address</li> <li>• At an addiction treatment center or detox or withdrawal management center with no fixed address</li> <li>• In any other place not designed for human habitation</li> </ul> | <ul style="list-style-type: none"> <li>• At a motel or hotel (paid for by someone else, including income supports)</li> <li>• At a homeless shelter</li> <li>• In transitional housing</li> <li>• At a 24 hour drop-in center</li> </ul> | <ul style="list-style-type: none"> <li>• In one’s own apartment but experiencing housing instability</li> <li>• With a friend or family member</li> <li>• At a motel or hotel (paid for with one’s own money, and the funds available are scarce)</li> </ul> |

One rarely becomes homeless instantly, as a result of a single event. There is usually a preceding chain of events. The inter-relationship of these events causes stressors that result in people becoming dislodged from his/her housing. For example, it may be that a person experiences a breakdown in the natural social network of his/her family, which prompts the individual to increase their substance use, which results in a loss of job, etc.

A key feature of homeless populations is that they are *transient* in both the figurative and literal sense of the word. A person may move closer to or farther from homelessness. Once a person loses their housing, they can move closer to obtaining housing or farther from it depending on what supports may exist in the community or through family and friends. Lacking supports, newly homeless persons may move in and out of an emergency shelter or transitional housing. Perhaps, they may stay with friends in different locations—couch surfing.

It is a common misconception that there is an “average” length of time that people experience homelessness. The majority of cases of homelessness are individuals who become homeless and then quickly gain or regain housing. Approximately 80% of people who experience homelessness do so for a short period of time—a week

or less—and then find a place to stay and never become homeless again.<sup>4</sup> If one were to chart all the people who ever became homeless on a graph and ask them how long they were homeless for, the graph would resemble a “Power Law Distribution” as opposed to a “Normal Distribution” (see below).

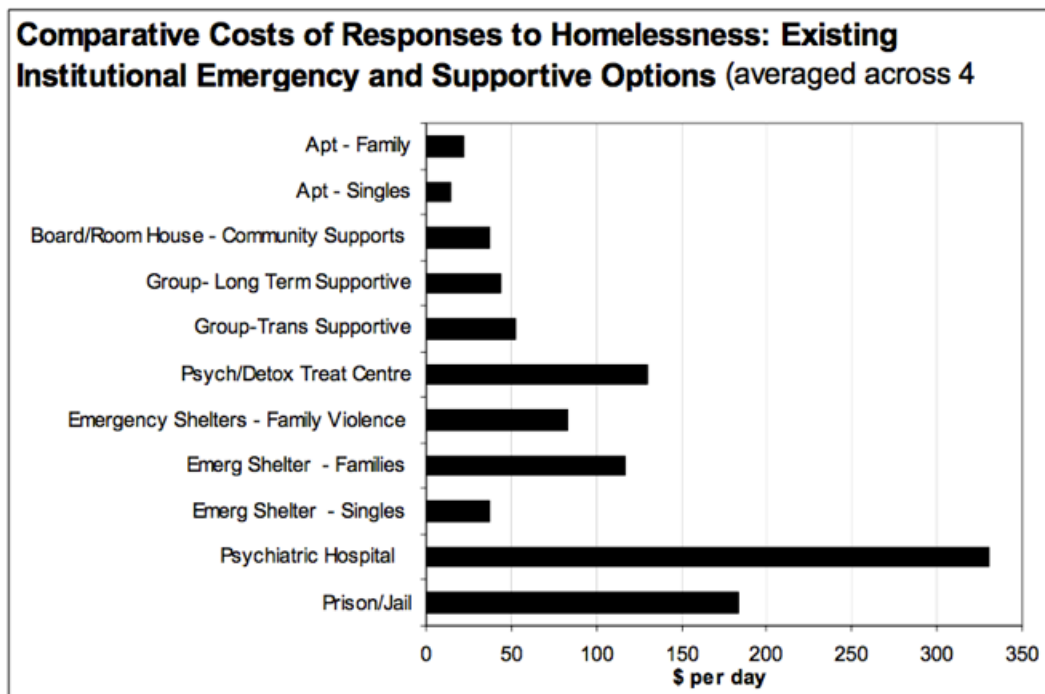


This fact is very important to understand how to address, prevent, and ultimately end homelessness.<sup>5</sup> When counting the number of individuals who become homeless, the vast majority of homeless persons are, were, or will be homeless for a short period of time. But when measuring the *impact of homelessness* on a community, the few individuals who are homeless for a long period of time have an enormous impact.

The relatively small number of *chronically homeless* individuals account for a high proportion of the services that are accessed in a community. In particular, the services used are often high-cost such as ambulances, emergency rooms, mental health facilities, and jails. Typically, chronically homeless individuals have shorter lifespans than the general population, have poorer health and experience substance abuse<sup>6</sup>. This small population are frequent visitors of emergency rooms and, at times, may use ambulance, paramedic or police resources.



Figure 01: Comparative Costs of Responses to Homelessness<sup>7</sup>



The costs of homelessness can be enormous. The evidence is clear that it is far better for any municipality to focus its resources on ending homelessness rather than managing it. The only known permanent solution for homelessness is housing.

### 1.1 Unseen Homelessness

The majority of cases of homelessness are brief. In fact, the most common length of time during which people experience homelessness is one day, and the second most common duration is 2 days.<sup>8</sup> What’s more, “sleeping rough”—that is, sleeping outdoors, on the street, or somewhere unintended for human habitation—is the rarest form of homelessness. The majority who experience homelessness will make alternate arrangements well before considering sleeping outside.

Those with some money may stay in a hotel, while others may stay with friends or family. Homelessness in these instances is unseen. These cases are sometimes referred to as “hidden homelessness” or “invisible homelessness.” To a casual observer, most of these individuals would appear healthy, housed, employed, and secure.

Most people that experience homelessness can get back into housing on their own and some just need a little help from friends or family. Those who are not able to resolve homelessness on his/her own or with the assistance of their informal network benefit from rapid re-housing or intensive case management interventions. In the latter instances there is most often a range of co-occurring issues that function as barriers to accessing housing.

Unseen homelessness presents a number of unique challenges:

- 1. Low public awareness.** Since some homeless persons are not seen, most communities do not realize the extent to which all types (including unseen) homelessness exists.

2. **Impossible to accurately measure.** Raising public awareness is difficult because, with unseen homeless populations, there is no agreed upon methods to determine the extent to which it exists.
3. **Inadequate services.** Because the unseen homeless population is impossible to accurately measure, organizing service responses is insufficiently informed by evidence.
4. **Delayed response time.** With unseen homeless populations, service providers are face complications in outreach responses.

## 1.2 Rural Homelessness

Many people think of homelessness as an urban problem and they associate rural areas with a sense of community where everybody pitches in to help their neighbours. As a result, rural residents are often in denial that there could possibly be people who are homeless within their community.

Yet, rural homelessness does exist though it may take on a different form when compared to urban homelessness. There are several ways in which the causes and characteristics of rural homelessness differ from urban homelessness, including:

1. **Less rental housing.** Typically, housing in rural areas is predominated by older, single-family, owner-occupied dwellings reducing the availability of rental housing stock. There tends to be fewer multi-residential buildings and the less expensive rental properties are often in poor repair or there is low availability.
2. **Lower education.** People who are homeless in rural areas typically have lower levels of education than those in urban areas. One U.S. study indicated that 64% of rural homeless people did not graduate from high school.<sup>9</sup>
3. **Higher employment.** Usually, a lower education corresponds with fewer job prospects, but in rural areas, residents may drop out of school to begin working at a younger age. However, many of those employed in lower paying or multiple jobs are more vulnerable and are more likely to experience a string of short-term jobs interspersed with periods of unemployment, with no long-term stability.
4. **Worse health.** Typically, health care services in rural areas are concentrated, while the population is spread out. As a result, people lacking access to transportation often fail to have regular check-ups. By the time a rural individual becomes homeless, he or she typically has relatively worse health than an urban dweller. The lack of transportation in large Counties like Elgin presents a challenge for people to access social services, in general.
5. **Fewer services.** As a result of low population density, the few social services that are available in rural areas are typically concentrated and are not able to reach the more isolated individuals.
6. **Better mental health.** Rural residents report better mental health outcomes than city dwellers.
7. **More interactions with the justice system.** A recent study found that two-thirds of homeless people in rural areas had been incarcerated, spent time in jail, or been in juvenile detention.
8. **Homeless for less time.** Rural residents who become homeless are typically homeless for shorter durations and become homeless less frequently than their urban counterparts.
9. **Substance Use.** While some level of drug use is common in any jurisdiction in Canada, one study indicated that homeless people in rural areas were as many as six times more likely than their urban counterparts to have an alcohol-related problem.<sup>10</sup>
10. **Transportation.** Those in more rural areas that experience homelessness have more difficulties getting to locations where services may be located that can be of assistance.

### 1.3 Youth Homelessness

Youth experiencing homelessness differ from the adult homeless population in several ways. For instance, youth are less likely to experience chronic homelessness. In several jurisdictions there are anecdotes that suggest the social networks of youth allow them to access more couch-surfing opportunities, and therefore may be unseen. Youth are also in a developmental stage of life, dealing with a range of social, life skill acquisition & mastery, physical, emotional and relationship changes.

Secondly, youth are vulnerable to a variety of external and internal forces. Like anyone experiencing homelessness for the first time in life, a youth encountering homelessness may find it to be a terrifying, new experience without more years of life experience to draw upon to place the situation in context. Emotionally in development, homeless youth are vulnerable to depression and associated manifestations of depression including suicidal ideation and suicide attempts, with suicide being the second most common cause of death among homeless youth.<sup>11</sup> Youth may also be vulnerable to peer pressure and, while homeless, they can encounter street involved people who may encourage them to get involved with theft, drug use or dealing drugs. Survival sex—exchange of sexual favours for temporary shelter—can impact both genders and sex work may be seen as a viable way to have money for food and shelter. Service providers have estimated that homeless youth have about six weeks between the onset of homelessness and being indoctrinated into street culture.<sup>12</sup>

Finally, the impacts on youth who experience homelessness is greater than adults as it pertains to longer term involvement with the homeless service delivery system in his/her life cycle. If a homeless youth is not served well by the Human Services delivery system, he or she will likely become homeless several times during their lifetime—most homeless adults first experienced homelessness as a teenager.<sup>13</sup> Assisting homeless youth to find housing and supports not only reduces youth homelessness now, but it also reduces recidivism into homelessness in the future.

#### 1.3.1 A Typology of Youth Homelessness

Typically, youth who are homeless fit into one of four types:

1. **Runaway youth** are young people who have left their home often because of family violence and/or abuse.
2. **Throwaway youth** are youth who have been kicked out of their home usually because of the youth's behavioural issues and/or parental dysfunction. A youth's emerging sexual orientation may create unsolvable tension in the family.<sup>14</sup>
3. **Street youth** are youth who have spent some time living on the streets and are street involved with drug use, drug dealing, prostitution, theft, and/or other types of illegal behaviour.
4. **Systems youth** have spent time in foster care, juvenile detention, or other formal systems of care and have "fallen through the cracks" of the human services network.

These terms are useful in describing the general typology of youth who become homeless. However, the reality is that there is often a fair amount of overlap between these terms. For instance, a youth could feel as if he or she was kicked out while their parent(s) may recall that they ran away. Moreover, these categories are not static; a youth who has run away from home may become a street youth at some point.

While youth may have become homeless for a variety of reasons and may not have homogeneous characteristics as an overall population, it is possible to describe three categories of homeless youth, based on level of risk.

1. **Low-risk youth** are typically homeless for fewer and shorter periods of time. Usually, these youth continue to go to school and have more stable relationships with their families.
2. **Transient youth** typically have moved in and out of housing and school repeatedly, but still have relationships with their families. These youth tend not to have seriously compromised mental health or problematic substance use.
3. **High-risk youth** are most likely to be homeless for longer periods of time. Often, they have dropped out of school entirely, have unstable or no family relationships and may have more serious and/or persistent mental health concerns and/or problematic substance use.<sup>15</sup>

A recent study was conducted in the United States to determine how many homeless youth fit into each category.<sup>16</sup> Over 75% of homeless youth are considered low-risk and are temporarily disconnected from their home and family.

Table 1: A Typology of Homeless Youth

| Category  | Age 17 and Under | Age 18-24 |
|-----------|------------------|-----------|
| Low-Risk  | 86%              | 81%       |
| Transient | 8%               | 9%        |
| High-Risk | 6%               | 10%       |

### 1.3.2 Defining Youth Homelessness

Homeless youth are a group that is distinct from two other populations: 1) homeless adults aged 25 or older, and 2) homeless families (includes one or more parents and their children). If a youth is homeless but is accompanied by parents or guardians, he or she is not considered a homeless youth but, instead, is part of a homeless family.

How does one define youth homelessness in Elgin County? In this report and with the guidance of the CCCYE, youth are defined as aged 12-24.<sup>17</sup> However, determining if a person is homeless or not is a difficult task. Is a youth temporarily homeless if they decide to spend a night at a friend’s house without their parent’s consent? What if a youth is kicked out from home in the morning, but by evening they have resolved whatever issue led them to being kicked out?

In 2009, the *St. Thomas and Elgin County Study on Homelessness* defined homelessness in the following way:

“...persons/families who are living on the street, persons/families who are accessing emergency/transitional housing (whether temporarily or multiple times), the hidden homeless (persons/families who are residing with friends/families, or in abandoned buildings etc.), and persons/families at risk of homelessness. At-risk of homelessness are persons/families at imminent risk of eviction, who pay too high a proportion of their income on housing [>30% household income], or who live in unacceptable housing or housing circumstances.”

However, this definition is problematic for a few reasons. Many of the terms used are not defined, but are instead described by examples. This relies on judgement rather than precise definition to determine whether an indi-

vidual is homeless. In addition, the definition incorporates persons *at risk* of becoming homeless as opposed to actually being homeless.

In determining an appropriate definition of homelessness for Elgin County, it is possible to borrow from definitions used in the United States as well as a definition created by the Canadian Housing Research Network (CHRN). In the USA, the *Runaway and Homeless Youth Act* defines youth homeless as youth *“for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement.”*<sup>18</sup> The *Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act* defines homeless youth in the following manner:

“...[youth who] have experienced a long term period without living independently in permanent housing, and have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.”<sup>19</sup>

The Canadian Homeless Research Network (CHRN) defines homelessness as an individual *“without stable, permanent, acceptable housing, or the immediate prospect of acquiring it.”*<sup>20</sup> This definition is simple, direct and straightforward, and focuses on the central issue of homelessness: the absence of a housing unit.

The following definition is therefore recommended for Elgin County:

*“Youth are homeless when they lack stable, permanent, acceptable housing, or the immediate prospect of acquiring it; when it is not possible for the youth to live in a safe environment with a relative and who have no other safe alternative living arrangements.”*

# Why Should I care About Elgin's Homeless Youth?



When homelessness decreases, there is a drop in crime from burglary to prostitution to assault.



It costs far less to house a homeless youth than to let them stay in shelters, hospitals or prisons.



Most homeless youth are victims of abuse. They should be nurtured not criminalized.



If youth are our future, doesn't it make sense to have a productive, employed, tax-paying future than one of dependence on welfare?



Homeless people are frequent hospital visitors. Helping homeless youth prevents long-term strain on the healthcare system



Homeless youth self-medicate to deal with depression, stress, and the cold. Helping them reduces drug abuse.



More individuals and families are slipping through cracks. What if it was you?

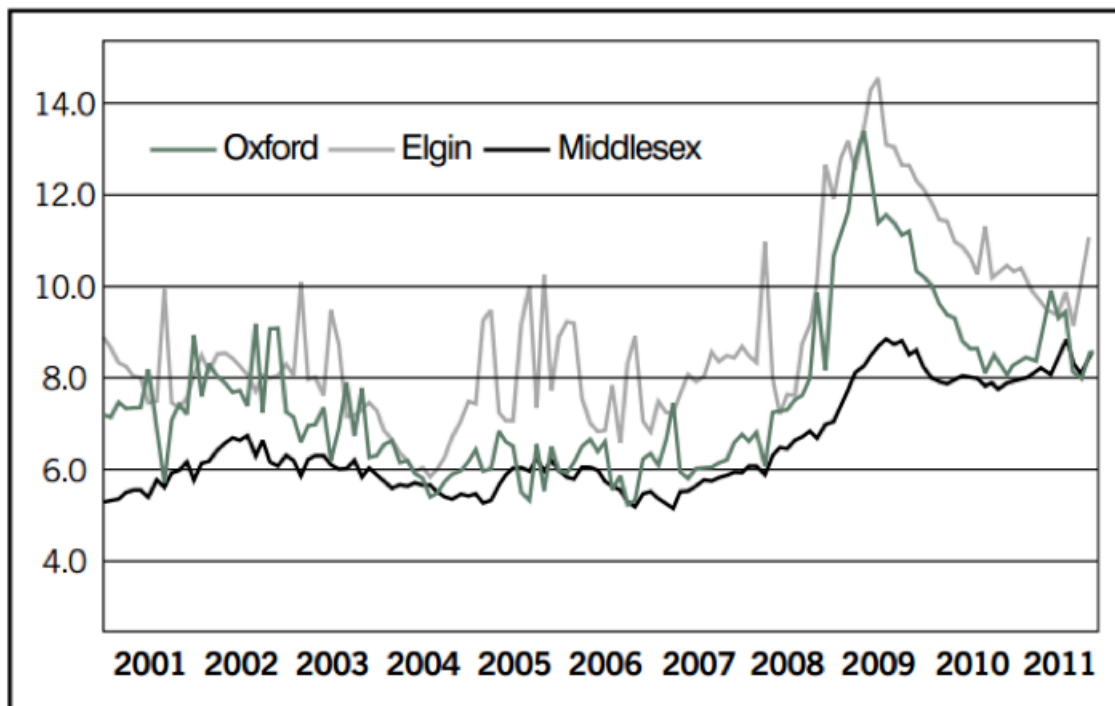
# FIND A REASON

## Chapter 2: Elgin County

Elgin County is a low-density, predominantly rural area situated on the northern shore of Lake Ontario, midway between Toronto and Windsor. Only 30 km from London, Ontario, St. Thomas is the largest city in Elgin County. St. Thomas-Elgin County has a total population of 87,461, of which 37,905 live in St. Thomas.

Historically, Elgin County has been a manufacturing centre and in the 1800s, the County was known as the “Railway Capital of Canada” because of all the railways that passed through the town. Since the end of the railway era, manufacturing in the region shifted focus to automobiles, the manufacturing supply chain for car manufacturers and the automobile aftermarket.

According to the most recent Statistics Canada data, about 28% of St. Thomas-Elgin residents are employed in the manufacturing sector. This heavy investment in manufacturing, however, has led to some hard times in recent years. In 2009, the Sterling Truck factory closed and 3,500 jobs were lost in the region. In 2011, the Ford assembly plant also shut down, resulting in the loss of another 1,500 jobs. The recent recession forced several other smaller factories to close down and, most recently, the Timkin Co. factory announced that it would close with the loss of 200 more jobs. As a result, the local unemployment rate shot spiked above 10% in 2008, and has not yet returned to pre-2008 levels.



Source: Statistics Canada Labour Force Survey, presented by The Centre for Spatial Economics; Elgin Middlesex Oxford Workforce Planning and Development Board

Figure 01: Unemployment Trends

While most residents are acutely aware of the job loss in their community, most are nonetheless surprised to learn that homelessness exists in St. Thomas and Elgin County—as revealed by key informant interviews and focus groups in preparation for this report.

People do not automatically become homeless just by losing their jobs, but it can contribute to homelessness. People with little savings, no social safety net, or persons with problematic substance use or compromised mental wellness are particularly vulnerable to disruptions in their income caused by the loss of a job. Furthermore, it has been suggested that homelessness is a lagging indicator in a downturned economy – that the full impacts of job losses on homelessness can sometimes take years before a household consumes all of their existing resources and finds themselves with nothing<sup>21</sup>.

Youth are also vulnerable to becoming homeless during hard economic times. The youth unemployment rate is typically twice as high as the adult unemployment rate<sup>22</sup> and it's a practical issue for employers making a hiring decision—the résumés of adults usually reflect more education, more experience and a proven track record. One unemployed young woman who was looking for a job related the following story:

*“About a year ago, I started dating a guy, but I knew my parents wouldn't like him, so I kept it a secret. Then, they found out and told me I had to break up with him 'or else'. I chose the 'or else'. They kicked me out and dropped me off at the shelter one day. But, there's a lot of older people at the shelter and after one of them hit me, I decided I couldn't stay there anymore. So now I'm living on my friend's couch.”*

*– 15-year-old female*



### Chapter 3: Issues Facing Youth

Homelessness is complex because there are a number of variables that impact the experience of homelessness. There is no direct, single, causal relationship that results in homelessness. One recent study in Niagara found that youth experienced an average of 5 “stressors” that led to their homelessness.<sup>23</sup> Homeless service delivery systems are complicated because they require interconnectivity of specializations to bring the resources to bear at the right time to address the complexities of homelessness. The solutions to homelessness are actually simple – the provision of housing with the right types of supports matched to individual needs.

It is important to understand the issues that relate to youth homelessness and how they intersect. The *issues* presented in the following section are intended to provide a framework for the scope of the varied causes of homelessness for youth along as well as the barriers that homeless youth might face when trying to find a home.

#### Community Response Meter

Based on the extensive research that OrgCode conducted over a period of six months in 2012, the “readiness” of St. Thomas-Elgin County to address each of the following issues will be assessed based on three aspects: Awareness, Acuity, and Amenities.

| Community Response                                                                                                                                                    |          |                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Awareness</b> – The general level of public awareness regarding the issue. Useful in determining public support for new initiatives and funding allocation.</p> | <br><br> | <ul style="list-style-type: none"> <li>Widespread awareness about the issue or a sense of urgency about the issue.</li> <li>Growing awareness about the issue; acknowledgement but reluctance to act.</li> <li>Little to no public awareness about the issue; widespread misunderstanding or denial that there is a problem.</li> </ul> |
| <p><b>Acuity</b> – The general severity of the issue relative to other issues within St. Thomas-Elgin.</p>                                                            | <br><br> | <ul style="list-style-type: none"> <li>Not a major issue in the area but still present.</li> <li>Moderate issue that needs to be addressed.</li> <li>Severe issue in the area—related services should be prioritized.</li> </ul>                                                                                                        |
| <p><b>Amenities</b> – The general availability, appropriateness, and readiness of services related to the issue in St. Thomas-Elgin.</p>                              | <br><br> | <ul style="list-style-type: none"> <li>Existing needs are being met.</li> <li>Some needs are not being met.</li> <li>Severe gap between needs and ability of service providers to meet needs.</li> </ul>                                                                                                                                |



### 3.1 Involvement with the Justice System

*People experiencing homelessness are more likely to be in conflict with the law, as well as more likely to be victims of various types of offences.*

Dozens of studies have demonstrated overlap between involvement in the justice system and homelessness. For instance, a study in the state of New York with correctional institution inmates found that between 25-33% had been homeless in the past two months. Other studies have found that homeless people were more likely to have past convictions.<sup>24</sup> A recent study demonstrated that approximately 33% of offenders become homeless after being discharged from correctional institutions.<sup>25</sup>

There are four main reasons why homeless people may find themselves engaged in activities that are against the law. Survival is the first reason.<sup>26</sup> A hungry person with no money and no direct (and legal) access to food will sometimes do whatever it takes—such as stealing from a grocery store, or going to a restaurant and leaving without paying (the so-called “dine-and-dash”). In other situations, it is easier to steal money than food, so petty theft, shoplifting, pilfering are also possibilities. Some homeless youth may become involved in prostitution or drug dealing to make money. [See also **Drugs and Alcohol, Food Security, and Sexuality and Pregnancy**]

*“To get food you steal from a grocery store. It’s what you have to do, so if you’re homeless, you do it” – 16-year-old female*

A second reason why homeless people become in conflict with the law is because a small proportion may suffer from chronic deviant behaviour, anti-social personalities, and/or addiction to substances.<sup>27</sup> For instance, a person with kleptomania may feel a compulsion to steal. A person with an antisocial personality disorder may be unusually and inexplicably violent. A homeless individual with a drug dependency may not be able to think about the consequences of their actions beyond obtaining their next use. [See also **Mental Illness**]

Third, some homeless youth may demonstrate what is called “functionally adaptive criminal behaviour.”<sup>28</sup> As an example, a homeless youth who is facing a night on the street in the middle of winter may provoke a police officer into arresting him or her so that the homeless individual can spend the night in a warm jail cell – not a good situation, but possibly one that is better than the alternative.<sup>29</sup>

Finally, some individuals display behaviour that it can result in being arrested instead of receiving appropriate treatment. For example, an individual with

schizophrenia and experiencing psychosis may frighten bystanders, prompting police involvement and causing the individual to be apprehended as per mental health legislation. This category may also apply to highly intoxicated individuals or those with severely diminished mental capacity.<sup>30</sup>

As reported during the youth focus groups conducted in St. Thomas during this study, the majority of homeless youth fit into the first category, engaging in crime only to survive – at first. Youth with more difficulty obtaining food and shelter are more likely to resort to crime. However, the longer a youth is homeless, the more they are exposed to criminal behaviour and interactions with the police. Theft of basic necessities often escalates to more serious crime.<sup>31</sup> Some youth, spurred to commit crime because of necessity, discover that they enjoy the thrill and continue to commit crimes for fun.<sup>32</sup>

Studies in Sydney, NS and London, ON also show that most youth who become homeless began criminal involvement before leaving home – 50% in London and 70% in Sydney. Often, this is a youth's way of signalling for help with family problems, such as domestic abuse. Unfortunately, police responses often "further stigmatize victims of abuse, encouraging defiant and persistent involvement in street crime," thereby achieving the complete opposite of the intended effect.<sup>33</sup> [See also **Domestic Abuse**]

Studies show that the best approach to ending the involvement of youth in crime is through reducing opportunities to engage in criminal behaviour.<sup>34</sup> For instance, employment programs have been shown to dramatically reduce youth involvement in crime by providing youth with a productive way to pass the time, giving youth valuable job-related skills, and reducing the need for "survival crime." Diversion programs designed to keep youth out of jail by enrolling them in social programs instead have been proven to be quite effective. Finally, addressing the root causes of youth acting out can also reduce the incidence of street crime. [See also **Employment**]

**Prevention:**

- **Discharge planning.** Prior to a youth being discharged from a correctional facility the staff should develop a plan with the youth, family and service providers so he or she does not end up homelessness or return to a correctional institution in the near future.

**Emergency Response:**

- **Diversion programs.** Encouraging police to call social service providers instead of arresting youth can lead to much more positive outcomes for everyone.

**Long-Term Solutions:**

- **Employment programs.** Providing youth with relevant job training and employment placements reduces the likelihood that youth will resort to crime.

**Involvement in the Justice System Statistics**

- Keeping a homeless youth in detention costs between 3 and 4 times as much as providing a bed in a shelter.<sup>35</sup>
- 13 The average age a homeless youth commits his or her first crime.<sup>36</sup>
- 50% of homeless youth who admit to committing a crime.<sup>37</sup>
- 71% of homeless youth report being encouraged to commit a crime.<sup>38</sup>
- 93 young offenders were charged with criminal charges in St. Thomas in 2011.<sup>39</sup>
- The number of young offenders being charged in St. Thomas has decreased over the past four years.<sup>40</sup>
- 95% of prisoners need supports on discharge.<sup>41</sup>
- 1 in 3 prisoners become homeless after being discharged from prison.<sup>42</sup>

- AWARENESS
- ACCUITY
- AMENITIES

| Case Studies                                                                                                                                                                                                                                                                                                                                                                                          | Recommended Reading                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMI Kids<br><a href="http://www.amikids.org">www.amikids.org</a><br><br>The Key Program, Inc.<br><a href="http://www.key.org">www.key.org</a><br><br>The Going Home Project<br><a href="http://www.wi-doc.com/going_home.htm">www.wi-doc.com/going_home.htm</a><br><br>Homeless Court<br><a href="http://www.ladpss.org/dpss/grow/homeless_court.cfm">www.ladpss.org/dpss/grow/homeless_court.cfm</a> | Wisconsin Department of Corrections. (2006) <i>Best Practice Recommendations for County Provided Aftercare: Toolkit for Youth Leaving a Juvenile Correctional Institution.</i><br><br>British Columbia Office of Housing and Construction Standards. (2001) <i>Homelessness – Causes and Effects Report, Volume 1: Relationship Between Homelessness and Health, Social Services, and Criminal Justice Systems.</i> |

### 3.2 Domestic Abuse

*Domestic abuse is often an immediate cause of homelessness, particularly for females who run away after being abused. Also, having experienced or witnessed abuse as a child increases the risk of a youth becoming homeless.<sup>43</sup>*

Domestic abuse can take many forms such as physical, sexual, or emotional. While physical violence is the one that shows the most visual signs, all have the potential to be very damaging to a person’s wellbeing. Abuse may occur once, it may recur periodically or even escalate, or it may involve long-term tactics of related to manipulation. Other forms of abuse are also possible, including cultural, spiritual, verbal, financial, or material abuse. Any type of abuse has the potential to be traumatizing.

The majority of homeless youth have a history of family conflict, violence, and/or abuse.<sup>44</sup> A recent study in Niagara found that 50% of homeless youth had experienced abuse. The same study found that youth who had been abused became homeless for the first time at a younger age than those who did not (15 years old vs. 17).<sup>45</sup> In many cases, running away from abuse is an immediate cause of homelessness for youth.

Experiencing trauma—particularly at early ages, and if the trauma is chronic—puts youth at a much higher risk for mental illness, problematic substance use, teen pregnancy, suicide, and re-traumatization.<sup>46</sup> Often, victims will “self-medicate” by turning to alcohol, illegal drugs or prescription drugs to dull the pain triggered by the traumatic experiences. [See also Drug and Alcohol Use, Mental Illness, and Sexuality and Pregnancy]

*"I just got out of a two year relationship, that's why I'm covered with these bruises. But I'm lucky. My sister, she's been in a relationship for seven years and he still beats her all the time."*

*– 21-year-old female*

The impact of trauma is cumulative, which means that each time a person experiences trauma, it has a greater impact. Youth who are homeless are at a much greater risk of victimization and re-traumatization. One study indicated that 43% of homeless youth reported being assaulted with a weapon while living on the street.<sup>47</sup> In addition, being homeless itself may be a traumatic experience, which compounds the impact of past traumas.

*"It's a bigger problem [than drugs or alcohol] in Elgin because people don't talk about it."*

*– 19-year-old female*

### Domestic Abuse Statistics

- Domestic violence was one of top three issues citizens felt need to be addressed in St. Thomas.<sup>49</sup>
- 80% of youth said that emotional and physical abuse were moderate or major problems in Elgin County.
- 526 reported domestic violence incidents and 108 charges laid in 2011 in St. Thomas.<sup>50</sup>
- 17% of youth staying at Inn out of the Cold in winter 2011-2012 were seeking shelter from abuse, and a further 31% cited family conflict.<sup>51</sup>
- Only 10% of domestic violence incidents ever get reported.<sup>52</sup>
- 72% of residents said that domestic violence was a problem in Elgin County.
- 20% of women are physically abused by a partner at some point in their lifetime (estimate).<sup>53</sup>
- 80% of homeless youth have a history of family violence, conflict, or abuse.<sup>54</sup>
- 1 in 2 homeless youth have experienced abuse.<sup>55</sup>

Domestic abuse is under-reported.<sup>48</sup> Victims fear retaliation, don't want to incriminate a loved one, are afraid no one will believe them, or they may normalize the abuse. The key to prevention is to focus on the first time someone hurts his or her loved one. It seems like a logical expectation that a community where citizens treat each other with respect and trust and make it clear that domestic abuse is not tolerated—while encouraging those at risk of victimization to seek help—the incidence of domestic violence can be significantly reduced. Success can be achieved when advocacy and public awareness are used as tools to address social issues as proven by the successful campaign conducted by Mothers Against Drunk Driving (MADD).

### Prevention:

- **Individual level.** Identify persons with higher risk of becoming a victim or abuser. Work to develop attitudes, beliefs and behaviours based on trust and mutual respect, such as through life skills training.
- **Relationship level.** Develop mentoring and peer programs to promote healthy relationships.
- **Community level.** Identify the schools, workplaces, and neighbourhoods that benefit from policy changes to enhance healthy relationships.

### Emergency Response:

- **Emergency shelter.** Ensure that anyone who has been the victim of abuse has somewhere safe to go, regardless of gender, age, or time of day.
- **Crisis hotline.** Let it be widely known in the community that there is a number that anyone can call for help, anytime.

### Long-Term Solutions:

- **Trauma-Informed Services.** Since it is very difficult to tell initially if

someone has been the victim of abuse, it is best to assume that client served by human services is a survivor of some sort of trauma.

- **Housing.** Emergency shelter is a short-term solution for victims of abuse, but often these victims do not have the financial stability to transition into a more permanent housing situation. Provide permanent, affordable housing options, as well as financial and logistical assistance.

| Case Studies                                                                                                                                                                                              | Recommended Reading                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA)<br><a href="http://www.cdc.gov/ViolencePrevention/DELTA/index.html">www.cdc.gov/ViolencePrevention/DELTA/index.html</a> | Government of Canada. (2006) <i>Family Violence and Homelessness: A Review of the Literature</i> . ISBN 978-0-662-45154-9<br><br>Koeller, R. (2006) <i>Background Report: Homeless and Street-Involved Youth in HRM</i> . Halifax. |



### 3.3 Drug and Alcohol Use

*While drug and alcohol experimentation is common among young people, homeless youth have much higher rates of substance use and abuse.*

Alcohol is the drug of choice for most youth. It has been estimated that most youth start experimenting with alcohol at age 13, and by age 15, almost 80% have consumed alcohol in the past year.<sup>56</sup> A recent study of high school students in Ontario indicated that 37% had used any (non-alcohol, non-tobacco) drug in the past year. 22% had used cannabis, and 17% had used prescription drugs to get high. However, individually, each drug was not very common, with painkillers being the most commonly used at 14% followed by cough syrup at 7%. In Ontario, mushrooms were used by 3.8% of youth, cocaine by 2.1%, OxyContin by 1.2%, and even fewer students used LSD, methamphetamine, or crack.<sup>57</sup>

*"The problem with drugs is you start with weed and you move up the chain and then you say, 'what did I do?'"*  
– 14-year-old female

Many people who were interviewed during this Youth Homelessness Study believed that OxyContin was the drug of choice by youth in St. Thomas. There is no data available to support or refute this claim and officers with the St. Thomas Police Services refuted this myth with both their direct experience and the data that they collected concerning illicit drugs. Among high school students, St. Thomas and Elgin County have significantly higher proportions of youth drinking alcohol, binge drinking, and hazardous drinking than Ontario

average, but drug use is relatively consistent with other jurisdictions.<sup>58</sup> It is quite likely that youth who are inclined to try drugs will use whatever is available, which will vary quite a bit among the various social circles.

There are four main types of harm that can result from using drugs or alcohol. The first is related to the mode of administration. Oral ingestion takes a long time for drugs and alcohol to be absorbed into the blood stream, so it can be difficult to measure doses, increasing the risk of overdose. Similarly, injection drugs are absorbed almost instantly, also increasing the risk of overdose. However, using injections increases the risk of blood-borne viruses such as hepatitis C and HIV. Smoking, meanwhile, increases the risk of long-term respiratory problems.<sup>59</sup> [See also **Health**]

*“A lot of the drugs aren’t so bad, like the morphine patches, but then you get people who are cooking them and smoking them and injecting them to get high faster, and that’s when you get bad problems.”*

*– 19-year-old male*

Secondly, intoxication itself can be quite hazardous, but is more often associated with acute and immediate harms, such as poisoning and overdose as well as physical injury. As a secondary risk, those who are intoxicated are more likely to have unplanned and unprotected sex, including non-consensual sex.<sup>60</sup> [See also **Sexuality and Pregnancy**]

Regular and prolonged use of any drug, including tobacco and alcohol, can lead to long-term health consequences. Of particular relevance to youth, chronic heavy exposure to alcohol and other drugs interferes with brain development and can cause cognitive deficits and memory loss.<sup>61</sup> In addition, regular drug use is associated with school non-completion.<sup>62</sup> [See also **Education**]

The fourth harm associated with substance use is dependence or addiction. A recent study found that 5-6% of Canadian youth aged 15-19 were dependent on alcohol, and that 3% were addicted to an illegal drug.<sup>63</sup> About 10% of cannabis users showed symptoms of dependence.<sup>64</sup> Dependence can cause anxiety or depression, difficulty concentrating, and other cognitive deficits. When experiencing withdrawal or low supplies, mental health problems can be exacerbated, as can problems at home or school. Substance dependence can lead to criminal activity to obtain the substance.<sup>65</sup>

*“It’s a big problem, having an addiction. Eventually you lose everything and then you’re out on the street.”*

*– 20-year-old female*

Finally, it is important to note that among youth, it is quite likely that those engaging in substance use are doing so illegally. While tobacco and alcohol are legal if a youth is aged 19 or older, many youth obtain and use these substances at a younger age. In addition, many popular drugs are illegal. Thus, substance use can lead to legal problems for youth. [See also Criminal Involvement]

Experts agree that there is no single factor that makes youth more or less likely to engage in substance use.<sup>66</sup> Rather, the cumulative number of risk factors a youth faces increases the chance that a particular youth will use and abuse drugs and alcohol.

The risk factors associated with drug and alcohol use include: individual characteristics, such as attitudes and beliefs about the risks of drug use, impulsivity, thrill-seeking, and certain psychological disorders; interpersonal factors such as inadequate parental monitoring, poor familial relationships, abuse, family conflict, parental drug and alcohol use; peer substance use; school-related factors such as academic failure; and cultural and social environment such as the availability and perceived desirability of a substance.<sup>67</sup>

While it is commonly believed that peer pressure is a primary factor leading youth to try drugs or alcohol, the reality is that most youth do not feel pressure from their friends to use substances. Instead, youth tend to associate with other youth who share similar interests and attitudes, according to the National Institute on Drug Abuse.

An important distinction must be made between substance use and substance abuse. While environmental factors such as peer substance use and the availability of drugs and alcohol increase the likelihood a youth will use a substance, biological and psychological factors such as a history of trauma, genetics, and psychological disorders increase the chance that a youth will abuse a substance.<sup>68</sup> [See also Criminal Involvement and Domestic Abuse]

Youth experiencing homelessness or who are at risk of becoming homeless are often users of drugs and/or alcohol, which exacerbates other problems that the youth might also be facing, such as trying to find a job or saving enough money for food or rent. However, it is important to realize that homeless youth often use drugs or alcohol to cope with other issues, such as self-medicating to treat mental illness or heavy drinking to alleviate the pain of past traumas. [See also Mental Illness]

**Prevention:**

- Teen-focused education. Most youth are used to being told by adults why drugs and alcohol are bad, and they think they've heard it all. Cre-



**Drug and Alcohol Use Statistics**

- 89% of Elgin youth think that teen drug use is a major problem and 67% think that alcohol use is a major problem.
- Over 80% of residents of Elgin County think that alcohol and drug use are problematic, and over 90% think that drugs are easily obtained by youth.
- On average, youth first smoke cigarettes at age 12, get drunk at age 13, and do drugs at age 14.<sup>69</sup>
- 82.2% of 15-24 year olds across Canada reported drinking alcohol at least once in the past year.<sup>70</sup>
- 45% of underage youth in Elgin County drink heavily, compared to 25% of youth across Ontario.<sup>71</sup>
- 35% of youth (age 15-24) who drink alcohol are “problem drinkers.”<sup>72</sup>
- Alcohol is the most commonly used drug in Elgin County, followed by cannabis.

ate a program where teen advocates come up with a creative strategy to engage other teens.

- Unbiased information. Ensure that information provided to youth is unbiased, realistic, and truthful can help youth make informed decisions.

**Emergency Response:**

- Harm reduction. Providing free harm reduction supplies such as clean needles, and condoms can help mitigate the harmful effects of drugs and alcohol. For instance, at a well-known party, volunteers could provide plastic cups (to reduce broken glass) and bottled water (for hydration) to partiers.
- Observation room. Some universities, colleges, and shelters have a volunteer-driven sobering-up room where intoxicated individuals can safely “sleep it off” for the night.

**Long-Term Solutions:**

- **Community support.** It will take a concerted community effort to address all of the risk factors that lead a youth to drink alcohol or use drugs, including a tolerant and supportive environment for those with psychological disorders and a history of trauma.

| Case Studies                                                                                                                                                                                  | Recommended Reading                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Centre for Addictions and Mental Health. (2000) <i>Freedom to Act: The Harm Reduction for Rural Youth Project Experience</i> . ISBN: 978-0888683748                                           | World Health Organization. (2001) <i>The Alcohol Use Disorders Identification Test</i> .                                                                                       |
| Below the Radar: An Exploration of Substance Use in Rural Ontario. <a href="http://www.substanceusestrategynetwork.org/resources.html">www.substanceusestrategynetwork.org/resources.html</a> | Canadian Centre on Substance Abuse. (2007) <i>Substance Abuse in Canada: Youth in Focus</i> .                                                                                  |
|                                                                                                                                                                                               | LaMarre, A. (2012) <i>Youth Harm Reduction Programs in Ontario</i> . The Research Shop. <a href="http://www.theresearchshop.ca/resources">www.theresearchshop.ca/resources</a> |

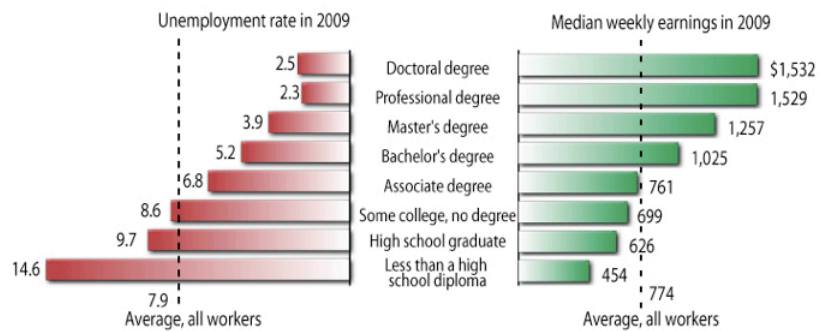


### 3.4 Education

*Most homeless youth do not finish high school. This lack of educational achievement can hinder the ability of youth to find employment in Elgin County, especially when competing against unemployed adults with more work experience and longer résumés.*

Those individuals that obtain a job without finishing high school are more likely to be economically disadvantaged for their entire working career.<sup>73</sup> Not only will those without an education earn far less income, but they are also more vulnerable to disruptions in the job market, including layoffs. They usually have no room for advancement in the entry-level jobs they have managed to obtain.

#### Education pays



Source: Bureau of Labor Statistics, Current Population Survey

Figure 01: Level of Education, Income, and Unemployment

There are many reasons why homeless youth don't finish school. First, two thirds of homeless youth come from backgrounds of housing instability.<sup>74</sup> These youth have a common profile of moving frequently, often switching schools and having gaps in education. School reports and transcripts may be incomplete or lost, and it is easier for a youth to just stop going to school if there are no records.<sup>75</sup> In addition, most schools require proof of residency for a student to enrol which can complicate matters for homeless youth. [See also **Housing**]

Most homeless youth also have divorced or single parents, stepparents, or have lived with non-parental relatives or foster parents. This means that they are more likely to have been involved with a custody battle, the death of a parent, or other major life event that would be very disruptive to one's schooling.<sup>76</sup>

*"A lot of school is useless. Why does history and geography even get taught? You just zone out for that stuff."*

*– 19-year-old male*

Many homeless youth come from families with a history of problematic substance use, mental illness, and/or criminal behaviour.<sup>77</sup> Parents in these families may not have been very diligent in the supervision of their children or may simply not have believed that educational attainment was important. In such environments, where a youth receives little-to-no encouragement to attend school, he or she may not feel the need or desire to go to class.

Homeless youth often come from troubled childhoods and have an increased likelihood of having psychological and behavioural difficulties that make it difficult for them to integrate into a classroom environment.<sup>78</sup> A common complaint among youth focus group participants in Elgin County was that they had ADD and had difficulty concentrating in class. It is unknown how they came to that diagnostic conclusion.

Of course, some youth just don't like school. It is not uncommon for even high achieving housed youth to trash-talk their school, classes, teachers, or homework because they think it is cool to do so. Youth may be pressured by friends to skip classes.

Some youth may not have a problem with school itself, but their attendance may suffer due to peripheral issues. For instance, drug dealing may occur in schools, and a victimized youth may wish to avoid peer pressure. Bullying, violence, and other interpersonal conflict are other reasons why some youth may not want to go to school. [See also **Violence and Bullying**]

*"The lectures are my favourite part of school. I hate the yelling girls and the bitchiness, they're the worst part." – 17-year-old female*

## Educational Attainment Levels

Elgin-St. Thomas 2006

Figure 2.9

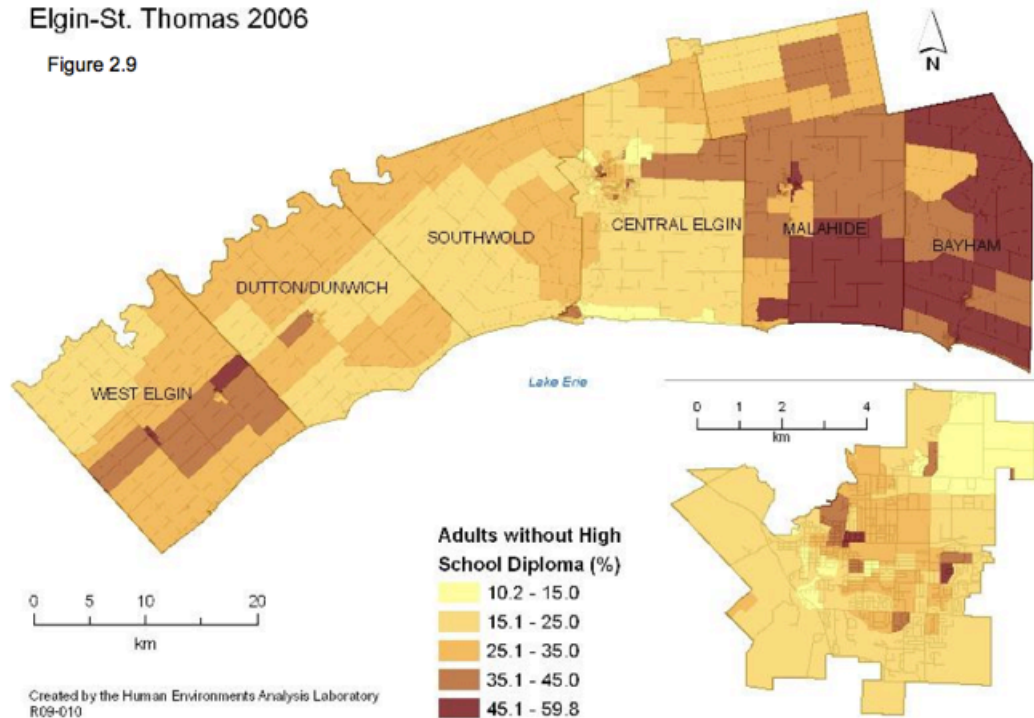


Figure 02: Educational Attainment Levels by Region<sup>79</sup>

However, even those youth who do finish high school are at risk of becoming homeless. At least 1 in 4 homeless youth aged 18 or older completes high school but is still homeless.<sup>80</sup>

**Prevention:**

- Stay in school programs. Reaching out to youth who are at risk of dropping out of school and providing them with options before their education is disrupted can reduce the high school non-completion rate.
- Alternative school programs. Some students just don't do well in traditional schools. Providing alternatives can help at-risk youth feel more positively about school. These programs should be visible, available, and appear nonthreatening.

**Long-Term Solutions:**

- Adult education programs. For youth who have dropped out of school, providing opportunities for them to continue their education and get a high school diploma helps improve quality of life and job opportunities.

**Education Statistics**

- 1 in 3 youth is at risk of dropping out of high school<sup>81</sup>
- 17.2% of youth do not graduate from high school in Elgin County.<sup>82</sup>
- Only about half of adults in St. Thomas-Elgin have high school diplomas.<sup>83</sup>
- 62% of street youth drop out of school.<sup>84</sup>

- AWARENESS
- ACCUITY
- AMENITIES

| Case Studies                                                                                                                                                                                                                                                                                                                 | Recommended Reading                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Stay in School Program, Youth Without Shelter<br><a href="http://www.yws.on.ca/services/stay-in-school-program">www.yws.on.ca/services/stay-in-school-program</a><br><br><a href="http://www.pathwaystoeducation.ca">Pathways to Education</a><br><a href="http://www.pathwaystoeducation.ca">www.pathwaystoeducation.ca</a> | National Education Association. NEA's 12-Point Action Plan for Reducing the School Dropout Rate. <a href="http://www.nea.org/home/18106.htm">www.nea.org/home/18106.htm</a><br><br>Mawhinney, L. (2010) Research Summary: Educational Reform for Homeless Students. The Homeless Hub. <a href="http://www.homelesshub.ca/ResourceFiles/EducationReform_Summary.pdf">www.homelesshub.ca/ResourceFiles/EducationReform_Summary.pdf</a> |

### 3.5 Emergency Shelter

*Emergency shelters provide homeless youth with a place to go for a short period of time if they find themselves in need of a place to sleep.*

Emergency shelter plays an important role in responding to homelessness. No matter how successful a homelessness prevention strategy is, there will always be people who temporarily lose their housing and who need a place to stay for a short period of time.

In St. Thomas, a new emergency shelter called Inn Out of the Cold opened its doors October 1, 2010. This was the first of its kind in Elgin County; previously, homeless individuals were sent to London to stay in an emergency shelter overnight. However, studies have shown that people experiencing homelessness have far better outcomes if they are able to access services and assistance within their home community.<sup>85</sup>

Inn Out of the Cold is a shelter that is used by males and females of all ages. As the name suggests, it is open from approximately October to April, providing homeless individuals with a warm bed during the winter months. In addition, it is staffed with two social workers and provides breakfast to its guests.

However, there are three main limitations with this model.

First, homeless shelters must be an emergency, temporary residence for homeless individuals, not de facto housing. Shelters are very useful in that most homeless people will seek them out, which enables service providers to have a base of operations. Once an individual comes to a shelter, they can be identified, have their needs assessed, and receive assistance quickly, reducing the amount of time they need to stay in a shelter. A person should not be staying in a shelter for more than two weeks; if one does, that is an indication that

they are not having their needs met.<sup>86</sup> At Inn out of the Cold in St. Thomas, 8 male youth stayed for longer than two weeks this past season. [See also **Housing**]

*"I'm an ex-addict. The shelters here are so full of addicts, you don't want to go there if you're trying to stay clean."  
– 22-year-old female*

Second, all-ages shelters often have a negative impact on the youth accessing them. In part, this is because many people stay in shelters for long periods of time. Usually, homeless individuals with relatively basic needs move quickly into housing, while those with more complex needs—severe mental illnesses and addictions, for example—stay in shelters for much longer. Thus, when a youth becomes homeless and visits a shelter for the first time, he or she may find the majority of other shelter guests to be older, chronically homeless individuals and this can be quite frightening and disconcerting. Homeless youth may feel unsafe in a shelter and may even seek accommodation elsewhere to avoid chronically homeless individuals. Those individuals who do stay in shelters can be exposed to negative and dangerous situations such as being robbed, assaulted, or raped, encouraged to try or sell drugs, or be persuaded to participate in crimes. Most research indicates that homeless youth are best served when there is a youth-specific shelter solution.<sup>87</sup> [See also **Criminal Involvement, Drug and Alcohol Use, and Mental Illness**]

*"Oh my god I hated it. Sketchy people, didn't trust the other people and since you all sleep in a big room and you have to have your stuff with you there's no security."  
– 18-year-old male*

Third, in a large rural area, a centralized solution is not always ideal. A shelter in St. Thomas does not help a homeless youth in West Elgin or Malahide. However, shelters are costly to run and that may present a barrier to opening more shelters to serve those who can't access the shelter in St. Thomas. [See also Transportation]

In addition, there are common problems generally occurring within homeless shelters: the need for rules about admission times sometimes conflicts with a person's need to find emergency shelter late at night, and there is a lack of privacy. Communities like St. Thomas operate a shelter only in the winter months but there can also be a need for a shelter during other months, as well.

There are alternatives to dedicated homeless shelters, however. Many jurisdictions access lower cost motel rooms for homeless individuals and families when the existing shelter is full or when it is economically unpalatable to

invest in a full shelter operation. On a large scale, this approach can be quite costly, but with few, dispersed homeless people, it may be more cost-effective than building new shelters. This approach has some flaws, however. First, if dispersed in motels, it becomes more difficult to provide services such as housing help. Service providers must go to the homeless individuals instead of the other way around. Second, homeless youth may be too young to be able to stay alone in a hotel room, which may cause legal and practical difficulties.

*“You just have to hope and pray that someone’ll take you into their house.” – 15-year-old male*

A second possibility is to create a host home program where local community members offer a spare room for homeless youth. Coordinators would develop an inventory or roster of spare rooms available, and when a youth becomes homeless, the coordinator would match the youth to a room. This has the added advantage of providing supervised accommodations for underage youth.<sup>88</sup>

The main factors to be considered when creating an emergency shelter response for homeless youth include:

- youth can become homeless at any time of day, any day of the week, and any month of the year;
- youth should stay close or in their home community while experiencing homelessness; and,
- youth should be served by youth-specific services such as youth-only shelters.

**Prevention:**

- Respite shelter. A respite shelter, in the context of youth homelessness, is a “time out” place that a youth can stay at temporarily if their family is going through family counselling. The youth can go to a respite shelter instead of actually running away, if he or she feels the need to do so.

**Emergency Response:**

- Host Homes program. Homeless youth can stay temporarily with host families, eliminating the need for an emergency shelter.
- Youth-specific shelter. Finding a way to keep homeless youth separate from homeless adults is a better approach to reducing youth homelessness.

**Long-Term Solutions:**

- See Housing.

**Emergency Shelter Statistics**

- 29 youth stayed at Inn out of the Cold in the winter of 2011-2012, which was 49% of the shelter’s guests.
- 11 days – average length of time a homeless youth spent at Inn Out of the Cold.
- 21 youth stayed at the YWCA Women’s Residential program in 2011.



| Case Studies                                                                                                                                                    | Recommended Reading                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Host Homes for Homeless Youth<br><a href="http://www.catholichumanservices.org/host-home-program-149/">www.catholichumanservices.org/host-home-program-149/</a> | Calgary Homeless Foundation. (2011) Plan to End Youth Homelessness in Calgary. |
| Phoenix Youth Programs, Halifax<br><a href="http://phoenixyouth.mmwebserver1.com">http://phoenixyouth.mmwebserver1.com</a>                                      |                                                                                |
| Eva's Initiatives, Toronto<br><a href="http://evasinitiatives.com/topics/stories/">http://evasinitiatives.com/topics/stories/</a>                               |                                                                                |
| Choices for Youth, St. John's<br><a href="http://www.choicesforyouth.ca/stories/">http://www.choicesforyouth.ca/stories/</a>                                    |                                                                                |
| McMan Youth Family and Community Services, Alberta<br><a href="http://www.mcman.ca">http://www.mcman.ca</a>                                                     |                                                                                |

### 3.6 Employment

*Not having a job leads to poverty, and poverty is a cause of homelessness. Helping homeless youth find employment can create a way for them to escape homelessness.*

A youth losing his or her job is not often a cause of becoming homeless, since many youth are still dependent on a family member rather than a steady income to have a place to stay at night. However, not having a job is often one barrier that keeps homeless youth from finding a new place to live.

In Elgin County, the community has recently faced several factory closures—factories that previously employed thousands of workers. One impact is that youth are now competing for summer and part-time jobs with older skilled workers who have much more job experience. The good news, however, is that the overall unemployment rate is decreasing.

There is a wide range of ways in which employment or lack thereof can affect a youth and they vary greatly depending on the youth's age and circumstances.

*"St. Thomas is so small, you get a black mark if you have a past, they won't hire you." – 20-year-old female*

Older youth may be living alone and need an income to pay for basic necessities such as rent and food. These youth are acutely impacted by a lack of



job opportunities, since many are living paycheque to paycheque and are dependent on an income. Losing a job or not being able to find a new one can mean missed rent payments, eviction, and homelessness.

Most youth still live with their parents and have basic needs such as food, shelter, and clothing provided by their parents. However, if a parent loses their job, it could mean a very unstable situation for youth. Statistically, most youth who experience homelessness come from families with poor financial and housing stability.<sup>89</sup>

*“We need more jobs because then we won’t be homeless.”  
– 23-year-old male*

In addition to being affected by parental unemployment, youth may be dependent on a part-time job to pay for basic necessities like school supplies, clothing, toiletries, and even food, or to save up for college.

A study in Toronto identified the top five barriers preventing homeless youth from finding employment:

1. having no address,
2. not having enough experience,
3. not having a phone number,
4. lacking transportation, and,
5. appearance/hygiene.<sup>90</sup>

### Employment Statistics

- 9.4% Elgin County’s unemployment rate in October 2012.<sup>91</sup>
- The youth unemployment rate is likely significantly higher. In 2009, the youth unemployment rate was 22.6% while the overall unemployment rate was 13.1%.<sup>92</sup>
- 1630 Elgin County residents (1.86% of total population) were earning EI in October 2012, which is higher than the Ontario average but on par with neighbouring counties. (StatsCan CANSIM table 276-0006)
- \$10.25 The minimum wage in Ontario
- \$9.60 the minimum wage for students under 18
- \$13.56 the median wage among Elgin-St. Thomas workers.<sup>93</sup>

### Long-Term Solutions:

- **“Soft skills” employment programs.** Soft skills refer to transferable and general employment skills such as resume building, punctuality and professionalism. Focusing on helping youth develop these skills can give youth the tools they need to deal with employment difficulties in the long term, and are applicable to the majority of careers and youth.
- **“Hard skills” employment programs.** Hard skills refer to the specific skills a youth might use on the job, such as those associated with a particular trade, like carpentry or hairdressing.

- AWARENESS
- ACCUITY
- AMENITIES

| Case Studies                                                                                                                                                 | Recommended Reading                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Streets to Jobs<br><a href="http://www.yes.on.ca/get-working/yes-programs/street-to-jobs/">http://www.yes.on.ca/get-working/yes-programs/street-to-jobs/</a> | Noble, A. (2012) It's Everybody's Business: Engaging the Private Sector in Solutions to Youth Homelessness. Raising the Roof.                                                                                                                                                               |
| Train for Trades<br><a href="http://www.choicesforyouth.ca/programs/train-for-trades/">http://www.choicesforyouth.ca/programs/train-for-trades/</a>          | Substance Abuse and Mental Health Services Association "Toolkit": <a href="http://www.nrchmi.samhsa.gov/resource/supported-employment-evidence-based-practice-toolkit-48852.aspx">http://www.nrchmi.samhsa.gov/resource/supported-employment-evidence-based-practice-toolkit-48852.aspx</a> |

### 3.7 Food Security

*With no income and no parents to provide it, getting enough food to eat can be a real challenge.*

Besides being dependent on parents/guardians for shelter, youth also need parents/guardians to provide them with healthy meals. When a youth becomes homeless, not only do they suddenly lack housing, but they may also lack food to eat.

Homeless youth cope by buying inexpensive, unhealthy fast food, accessing meal programs, getting food from a friend or friend's parents, or stealing.

Most homeless youth will try to find money to buy food. In fact, a study of street involved youth in Toronto found that homeless youth actually preferred to pay for food, since it made them feel normal.<sup>94</sup> However, due to extreme poverty, not one of the homeless youth studied was able to consistently pay for meals. Even those who had something resembling a steady income constantly faced decisions of whether to spend money on food or on some other need.

*"You can sleep under a bridge but you can't pull food out of your hat."*

*– 14-year-old male*

When homeless youth buy food, it is almost always cheap, portable, and ready-to-eat, such as pizza, hamburgers, hot dogs, ice cream, or chips. These foods tend to be low in nutritional value, since healthy food is almost always more expensive.<sup>95</sup> Some youth with access to a kitchen also purchase inexpensive, easy-to-prepare meals such as TV dinners or macaroni and cheese. However, many homeless youth do not have any access to facilities where they can prepare food. In addition, many homeless youth have rudimentary cooking skills, and may not know how to make a nutritious, low-cost meal.

The next most popular method of obtaining food among homeless youth is from friends or parents of friends. This can range from borrowing a few dollars to buy something, to eating a friend's leftovers, to trading possessions (i.e. cigarettes for food), to having a meal at a friend's house. While some homeless youth may prefer a home cooked meal at a friend's house, it may be impractical for one of several reasons: the homeless youth may be afraid to ask, or may be ashamed to let the friend's parents know about his or her situation, or may have worn out his or her welcome.

When unable to pay for food or draw on social networks, homeless youth seek out free food from elsewhere. There are several meal programs available in Elgin County, as well as food banks.

Meal programs (also known as soup kitchens) offer free meals to anyone who shows up at a certain place and time. However, there may be conditions attached to the meals. For instance, some meal programs operated by church groups may require guests to listen to a sermon before eating. These conditions may be irksome to youth, may conflict with their values and some may even decide that the free food is not worth it. Similarly, meal programs may be frequented by people who homeless youth wish to avoid, such as drug dealers. The quality of the food may also vary from program to program, to the point that some homeless youth may refuse to eat at programs with sub-par food.<sup>96</sup>

Meal programs that are open at certain times and locations means that they may be difficult for homeless youth to access. Homeless youth are typically limited to traveling by foot, so meal programs in non-centralized locations may mean that a youth can't get there. Also, sometimes a different service, offered at the same time, may outweigh the need for free food. For instance, an after-hours clinic may be open during the dinner hour, and while waiting for medical assistance a homeless youth may miss the opportunity to have dinner. [See also **Transportation**]

*"If you're homeless, how are you going to lug a bunch of cans around? I don't even have a can opener."*

*– 21-year-old female*

For homeless youth, accessing food banks is often impractical, since the food received is often heavy and difficult to transport. The food requires having a place for storage. Also, the food is meant to last for several days and may need preparation. For those homeless youth who do access food banks, the restrictions are not insignificant. Most food banks require their users to provide an address, which is impossible if one is homeless, along with proof of financial need. An important note is that in St. Thomas, food bank users are only able to access each food bank once every two months.

Exhausting all the previous options, homeless youth are forced to resort to creative solutions to address their hunger. Youth may forage in garbage cans or dumpsters to find food, get day-old food from sympathetic coffee shop or bakery employees, steal food from grocery stores, go to a restaurant and then leave without paying, or—as reported during youth focus groups—trick employees of fast food outlets to replace a meal they said had spilled outside. [See also **Criminal Involvement**]

Homeless youth are frequently unable to maintain a nutritious diet. Most, in fact, will experience hunger, and those who are able to get enough food to eat will not be able to get enough nutrients from the unhealthy options that they ingest. When a person doesn't receive enough vitamins and minerals, the result is malnutrition—even if the person has enough food to eat, and even if the malnutrition is short-term. Short-term malnutrition or hunger causes the body to stop functioning correctly. Common side effects include dizziness and fatigue, and a lowered immune system. This means that homeless youth usually have less energy to try to end their homelessness, and are more prone to illness.<sup>97</sup> [See also **Health**]

*“If you're hungry, how do you get a job?”  
– 23-year-old female*

In the longer term, malnutrition has more serious side effects, such as bone and muscle degeneration, severe weight loss or even weight gain, digestive problems, heart problems, and lung problems. Youth, along with children and pregnant women, are most vulnerable to malnutrition since their bodies and brains are still developing.

The options that best serve the needs of homeless youth are meal programs. A study in Toronto revealed that homeless youth preferred mobile food services where they could quickly obtain portable food and then eat on the go.<sup>98</sup> An added benefit of mobile food services in a rural area is that the service can travel to where the need is. In addition, providing free breakfast and lunch programs at schools helps to encourage homeless youth to continue their education.

**Prevention:**

- School meal programs. School programs that help low-income students obtain a healthy breakfast and/or lunch can help prevent long-term malnutrition, and can also encourage youth who become homeless to stay in school since they know it is a source of food.

**Emergency Response:**

- Mobile food programs. Having a food truck or similar that is able to visit known hangouts and deliver food to hungry youth can help solve

**Food Security Statistics**

- 63% of Elgin youth think that poor eating habits are a major problem.
- Healthy food for a single person costs \$260 per month, which is 41% of the Ontario Works allowance.<sup>99</sup>
- 7 food banks in Elgin County.
- 5 free meal programs youth can access in Elgin County.
- 10% of Elgin County residents are food insecure.<sup>100</sup>
- 77% of residents think that youth in Elgin have poor nutrition.
- 42% of Elgin County residents consume enough fruits and vegetables, which is average for Ontario.<sup>101</sup>

youth's transportation difficulties.

- Second harvest programs. Food banks and meal programs can collect leftover and day-old food from participating grocery stores and restaurants to ensure that no food is wasted.

**Long-Term Solutions:**

- Improve food security for all residents. Create a food policy council, support local farmers, encourage community gardens and farmer's markets.

| Case Studies                                                                       | Recommended Reading                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Second Harvest<br><a href="http://www.secondharvest.ca">www.secondharvest.ca</a>   | New York City Coalition Against Hunger. (2010) Soup Kitchen & Food Pantry Best Practices Guide: Moving Families Beyond the Soup Kitchen.                                                                                                               |
| Mobile One<br><a href="http://www.mobileonemoncton.ca">www.mobileonemoncton.ca</a> | Ontario Association of Food Banks. (2011) Combating Hunger: A Snapshot of Hunger in Ontario in 2011.<br><br>Provincial Health Services Authority. (2008) A Seat at the Table: Resource Guide for Local Governments to Promote Food Secure Communities. |



**3.8 Health**

*Youth experiencing homelessness may be temporarily disconnected from the health system due to a variety of reasons, including the lack of knowledge about how to make a doctor's appointment or not having an OHIP card. Homeless people have higher rates of virtually all health conditions, triggered or exacerbated by poor diet, stress, and exposure. The longer a youth spends homeless, the worse his or her health will become.*

In general, people who are homeless have worse health than people who are housed. One study found that homeless people have similar health problems as the general population, they just have far higher rates of each problem.<sup>102</sup> For homeless youth, even a simple cold can take months to recover from, instead of days.<sup>103</sup> There are several reasons for this.

First, being homeless increases a person's exposure to communicable and infectious diseases. Some of these diseases are sexually transmitted or blood-borne, and can be spread through needle sharing or sexual intercourse. Others, such as tuberculosis, are air-borne and people in more congregate environments such as shelters can be more susceptible to transmission.

### Developmental and Cognitive Disabilities

Brain injuries, Fetal Alcohol Spectrum Disorder (FASD), and learning and developmental disabilities are also features more common among homeless people, including homeless youth. These can be caused by a number of factors (including genetics) such as parental alcohol or drug use while pregnant, parental malnutrition while pregnant, or early childhood trauma. Thus, for homeless youth, these disabilities and disorders are a concern not just for the youth themselves but also for their children, should a youth experience pregnancy while homeless.

A study in British Columbia found that 20% of homeless youth had learning disabilities, 1 in 4 had ADD or ADHD, and 8% had been diagnosed with FASD.

FASD in particular is a serious problem for homeless youth. Until recently it had been quite difficult to diagnose and in actuality refers to a number of related symptoms with the same cause (alcohol use during pregnancy). Possible manifestations of FASD include low IQ, general poor health, problems with memory, judgement, or impulse control, poor performance in school, and other learning disorders.

*McCreary Centre Society (2007) Against the Odds: A Profile of Marginalized and Street-Involved Youth in BC.*

*Chudley, A. E. et. al, (2005) Fetal Alcohol Spectrum Disorder: Canadian Guidelines for Diagnosis. Canadian Medical Association Journal, Vol. 172.*

Communicable diseases can also be spread through saliva, for instance if two people share a cup or bottle, or through contact with open sores. [See also **Sexuality and Pregnancy**]

Spending a long time homeless or in extreme poverty can lead to long-term malnutrition, which can cause some chronic diseases. Degenerative bone diseases, for instance, are caused or exacerbated by a lack of calcium and other vitamins. Anemia, likewise, can be caused by poor diet, in particular, a lack of iron and vitamin B12.<sup>104</sup>[See also **Food Security**]

Being homeless is stressful on the body and this stress can trigger chronic diseases to which an individual is genetically predisposed. For example, hypertension or high blood pressure is a condition that is triggered by stress.<sup>105</sup>

Fourth, spending time homeless increases one's risk of violence, injury, trauma, and victimization. Females on the street are twenty times more likely to be victims of rape than housed women.<sup>106</sup> Similarly, homeless people overall are significantly more likely to get into a physical altercation—about 40% of homeless people in Canada are assaulted every year.<sup>107</sup> In addition, youth consuming drugs and alcohol are far more likely to be injured than sober youth.<sup>108</sup> [See also **Drug and Alcohol Use and Violence and Bullying**]

Finally, difficult living conditions often results in poor personal hygiene, exposure to the elements, and lack of sleep, in addition to the aforementioned malnutrition and increased risk of physical injury.<sup>109</sup> [See also **Presentation**]

Homeless youth are less likely than homeless adults to develop chronic conditions, due to being younger, healthier, and having spent less time homeless. However, they are just as likely to develop skin conditions, suffer physical injury from trauma, and develop respiratory illnesses.<sup>110</sup>

In addition, it is important to note that a number of illnesses and health conditions have been linked with poverty.<sup>111</sup> Arthritis, rheumatism, diabetes, heart problems, cancer, disability, and hypertension are all more common among persons with low income.<sup>112</sup> For youth living in poverty, asthma and attention deficit hyperactivity disorder (ADHD) are more common.<sup>113</sup> Youth from low-income families are more likely to become homeless, and are also more likely to have pre-existing health problems that will only worsen with time spent homeless.

*"You need a health card, no one will help you if you don't have one."  
– 17-year-old female*

**Health Statistics**

- Fewer Elgin County residents have family doctors than other Ontario residents.<sup>115</sup>
- Elgin County has a higher rate of hospital admissions than Ontario average.<sup>116</sup>
- Elgin County residents did not identify poor health as a problem area.
- More Elgin County residents reported being in good health than Ontario average.<sup>117</sup>
- Elgin County has higher rates of injury and death by injury than average.<sup>118</sup>
- 40% of homeless people are assaulted every year.<sup>119</sup>

One reason why persons with low income have worse health than people with higher income is a lack of access to the health care system. Many do not have a family doctor, and they delay seeking medical attention until problems are severe enough to visit a hospital emergency room.<sup>114</sup> Some youth don't have health cards, and others—particularly in rural areas—lack transportation to travel to the doctor's office. Addressing these barriers will help residents access preventative – and less costly – health care. [See also **Transportation**]

**Prevention:**

- Health card provision. Residents without health cards are unable to access health services. Some people are isolated in rural settings and have never needed a card, while others may be daunted by the paperwork or unsure of the requirements. Others have lost their card or hold to an expired one. Service providers can help their clients access health services when identification documents are current. Make it a goal that every resident of Elgin County has a current OHIP card.
- Transportation services. Those who live in remote areas may not be able to travel to a medical centre. Either provide free transportation bringing residents to medical centres, or bring medical professionals to remote areas.

| Case Studies                                                                                                                                                                          | Recommended Reading                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Health Bus<br><a href="http://www.niagararegion.ca/living/health_wellness/health_bus/default.aspx">http://www.niagararegion.ca/living/health_wellness/health_bus/default.aspx</a> | Phipps, S. (2003) The Impact of Poverty on Health: A Scan of Research Literature. ISBN 1-55392-257-3                                                                                                                   |
| Street Health<br><a href="http://www.streethhealth.ca/">http://www.streethhealth.ca/</a>                                                                                              | British Columbia Office of Housing and Construction Standards. (2001) Homelessness – Causes and Effects Report, Volume 1: Relationship Between Homelessness and Health, Social Services, and Criminal Justice Systems. |



**3.9 Housing**

*The only known cure to homelessness is housing.*

The absence of housing is the defining feature of homelessness. While an emergency shelter or a friend's couch can temporarily provide a warm place to sleep at night, none of these offer a permanent end to homelessness. [See also **Emergency Shelter**]

Housing must be adequate, suitable, and affordable in order to be considered

acceptable to live in, according to Canada Mortgage and Housing Corporation (CMHC). Adequate housing is housing that is not in need of major repairs. Suitable housing is a size requirement; housing is suitable if there are enough bedrooms for the number of residents. Finally, housing is affordable if the residents are not paying more than 30% of their income on rent.<sup>120</sup>

Table 2: Average Rent by Unit Type in St. Thomas, 2011<sup>121</sup>

|                                 | <b>Bachelor</b> | <b>1 Bedroom</b> | <b>2 Bedroom</b> | <b>3 Bedroom</b> |
|---------------------------------|-----------------|------------------|------------------|------------------|
| Income on OW                    | \$230           | \$230            | \$230            | \$230            |
| Shelter Allowance on OW         | \$376           | \$376            | \$376            | \$376            |
| Average Rent by Unit Type       | \$447           | \$614            | \$733            | \$778*           |
| Average Rent per Bedroom        | \$447           | \$614            | \$366.50         | \$259.33         |
| Affordable on OW?               | No              | No               | Yes              | Yes              |
| % of Total Income Spent on Rent | 73.8%           | 101.3%           | 60.5%            | 42.8%            |

For recipients of Ontario Works, it is nearly impossible to find market-rate, affordable housing. It is more cost effective to rent a shared, 2 or 3-bedroom apartment than to rent a 1-bedroom or even a bachelor apartment. In St. Thomas, it costs on average \$447 to rent a bachelor apartment in October 2011, or \$733 to rent a 2-bedroom and that means that two roommates would have to pay \$366.50 each per month. Even after sharing rent with roommates, recipients of OW still pay more than 30% of their income on rent.<sup>122</sup>

However, a common problem experienced by homeless youth is a lack of reliable and responsible roommates. When living with a roommate, one must be able to trust his or her companions to at least maintain their portion of household expenses, including rent. While it may be possible to have individually locked bedrooms in a shared apartment, the fact remains that if one roommate fails to pay his or her share of rent, all tenants in the apartment could legally be evicted. A study in Niagara among homeless youth identified roommates as a serious barrier to ending one’s homelessness. One participant described his roommates selling all of his furniture for drug money and coming home one night to find himself locked out.<sup>123</sup>

*“[The hardest part is] finding someone I can trust as a roommate. I am terrified to trust because I don’t know who I can. Everybody I put trust in ends up shooting me down.”*  
 – youth in Niagara

Life skills, including money management, may also present challenges for some youth. Youth may find it hard to budget and have enough money available for rent. Some youth may benefit from having supports that help them manage their money and allow them to get assistance if they face eviction.



Some landlords in Elgin County who participated in community sessions or interviews for this study were candid in saying that they are often unwilling to rent to younger tenants. They related bad experiences renting to youth in the past—partying too much, causing property damage, and/or not paying the rent on time. These landlords assumed that youth were going to be irresponsible tenants but several continued to “experiment” with renting to youth.

*“Landlords judge young people as partiers, don’t think they will come up with the rent on time. Young people without places to stay don’t have in mind parties and wrecking stuff, we have in mind a place to stay so we can sleep and eat, not have to sleep on the streets. Not a whole lot of landlords understand that I think.” –youth in Niagara*

One option for persons with low income is to apply for social housing, wherein the government subsidizes the rent. Commonly, rent is “geared to income” (RGI), which means that tenants pay no more than 30% of their income on rent, which may result in a unit costing \$181.80 for someone receiving Ontario Works. However, social housing typically has a long waitlist. Long waitlists can mean that people can become homeless while waiting for housing, or that they may not bother applying, or may resort to other arrangements. In St. Thomas, the wait list is about 1 year long for single individuals.

Like others who are homeless and trying to find an apartment, homeless youth may not be able to pay first and last month’s rent and/or a damage deposit and they may not have any furniture.

However, youth experiencing homelessness may not need to search for their own apartment. There are, generally, a number of other options for homeless youth. A promising approach in ending youth homelessness is family reunification. Through family counselling, youth are encouraged to move in with or at least be on good terms with parents or other relatives. While this is a more cost-effective approach (for the youth) and enhances existing social networks, there is still a danger of youth homelessness if the rest of the youth’s family is unable to maintain housing. In fact, the majority of homeless youth come from families who have moved frequently and have difficulty finding housing.<sup>124</sup>

**Prevention:**

- Homeless prevention programs. Helping youth and families avoid homelessness if an eviction is imminent, legal options have been exhausted and there are no other alternatives.

**Emergency Response:**

- See Emergency Shelter

**Housing Statistics**

- \$447 Average cost of a bachelor apartment in St. Thomas.<sup>125</sup>
- \$614 Average cost of a one bedroom apartment in St. Thomas.<sup>126</sup>
- \$733 Average cost of a two bedroom apartment in St. Thomas.<sup>127</sup>
- \$778\* Average cost of a three bedroom apartment in St. Thomas.<sup>128</sup> (2010 data, 2011 unavailable)
- 4.0% Vacancy rate for one bedroom apartments in St. Thomas.<sup>129</sup>
- 5.9% Vacancy rate for two bedroom apartments in St. Thomas.<sup>130</sup>
- 300 Applicants on the social housing wait list.
- 1 Year – Average wait time for social housing.

**Long-Term Solutions:**

- **Family reunification.** Most youth who are homeless end up returning home, so providing family counselling to encourage this process means that fewer new rental units need to be built.
- **Youth-specific affordable housing.** Since youth often get discriminated against by landlords, build or convert a building to rental units geared for youth. A residence-style building with small private rooms and some shared space will allow youth to meet their needs for socialization and privacy.
- **Supported or supportive housing.** Youth who have challenges in practicing or mastering life skills to live independently may benefit from programs that provide a place to live along with help cooking, cleaning, budgeting, grocery shopping, and assistance with mental health needs or addictions.

| Case Studies                                                                                                                                                                                        | Recommended Reading                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Archdale Apartments, MN<br><a href="http://www.csh.org/wp-content/uploads/2011/11/ArchdaleApartmentsProfileFINAL.pdf">www.csh.org/wp-content/uploads/2011/11/ArchdaleApartmentsProfileFINAL.pdf</a> | Corporation for supportive Housing. (200) Supportive Housing for Youth: A background of the issues in the design and development of supportive housing for homeless youth. <a href="http://documents.csh.org/documents/pd/youth/youthsh.pdf">http://documents.csh.org/documents/pd/youth/youthsh.pdf</a> |
| HomeBase Project, New York City<br><a href="http://homebaseproject.org">http://homebaseproject.org</a>                                                                                              |                                                                                                                                                                                                                                                                                                          |
| Homelessness Prevention, Alameda County<br><a href="http://www.everyonehome.org/media/resources_Phase-1-Prev-Report.pdf">http://www.everyonehome.org/media/resources_Phase-1-Prev-Report.pdf</a>    |                                                                                                                                                                                                                                                                                                          |
| Youth Employment Services, London ON<br><a href="http://www.yes.on.ca">http://www.yes.on.ca</a>                                                                                                     |                                                                                                                                                                                                                                                                                                          |

- AWARENESS
- ACCUITY
- AMENITIES

### 3.10 Mental Wellness

*Compromised mental wellness is disproportionately found in the homeless population compared to the housed population; though most people that experience compromised mental health will never experience homelessness.*

Mental illness is often not the primary cause of homelessness, but can be exacerbated by the experience of homelessness. Of these, anxiety disorders (including panic attacks, post traumatic stress disorders, phobias, and obsessive compulsive disorders) are the most common and affect 9% of Canadian men and 16% of women—in particular, women between the ages of 15-19.<sup>131 132</sup>

Most instances of personality disorders have an onset between ages 15-24.<sup>133</sup> Behaviours associated with personality disorders include violence, alcohol and substance abuse, and poor work/school performance. The degree and severity of these behaviours exceeds the rebellious behaviours often associated with youth in the natural process of “growing up”.

Schizophrenia is the mental illness that is most commonly associated with homelessness, but it only affects 1% of all Canadians. Schizophrenia usually has an onset between ages 20-35, and is more common among males.

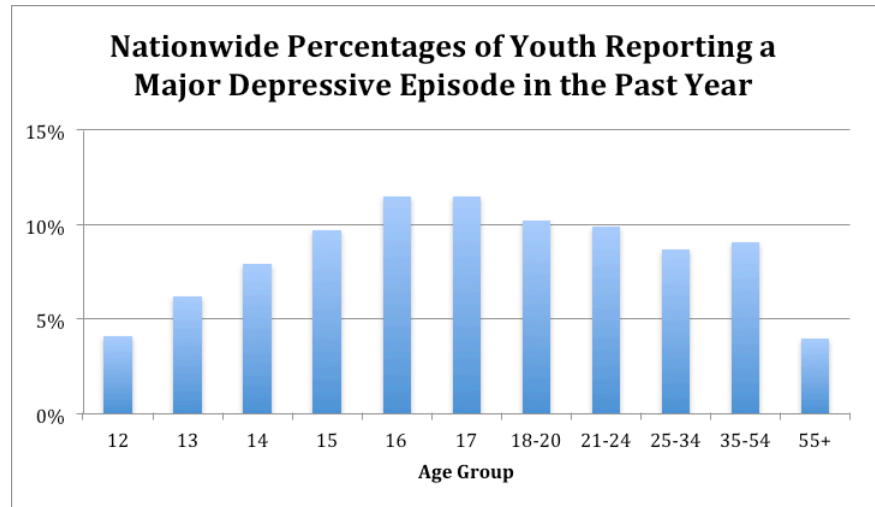


Figure 04: Percentage of Youth Reporting a Major Depressive Episode in the Past Year<sup>134</sup>

Mood disorders include depression (Major Depressive Disorder) and bipolar disorder. These are the most familiar types of mental illness to Canadians, but they are still poorly understood, especially in the context of youth homelessness. Many individuals with mood disorders may believe that they are just having a bad day, a bad week or, even, a bad month and may delay seeking

treatment until the symptoms negatively impact their ability to cope emotionally. Depression and bipolar disorder both affect youth, although most diagnoses do not occur until an individual is in his or her twenties or thirties.

*"I used to cut myself and one time my mom walked in on me. She freaked out and kicked me out of the house."  
- 15-year-old female*

There is a strong link between poverty and mental illness. Some suggest that living in poverty can cause anger, frustration, anxiety, and depression, while other experts theorize that people experiencing mental illness are more likely to drift into poverty because of their difficulty maintaining employment. What is certain, though, is that those who are living in poverty are much less equipped to deal with their mental illness since the consequences of, for instance, missing a day of work, are more severe. [See also Employment]

In addition, discharge, whether from a prison, hospital, or a mental hospital can lead directly to homelessness when communities do not engage in discharge planning. Depending on length of stay and the strength of their social networks, some people may not have anywhere to go after they are discharged from an institution, and they may have no option but to stay at an emergency homeless shelter or seek other less optimal solutions on their own. [See also Institutionalization]

*"When I was released from the mental hospital, a condition was that I had to get therapy. But it's been 8 months now and they keep rescheduling my appointments."  
- 19-year-old female*

#### **Prevention:**

- Community education. The stigma associated with mental illness can be reduced significantly through community education. Individuals suffering from mental illness can be encouraged to seek care earlier, and a more supportive community environment will help sustain mental wellness.
- Training for primary care. For most Canadians, their family doctor is their only contact within the medical system. Creating and distributing consensus treatment guidelines is an important step to early detection and treatment.

#### **Emergency Response:**

- Crisis Response Systems. Individuals with mental health are more vulnerable to various stressors and these can trigger a crisis. Typically, in a crisis, these individuals will be sent to hospital emergency rooms. A Crisis Response System seeks to provide immediate, broad support in times of crisis and can help prevent unnecessary hospitalizations.

**Mental Illness Statistics**

- 68% of residents feel that mental illness is not understood or accepted in Elgin County.
- Youth in Elgin said mental illness was a moderate problem.
- Elgin County has an extremely low mental illness hospitalization rate.<sup>135</sup>
- 20% of all Canadians have some sort of mental illness.<sup>136</sup>
- 7.9% of Elgin County residents have a mood disorder, compared to 6.8% of Ontario residents.
- Only 8.6% of Elgin County residents have spoken with a doctor about mental health in the past 12 months.<sup>137</sup>
- Children and youth living in poverty are three times more likely to develop mental illness than those not living in poverty.<sup>1238</sup>
- Over half of those with mental illness have co-occurring disorders.<sup>139</sup>
- 1 in 3 homeless youth have either Major Depressive Disorder or Post Traumatic Stress Disorder.<sup>140</sup>
- 75% of children and youth with mental illness do not receive treatment.<sup>141</sup>
- Suicide is one of the top two leading causes of death among homeless youth.<sup>142</sup>

**Long-Term Solutions:**

- Mutual aid network. A mutual aid network connects individuals to others facing similar challenges, and provides support to individuals with mental illness and their family members.
- Case management. A case management program can help those individuals with severe and persistent mental illness achieve the highest possible level of functioning. Whether the system is Intensive Case Management (ICM) or Assertive Community Treatment (ACT), the primary goal is person-centred access to care and a strong focus on mental health recovery.

| Case Studies                                                                                                                                                                                                                                                                          | Recommended Reading                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Compeer, Inc.<br><a href="http://www.compeer.org">www.compeer.org</a>                                                                                                                                                                                                                 | Public Health Agency of Canada. (1997) Review of Best Practices in Mental Health Reform. ISBN 0-662-26947-0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Oregon’s Office of Mental Health and Addiction Services<br><a href="http://www.oregon.gov/OHA/amh/index.shtml">www.oregon.gov/OHA/amh/index.shtml</a><br><a href="http://www.endhomelessness.org/content/article/detail/1123">www.endhomelessness.org/content/article/detail/1123</a> | Health Canada. (2002) A Report on Mental Illnesses in Canada. ISBN H39-643/2002E<br><br>Pathways to Housing, NYC<br><a href="http://www.pathwaystohousing.org/content/research_library">http://www.pathwaystohousing.org/content/research_library</a><br><br>CAMH Community Toolkits<br><a href="https://www.google.ca/search?client=safari&amp;rls=en&amp;q=camh+community+toolkits&amp;ie=UTF-8&amp;oe=UTF-8&amp;redir_esc=&amp;ei=z83EUNuODaOPyAGKp4CAAQ">https://www.google.ca/search?client=safari&amp;rls=en&amp;q=camh+community+toolkits&amp;ie=UTF-8&amp;oe=UTF-8&amp;redir_esc=&amp;ei=z83EUNuODaOPyAGKp4CAAQ</a> |



### 3.12 Presentation and Hygiene

*Youth who become homeless may find themselves without access to showers or clean clothes, resulting in an undesirable, unkempt appearance. This can negatively impact social integration, as well as employment and housing prospects.*

A home is not only a place of safety and shelter, it also serves a number of important functions, such as having a kitchen, storage, and washrooms. While it is relatively easy to find a toilet to use in a community without a home, it is more difficult to tend to personal hygiene without a private washroom.

A practical example: to brush one’s teeth, a toothbrush and toothpaste are required but if a youth is homeless, they likely carry around all their possessions in a backpack, and may not think such hygienic tools are important enough to justify the space.

Taking a shower is even more difficult for homeless youth, since it requires time, access to a shower, supplies such as soap, shampoo and a towel, and relative privacy.

Clean clothing is also something that is difficult to obtain while a youth is experiencing homelessness. While laundromats exist, they require cash, and clean clothes may be considered low priority for a hungry homeless youth. While most youth can go several days without needing to do laundry, a homeless youth may only have one set of clothes with him or her.

Other aspects of appearance and personal hygiene that may be difficult to obtain and/or address while homeless include: makeup, deodorant, haircuts, feminine hygiene products, and shaving.

There are three main ways in which a poor appearance can negatively impact a homeless youth. First, there are many ways in which being successful is related to having a positive appearance. Attending a job interview, for instance, is something that has a much more positive outcome if the interviewee is clean and presentable. Attempting to find an apartment is a second example; a landlord is less likely to trust a shabby-looking youth, and may choose not to rent him or her the property, or may otherwise discriminate against the youth (such as by demanding an unusually large damage deposit). [See also Housing]

Secondly, poor personal hygiene may result in a real or perceived shunning by the youth’s peer group, low self-esteem, and depression. Interestingly, there is a cycle of negative reinforcement in this respect. Becoming homeless can cause or exacerbate depression, which can lead to a reduced interest in per-

sonal hygiene. Being homeless limits opportunities for improving personal hygiene, which can worsen depression, which further decreases personal hygiene. All of this has a negative effect on self-esteem and social integration, particularly among teens who are especially concerned with body image and the perception of one’s peers.

*“I didn’t go to school because I didn’t have a shower or any of my makeup. I didn’t want my friends to see me like that.”*  
 – 16-year-old female

Finally, poor hygiene can actually cause or exacerbate health problems. People experiencing homelessness are prone to skin diseases, infections, and gangrene.<sup>143</sup> Failing to brush teeth can lead to oral diseases, such as tooth decay, cavities, and gingivitis. Not washing one’s hands can lead to the spread of diseases through germs. Wearing the same unclean clothes every day attracts lice, fleas, ticks, and mites.<sup>144</sup> [See also **Health**]

|                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case Studies                                                                                                                                                                                                                                        |
| Rob’s Barbershop Community Foundation<br><a href="http://www.rbcf.com">www.rbcf.com</a>                                                                                                                                                             |
| A Suit for Success<br><a href="http://www.asuitthatfits.com/shop/index.php?option=com_content&amp;task=view&amp;id=1659&amp;Itemid=461">http://www.asuitthatfits.com/shop/index.php?option=com_content&amp;task=view&amp;id=1659&amp;Itemid=461</a> |

- AWARENESS
- ACCUITY
- AMENITIES

### 3.13 Sexuality and Pregnancy

*Homeless youth are more likely to be sexually active than their housed peers, which can result in unwanted side-effects such as sexually transmitted infections (STIs) and unplanned pregnancies. Sexual orientation (LGBTQ), becoming pregnant, or simply being perceived as sexually active are sometimes immediate reasons for a youth becoming homeless, if unaccepted by his/her family.*

Teen pregnancy is often used by public health agencies as an indicator of the general wellbeing of a community or specific sub-population.<sup>145</sup> Women who get pregnant while still a teen are more likely not to complete high school, be from socio-economic backgrounds more indicative of economic poverty, have lower income-earning potential in the future, and receive welfare. Furthermore, children of teen mothers are more likely to repeat the cycle and have children themselves while still a teenager.<sup>146</sup>

While it is commonly believed that teen pregnancy itself is a cause of social, educational, and employment disadvantage, recent research indicates that

while girls from disadvantaged backgrounds are more likely to become pregnant at an earlier age, it is this disadvantaged background that acts as a barrier later in life, not the status of being a teenaged mother.<sup>147</sup> In fact, all of the perceived barriers caused by teen pregnancy are in fact a direct result of not completing high school.<sup>148</sup> [See also **Education**]

There are, however, health problems associated with teen pregnancy, such as depression, hypertension, and anemia (for the mother), and low birth weight, preterm births, learning difficulties, blindness, deafness, respiratory problems, and developmental disabilities (for the child).<sup>149</sup> [See also **Health**]

*"A lot of teenagers are getting pregnant so they can get the baby bonus, then they spend it on drugs." – 17-year-old male*

The rate for teen pregnancy in Elgin County and St. Thomas is generally perceived to be very high, when in reality it is only slightly higher than the average for Ontario.<sup>150</sup> What is unusual, however, is that significantly more teen pregnancies in Elgin County result in live births while there are significantly fewer abortions.<sup>151</sup>

Most sexual intercourse among youth does not, however, result in a pregnancy. While becoming sexually active is a normal part of growing up for most youth, engaging in risky sexual behaviour is not.

Risky sexual behaviour includes: having multiple sexual partners, failing to use appropriate protection, consuming drugs or alcohol prior to intercourse, and early sexual initiation.<sup>152</sup> Early sexual initiation increases the likelihood of other risks; early initiation means more time to have multiple partners, and lower levels of maturity means that younger youth are less likely to make responsible choices.

Although studies do not directly link early sexual activity as a predictor of being tested for sexually transmitted infections (STIs) and STI testing was identical for both males and females (46%), girls are more likely to have positive STI results than boys (46% vs. 9%) and more likely to engage in sexual activity without using condoms or engage in sexual activity with someone who was known to have an STI. In a multivariate logistic regression analysis, the only variable that was an independent predictor of STI testing was having either gotten someone or having become pregnant in the past 3 months.<sup>153</sup>

*"Most people are lucky to get out of grade 8 and still be a virgin."  
– 16-year-old female*



### Sexual Orientation and Gender Identity

An emerging body of literature has been finding increasing linkages between homeless youth and youth who are lesbian, gay, bisexual, transsexual, transgendered, or queer. In fact, studies have shown that 25%-40% of homeless youth fit into one of the above categories, while only 5%-10% of the general population is LGBTQ.

The reasons for this include abuse, homophobia, and transphobia. For instance, a youth may come out to his/her parents and be kicked out because of it. A youth could also be bullied at school and called gay, and may run away from home because of the constant abuse.

In Canada, there are very few resources specifically for homeless LGBTQ youth. Without a safe place to go, homeless youth face more of the same abuse that caused them to become homeless in the first place, such as being bullied or victimized in homeless shelters. This is even more the case in a small community such as Elgin County where everyone knows everyone else. Homeless youth may perceive the only way to escape is to leave town or worse, to commit suicide.

*Abramovich, I. A. (2012) No Safe Place to Go: LGBTQ Youth Homelessness in Canada: Reviewing the Literature. Canadian Journal of Family and Youth.*

Certain factors increase the likelihood that a youth will engage in sexual activity early. They fall into five categories: individual factors, family factors, peer factors, school factors, and community factors.

Primary among individual factors is a history of sexual or physical abuse. Studies show that teens with a history of abuse are twice as likely to be sexually active than those without prior abuse.<sup>154</sup> [See also **Domestic Abuse**]

In addition, on an individual level, youth who use drugs or alcohol are significantly more likely to be sexually active. For instance, girls who use alcohol are 80% more likely to be sexually active before age 16 than girls who do not drink.<sup>155</sup> A similar correlation exists with youth involved in other risky behaviour such as theft, violence, or thrill-seeking. [See also **Drug and Alcohol Use**]

Youth today are reaching puberty at an earlier age, but not all do so at the same time. Physical maturity can arrive as early as 9 or 10 years of age, or as late as 16-17. Those youth who reach puberty earlier are 2 to 3 times more likely to report early sexual activity.<sup>156</sup>

Youth are more likely to become sexually active earlier if they have a single parent or a stepparent, if parents have permissive attitudes about sex, if there is a lack of parental monitoring, if parents have low levels of education, if the family has low levels of mutual support and closeness, and if there exists poor communication between the youth and the parent. In addition, youth from poor families are more likely to become sexually active at an earlier age and also become pregnant. Finally, having an older sibling increases the likelihood that a younger sibling will become sexually active earlier, especially if the older sibling is a sister who is perceived to be sexually active.<sup>157</sup>

A youth's peers influence the likelihood that a youth will be sexually active. The most powerful indicator of sexual activity is if a youth believes that his or her friends are sexually active. Perception is a more powerful indicator than reality, however, and teens have a tendency to overestimate the number of their peers who are having sex.<sup>158</sup>

Even when there are no other risk factors, a youth's dating history is a powerful indicator of their level of sexual activity. Youth who start dating earlier and youth who date more frequently are more likely to have an early sexual initiation. Even those youth with good grades and strong families, if in a committed long-term relationship, are more likely to become sexually active.<sup>159</sup>

At school, youth with poor grades, negative attitudes about school, and limited future aspirations are less likely to delay sexual initiation. Youth may

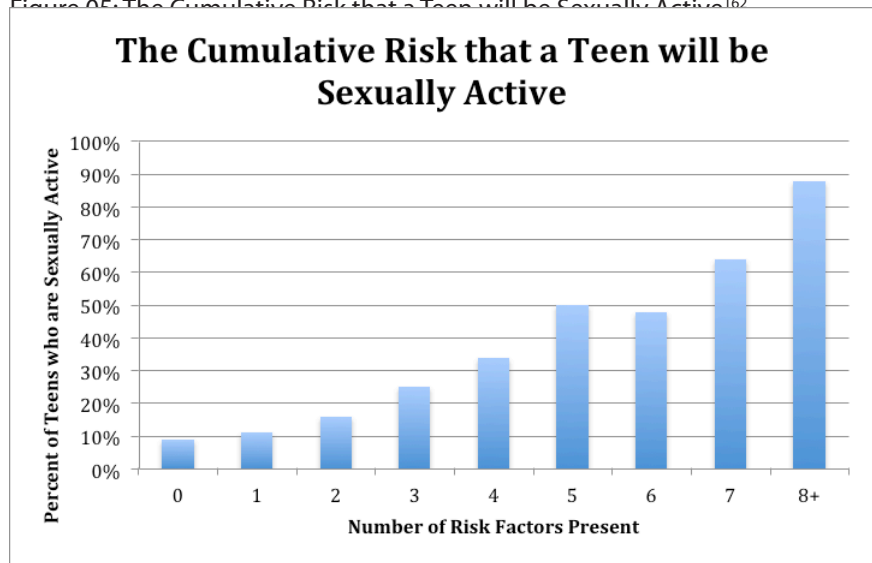
**Sexuality and Pregnancy Statistics**

- 28 cases of teen pregnancy per 1000 females aged 15-19 in St. Thomas-Elgin, which is slightly higher than Ontario average.<sup>163</sup>
- 51.3% of youth age 15-19 in St. Thomas-Elgin are sexually active, compared to 36.8% across Ontario. However, this data is unreliable.<sup>164</sup>
- Condom use in St. Thomas-Elgin is low, at 42.2% compared to 63.6% across Ontario.<sup>165</sup>
- Half of all STD diagnoses each year are among 15-24 year olds.<sup>166</sup>
- Approximately 1 in 4 homeless youth have been diagnosed with an STD.<sup>167</sup>
- The reported rates of all STDs in St. Thomas-Elgin are much lower than Ontario average.<sup>168</sup>
- 9 out of 10 youth report that people their age have sex after having alcohol or drugs.<sup>169</sup>
- 20% of homeless women are raped every year.<sup>170</sup>

see no opportunity in the future to go to college, get a good job (or possibly any job at all), and may already be resigned to becoming a recipient of social assistance. Such youth may not have any motivation to delay pregnancy, and therefore engage in sexual activity at an earlier age.<sup>160</sup>

Finally, a youth’s community influences the likelihood he or she will become sexually active at an early age. In areas with few employment prospects, low income levels, less resources, and permissive social attitudes about sex, youth were more likely to engage in sexual activity earlier.<sup>161</sup>

Figure 05: The Cumulative Risk that a Teen will be Sexually Active<sup>162</sup>



**Prevention:**

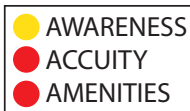
- Education. Education about healthy sexuality should be non-biased, non-judgemental, youth-friendly, and pro-choice.
- Birth control. Providing low-cost or free condoms and other birth control supplies
- Community partnerships. Building community partnerships with schools, hospitals, and community-based organizations to deliver healthy sexuality and reproductive health programs and services

**Emergency Response:**

- Sexual health clinic. A sexual health clinic that is discreet, free, non-judgemental, and confidential is more likely to be used by those who need it.

**Long-Term Solutions:**

- School completion programs. The single greatest barrier that teen mothers face is not being able to complete high school. Creating adult education programs that focus on assisting teen mothers receive their diploma helps teen mothers obtain better job prospects in the future.



| Case Studies                                                                                                                                                                                 | Recommended Reading                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YouthSpark<br><a href="http://www.youthspark.ca">www.youthspark.ca</a>                                                                                                                       | Luong, M. (2008) Life After Teenage Motherhood. Statistics Canada.                                                                                                                                                                                                                                      |
| Sexual Health Resource Centre<br><a href="http://www.shrckingston.org">www.shrckingston.org</a>                                                                                              | Centers for Disease Control and Prevention. (2010) Effective HIV and STD Prevention Programs for Youth: A Summary of Scientific Evidence. <a href="http://www.cdc.gov/healthyouth/stories/pdf/2010-11/success_1011_chi.pdf">http://www.cdc.gov/healthyouth/stories/pdf/2010-11/success_1011_chi.pdf</a> |
| STD Testing in High Schools<br><a href="http://www.cdc.gov/healthyouth/stories/pdf/2010-11/success_1011_chi.pdf">http://www.cdc.gov/healthyouth/stories/pdf/2010-11/success_1011_chi.pdf</a> | <a href="http://www.cdc.gov/healthyouth/sexualbehaviors/pdf/effective_hiv.pdf">http://www.cdc.gov/healthyouth/sexualbehaviors/pdf/effective_hiv.pdf</a>                                                                                                                                                 |

### 3.14 Transportation

*Homeless youth have limited access to transportation, which makes it more difficult for them to access the services that can help them end their homelessness.*

There is no value in providing services if the intended clients are unable to access them. In an area with high population density, it is often easier for youth with limited resources to travel to needed services—either the services are close together or it is easy to travel by public transit. In St. Thomas-Elgin, however, the population is very spread out, and it may be impossible or at least highly impractical for youth to be able to reach all the services that they need.

Examine all the services that a homeless youth might need to access in a given day: help finding housing, looking at apartments, food banks, meal programs, help finding a job, job interviews, doctors, clinics, hospitals, family counselling, mental health services, methadone clinic, addictions services, visits with case workers, visits with parole officers, and starting and ending the day in some sort of shelter. Then, consider that the youth would likely be walking. It can be very difficult to access all the needed services while homeless, especially if the services are spread out over a large area. [See also **Health**]

According to service providers in St. Thomas, the services that are most often neglected are preventative health care, because there is no pressing need for it, and job search. Searching for a job is an enormous risk for homeless youth. There is a large investment required and no guarantee of any return. In order for find a job, a youth needs to spend time creating a résumé, print copies, find clothes that look presentable, then visit a number of businesses to drop off the résumé. Each of these tasks requires time and some require money that may be better spent on other things, such as finding food to eat. [See also **Employment**]

Most homeless youth have very limited mobility. The majority rely on walking, biking, rollerblading, or skateboarding. Some also take the bus, or a taxi when able, or hitchhike.

Walking, the cheapest way to travel, is also the slowest. The average human can walk at about 5 km/h. However, homeless people including homeless youth spend a great deal of time on their feet and often develop foot infections, causing difficulty walking.<sup>171</sup> In general, homeless youth have poorer health, including hunger, which can also make it difficult to get around on foot. Thus, it is reasonable to assume a homeless youth may have a top speed of 4 km/h, and will be willing and able to walk for a maximum of about 6 hours in a given day. Assuming that a youth starts his or her day in some sort of shelter and intends to return to the same location at the end of the day, the maximum distance between shelter and a service that a youth needs to access can be 12 km, if the youth was going to access just one service that day. In reality, youth will likely need to access several services, along with finding lunch. A more realistic assumption is that all services should be within one hour's walk of the shelter—around 4 km.

Rollerblading, skateboarding, and biking are significantly faster than walking, but have two drawbacks for homeless youth. First, obtaining the transportation device costs money. While it is possible to purchase inexpensive bikes and skateboards, the cost is not insignificant if a youth has no income and also needs to get food. Secondly, having such a possession is quite valuable, and owning one puts a homeless youth at risk for having his or her property stolen by another homeless person. The benefits of owning a bicycle likely outweigh the costs, however, which might actually tempt youth to obtain bikes illegally. [See also Criminal Involvement]

Public transportation is an appealing option for homeless youth, since it is an inexpensive way to travel. However, the cost may be prohibitive for some. It costs \$2.50 per ride in St. Thomas, and when a homeless youth is forced to make a decision between eating lunch today and spending money on the bus to go to a job interview, lunch in many instances will prevail. In addition, the public transportation system is limited and may not meet the needs of homeless youth. The system only operates in St. Thomas, not in the rest of Elgin County. In addition, there are only five routes and the system ceases operation at 6:45pm, making it an impractical mode of transportation for shift workers in, let's say, a fast food outlet.

Some homeless youth will hitchhike to get where they need to go,<sup>172</sup> but this practice is unsafe. While the majority of hitchhikers get to their destination without incident, there is always a risk when getting into cars with strangers. This adds to the existing higher risk that homeless youth are at for being assaulted or victimized.

**Transportation Statistics**

- \$2.50 Cost of a bus ticket in St. Thomas.
- \$55-\$65 Cost of a monthly bus pass in St. Thomas.
- \$30 Cost of a taxi ride from Aylmer to St. Thomas.

Finally, in dire need, youth may take a taxi if they need to go somewhere and have no other option. However, the cost of a taxi can be quite high, especially if travelling between cities such as St. Thomas to London. Even if a youth is able to get together enough money for a cab ride, he or she may be discriminated against and denied a ride because the taxi driver believes they will leave the cab without paying—which some homeless youth may also do.

**Prevention:**

- Density of services. To ensure that no one service is inaccessible, encourage various service providers to situate themselves in a centralized area.
- Bring services to youth. If youth are unable to access services, try bringing the services to the youth, such as a mobile health unit or meal program.

**Emergency Response:**

- Transportation vouchers. In order to encourage youth to get to needed services, consider providing the youth with taxi vouchers or bus passes.
- Volunteer drivers. Set up a program in which community members volunteer to drive homeless youth to needed services such as doctor’s appointments, or job interviews.
- Public transit. After the bus system shuts down for the night, a bus could be diverted to pick up homeless youth and take them to a local shelter.

**Long-Term Solutions:**

- Transportation sharing programs. A car-sharing, bike-sharing, bike rental, or moped rental program can disperse the cost of owning a vehicle.

| Case Studies                                                                                                                                                                   | Recommended Reading                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| The Health Bus<br><a href="http://www.niagararegion.ca/living/health_wellness/health_bus/default.aspx">www.niagararegion.ca/living/health_wellness/health_bus/default.aspx</a> | Mapping Opportunities for Physical Activity and Healthy Eating in Elgin-St. Thomas. (2010) Human Environments Analysis Laboratory, London, ON. |
| Wellington Transportation Services<br><a href="http://www.communityresourcecentre.org/?page_id=490">www.communityresourcecentre.org/?page_id=490</a>                           |                                                                                                                                                |



### 3.15 Violence and Bullying

*Homeless youth are victimized far more often than average, and may be bullied or be bullies themselves before, during, or after episodes of homelessness.*

Bullying is a common problem among adolescents. Bullying occurs when one or more person(s) repeatedly act aggressively towards others in order to inflict pain, discomfort, or embarrassment. It can take many forms, from physical violence—beating someone up or locking them in a locker—to more subtle emotional or psychological abuse such as name-calling, teasing, or spreading rumours.

Although there has been little research done on the relationship between bullying and youth homelessness, indirect evidence suggests that there is a correlation between youth involved with bullying and youth who become homeless. There are several reasons for this. First, youth who bully may be acting out because of problems at home, which can cause the youth to run away or be kicked out. Similarly, victims of bullying may also be abused at home. [See also Domestic Abuse]

Second, youth who are bullied are often bullied for such things as being poor, having the wrong clothes, or smelling badly due to poor hygiene. They may also be bullied because they are queer or are perceived to be queer. Research indicates that as many as 25% of homeless youth are LGBTQ, and coming out to one’s parents is often a precipitating cause of becoming homeless. [See also Sexuality and Pregnancy]

In addition, both bullies and victims exhibit a number of similar issues experienced by homeless youth, such as poor mental health, drug and alcohol use, poor performance in school, and trouble at home. It is therefore quite likely that there is significant overlap between those who are involved in bullying and those youth who become homeless. Bullying also often continues into homeless shelters, as those temporarily residing in shelters are often a combination of bullies, bully-victims, and victims.<sup>173</sup> [See also Emergency Shelter]

Bullies are generally unhappy and may feel unable to control various circumstances in their lives. To compensate, they bully others, coercing the victims to do things they wouldn’t normally do, in order to increase their own power. Studies show that bullies often struggle with depression, do poorly in school, are more likely to have drug or alcohol problems and engage in deviant behaviour, and may have antisocial personality disorders.<sup>174</sup> [See also Drug and Alcohol Use]

Those who are victimized or bullied are at a higher risk for depression, anxiety,

### Violence and Bullying Statistics

- Boys are more often physically bullied
- Girls are more often indirectly bullied
- 20%-30% of youth are involved in bullying.<sup>181</sup>
- 6% of youth are both bullies and victims.<sup>182</sup>
- 80% of Elgin County residents think that bullying is a problem.
- 40% of Elgin residents think that schools are not safe for youth.
- 2/3 of Elgin youth think that bullying is a major problem.
- Almost half of Grade 9 boys have been in a fight in the past year (Canada wide).<sup>183</sup>
- 17% of male youth report carrying a weapon in the past month (Canada wide).<sup>184</sup>

loneliness, insecurity, and somatic complaints (symptoms such as nausea, vomiting, headaches, constipation, migraines, etc. for which there is no medical explanation).<sup>175</sup> However, recent studies have discovered that it is easier for youth to cope with physical abuse than emotional abuse, suggesting that “inability to cope with social ridicule and personal rejection [can] fuel extreme outbursts of violence.”<sup>176</sup> [See also **Mental Health**]

Some victims lash out and become bullies themselves, and may in a single day be bullied by one group of youth and then be a bully to a different group of youth. These are known as “bully-victims,” and typically have the most acute needs. A recent large-scale study showed that bully-victims had very high levels of peer rejection, conduct problems, school difficulties, psychiatric disorders, and “best fit the profiles of seriously violent offenders.”<sup>177</sup>

Teachers are the adult figures who most frequently encounter bullying, but unfortunately, teachers often lack the training as to how to best intervene. In fact, one study asked teachers to assess the psychological distress of their students. On average, the teachers did not rate the victims of bullying as having much higher levels of distress than their classmates who were uninvolved in bullying, despite the victims themselves reporting very high levels of distress. Victims often become very good at internalizing their distress, which is difficult for teachers to detect.<sup>178</sup>

Violence can also occur among youth without it being a product of bullying. Bullying is repeated behaviour; fights are discrete events. While bullying is victimization, fighting is a conflict. This distinction is important for resolution; fighting can be resolved through mediation or conflict resolution while bullying is not the result of any conflict.

Among homeless youth, fighting is common. Behind theft, fighting or assault is the most common offence for which homeless youth may be involved with police or parole officers.<sup>179</sup> Homeless youth may become involved with gangs, or may get in fights as a result of drug dealing or drug use. A study in Ottawa showed that 62% of homeless youth had been injured while homeless, usually as a result of being in a fight.<sup>180</sup>

### Prevention:

- Teacher training. Teachers are in the best position to address bullying, since they are in daily contact with large numbers of youth. Unfortunately, most teachers are unsure how to intervene effectively and how to recognize which youth are in need of support.
- School policy. Create and enforce school policies and norms regarding bullying to present a unified stand against bullying rather than an individual dispute between a single teacher and a bully.

**Emergency Response:**

- Clinical help. Identifying victims, bullies, and bully-victims, and helping them get the support they need to combat the symptoms of bullying.

**Long-Term Solutions:**

- Public awareness. Letting the public know about the symptoms and consequences of bullying will help everyone – from teachers to parents to sports coaches – better recognize the signs of bullying.
- Speak out campaigns. Encouraging victims of bullying to seek help rather than internalizing their problems can help reduce bullying.

|                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Case Studies                                                                                                                                                          |
| Olweus Bullying Prevention Program<br><a href="http://www.violencepreventionworks.org/public/index.page">http://www.violencepreventionworks.org/public/index.page</a> |

**3.16 Youth in Care**

*Former youth in care are far more likely to experience homelessness than other youth. In addition, they have much higher rates of compromised mental wellness, compromised physical health, addictions to substances, interactions with the criminal justice system, pregnancy, high school non-completion, unemployment, and dependence on social assistance. In addition, for these youth, homelessness is sometimes caused by reaching an age of maturation where government agencies no longer provide care.*

Having spent time in foster care or group homes often presents a serious barrier to youth. Most acutely, youth transitioning to adulthood are faced with the immediate prospect of becoming homeless. While most youth are able to gradually test the waters of independence, lean on their parents for some supports, and move back home if something unexpected happens, and eventually learn to live independently, youth in care are suddenly cut off from services when they become too old.

Youth may age out at various ages, depending on the circumstances.

- Youth may leave care at age 16 or older if they choose to do so.
- Most youth leave foster or group homes when they turn 18.
- At age 18, youth can apply for Extended Care and Maintenance, which provides youth with some supports but is a discretionary program and is not guaranteed. However, Family & Children’s Services Elgin has made it a policy to offer ECM to all 18-21 year olds.
- At age 21, former youth in care are cut off from most supports, including Extended Care and Maintenance.<sup>185</sup>



*"My birthday's in a few months. Then I turn 18 and I'm on my own, no foster parents, no case worker, no money. I'm terrified I'm going to end up homeless. My case worker said I could apply for OW, but I'll be getting even less money than I am now, and I'll have to pay for my own place. I don't have any idea how to make this work."*

*– 17-year old female*

While youth in care are more likely to abruptly become homeless after reaching a certain age, they are also more likely to face a number of additional barriers that, when combined, may eventually result in homelessness.

According to a recent study, youth in care usually have less educational background than average. Only 44% of Ontario's youth in care complete high school, and by age 24, over half are still unemployed. Most report social assistance as their main source of income.<sup>186</sup> A study in Australia showed that almost half of former youth in care commit a criminal offense after aging out. Youth in care are also much more likely to be the victim of a crime such as assault or theft.<sup>187</sup> Almost half of Crown Wards have some type of psychiatric condition where prescription medications are recommended, and more than three-quarters of female former youth in care become pregnant by age 24.<sup>188</sup> These statistics indicate that youth in care are a group that needs significant attention if one's goal is to end or reduce youth homelessness.

There are a few reasons why this is the case. First, foster care, group homes, and other formal systems of care are less stable living arrangements. One youth may move multiple times over the course of his or her adolescence, which can cause disruptions in a youth's social life and schooling. Lack of an ongoing adult role model and constant parental monitoring may encourage youth to act out. A youth may form an attachment to another youth in a home only to have that youth moved to a different living arrangement. This lack of stability can be detrimental to a youth's personal development.

*"If you're a foster kid, you need a job, because your foster parents are not going to pay for all your cosmetics, Q-Tips, clothes and school supplies, cell phone, bus fare, sometimes food. We don't get to save any money; we spend it on living."*

*– 17-year-old female*

Second, youth in care and former youth in care are often truly alone, in the sense that they have no one they can depend on. After a certain age, the youth's former caseworker and former foster parents have no legal obligation to provide support of any kind to a youth. This means that they do not have anyone they can turn to if they need help such as finding a job, recovering

**Discharge Statistics**

- 89 youth will be aging out of foster care in St. Thomas-Elgin in the next 5 years.<sup>190</sup>
- 43% of homeless youth in Canada have a history of involvement with the child welfare system.<sup>191</sup>
- Half will apply for social assistance within 6 months.<sup>192</sup>
- 44% of youth in care do not finish high school.
- 1 in 2 former youth in care are unemployed at age 24.<sup>193</sup>
- 68% report being victims of assault, theft, or breaking and entering within a year of leaving care.<sup>194</sup>

from an illness, coming out as homosexual, needing a place to crash for a night, dealing with an abusive significant other, etc. Even before transitioning out of care, a youth may not know whom they can trust and talk to about such issues.

Finally, even if a youth has experienced stable and supportive foster or group home, it is well known that adoptive and foster children are at increased risk for a spectrum of problems, such as mental illnesses, Fetal Alcohol Spectrum Disorder (FASD), Attention Deficit Hyperactive Disorder (ADHD), and predisposition towards addictions. This increased risk is largely due to the environment in which the child was exposed to while in the womb and shortly after childbirth.<sup>189</sup>

**Emergency Response:**

- Discharge planning. Helping youth come up with a plan of how to live and what services to draw on once they age out from care will significantly reduce the number of youth in care who end up homeless.

**Long-Term Solutions:**

- Systems reform. Ensure that all youth in care have adequate supports that prepare the youth to live independently upon reaching adulthood, and also have access to support after transitioning to adulthood.

| Case Studies                                                                                                                 | Recommended Reading                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Emancipated Youth Program<br><a href="http://www.lys.org/selfsufficiency2.html">http://www.lys.org/selfsufficiency2.html</a> | Provincial Advocate for Children & Youth. (2012) 25 is the New 21. The Office of the Provincial Advocate for Children & Youth.<br><br>Casey Family Programs. (2005) Recruitment and Retention of Resource Families: Promising Practices and Lessons Learned. Breakthrough Series. |

## Chapter 4: Responding to Youth Homelessness

Ending youth homelessness will require a coordinated approach, incorporating the local strengths of the community in St. Thomas and Elgin County, as well as proven effective solutions from other jurisdictions.

### 4.1 Best Practices

There are a number of evidence-informed techniques and practices that have been proven to reduce youth homelessness. Four of the most effective of these techniques are:

- Family reunification
- Harm reduction
- Youth-specific services
- Trauma-informed services

#### 4.1.1 Family Reunification

Considering that the vast majority of youth who experience homelessness are low-risk and only temporarily disconnected from their families, the solution for most homeless youth is to help reunite them with their families, when it is safe to do so. The most common destination for youth leaving homeless shelters and transitional housing is back home to family, so focusing on family reunification can help speed up the process and reduce the time a youth spends homeless.

Even if a youth chooses not to return to live with family, evidence shows that simply improving the relationship between the youth and his or her family improves outcomes for the youth. Youth with better connections to family members have improved mental health, decreased risky behaviour, reduced substance abuse, and less suicidal thoughts (ideation).<sup>195</sup>

Family intervention should be seen as a “first line of defense” against youth homelessness. In addition to family reunification, such programs and services as family counselling, parenting help, family connecting, family finding, mentoring, and aftercare services can all contribute to better outcomes for youth. Similar techniques can be applied for youth who live unstably at home, to reduce conflict and prevent the loss of housing. In fact, it has been shown that family reunification can prevent or decrease the risk of a youth being thrown out or running away from home in the future.

#### **Essential components of family reunification programs:**

- Involve the youth in decision-making
- Ongoing safety assessments
- Trauma-informed approach

**Recommended Reading:**

Youth Services of Tulsa, Tulsa, OK (Youth Services)

[www.yst.org](http://www.yst.org)

[www.endhomelessness.org/content/article/detail/4597](http://www.endhomelessness.org/content/article/detail/4597)

Supporting Reunification and Preventing Re-Entry Into Out-Of-Home Care

[http://www.childwelfare.gov/pubs/issue\\_briefs/srpr.pdf](http://www.childwelfare.gov/pubs/issue_briefs/srpr.pdf)

Strengthening Families Program, Salt Lake City, UT

[www.strengtheningfamiliesprogram.org](http://www.strengtheningfamiliesprogram.org)

Family Acceptance Project, San Francisco, CA

[www.familyproject.sfsu.edu](http://www.familyproject.sfsu.edu)

Ontario Child Protection Tools Manual

<http://www.children.gov.on.ca/htdocs/english/documents/topics/children-said/childprotectionmanual.pdf>

#### 4.1.2 Harm Reduction

Harm reduction is a philosophy that focuses on reducing the risks associated with various behavior. The four pillars harm reduction is a comprehensive approach that was pioneered in Vancouver, British Columbia and balances public order and public health in order to create a safer, healthier community. The “Four Pillars” are harm reduction, prevention, treatment and enforcement. The philosophy acknowledges that while some people engage in risky behaviour—such as having unprotected sex or taking intravenous drugs—it is more productive to “meet people where they are at,” and have a non-judgemental approach than, for instance, refusing service until a person becomes sober.

Youth, in particular, may have a favourable attitude towards various lifestyle choices. They may think that stealing, having sex, smoking, drinking alcohol, and/or taking drugs are cool. Often, such youth will deny that they have a problem, and refuse service and treatment if it means they cannot engage in the lifestyle of their choice. One focus group respondent said that he broke his arm but refused to go to the hospital since they wouldn't let him have cigarettes there.

Harm may fall into one or more of four different categories, dubbed “The Four L's”. In this model, Ron Roizen, an American sociologist, created a useful shorthand for the harms that may be experienced through the use of drugs. Each word beginning with L – ‘Liver’, ‘Lover’, ‘Law’ and ‘Livelihood’ — stands for a category of harm:

1. Liver: the negative impact on one's own body

2. Lover: the impact on one's friends, family, and loved ones
3. Livelihood: refers to the impact on one's job and hobbies
4. Law: legal implications associated with risky behaviour

The goal of harm reduction is to reduce and minimize negative consequences associated with harmful behaviour. The goal is not to eliminate such behaviour – i.e. intravenous drug use – but certainly sobriety is seen as one of the possible and desirable outcomes. In fact, concrete evidence shows that a harm reduction approach has been shown to reduce and even eliminate the incidence of riskier behaviour far more effectively than abstinence-based programs.<sup>196</sup>

Harm reduction is not only beneficial to the individual but also to the community as a whole. In particular, harm reduction has demonstrated a significant reduction in open drug use, including discarded drug paraphernalia and drug-related crime, and a decrease in enforcement and medical costs. A reduction in open drug use also benefits the local economy by improving the climate for tourism and boosting economic development.<sup>197</sup>

A harm reduction program may include such elements as providing free condoms or clean needles, but in reality it is more about building relationships. Service providers who accept their clients' current circumstances and behaviours are in a better position to build an open and trusting relationship, leading to better outcomes such as reduced harm to the community, improvement in public health and decreased policing costs.

**Essential components of harm reduction strategies:**

- Non-judgemental and supportive attitude
- Providing accurate and unbiased information about high-risk behaviours
- Setting short-term, pragmatic goals
- Provide different options to reduce risks
- Allowing youth to make their own, informed decisions

Recommended Reading:

YOUTHLINK Inner City, Scarborough, ON (Youth Services)  
[www.youthlink.ca](http://www.youthlink.ca)

INSITE, Vancouver, BC (Supervised Injection Site)  
<http://supervisedinjection.vch.ca>

Harm Reduction Coalition (Research & Advocacy)  
[www.harmreduction.org](http://www.harmreduction.org)

### 4.1.3 Youth-Specific Services

A 16- or even 18-year-old youth who is newly homeless has very little in common with a middle-aged, chronically homeless individual with severe, untreated mental illness. It makes sense to provide services differently. In the realm of ending homelessness, one size does not fit all.

Youth have different needs than adults. While an adult may be struggling with a long-term substance-related dependency, youth may be considering experimenting for the first time with different drugs. While help finding an apartment may assist adults end their homelessness, a youth may be too young to legally sign a lease.

Evidence from many jurisdictions demonstrates that homeless and at-risk youth have far better outcomes when they are kept physically separate from adult homeless populations, and provided age-specific services.

### 4.1.4 Trauma-Informed Services

Trauma theory emphasizes the impact of trauma, particularly in early childhood, as the causal factor in the development of many psychiatric disorders.<sup>198</sup> According to many studies, the many clients in human service systems are survivors of some sort of trauma. This could range from domestic violence to serving in the military, from sexual abuse to emotional abuse. The premise of trauma-informed services is to treat all clients as if they might be trauma survivors, since initially there is no way to tell.<sup>199</sup>

A trauma survivor may respond to treatment or services in unexpected ways. For instance, a young woman who was repeatedly abused sexually as a child may turn to alcohol or other drugs as a coping mechanism. An addictions program that fails to uncover the reason for her alcoholism may find her reacting poorly with no particular explanation. Alternatively, the same woman may be dependent on food banks, but may refuse to visit a particular food bank because a staff member that works there wears the same cologne as her abuser. The same woman may need to visit a health clinic but be uncomfortable about the physical contact of a nurse or doctor, and may put off tending to her health problems until the problem becomes severe due to a fear of re-traumatization.

Treating clients as trauma survivors means that there needs to be a strong focus on empowerment. Someone who has been victimized in the past will not respond well to services that also take away his or her power.

In addition, the service providers need to be aware of “triggers”—the possibility that a seemingly innocuous action or comment may trigger an extreme, possibly violent reaction from the client. When this happens, the client is having a flashback to the original trauma. In order to understand and prevent this type of occurrence, everyone in an organization, from the receptionist to the board of directors, needs to understand how violence and trauma can impact the lives of their clients. For instance, physical contact is a common trigger. Therefore, an organization providing trauma-informed services may have a “no touching” policy.

**Essential components of trauma-informed services:**

- Identify recovery from trauma as a primary goal
- Universal screening for a history of trauma
- Focus on empowerment of clients, use a strength-based approach
- Training and education in trauma for all staff members
- Modify hiring practices to hire more people with lived experience
- Involve clients when designing and evaluating services
- Review policies and procedures to lessen re-traumatization

Recommended Reading:

National Centre for Trauma-Informed Care

<http://www.samhsa.gov/nctic/>

Poole, N. & Greaves, L. (2012) *Becoming Trauma Informed*. Toronto: Centre for Addiction and Mental Health.

## 4.2 Services Available

The following table outlines the services currently available to youth in Elgin, with a particular focus on those services specifically geared towards homeless youth. Some services are also provided for reference even though they are not located within Elgin County, particularly if there is no applicable service within Elgin-St. Thomas.

### 4.2.1 Service Gaps

The following gaps in services have been identified:

- **Case Management.** Case management is the coordination of services in partnership with a service participant (client). Relating to youth homelessness, it means allocating a professional to be responsible for ensuring that a case plan is created, implemented, and followed. Each care plan is customized to the client, and may include housing, employment, social, financial, and health-related supports. The purpose is to ensure that a client with multiple needs is able to access and obtain all the supports he or she requires. Currently, the only case management that exists is for Crown Wards.
- **Emergency housing for young men.** While there is sufficient emergency housing for females, males are currently only able to access emergency housing during the winter months while Inn Out Of The Cold is open.
- **Addictions services.** There are very few services for persons with addictions who are seeking treatment in St. Thomas-Elgin. There exists a methadone clinic, Clinic 217, but beyond that services are offered only through the hospital or in London.
- **Family programs.** There are assorted programs in Elgin County designed to help families resolve differences without removing a child from the home, but service in this area is patchy. This aspect should be seen as a first line of defence against youth homelessness.
- **Crisis response services.** Crises come in many forms, and only some of them are best dealt with by calling 9-1-1. A youth becoming homeless is often a crisis, and requires a coordinated, immediate crisis response.

## 4.3 Inventory of Services

The table that follows is based on an assessment of the current services available in Elgin along with the needs of homeless youth. This tool is designed to assist local service providers to effectively develop and provide services that meet the specific needs of street-involved youth. The approaches used should be meaningful, appropriate and provide intensive models of support. Youth participation in program and service development is key.



| Organization Name                                            | Contact Information                                                                                                     | Age Served     | Service Provided                                                                                                   | Fee  |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------|------|
| <b>Emergency &amp; Temporary Shelter</b>                     |                                                                                                                         |                |                                                                                                                    |      |
| CMHA – Elgin Branch                                          | 110 Centre St.<br>St Thomas<br>Tel: (519) 633-1781<br>Crisis: (519) 631-2180<br>Fax: (519) 631-8273<br>www.cmhaelgin.ca | Ages 16 and up | Emergency crash beds for period of 1-5 days.                                                                       | None |
| Fresh Start Maternity Supports                               | 118 Centre St.<br>St. Thomas<br>Tel: (519) 637-7775<br>Fax: (866) 245-1774<br>Email: director@fsms.ca<br>www.fsms.ca    | All ages       | Housing and support services for pregnant and parenting women.                                                     | None |
| Inn Out of the Cold                                          | 135 Wellington St.<br>St. Thomas<br>Tel: (519) 631-3503                                                                 | N/A            | Emergency shelter; winter only; all ages; all genders                                                              | None |
| Men’s Mission - Part of Mission Services                     | 459 York Street<br>London<br>Tel: (519) 672-8500<br>Fax: (519) 672-0737<br>http://missionservices.ca/shelter-programs   | Ages 16 and up | Temporary accommodation and meals                                                                                  | None |
| Rotholme Women’s & Family Shelter - Part of Mission Services | 42 Stanley St<br>London<br>Tel: (519) 673-4114<br>Fax: (519) 673-4117<br>http://missionservices.ca/shelter-programs     | Ages 16 and up | 24/7 Temporary emergency admission for homeless and in need families and single women                              | None |
| The Salvation Army Centre of Hope                            | 281 Wellington Street<br>London N6B 2L4<br>Tel: (519) 661-0343<br>Fax: (519) 432-6375<br>http://www.centreofhope.ca     | Ages 16 and up | Emergency shelter for youth and adults; specialized staff trained in working with youth.                           | None |
| Women’s Place (Violence Against Women)                       | Tel: (519) 633-0155<br>Crisis: (800) 265-4305<br>http://www.vawsec.on.ca/                                               | Ages 16 and up | 24/7 Temporary shelter; emergency transportation to safety; drop in counselling; legal consultation without a fee. | None |

| Organization Name                                                   | Contact Information                                                                                                                          | Age Served     | Service Provided                                                                             | Fee                    |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------|------------------------|
| Women's Residence (YWCA St. Thomas-Elgin)                           | 16 Mary St. West<br>St. Thomas<br>Tel: 519-631-9800<br>Fax: 519-631-6411<br>Email: ywcastthomaselgin@bellnet.ca<br>www.ywcastthomaselgin.org | All ages       | Emergency beds for women                                                                     | None                   |
| <b>Transitional and Supportive Housing</b>                          |                                                                                                                                              |                |                                                                                              |                        |
| Bluewater Family Support Services                                   | 2130 Parkhill Dr.<br>Parkhill<br>Tel: 519-294-6213<br>Fax: 519-294-0279                                                                      | Up to 16 years | Housing and services for children experiencing necessitates out-of-home placement.           | Set By Provincial Gov. |
| Co-ordinated Access Centre (Elgin & St. Thomas Housing Corporation) | 34 Churchill Cres.<br>St. Thomas<br>Tel: (519) 631-4580<br>Toll Free: (800) 324-4474<br>Fax: (519) 633-8035                                  | Ages 16 and up | Provides housing assistance in Elgin County.                                                 | None                   |
| Elgin Association for Community Living                              | 400 Talbot St<br>St. Thomas<br>Tel: (519) 631-9222<br>Fax: (519) 633-4392<br>Email: info@communitylivingelgin.com<br>www.eacl.on.ca          | All ages       | Housing services and supports for people with a developmental disability and their families. | Service Based          |
| Fair Winds (YWCA St. Thomas)                                        | 16 Mary Street West<br>St. Thomas<br>Tel: (519) 631-9800<br>Fax: (519) 631-6411<br>Email: ywcastthomaselgin@bellnet.ca                       | 16 to 24 years | Supportive housing for young men.                                                            | None                   |
| Focus Fairview                                                      | 11-83 Fairview Ave.<br>St. Thomas<br>Tel: (519) 631-4363<br>Email focusfairview@gmail.com                                                    | N/A            | Housing and supportive services.                                                             | None                   |
| Fresh Start Maternity Supports                                      | 118 Centre St.<br>St. Thomas<br>Tel: (519) 637-7775<br>Fax: (866) 245-1774<br>Email: director@fsms.ca<br>www.fsms.ca                         | All ages       | Housing and support services for pregnant and parenting women.                               | None                   |

| Organization Name                                      | Contact Information                                                                                                                  | Age Served     | Service Provided                                                                                         | Fee                   |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------|-----------------------|
| Harmony House) YWCA St. Thomas                         | 16 Mary Street West<br>St. Thomas<br>Tel: (519) 631-9800<br>Fax: (519) 631-6411<br>Email: ywcastthomaselgin@bellnet.ca               | 16 to 24 years | Supportive housing for young women.                                                                      | None                  |
| Kettle Creek Residence                                 | 58 St George St.<br>St Thomas<br>Tel: (519) 633-7647<br>Fax: (519) 633-9312                                                          | Ages 18 and up | Housing services; personal care;<br>life skills services                                                 | Set Fee               |
| Onyota'a:ka Family Healing Lodge                       | 1687 Elijah Road, R.R. # 2, Southwold<br>Tel: (519) 652-3244<br>Fax: (519) 652-9287                                                  | All ages       | Variety of housing programs for First Nations.                                                           | None                  |
| Port Bruce Manor                                       | 3253 Levi St., Aylmer<br>Tel: (519) 773-9320                                                                                         | Ages 18 and up | Assisted living facility for adults with intellectual disabilities                                       | Set Fee               |
| Quintin Warner House - Mission Services for Addictions | 477 Queen Street<br>London<br>Tel: (519) 434-8041<br>Fax: (519)-434-1669                                                             | Ages 18 and up | Addiction treatment centre; four-month residential program.                                              | None                  |
| Ridgeview Children's Home Inc.                         | 1160 Kipp's Lane<br>London<br>Tel: (519) 438-1386<br>Fax: (519) 438-4429<br>Email: ridgeviewchildrenshome@yahoo.ca<br>www.oarty.net  | Up to 15 years | Transitional supportive housing for children and youth.                                                  | None                  |
| St. Thomas Elgin General Hospital                      | 189 Elm Street<br>St. Thomas<br>Tel: (519) 631-2020<br>Fax: (519) 631-1825<br>TTY: (519) 631-7789<br>www.stegh.on.ca                 | All ages       | Health care provider. Continuing Care Centre offers transitional housing.                                | None                  |
| St. Thomas-Elgin Second Stage Housing                  | 15 Golding Pl.<br>St Thomas<br>Tel: (519) 637-2288<br>Toll Free: (877) 396-2288<br>Fax: (519) 637-2213<br>www.secondstagehousing.net | All ages       | Affordable housing and support services to women and their children who have left abusive relationships. | Rent-Geared-to-Income |

| Organization Name             | Contact Information                                                                                                                 | Age Served                                | Service Provided                                                                                                                       | Fee                         |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| Tara Hall Group Home          | 38 Chester St<br>St Thomas<br>Tel: (519) 631-4937<br>Fax: (519) 631-1526<br>Email: tarahall@rogers.com<br>www.tarahallgrouphome.com | Ages 18 and up                            | Long term housing for adults with a variety of special needs                                                                           | None                        |
| Turning Point Inc.            | 612 Mornington Ave<br>London<br>Tel: (519) 659-2250<br>Fax: (519) 659-9619<br>www.turningpointinc.ca                                | Program dependant:<br>12 to 18 & 16 to 24 | Residential recovery home for women with alcohol & drug use problems; Individual & group counselling; social and recreational programs | None                        |
| Victoria's Home               | 57 Walnut St.<br>St Thomas<br>Tel: (519) 633-9889<br>Email: dowswell@sympatico.ca                                                   | All ages                                  | Housing for people requiring daily supports.                                                                                           | Set Fee                     |
| Wallis Residential Homes      | 31 Southwick St.<br>St Thomas<br>Tel: (519) 631-9544                                                                                | Ages 18 and up                            | Supportive housing for people with psychiatric illnesses and adults with disabilities.                                                 | Set Fee                     |
| Western Area Youth Services   | 14 York Street<br>London<br>Tel: (519) 432-2209<br>Fax: (519) 432-2442<br>Email: ways@ways.on.ca<br>www.ways.on.ca                  | 12 to 21 years, some adult programs       | Residential and non-residential programs; developing life skills; job training; recreational facilities community services.            | Fees Negotiable Through CAS |
| Youth Opportunities Unlimited | 141 Dundas Street<br>London<br>Tel: (519) 432-1112<br>Fax: (519) 432-2883<br>www.you.on.ca                                          | 16 to 24 years                            | Affordable rental housing with support services for youth.                                                                             | None                        |
| <b>Employment Services</b>    |                                                                                                                                     |                                           |                                                                                                                                        |                             |
| Aylmer Community Services     | 25 Centre St.<br>Aylmer<br>Tel: (519)765-2082<br>Fax: (519)765-2280                                                                 | Ages 14 and up                            | Information & resource service; employment planning & preparation & placement support                                                  | None                        |

| Organization Name                                    | Contact Information                                                                                                                                         | Age Served               | Service Provided                                                                               | Fee  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------|------|
| Community Employment Services                        | 40 Metcalf Street<br>Woodstock<br>Tel: (519) 539-8161<br>Fax: (519) 539-7833<br><a href="http://www.ceswoodstock.org">http://www.ceswoodstock.org</a>       | 15 to 24 years           | Youth employment services                                                                      | None |
| Elgin-St. Thomas Youth Employment Counselling Centre | 408 Talbot St.<br>St Thomas<br>Tel: (519) 633-5200 x246<br>Fax: (519) 633-5854<br>Email: <a href="mailto:vymelgin@hotmail.com">vymelgin@hotmail.com</a>     | 14 to 29 years           | Youth volunteer opportunities.                                                                 | None |
| Employment Services Elgin                            | 400 Talbot Street<br>St. Thomas<br>Tel: (519) 631-5470<br>Fax: (519) 633-5854<br>Email: <a href="mailto:jeinfo@jobselgin.ca">jeinfo@jobselgin.ca</a>        | Ages 14 and up           | Various employment related services                                                            | N/A  |
| L'ACFO Conseil regionale de London/Sarnia            | 920 Huron St.<br>London<br>Tel: (519) 675-3816<br>Fax: (519) 673-0193<br><a href="http://www.acfo-ls.org">www.acfo-ls.org</a>                               | Ages 16 and up           | Bilingual services for clients, employers, communities; Specific youth employment opportunity. | None |
| St. Thomas Youth Employment Counselling Centre       | 400 Talbot St. North<br>St Thomas<br>Tel: (519) 631-5470<br>Fax: (519) 633-5854<br>Email: <a href="mailto:jeinfo@jobselgin.ca">jeinfo@jobselgin.ca</a>      | Students, youth & adults | Resource and recreational services; employment counselling; kitchen space.                     | None |
| Tri-County Youth Employment Service                  | 96 Tillson Av.<br>Tillsonburg<br>Tel: (519) 842-9000<br>Fax: (519) 842-4727<br><a href="http://www.thelivingstoncentre.com">www.thelivingstoncentre.com</a> | 15 to 24 years           | Youth employment services                                                                      | None |
| West Elgin Support Services                          | 160 Main St<br>West Lorne<br>Tel: (519) 768-0020<br>Fax: (519) 768-0401<br>Email: <a href="mailto:nmott@fanshawcc.ca">nmott@fanshawcc.ca</a>                | Ages 14 and up           | Various employment related services.                                                           | None |

| Organization Name                                                                                   | Contact Information                                                                                                             | Age Served                | Service Provided                                                                                                                 | Fee  |
|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------|------|
| Womanpower Inc.                                                                                     | 119 McMahan St<br>London<br>Tel: (519) 434-5144<br>N5Y 0A2                                                                      | Ages 14 and up            | Individual and group career counselling and coaching.                                                                            | None |
| <b>Financial Support</b>                                                                            |                                                                                                                                 |                           |                                                                                                                                  |      |
| Canadian Tire Jumpstart                                                                             | Tel: 519-631-2418 ext. 226.<br>jumpstart.canadiantire.ca                                                                        | Up to 18                  | Financial aid for children to participate in sports.                                                                             | None |
| Easter Seals Ontario – London Regional Office                                                       | 2-974 Dearness Dr.<br>London<br>Tel: 519-432-9669<br>Email: info@easterseals.org<br>www.easterseals.org/                        | 18 years and under        | Direct services; advocacy and public education; up to \$3 000 per year, per child to help purchase essential mobility equipment. | None |
| Ministry of Community and Social Services – St. Thomas (ODSP)                                       | 545 Talbot or 423 Talbot St.<br>St. Thomas<br>Tel: (519) 631-9350<br>Toll Free: (800)-265-4362<br>www.mcsc.gov.on.ca            | All ages                  | Income supports for individuals in financial need.                                                                               | None |
| Ontario Ministry of Community and Social Service - Assistance for Children with Severe Disabilities | 217 York St.<br>London<br>Tel: (519) 438-5111<br>Fax: (519) 672-4683<br>Elgin County: (800) 265-4197<br>TTY/TTD: 1-800-267-6600 | Children must be under 18 | Financial Assistance to parents of severely handicapped children.                                                                | None |
| St Thomas-Elgin Ontario Works                                                                       | 423 Talbot St.<br>St Thomas<br>Tel: (519)-631-9350<br>Toll Free: (800)-265-4362<br>Fax: (519) 631-1824                          | Ages 16 and up            | Financial and employment assistance, child care, family support programs.                                                        | None |
| St. Thomas-Elgin Rent Bank (St Thomas-Elgin Ontario Works)                                          | 423 Talbot St.<br>St. Thomas<br>Tel: 519-631-9350 x 143<br>Fax: 519-631-1824<br>http://ontariorentbank.net/St.Thomas            | Ages 18 and up            | Financial assistance for tenants facing eviction for non-payment of rent.                                                        | None |

| Organization Name                                                         | Contact Information                                                                                                                     | Age Served | Service Provided                                                                                                                 | Fee      |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Food Services</b>                                                      |                                                                                                                                         |            |                                                                                                                                  |          |
| Caring Cupboard Food Bank                                                 | 803 Talbot St.<br>St. Thomas<br>Tel: (519) 633-5308<br>Fax: (519) 633-5984<br>Email: caringcupboard@bellnet.ca<br>www.caringcupboard.ca | All ages   | Distribution of food products;<br>maximum access once every 2 months.                                                            | None     |
| Christ Anglican Church                                                    | 283 Colborne St<br>Port Stanley<br>Tel: (519) 782-3122                                                                                  | All ages   | Distribution of food products;<br>maximum access once every month.                                                               | None     |
| Collective Kitchen Groups (West Lorne)<br>Cooking Healthy Together        | 154 Main St.<br>West Lorne<br>Tel: (519) 768-1715<br>Fax: (519) 768-2548<br>Email: info@wehc.on.ca<br>www.wehc.on.ca                    | All ages   | Meal program & cooking classes; Men's<br>cooking group; Crazy Kitchen; Drop-in Diner;<br>Adult Baking Club; Kids in the Kitchen. | Some     |
| Community Breakfast (Knox Presbyterian<br>Church)                         | 55 Hincks St.<br>St. Thomas<br>Tel: (519) 631-2414<br>Email: office@knoxstthomas.ca                                                     | All ages   | Community Breakfast;<br>& 4th Saturday of every month.                                                                           | 2nd None |
| Community Fellowship Meals (Trinity Angli-<br>can Church)                 | 55 Southwick St.<br>St. Thomas<br>Tel: (519) 631-7000                                                                                   | All ages   | Lunch and dinner meal service, dates vary.                                                                                       | None     |
| East Elgin Community Assistance<br>Program (Corner Cupboard Food<br>Bank) | 29 John St. North<br>Aylmer<br>Tel: (519) 773-2351                                                                                      | All ages   | Distribution of food products.                                                                                                   | None     |
| Helping Hand Food Bank                                                    | 55A Broadway St.<br>Tillsonburg<br>Tel: (519) 688-3434                                                                                  | All ages   | Distribution of food products.                                                                                                   | None     |
| London & Area Food Bank                                                   | 926 Leathorne Street<br>London<br>Tel: (519) 659-4045<br>Fax: (519) 680-1627<br>www.londonfoodbank.ca                                   | All ages   | Distribution of food products.                                                                                                   | None     |

| Organization Name                                           | Contact Information                                                                                                                                           | Age Served     | Service Provided                                                                                                                                                                     | Fee  |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Port Stanley Christ Church Anglican Food Bank               | 283 Colborne St<br>Port Stanley<br>Tel: 519-782-3122                                                                                                          | All ages       | Provides food items & food vouchers for Port Stanley once every 30 days.                                                                                                             | None |
| Salvation Army Centre of Hope – Community & Family Services | 281 Wellington St<br>London<br>Tel: (519)661-0343 ext 227<br>Toll Free: (866) 685-4600<br>Fax: (519) 661-0500<br>Email: enquiries@centrefofhope.ca<br>N6B 2L4 | All ages       | Food bank; clothing, furniture & household items; Christmas hamper program; cooking classes; literacy classes; odd job club; tax clinic; Financial Aid (\$450 for Union Gas arrears) | None |
| Salvation Army Community Services                           | 3-105 Edward St.<br>St. Thomas<br>Tel: (519) 631-3206<br>Fax: (519) 633-4509                                                                                  | All ages       | Distribution of food products; maximum access once every 2 months.                                                                                                                   | None |
| West Elgin Daffodil Auxiliary                               | 183 Main St.<br>Dutton<br>Tel:(519) 762-5757                                                                                                                  | All ages       | Distribution of food products                                                                                                                                                        | None |
| <b>Addictions Services</b>                                  |                                                                                                                                                               |                |                                                                                                                                                                                      |      |
| Addiction Services of Thames Valley                         | 260-200 Queens Ave.<br>London<br>Tel: (519) 673-3242<br>Fax: (519) 673-1022<br>Email intake@adstv.on.ca<br>http://adstv.on.ca/                                | 12 to 18 years | Substance Abuse Program; Problem Gambling Services; Back On Track Program; Heartspace Program; Fresh Start Program.                                                                  | N/A  |
| Alcoholics Anonymous – London                               | 201 Consortium Crt.<br>London<br>Tel: (519) 438-9006<br>Crisis: (519) 438-1122<br>Fax: (519) 438-9006                                                         | All ages       | Counselling services to alcohol users.                                                                                                                                               | None |
| Clinic 217                                                  | 217 Talbot St.<br>St. Thomas<br>Tel: (519) 631-3300                                                                                                           | All ages       | Methodone clinic for users of opiates. Referral required.                                                                                                                            | None |



| Organization Name                                               | Contact Information                                                                                                                                      | Age Served     | Service Provided                                                                                    | Fee           |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------|---------------|
| Drug and alcohol registry of treatment (DART)                   | 232 Central Avenue, Toronto<br>Tel: (519) 439-0174<br>Toll Free: (800) 565-8603<br>Fax: (519) 439-0455<br>Email: admin@dart.on.ca<br>www.dart.on.ca      | All ages       | 24 hour alcohol information and referral service.                                                   | None          |
| Narcotics Anonymous - Greater London Area                       | Various Locations - Call<br>Toll Free: (888) 811-3887<br>http://www.glana.ca/                                                                            | All ages       | Counselling service to narocctic substance users.                                                   | None          |
| Ontario Problem Gambling Helpline (OPGH)                        | Varous Locations<br>Tel: (519) 439-0174<br>Toll Free 24/7 : (888) 230-3505<br>Fax:519-439-0455<br>www.opgh.on.ca                                         | All ages       | 24 hour information and referral service regarding problem gambling.                                | None          |
| South Ontario Al-Anon/Alateen                                   | Various Locations<br>Tel: (519) 457-9393<br>http://al-anon.alateen.on.ca/                                                                                | All ages       | Group support meetings for families affected by problem drinkers.                                   | None          |
| St. Joseph's Health Care - Crisis and Relapse Prevention Centre | 467 Sunset Dr.<br>St. Thomas<br>Tel: (519) 631-8510 ext 49214<br>Toll Free: (800) 265-4361<br>Fax: (519) 631-6497<br>Email: bev.gurton@sjhc.london.on.ca | Ages 18 and up | Short term counselling and therapy; depression and anxiety.                                         | None          |
| Westover Foundation - Westover Treatment Centre                 | 2 Victoria St. South<br>Thamesville<br>Tel: (519) 692.5110<br>Fax: (519) 692.3138                                                                        | Ages 16 and up | Counselling and guidance services to help people in their recovery from alcohol and drug addiction. | None          |
| <b>Health Services</b>                                          |                                                                                                                                                          |                |                                                                                                     |               |
| Canadian Red Cross                                              | 141 Wellington Street<br>St. Thomas<br>Tel: (519) 631-1611<br>Fax: (519) 631-3681<br>Email: WeCare@redcross.ca<br>www.redcross.ca                        | All ages       | Medical equipment rental; transportation services; safety services; personal disaster assistance.   | Service Based |

| Organization Name                               | Contact Information                                                                                                                                                                                                                                                             | Age Served | Service Provided                                                                                                                       | Fee                     |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| Elgin St.Thomas Public Health Centre            | 99 Edward St.<br>St. Thomas<br>Tel: (519) 631-9900<br>Toll Free: (800) 922-0096<br>Sexual Health Clinic Tel: (519) 631-9971<br>Fax: (519) 633-0468<br>www.elginhealth.on.ca/                                                                                                    | All ages   | Family health services; injury prevention awareness; immunizations; safe water testing; breast cancer awareness;sexual health clinics. | None                    |
| Four Counties Health Services (FCHS)            | RR3<br>1824 Concession Dr.<br>Newbury<br>Tel: (519) 693-4441<br>www.mhalliance.on.ca                                                                                                                                                                                            | All ages   | Primary care facility; emergency care; diagnostic services; rehabilitation                                                             | Some Service Based Fees |
| London Health Sciences Centre                   | 800 Commissioners Rd. E.<br>375 South St.<br>London<br>Tel: (519) 685-8500 or (519) 685-8300<br>or (519) 685-8127<br>Fax: (519) 667-6628<br>www.lhsc.on.ca                                                                                                                      | All ages   | Primary care facility.                                                                                                                 | None                    |
| Munsee-Delaware National Health Social Services | 289 Jubilee Rd<br>Muncey<br>Tel: (519) 289-2220<br>Fax: (519) 289-5156                                                                                                                                                                                                          | All ages   | Health services for the Munsee-Delaware Nation community members.                                                                      | None                    |
| South West Community Care Access Centre (CCAC)  | 70-1063 Talbot St.<br>St Thomas<br>Tel: (519) 631-9907<br>Toll Free: (800) 563-3098<br>Teletype: (519) 473-9626 * 1-800-811-5147<br>Email: info-stthomas@sw.ccac-ont.ca<br>www.sw.ccac-ont.ca<br>After Hours: (519) 641-1113<br>Weekends: (519) 675-7546<br>Fax: (519) 631-6968 | All ages   | Health care in community settings; home, school, residential facility & flex clinics.                                                  | None                    |

| Organization Name                                               | Contact Information                                                                                                                                          | Age Served     | Service Provided                                                                          | Fee                 |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------|---------------------|
| South West Local Health Integration Network (LHIN)              | 700-201 Queens Ave.<br>London<br>Tel: (519) 672-0445<br>Toll Free: (866) 294-5446<br>Email: southwest@lhins.on.ca<br>www.southwestlhins.on.ca                | All ages       | Integrated health care providers                                                          | None                |
| St Thomas-Elgin Medical Association                             | 189 Elm St.<br>St Thomas<br>Tel: (519) 631-1450                                                                                                              | All ages       | Providing assistance in finding a family doctor.                                          | None                |
| St. Joseph's Health Care London                                 | 268 Grosvenor St.<br>London<br>Tel: (519) 646-6100<br>Fax: (519) 646-6215<br>www.sjhc.london.on.ca                                                           | All ages       | Community oriented acute care hospital and teaching institution.                          | None                |
| St. Joseph's Health Care - Crisis and Relapse Prevention Centre | 467 Sunset Dr.<br>St. Thomas<br>Tel: (519) 631-8510 ext 49214<br>Toll Free: (800) 265-4361<br>Fax: (519) 631-6497<br>Email: bev.gurton@sjhc.london.on.ca     | Ages 18 and up | Short term counselling and therapy; depression and anxiety.                               | None                |
| St. Thomas Walk-in Medical Clinic                               | 105-230 First Ave.<br>St Thomas<br>Tel: 519-633-9627<br>Fax: 519-633-2677                                                                                    | All ages       | After hours walk-in clinic.                                                               | Some Fees May Apply |
| St. Thomas-Elgin General Hospital                               | 189 Elm St.<br>St. Thomas<br>Tel: (519) 631-2020<br>Fax: (519) 631-1825<br>http://www.stegh.on.ca                                                            | All ages       | Primary care; family centred maternal child care; mental health; rehabilitation services. | None                |
| Thames Valley Children's Centre                                 | 779 Baseline Rd. East<br>London<br>Tel: (519) 685-8680 ext 53369<br>Fax: (519) 685-8689<br>Intake: (519) 685-8705<br>Email: NYA@tvcc.on.ca<br>www.tvcc.on.ca | Under 33 years | Services for physically disabled children and young adults.                               | None                |

| Organization Name                                                      | Contact Information                                                                                                                      | Age Served    | Service Provided                                                                                                     | Fee           |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------|---------------|
| The Health Line                                                        | Tel: 310-2222<br>Email: gethelp@sw.ccac-ont.ca<br>http://thehealthline.ca/                                                               | All ages      | Healthcare information provider; servicing London, Elgin, Middlesex                                                  | None          |
| Tillsonburg Memorial Hospital                                          | 167 Rolph Street<br>Tillsonburg<br>Tel: (519) 842-3611<br>Fax: (519) 688-1031<br>Email: mail@tdmh.on.ca<br>www.tillsonburghospital.on.ca | All ages      | Primary care provider.                                                                                               | None          |
| West Elgin Community Health Centre                                     | 153 Main St.<br>West Lorne<br>Tel: (519) 768-1715<br>Fax: (519) 768-2548<br>Email: info@wehc.on.ca<br>www.wehc.on.ca                     | 5 to 21 years | Counselling; life skills program; community education; youth and family program                                      | None          |
| <b>Mental Health Services</b>                                          |                                                                                                                                          |               |                                                                                                                      |               |
| Canadian Mental Health Association                                     | 110 Centre St.<br>St. Thomas<br>Tel: (519) 633-1781<br>Fax: (519) 631-8273<br>www.cmha.ca                                                | All ages      | Mental health, addiction support and housing services.                                                               | None          |
| Centre for Addiction and Mental Health - London Community Office       | 330- 171 Queens Ave.<br>London<br>Tel: (519) 433-3171<br>Email: public-affairs@CAMH.net<br>www.camh.net                                  | All ages      | Mental health services; addiction services.                                                                          | None          |
| Christian Counselling Services of Southwestern Ontario - London Office | 3-295 Wolfe St.<br>London<br>Tel: (519) 663-1094<br>Fax: (519) 663-1834                                                                  | Ages 3 and up | Mental health services; Counseling from a Christian perspective; individual, marriage and family; depression clinic. | Sliding Scale |

| Organization Name                                         | Contact Information                                                                                                                                                                          | Age Served     | Service Provided                                                                                                                                                        | Fee           |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Christian Horizons                                        | 317 Consortium Court<br>London<br>Tel: (519) 686-4800<br>Fax: (519) 686-7900<br>Email: jcusteau@christian-horizons.org<br>www.christian-horizons.org/                                        | 10 to 17 years | Developmental and mental health services for children and youth; including full time residential; respite; after school care; recreation; summer and March break camps. | Service Based |
| Elgin ACTT - Assertive Community Treatment Team           | 294 Talbot St.<br>St. Thomas<br>Tel: (519) 631-4787<br>Fax: (519) 631-7023<br>Email: kathy.berry@sjhc.london.on.ca                                                                           | Ages 20 and up | Assertive Community Treatment (ACT); community care for individuals with severe mental illness.                                                                         | None          |
| Elgin PACT Team -Program of Assertive Community Treatment | 475 Talbot St.<br>St. Thomas<br>Tel: (519) 633-5354<br>Fax: (519) 631-7023<br>elgnpact@julian.uwo.ca<br>www.psychiatry.med.uwo.ca/pact/elgin/                                                | Ages 18 and up | Program of Assertive Community Treatment; community care for individuals with severe mental illness.                                                                    | N/A           |
| London and District Distress Centre                       | Tel: (519) 667-6710<br>Crisis: (519) 433-2023<br>Fax: (519) 667-6746<br>Email: londondistresscentre@odyssey.on.ca<br>www.londondistresscentre.com                                            | All ages       | Telephone service for those in crisis.                                                                                                                                  | None          |
| Oxford-Elgin Child & Youth Centre                         | 001-300 South Edgeware Rd.<br>St. Thomas<br>Tel: (519) 539-0463<br>Toll free: (877) 539-0463<br>24/7 line: (877) 539-0463<br>Fax: (519) 637-8170<br>Email: info@ocyc.on.ca<br>www.ocyc.on.ca | Up to 18 years | Counselling; crisis & intensive support; youth justice; family in-home support.                                                                                         | None          |
| Psychiatric Survivors Network of Elgin                    | 499 Talbot Street,<br>St. Thomas<br>Tel: (519) 631-1580<br>Fax: (519) 631-1567<br>Toll Free (888) 631-1919<br>Email: psne@mnsi.net                                                           | All ages       | Community services to psychiatric survivors.                                                                                                                            | None          |

| Organization Name                                                   | Contact Information                                                                                                                                      | Age Served     | Service Provided                                                                                                                      | Fee     |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------|---------|
| Schizophrenia Society of Ontario                                    | n/a<br>Tel: (800) 449-6367<br>www.schizophrenia.on.ca                                                                                                    | All ages       | Information, and practical supports for families.                                                                                     | None    |
| St. Joseph's Health Care - Crisis and Relapse Prevention Centre     | 467 Sunset Dr.<br>St. Thomas<br>Tel: (519) 631-8510 ext 49214<br>Toll Free: (800) 265-4361<br>Fax: (519) 631-6497<br>Email: bev.gurton@sjhc.london.on.ca | Ages 18 and up | Short term counselling and therapy; depression and anxiety.                                                                           | None    |
| St. Joseph's Health Care - Regional Mental Health Centre St. Thomas | 467 Sunset Dr.<br>St. Thomas<br>Tel: (519) 631-8510<br>http://www.sjhc.london.on.ca/mentalhealth                                                         | All ages       | Assessment Program; mental health services; specialized adolescent program; mood & anxiety disorders program; psychosis program       | None    |
| <b>Community Services and Resources</b>                             |                                                                                                                                                          |                |                                                                                                                                       |         |
| Across Languages                                                    | 600-200 Queen St.<br>London<br>Tel: (519) 642-7247<br>Fax: (519) 642-1831                                                                                | All ages       | interpreters available 24h daily                                                                                                      | Set Fee |
| Aylmer Community Services                                           | 25 Centre St.<br>Aylmer<br>Tel: (519) 765-2082<br>Fax: (519) 765-2280                                                                                    | Ages 14 and up | Information & resource service; employment planning & preparation; placement support                                                  | None    |
| Child and Parent Resource Institute                                 | 600 Sanatorium Road<br>London<br>Tel: 519-858-2774<br>Toll Free: (877) 494-2774<br>Teletype: 519-858-0257<br>Fax: 519-858-3913 www.cpri.ca               | up to 18 years | Services for persons with mental health and/or developmental challenges; assessment; treatment; consultation; education and research. | None    |
| Community Services Coordination Network - CSCN                      | Aylmer Community Services<br>90 Sydenham St. East<br>Aylmer<br>Tel: (877) 480-2726<br>Fax: (519) 765-2106<br>www.cscn.on.ca                              | All ages       | Coordination of services and supports for children and adolescents with complex needs.                                                | None    |

| Organization Name                         | Contact Information                                                                                                                                         | Age Served                                    | Service Provided                                                                                                  | Fee           |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------|
| Dutton Dunwich Community Centre           | 1 Scolland St.<br>Dutton<br>Tel: (519) 762-3209<br>Email: recreation@duttondunwich.on.ca                                                                    | All ages                                      | Park and recreational facility                                                                                    | Service Based |
| Elgin Business Resource Centre            | 300 South Edgeware Rd<br>St. Thomas<br>Tel: (519) 633-7597<br>Fax: (519) 633-5070                                                                           | Ages 15 and up                                | Business funding resources available to youth.                                                                    | None          |
| Elgin Connects                            | www.elginconnects.ca                                                                                                                                        | All ages                                      | Connection to wide variety of community services                                                                  | None          |
| Elgin County Library                      | 450 Sunset Drive<br>St Thomas<br>Tel: (519) 631-1460                                                                                                        | All ages                                      | Lending and reference services.                                                                                   | Overdue fees  |
| Elgin County Library - Dutton             | 236 Shackleton St.<br>Dutton<br>Tel: (519) 762-2780<br>Fax: (519) 762-0707<br>Email: duttonlib@elgin-county.on.ca<br>www.library.elgin-county.on.ca/dutton  | All ages                                      | Lending and reference services.                                                                                   | Overdue Fees  |
| Hope's Garden                             | 478 Waterloo St<br>London<br>Tel: (519) 434-7721<br>Fax: (519) 434-5091<br>http://www.hopesgarden.org                                                       | All ages                                      | Support and resource centre for different age groups; dedicated to people with eating disorders.                  | None          |
| Information London                        | 343 Richmond St.<br>London<br>Tel: 519-432-2211<br>Fax: 519-432-1106<br>http://info.london.on.ca                                                            | All ages                                      | City of London programs and services info line.                                                                   | None          |
| Junior Achievement of London and District | 15 Wharnccliffe Rd. North<br>London<br>Tel: (519) 439-4201<br>Fax: (519) 438-2331<br>Email: info@jalondon.org<br>http://london-and-district.jacan.org/youth | Up to and including Secondary School students | Non-profit mentoring organization dedicated to educating and inspiring young people about business and economics. | None          |

| Organization Name                                     | Contact Information                                                                                                                                | Age Served     | Service Provided                                                                                                       | Fee     |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------|---------|
| Mennonite Community Services of South-Western Ontario | 16 Talbot St. East<br>Aylmer<br>Tel: (519) 765-3020<br>Fax: (519) 765-3023<br>Email: annib@mcson.org<br>http://www.mcson.org/                      | All ages       | Employment services; settlement services; and support project of Aylmer (FESPA); settle-thrift store; Family education | None    |
| St Thomas Service Canada Centre                       | 1010 Talbot St.<br>St. Thomas<br>Tel: (800) 622-6232<br>Teletype: (800) 926-9105<br>Fax: (519) 631-3565<br>www.servicecanada.gc.ca                 | All ages       | Government information and resource centre.                                                                            | None    |
| St. Leonards Community Services - Peer Power Centre   | 405 Dundas Street<br>London<br>Tel: (519) 850-3777<br>Fax: (519) 850-1396<br>Email: stleonards@slcs.ca<br>www.slcs.ca                              | Ages 12 and up | Peers to peer help; support and linkages with existing services                                                        | None    |
| St. Thomas Paratransit                                | 614 Talbot St.<br>St. Thomas<br>Tel: (519) 631-1680 ext. 162<br>Fax: (519) 633-9019<br>Ride: (519) 631-2731<br>Email: transit@city.st-thomas.on.ca | All ages       | City-wide curb-to-curb transportation services for persons with disabilities.                                          | Set Fee |
| St. Thomas Public Library                             | 153 Curtis Street<br>St. Thomas<br>Tel: (519) 631-6050<br>Fax: (519) 631-1987<br>www.st-thomas.library.on.ca/                                      | All ages       | Lending and reference services                                                                                         | None    |
| Student Transit Services                              | Tel: (519) 649-1160<br>Toll Free: (866) 210-6001<br>http://www.mybigyellowbus.ca<br>Fax: 519-649-1180<br>info@mybigyellowbus.ca                    | Students       | Student school transportation services.                                                                                | None    |



| Organization Name                                 | Contact Information                                                                                                                                                 | Age Served     | Service Provided                                                                                                        | Fee                                        |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| The Talbot Teen Centre                            | 745 Talbot St.<br>St. Thomas<br>Tel: (519) 631 8820<br>www.talbotteencentre.wordpress.com/                                                                          | 12 to 18 years | Programs in health; education; leadership; employment/career counselling; homework club & recreation                    | None                                       |
| YMCA Western Ontario                              | 20 High St.<br>St. Thomas<br>Tel: (519) 631-2418<br>Gen info: (519) 667-3300<br>www.ymcawo.ca                                                                       | All ages       | variety of youth engagement programs                                                                                    | Bi-Weekly Membership Fee For Youth \$17.38 |
| Youth Connect                                     | www.youthconnect.ca                                                                                                                                                 | N/A            | Virtual space providing advice to youth; connects to a number of resources.                                             | None                                       |
| YWCA St. Thomas-Elgin                             | 16 Mary St. West<br>St. Thomas<br>Tel: 519-631-9800<br>Fax: 519-631-6411<br>Email: ywcastthomaselgin@bellnet.ca                                                     | All ages       | Youth engagement programs; childcare and day camps; supportive housing; women specific programs; "keep a roof" campaign | None                                       |
| <b>Support Services</b>                           |                                                                                                                                                                     |                |                                                                                                                         |                                            |
| Bereaved Families of Ontario - South- West Region | 4-571 Wharncliffe Rd South<br>London<br>Tel: (519) 686-1573<br>Fax: (519) 686-1573<br>Email: bflondon@rogers.com<br>http://www.bfo.london.on.ca                     | Ages 7 and up  | Bereavement support services for parents and children.                                                                  | None                                       |
| Big Brothers/Big Sisters of St. Thomas-Elgin      | 146 Centre St.<br>St. Thomas<br>Tel: (519) 633-3830<br>Fax: (519) 633-3023<br>www.bbbselgin.org                                                                     | 6 to 16 years  | Youth mentoring program                                                                                                 | None                                       |
| Child Find Ontario – St. Thomas Chapter           | 550-A Talbot Street<br>St. Thomas<br>Tel: (519) 633-6542<br>Missing Children's Help Line: (800) 387-7962<br>Fax: (519) 633-5361<br>Email: childfindst@execulink.com | N/A            | Missing children services.                                                                                              | None                                       |

| Organization Name                           | Contact Information                                                                                                                       | Age Served                        | Service Provided                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Fee  |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| Family and Children's Services              | 410 Sunset Dr.<br>St. Thomas<br>Tel: (519) 631-1492<br>Fax: (519) 631-0596<br>Email: generaldelivery@caselgin.on.ca<br>www.caselgin.on.ca | Up to 15 years                    | Information and referral services; child protection investigations; ongoing monitoring and support to families with child protection concerns; psychiatric, psychological, child protection case work and child and youth worker counselling (including groups) for at-risk parents and children; foster to adopt care for children; kinship services for children; adoption services for children; Moms and Tots intensive support groups; Caring Dads supports and groups; services and supports for youth leaving care and transitioning to adulthood | None |
| Kids Help Phone                             | Tel: (800) 668-6868<br>www.kidshelpphone.ca                                                                                               | 20 years and under                | 24/7 on-line counselling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | None |
| Merrymount Family Support and Crisis Centre | 579 Talbot St.<br>St. Thomas<br>Tel: (519) 631-2321                                                                                       | Service-dependent                 | Short-term child care; crisis respite program; parenting groups; children's groups; supervised access; programs for children with special needs; outreach.                                                                                                                                                                                                                                                                                                                                                                                               | None |
| Rainbows London                             | 701 Oxford St. East<br>London<br>Tel: (516) 660-5275 ext. 5005<br>Email: Deborah.Smith2@forces.gc.ca<br>www.rainbows.ca                   | Up to 14 years                    | Peer support group; bereavement program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | None |
| Southern First Nations Secretariat          | 22361 Austin Line<br>Bothwell<br>Tel: (519) 692-5868<br>Toll Free: (800) 668-2609<br>Email: reception@sfns.on.ca<br>Fax: (519) 692-5976   | All ages                          | Advisory and information services; technical and administrative support; coordination of regional initiatives for Aboriginal peoples.                                                                                                                                                                                                                                                                                                                                                                                                                    | None |
| Vanier's Children Services                  | 871 Trafalgar St.<br>London<br>Tel: (519) 433-3101<br>Fax: (519) 433-1302<br>Email: askvanier@vanier.com<br>http://vanier.com/            | Up to 14 years, and parent groups | Emotional and behavioural counselling.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | None |

| Organization Name                                 | Contact Information                                                                                                                                       | Age Served                 | Service Provided                                                                                                                                                                 | Fee                 |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| YFC/Youth Unlimited Elgin County Area             | 21 Edward Street<br>St.Thomas<br>Tel: (519) 633-6538<br>info@yfcelgincounty.com                                                                           | 11 to 18 years             | Youth mentoring program;<br>wholistic approach.                                                                                                                                  | None                |
| <b>Education Services</b>                         |                                                                                                                                                           |                            |                                                                                                                                                                                  |                     |
| Amethyst Demonstration School                     | 1090 Highbury Avenue<br>London<br>Tel: (519) 453-4408<br>Fax: (519) 453-2160                                                                              | Students                   | Educational program for students with severe<br>learning disabilities.                                                                                                           | \$300 annu-<br>ally |
| Fanshawe College – St. Thomas<br>Campus           | 120 Bill Martyn Parkway<br>St. Thomas<br>Tel: (519) 633-2030<br>Fax: (519) 633-0043<br>www.fanshawec.ca                                                   | Ages 16 and up             | Continuing education and recreational<br>activities.                                                                                                                             | Service<br>Based    |
| LDCSB - London distict catholic school board      | 5200 Wellington Rd. South London<br>Tel: 519-663-2088<br>Fax: 519-663-9250<br>Email: communications@office.ldcsb.on.ca<br>www.ldcsb.on.ca                 | All ages                   | Education services                                                                                                                                                               | None                |
| Learning Disabilities Association of London       | 101-333 Horton St. East<br>London<br>Tel: (519) 438-6213<br>Fax: (519) 438-0368<br>Email: ldainfo@ldalondon.ca<br>Website www.ldalondon.ca                | 16-24 years                | Counselling services for person with learning<br>disabilities                                                                                                                    | None                |
| Learning, Earning and Parenting (LEAP)<br>Program | City of London<br>P O Box 5035<br>London<br>Tel: (519) 661-5304                                                                                           | Under 21 years             | Financial assistance with school activities;<br>free planned parenting activities; subsidized<br>child care; help with transportation costs;<br>\$500 incentive upon graduation. | None                |
| Literacy South Central                            | 255 Horton Street<br>London<br>Tel: (519) 681-7307<br>Toll Free: (800) 561-6896<br>Fax: 519-681-7310<br>E-mail: literacylink@bellnet.ca<br>www.llsc.on.ca | Reading level age<br>group | Literacy program referrals.                                                                                                                                                      | None                |

| Organization Name                      | Contact Information                                                                    | Age Served     | Service Provided                                                                                                  | Fee  |
|----------------------------------------|----------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------|------|
| ReConnect - (Merrymount)               | 579 Talbot St.<br>St. Thomas<br>Tel: (519) 670-1365<br>Fax: (519) 637-2230             | All ages       | Secondary school education for pregnant women or new parents.                                                     | None |
| St. Thomas Alternative School - U-turn | 41 Mondamin Street<br>St. Thomas<br>Tel: (519) 633-0862<br>Fax: 519-633-7326           | 14 to 18 years | Alternative education setting; educational program for students who have been suspended or expelled; counselling. | None |
| Thames Valley District School Board    | 1250 Dundas Street<br>London<br>Tel: 519-452-2000<br>Fax: 519-452-2395<br>www.tvdsb.ca | All ages       | Education services.                                                                                               | None |

**Pregnancy/Sexual Health Services**

|                                 |                                                                                                                      |                                             |                                                                                               |      |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------|------|
| Birthright London               | 854 Richmond St.<br>London<br>Tel: (519) 432-7197<br>Email: info@birthright.org<br>www.birthright.org                | All ages                                    | Crisis centre offering for expecting mothers.                                                 | None |
| Central Community Health Centre | 359 Talbot St.<br>St. Thomas<br>Tel: (519) 633-7989<br>Fax: (519) 633-8467<br>E-mail: info@centralchc.com            | All ages - some restricted 14 to 19 yr olds | Anonymous HIV testing; LGBTQ youth support group; youth lifeskills program; community kitchen | None |
| Fresh Start Maternity Supports  | 118 Centre St.<br>St. Thomas<br>Tel: (519) 637-7775<br>Fax: (866) 245-1774<br>Email: director@fsms.ca<br>www.fsms.ca | All ages                                    | Housing and support services for pregnant and parenting women.                                | None |

| Organization Name                                   | Contact Information                                                                                                                                      | Age Served                          | Service Provided                                                                                                                                                        | Fee                            |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| La Leche League                                     | 7 Morrison Dr.<br>St.Thomas<br>Tel: (519) 637-7763<br>Email: emjaye.a@gmail.com<br>www.lllc.ca/lllc-stthomas-elgin                                       | All ages                            | Breastfeeding supports.                                                                                                                                                 | \$35 Membership Fee Encouraged |
| Learning, Earning and Parenting (LEAP) Program      | City of London<br>P O Box 5035<br>London<br>Tel: (519) 661-5304                                                                                          | Under 21 years                      | Financial assistance with school activities; free planned parenting activities; subsidized child care; help with transportation costs; \$500 incentive upon graduation. | None                           |
| Lesbian Gay Bi Trans Youth Line                     | Toll Free: (800) 268-9688<br>askus@youthline.ca<br>www.youthline.ca                                                                                      | Under 26 years                      | Peer support service for LGBTQ young people.                                                                                                                            | None                           |
| London Crisis Pregnancy Centre                      | 261 Piccadilly St.<br>London<br>Tel: (519) 432-2073<br>Crisis: (519) 432-7098<br>Toll Free: (800) 395-4357<br>Fax: (519) 432-3030<br>http://loncpc.ca/   | All ages                            | Adults and youth pregnancy & post-abortion services.                                                                                                                    | None                           |
| London Multiple Births Association                  | P.O.Box 52031<br>R.P.O. Commissioners Rd East.<br>London<br>Tel: (519) 472-4455<br>www.londonmultiples.com                                               | All ages                            | Services for multiple-birth individuals and their families.                                                                                                             | N/A                            |
| Ontario Early Years Centre – Elgin-Middlesex-London | 7 Morrison Dr.<br>St. Thomas<br>Tel: (519) 631-9496<br>Fax: (519) 631-0820<br>Email: oeycelginmiddlesexlondon@eyc.eacl.on.ca<br>www.ontarioearlyyears.ca | Parents with children up to 6 years | Parenting, information; programs and services available to young children.                                                                                              | None                           |

| Organization Name                                                                      | Contact Information                                                                                                                                                                                         | Age Served | Service Provided                                                                                                                        | Fee                |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Sexual Assault Centre London                                                           | 255 Horton St. East<br>London<br>Tel: (519) 438-2272<br>Toll Free: (800) 529-2272<br>Teletype: (800) 855-0511 (Relay Service)<br>Fax: (519) 439-9931<br>Email: sacl@sacl.ca<br>www.sacl.ca                  | All ages   | Support services for victims of sexual violence.                                                                                        | None               |
| Sexual Health Clinic (Elgin St. Thomas Public Health) Centre                           | 99 Edward St.<br>St. Thomas<br>Tel: (519) 631-9971<br>Fax: (519) 633-0468<br>www.elginhealth.on.ca/                                                                                                         | All ages   | Family health services; injury prevention awareness; immunizations; safe water testing; breast cancer awareness; sexual health clinics. | None               |
| St. Joseph's Hospital - Regional Sexual Assault and Domestic Violence Treatment Centre | 268 Grosvenor St., Room B0-644<br>London<br>Tel: (519) 646-6100 ext. 64224<br>After hours: (519) 646-6100, press "0" and ask switchboard to page the nurse-on-call for sexual assault and domestic violence | All ages   | Support services to victims of sexual violence.                                                                                         | None               |
| St. Thomas Right to Life                                                               | 468 Talbot Street<br>St. Thomas<br>Tel: 519-633-5433<br>Email: stthomasrtl@bellnet.ca                                                                                                                       | All ages   | Counselling supports for pregnant women; supplies, maternity clothes/cribs; referrals.                                                  | Some Case Specific |
| Thames Valley Midwives                                                                 | 1-434 Maitland St.<br>London<br>Tel: (519) 433.5855<br>Fax: (519) 433.8306<br>Email: info@tvm.on.ca<br>www.tvm.on.ca                                                                                        | All ages   | Care for women and their babies; birth and the first 6 weeks; postpartum                                                                | None               |
| <b>Day Care Services</b>                                                               |                                                                                                                                                                                                             |            |                                                                                                                                         |                    |
| Child Reach                                                                            | 265 Maitland St.<br>London<br>Tel: (519) 434-3644<br>Fax: (519) 434-3288<br>info@childreach.on.ca<br>www.childreach.on.ca                                                                                   | All ages   | Child care programs; parent-to-be support groups.                                                                                       | Service Based      |

| Organization Name                                              | Contact Information                                                                                                                      | Age Served     | Service Provided                                                                                                                                                        | Fee           |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Cornerview Child Care                                          | 11 Park Ave.<br>St. Thomas<br>Tel: (519) 633-7900<br>Email: cornerviewcc@ymcawo.ca<br>www.ymcawo.ca                                      | Up to 5 years  | Child care services.                                                                                                                                                    | Service Based |
| Dutton Child Care Centre                                       | 3 Lions Road<br>Dutton, Ontario<br>Tel: (519) 762-2399<br>www.duttonchildcare.ca                                                         | Up to 12 years | Child care services.                                                                                                                                                    | Service Based |
| Early Learning Centres                                         | 575 Burwell Rd.<br>St. Thomas<br>Tel: (519) 631-7018<br>Email: mandy@earlylearningcentre.ca                                              | Up to 12 years | Child care services.                                                                                                                                                    | Service Based |
| Elgin Home Child Care & Early Learning Continuous Care Program | 1 Aspen Ave.<br>St. Thomas<br>Tel 1: (519) 631-0897<br>Tel 2: (519) 631-7018<br>Email: kaustin@earlylearningcentre.ca                    | Up to 12 years | Child care services; home care; including overnight care.                                                                                                               | Service Based |
| Learning, Earning and Parenting (LEAP) Program                 | City of London<br>P O Box 5035<br>London<br>Tel: (519) 661-5304                                                                          | Under 21 years | Financial assistance with school activities; free planned parenting activities; subsidized child care; help with transportation costs; \$500 incentive upon graduation. | None          |
| Milestones Children's Care                                     | 5 Shaw Valley Dr.<br>St. Thomas<br>Tel: (519) 631-0952<br>Fax: (519) 631-8274<br>Email: snesbitt@milestonescc.ca<br>www.milestonescc.ca/ | Up to 12 years | Child Care services; summer camps.                                                                                                                                      | Service Based |
| Next to Mom                                                    | 231 College St.<br>Belmont<br>Tel: (519) 644-0201<br>Fax: (519) 644-1494<br>www.nexttomom.ca                                             | Up to 12 years | Child care services.                                                                                                                                                    | Service Based |

| Organization Name                        | Contact Information                                                                                                                              | Age Served     | Service Provided                  | Fee           |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------|---------------|
| Port Burwell Community Child Care Centre | 28 Strachan St.<br>Port Burwell<br>Tel: (519) 874-4900<br>Email: pbd daycare@hotmail.com                                                         | Up to 12 years | Child care services.              | Service Based |
| Robin's Nest                             | 8 Hammond St.<br>St. Thomas<br>Tel: (519) 631-1658<br>Email: robnest@rogers.com                                                                  | N/A            | Child care services.              | Service Based |
| St. Thomas Co-operative Nursery School   | 28 Southwick St.<br>St Thomas, ON N5R 3R8<br>Phone: 519-631-7899                                                                                 | 2 to 5 years   | Child care services.              | Service Based |
| Tiny Tots Co-operative Nursery School    | 217 Furnival Rd.<br>Rodney<br>Tel: (519) 785-2164<br>Email: ttc.sn@bellnet.ca                                                                    | Up to 12 years | Child care services; summer camp. | Service Based |
| Wee Watch Home Care                      | 3-245 Maitland St.<br>London<br>Tel: (519) 850-7019<br>Email: weewatch1@bellnet.ca www.weewatch.com                                              | Up to 12 years | Child care services; home care.   | Service Based |
| YMCA of St. Thomas Elgin                 | 20 High St.<br>St. Thomas<br>Tel: (519) 631-2418 x 24<br>Email: pbeer@ymcawo.ca<br>www.ymcawo.ca                                                 | 6 to 12 years  | Child care services.              | Service Based |
| YWCA St Thomas-Elgin                     | 16 Mary St. West<br>St. Thomas<br>Tel: (519) 631-9800<br>Toll Free: 1-800-461-0954<br>Fax: (519) 631-6411<br>Email: ywcastthomaselgin@bellnet.ca | Up to grade 8. | Child care services; summer camp. | Service Based |



| Organization Name                         | Contact Information                                                                                                                                                                                                                                                                   | Age Served     | Service Provided                                                                     | Fee           |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------|---------------|
| <b>Specialty Health Services</b>          |                                                                                                                                                                                                                                                                                       |                |                                                                                      |               |
| Alzheimer Society of Elgin St. Thomas     | 229-450 Sunset Dr.<br>St. Thomas<br>Tel: (519) 633-4396<br>Fax: (519) 633-7028<br>Toll free: 1-888-565-1111<br><a href="http://alzheimeregin.ca/">http://alzheimeregin.ca/</a>                                                                                                        | All ages       | Alzheimer information centre; support services; education programs; resource centre. | None          |
| Atlohsa Native Family Healing Services    | RR 2, Box 218<br>Southwold<br>Tel: (519) 438-0068<br>Crisis: (519) 432-0122<br>Toll Free: (800) 605-7477<br>Fax: (519) 438-0070<br>Shelter: (519) 432-2284<br>Email: <a href="mailto:admin@atlohsa.com">admin@atlohsa.com</a><br><a href="http://www.atlohsa.com">www.atlohsa.com</a> | N/A            | Recovery from the effects of family violence.                                        | None          |
| Canadian National Institute for the Blind | 749 Baseline Rd. East<br>London<br>Tel: (519) 685-8420<br>Toll Free: (800) 265-4127<br>Fax: (519) 685-8419<br><a href="http://www.cnib.ca">www.cnib.ca</a>                                                                                                                            | All ages       | Counselling and referral; sight enhancement; resource centre.                        | None          |
| Elgin Audiology Consultants               | 66 West Ave.<br>St. Thomas<br>Tel: (519) 637.5925<br>Fax: (519) 637-5924                                                                                                                                                                                                              | All ages       | Advanced diagnostic hearing testing for all ages.                                    | Service Based |
| Epilepsy Support Centre                   | 690 Hale St.<br>London<br>Tel: (519) 433-4073<br>Toll Free: (866) EPILEPSY<br>Fax: (519) 433-4079<br>Email: <a href="mailto:support@epilepsysupport.ca">support@epilepsysupport.ca</a>                                                                                                | All ages       | Non-medical supports for people with epilepsy                                        | None          |
| March of Dimes                            | 920 Commissioners Rd. East<br>London<br>Tel: (519) 642-3999                                                                                                                                                                                                                           | Ages 19 and up | Services for persons with physical disabilities                                      | Income Based  |

| Organization Name                                           | Contact Information                                                                                                                       | Age Served                  | Service Provided                                                                         | Fee           |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------|---------------|
| Multiple Sclerosis Society of Canada – Elgin County Chapter | 400 Talbot St.<br>St. Thomas<br>Tel: (519) 633-3533<br>Fax: (519) 633-6415<br>www.mssociety.ca/chapters/elgin/                            | 8 to 21 years               | Information, support & referral; support groups; summer camps for youth affected by MS.  | None          |
| Regional Support Associates                                 | 125 Woodward Ave.<br>293 Wellington St. North<br>London<br>Tel: (519) 433-7238<br>Fax: (519) 433-1799<br>http://regionalsupport.on.ca/eng | Ages 18 and up              | Clinical supports for those with developmental disabilities.                             | None          |
| Serenity House Hospice                                      | 202-750 Talbot St.<br>St. Thomas<br>Tel: (519) 637-3034<br>Fax: (519) 637-2583<br>Email: info@serenityhousehospice.ca                     | All ages                    | Outpatient mental health services.                                                       | None          |
| Southwest Aboriginal Health Access Centre                   | 425-427 William St.<br>London<br>Tel: (519) 672.4079<br>Fax: (519) 672.6945<br>http://www.soahac.on.ca                                    | All ages                    | Holistic health services; traditional and western health practices; primary health care. | None          |
| <b>Legal, Government &amp; Municipal Services</b>           |                                                                                                                                           |                             |                                                                                          |               |
| 1-800-O-Canada                                              | Tel: (800) 622-6232<br>www.canada.gc.ca                                                                                                   | All ages                    | Government of Canada programs and services info line                                     | N/A           |
| Centre for Children and Families in the Justice System      | 200-254 Pall Mall St.<br>London<br>Tel: (519) 679-7250<br>Fax: (519) 675-7772<br>Email: info@lfcc.on.ca<br>www.lfcc.on.ca                 | Children and their families | Legal aid for children and families.                                                     | None          |
| City of St. Thomas                                          | 545 Talbot Street<br>St. Thomas<br>Tel: (519) 631-1680<br>Fax: (519) 633-9019<br>www.city.st-thomas.on.ca                                 | All ages                    | Municipal services                                                                       | Service Based |

| Organization Name                      | Contact Information                                                                                                                        | Age Served                    | Service Provided                                                                 | Fee             |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------|-----------------|
| Crown Attorney's Office - Elgin County | 4 Wellington St.<br>St. Thomas<br>Tel: (519) 631-1506<br>Fax: (519) 633-9629                                                               | All ages                      | Prosecution of criminal cases.                                                   | N/A             |
| Elgin Counselling and Mediation Centre | 19 Queen St.<br>St. Thomas<br>Tel: (519) 633-4423<br>Fax: (519) 633-3240<br>Email: mediationcentre@rogers.com<br>www.mediationcentre.on.ca | 12-years, some adult services | Counselling and mediation services for youth.                                    | Fees Negotiable |
| Elgin Youth Justice                    | www.elginyouthjustice.ca                                                                                                                   | All ages                      | Online services guide                                                            | None            |
| Elgin-Oxford Legal Clinic              | 98 Centre St.<br>St. Thomas<br>Tel: (519) 633-2638<br>Toll Free: (866) 611-2311<br>Fax: (519) 633-7624<br>www.eolc.ca                      | All ages                      | Legal aid services & legal representation for those who cannot obtain legal aid. | None            |
| Government Information Centre          | 659 Exeter Rd.<br>London<br>Tel: (800) 267-8097<br>TTY: 1-800-268-7095                                                                     | All ages                      | Service info line                                                                | None            |
| John Howard Society of London          | 601 Queens Ave.<br>London<br>Tel: 519.438.4168<br>Fax: 519.438.7670<br>Email: jhslondon@execulink.com<br>www.jhslondon.on.ca/              | Ages 5 and up                 | Counselling; Youth Support; Pardon Clinics.                                      | N/A             |
| Legal Aid Ontario                      | 79 Stanley St.<br>St. Thomas<br>Tel: (519) 631-1190<br>Fax: (519) 631-5361<br>www.legalaid.on.ca                                           | All ages                      | Legal representation and consultation.                                           | Income Based    |

| Organization Name                                                                  | Contact Information                                                                                                                                                      | Age Served            | Service Provided                                                  | Fee      |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------|----------|
| Member of Parliament - Joe Preston                                                 | 2-24 First Ave.<br>St. Thomas<br>Tel: (519) 637-2255<br>Toll Free: (866) 404-0406<br>Fax: (519) 637-3358<br>Email: joe@joeprestonmp.ca<br>www.joeprestonmp.ca<br>N5R 4M5 | Ages 18 and up        | Member of federal Parliament.                                     | N/A      |
| Member of Provincial Parliament - Jeff Yurek                                       | 201-750 Talbot St.<br>St. Thomas<br>Tel: (519) 631-0666<br>Fax: (519) 631-9478<br>Email: jeff.yurekco@pc.ola.org<br>Toll Free: (800) 265-7638                            | Ages 18 and up        | Represent constituents                                            | N/A      |
| Ministry of Children and Youth Services - Youth Justice Services - Regional Office | 600 Sanatorium Rd<br>Morgan Building<br>London<br>Tel: (519) 858-2774 ext. 2681<br>TTY: (519) 858-0257<br>Fax: (519) 858-8745                                            | 12 to 17 years        | Offender Assessment regarding risk and recidivism. Referrals.     | None     |
| Ministry of the Attorney General - Court Services Division                         | 30 St. Catherine St.<br>St. Thomas<br>Tel: (519) 633-1230                                                                                                                | All ages              | Fair and accessible justice system.                               | N/A      |
| Ontario Human Rights Commission                                                    | 900-180 Dundas St. West<br>Toronto<br>Tel: (416) 326-9511<br>Toll Free: 1-800-387-9080<br>Email: info@ohrc.on.ca<br>www.ohrc.on.ca                                       | All ages              | Review cases of unjust discrimination.                            | Set Fees |
| Ontario Landlord and Tenant Board - South-western Regional Office                  | 400-150 Dufferin Ave.<br>London<br>Toll Free: (888) 332-3234<br>Fax: (519) 679-7290<br>www.ltb.gov.on.ca/                                                                | Landlords and tenants | Resolution of disputes between residential landlords and tenants. | Set Fee  |

| Organization Name                                 | Contact Information                                                                                                                                                                                                                                                                        | Age Served     | Service Provided                                                                       | Fee  |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------|------|
| Salvation Army Correctional Services – St. Thomas | 307 Talbot St.<br>St. Thomas<br>Tel: (519) 633-4593<br>Email tom.degryp@start.ca                                                                                                                                                                                                           | Ages 18 and up | Legal services.                                                                        | N/A  |
| St. Thomas Fire Department                        | 305 Wellington Street<br>St. Thomas<br>Tel: (519) 631-0210<br>Emergency: 911<br>Fax: (519) 631-0215<br>Email: mmacleod@city.st-thomas.on.ca                                                                                                                                                | All ages       | Emergency Response Coordinated with other services. Children and Family safety program | None |
| St. Thomas Police Services                        | 30 St. Catherine St.<br>St. Thomas<br>Tel: (519) 631-1364<br>Emergency 911<br>Fax: (519) 633-9028<br><a href="http://www.stps.on.ca">http://www.stps.on.ca</a>                                                                                                                             | All ages       | Public safety and security. Youth in Policing Program.                                 | None |
| Victim Services Elgin                             | 146 Centre Street<br>St. Thomas<br>Tel: (519) 631-3182<br>Fax: (519) 631-9879<br>E-mail: <a href="mailto:victimserviceelgin@bellnet.ca">victimserviceelgin@bellnet.ca</a>                                                                                                                  | All ages       | Victim crisis assistance and referral.                                                 | None |
| Victim Witness Assistance Program (VWAP)          | 145 Curtis St.<br>St. Thomas<br>Tel: (519) 633-1920<br>Toll Free: (866) 633-1920<br>Fax: (519) 633-2311<br>Email: <a href="mailto:attorneygeneral@ontario.ca">attorneygeneral@ontario.ca</a><br><a href="http://www.attorneygeneral.jus.gov.on.ca/">www.attorneygeneral.jus.gov.on.ca/</a> | All ages       | Information, assistance and support during the criminal justice process                | None |

### 4.3.1 Service Recommendations

The following table is based on an assessment of the current services available in Elgin along with the needs of homeless youth. This tool is designed to assist local service providers to effectively develop and provide services that meet the specific needs of street-involved youth. The approaches used should be meaningful, appropriate and provide intensive models of support. Youth participation in program and service development is key.

| Prevention                                           | Preventing youth from becoming homeless is an essential component in ending homelessness                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Family-Related Issues</b>                         | <i>Youth need both: services and supports (e.g., crisis counseling, mentoring) to enable youth to continue to live at home by improving relationships with parents/caregivers, as well as supports for youth to live outside the home if the home is deemed an unsafe or unsupportive environment and/or for youth who are refugees with no family sponsors/supports.</i>                                                                                                                                               |
| <input type="checkbox"/> Crisis Counseling           | Provide immediate counseling to families in crisis, where there is a good chance a result of non-intervention would be a youth leaving home.                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Mentoring                   | Provide youth from troubled homes with an older mentor who can be a role model as well as someone to talk to in a crisis.                                                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Family Counseling           | A longer-term approach than crisis counseling, family counseling helps families communicate with each other, preventing future episodes of homelessness.                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Respite Shelter             | A respite shelter is a “time out” place where a youth can stay temporarily if their family is going through family counseling. The youth can go to a respite shelter instead of actually running away, if he or she feels the need to do so.                                                                                                                                                                                                                                                                            |
| <b>School-Related Issues</b>                         | <i>Homeless youth are much more likely to leave school early. These youth need: supportive learning environment to help keep young people in school through supportive services, non-traditional approaches to literacy and education, and identification of specific learning needs.</i>                                                                                                                                                                                                                               |
| <input type="checkbox"/> Alternative Schools         | Some students don't do well in traditional school settings. Providing alternatives can help at-risk youth feel more positively about school. These programs should be visible, available, and non-threatening.                                                                                                                                                                                                                                                                                                          |
| <input type="checkbox"/> Stay in School Programs     | Reaching out to youth who are at risk of dropping out of school and providing them with options before their education is disrupted can reduce the high school non-completion rate.                                                                                                                                                                                                                                                                                                                                     |
| <b>Systems Reform</b>                                | <i>Ensure that youth have a true support system in place by providing: comprehensive, youth-focused supports for youth leaving child protection, foster care and group homes, ensuring a range of flexible housing options, such as co-op housing, transitional housing, supportive housing and independent housing, linkages of existing strategies around poverty reduction, health care, education, welfare, justice systems and child protection, and linkages with youth-in-care campaigns to extend supports.</i> |
| <input type="checkbox"/> School Anti-Bullying Policy | Create and enforce school policies and norms regarding bullying to present a unified stand against bullying rather than an individual dispute between a single teacher and a bully.                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Discharge Planning          | When a youth is being discharged from a detention facility, foster care, a mental health facility, or a hospital, develop with that youth a plan so he or she does not end up homeless in the near future.                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Diversion Programs          | Encouraging police to call social service providers instead of arresting youth can lead to much more positive outcomes for everyone.                                                                                                                                                                                                                                                                                                                                                                                    |

|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Prevention</b>                                  | <b>Preventing youth from becoming homeless is an essential component in ending homelessness</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Engagement</b>                                  | <i>Ensure that youth have access to specific services for youth to have basic needs/issues dealt with before they become entrenched in street life. In particular, these services should include culturally appropriate services – that is, services with an anti-racist and anti-oppression framework and with staff teams that represent the diversity of the youth being served, and LGBTQ-specific services. Transportation services are also important in order to improve accessibility to services</i> |
| <input type="checkbox"/> LGBTQ Services            | As many as 1 in 4 homeless youth are gay, lesbian, or questioning. Provide supports and services this group to show them that they are not alone and have somewhere to turn for help.                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Discharge Planning        | When a youth is being discharged from a detention facility, foster care, a mental health facility, or a hospital, develop with that youth a plan so he or she does not end up homeless in the near future.                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Transportation            | Help youth and low-income families access preventative services like primary health care by providing assistance with transportation.                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Drug Education            | Youth are used to being told by adults why drugs and alcohol are bad, and they think they've heard it all. Create a program where teen advocates come up with a creative strategy to engage other youth.                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Domestic Abuse Prevention | Identify persons with a higher risk of becoming a victim or abuser. Work to develop attitudes, beliefs, and behaviours based on trust and mutual respect, such as through life skills training.                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/> Teacher Training          | Provide training to teachers to help them develop effective methods of detecting and addressing bullying, mental illness, and signs of domestic abuse.                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Trauma-Informed Services  | Since it is very difficult to tell initially if someone has been the victim of abuse, it is best to assume that every client served by human services is a survivor of some sort of trauma.                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Sexual Health Resources   | A sexual health clinic that is discreet, free, non-judgemental, and confidential is more likely to be used by those who need it, meaning fewer unwanted pregnancies and STDs.                                                                                                                                                                                                                                                                                                                                 |
| <b>Emergency Response</b>                          | <b>The basic needs of street-involved youth must be addressed before they can engage in the complex process of transitioning from the streets.</b>                                                                                                                                                                                                                                                                                                                                                            |
| <b>Shelter</b>                                     | Youth need accessible, age-appropriate, emergency accommodation, as well as emergency housing options for youth being discharged from correctional and medical facilities.                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/> Youth-Specific Shelter    | Finding a way to keep homeless youth separate from homeless adults is a better approach to reducing youth homelessness. This shelter would need to be open to anyone who becomes homeless, regardless of gender, time of day, or season.                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> 24-hour Crash Beds        | Some youth simply need a safe place to stay overnight, after becoming homeless after shelters have stopped accepting guests. Dedicated crash beds are open at any time of day, are supervised, and are designed for very short stays.                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Host Homes Program        | Homeless youth can stay temporarily with host families, eliminating the need for a dedicated emergency shelter.                                                                                                                                                                                                                                                                                                                                                                                               |

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Emergency Response</b>                                              | <b>The basic needs of street-involved youth must be addressed before they can engage in the complex process of transitioning from the streets.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Emergency Services</b>                                              | <i>Youth-responsive health, mental health, addiction and concurrent disorder services and counseling, as well as harm reduction services that help support homeless youth with mental health issues, addiction and concurrent disorders.</i>                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> Mental Health Crisis Response                 | Individuals with mental health are more vulnerable to various stressors and these can trigger a crisis. Typically, in a crisis, these individuals will be sent to hospital emergency rooms. A Crisis Response System seeks to provide immediate, broad support in times of crisis and can help prevent unnecessary hospitalizations.                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> Harm Reduction Services                       | Providing free harm reduction supplies such as clean needles and condoms, and taking a harm-reduction approach to providing health and other services, can encourage homeless youth to accept offered services.                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Treatment for Co-Occurring Problems           | Providers should be aware that many homeless clients have mental illness and addictions, which need to be treated concurrently instead of subsequently.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> Food Programs                                 | Homeless youth are best served by food programs providing ready-to-eat meals when and where the youth need them.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Long-Term Solutions</b>                                             | <b>Transiting out of homelessness requires supports that go beyond emergency response and provision of basic needs.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Accommodation</b>                                                   | <i>Youth need access to a continuum of housing options, ranging from independent living to housing with supports to living with family members.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Housing access services                       | Some youth are able to pay for market rate apartments, but may experience barriers. Assistance in locating available units can be helpful.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Rent geared to income (RGI) housing for youth | Most youth have limited income and are unable to pay for an apartment by themselves. Provide rent geared to income housing including units allocated for youth.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> Supported and supportive housing for youth    | In addition to being rent geared to income in most instances, supported housing allows for increased attention from professionally trained workers to support youth in scattered site housing. Youth with more acute issues may choose to live in supportive living with more on-site supports and a greater degree of interaction with professional supports and mentors.                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Family reunification                          | The majority of youth who are homeless return to their parents' residences where they live before transitioning to independent living. Family counseling can reduce the need for youth-specific housing.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Employment and Job Training</b>                                     | <i>Youth require an income of some sort in order to maintain housing. Even if the youth is able to obtain rent-free housing (such as through a family member), learning job and money management skills are very important in the long term. This can be achieved through: comprehensive government-funded employment and training strategies, delivered by community-based organizations supporting gradual entry into the workforce, increased support for community-based employment and training programs, and engaged private and public sector employers who create employment and training opportunities for youth.</i> |
| <input type="checkbox"/> Pre-Employment Training                       | Pre-employment training helps youth gain life skills that are useful in a work environment, including how to find a job. This can reduce the need for other employment services in the future.                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Job Placements                                | Programs that match up youth looking for work with employers can help give youth experience to put on their resumes and references.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Employment Training                           | Providing youth with job skills - through apprenticeships, internships, and work terms - can help them in their future job search.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



| Long-Term Solutions                               | Transiting out of homelessness requires supports that go beyond emergency response and provision of basic needs.                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Supports for Youth</b>                         | <i>Youth need medium and long-term supports in areas such as education, health, mental health, legal services, and follow-up. Evidence-based practice principles about supported employment—an approach to vocational rehabilitation for people with serious mental illnesses—promotes the belief that everyone with a serious mental illness is capable of working competitively in the community.<sup>200</sup></i> |
| <input type="checkbox"/> Case Management          | A case management program can help those individuals with complex and co-occurring issues achieve stable housing and better quality of life. Whether the system is Intensive Case Management (ICM) or Assertive Community Treatment (ACT), the primary goal of these approaches is to provide person-centred, coordinated access to services that promote wellness, stability and recovery.                           |
| <input type="checkbox"/> Legal Supports           | For some youth, becoming an emancipated minor may be the most suitable option. Other youth may need legal assistance after getting arrested. Legal services for youth should be available and accessible.                                                                                                                                                                                                             |
| <input type="checkbox"/> Adult Education Programs | Youth who have dropped out of school are more disadvantaged with regards to employment opportunities and quality of life. Helping older youth finish school is a vital service.                                                                                                                                                                                                                                       |
| <input type="checkbox"/> Mental Health Supports   | Longer term supports for youth with mental illnesses and complex needs can help those youth avoid crises that can result in homelessness.                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Health Services          | Many youth living in poverty have more acute health needs. Ensuring that youth have health cards and are able to access health services on a regular basis can help improve the health of a vulnerable population.                                                                                                                                                                                                    |
| <b>Service Coordination</b>                       | <i>Support identification of models of data collection – which contribute to understanding relevant issues; collaborate with other agencies on grant proposals; and work within the community with all key stakeholders.</i>                                                                                                                                                                                          |
| <input type="checkbox"/> Communication            | Most youth who become homeless have had interactions with service providers in the past, whether they are child and youth workers, school guidance counselors, or police officers. When a youth becomes homeless, or is in danger of becoming homeless, speak with other service providers to determine whether or not the youth is accessing other services.                                                         |
| <input type="checkbox"/> Collaboration            | When a youth enters the radar of a service provider, the service provider should assist the youth access other needed services offered by other organizations through collaboration.                                                                                                                                                                                                                                  |
| <input type="checkbox"/> Data Collection          | Encourage service providers to collect similar data about the youth they encounter, creating efficiencies and sufficient data to better understand local issues and focus services.                                                                                                                                                                                                                                   |

**Appendix A**  
**Community Protocol to Respond to Youth Homelessness**



January | 2013

# Youth Homelessness Protocol

Community Protocol To Respond To Youth  
Homelessness in Elgin County and St. Thomas

## Introduction

The Community Council for Children & Youth in Elgin (CCCYE) acknowledges the existence of homeless youth in the City of St. Thomas and Elgin County. Youth are considered homeless when they **lack stable, permanent, acceptable housing, or the immediate prospect of acquiring it**. In this protocol, youth are defined as **between the ages of 12 and 24, inclusive**, and are considered “homeless youth” only if they are **unaccompanied by parents or legal guardians**.

Homeless youth can be understood in terms of a typology consisting of three categories – Low-Risk, Transient, and High-Risk Youth. The CCCYE recognizes that High-Risk Youth are the most vulnerable, being youth who are more likely to have dropped out of school or inconsistent attendance at school, have unstable or non-existent relationships with their families, are more likely to have compromised mental wellness, and/or are more likely to be using substances.

This Protocol has been developed to assist homeless youth to obtain or regain housing by improving access to and quality of services, and minimizing the negative impact that homelessness has on their lives.

The CCCYE’s vision is that by December 31, 2015, no youth in St. Thomas or Elgin County will be homeless for more than 30 days.

## Legal Status of the Protocol

The Protocol is an agreement by government and non-government agencies to respond appropriately to homeless youth. It does not prevent agencies from taking appropriate action where public health or safety is at risk or a breach of the peace or unlawful behaviour has occurred.

The Protocol does not override existing laws, statutory requirements or regulations. It does not reduce the powers of agencies or their authority to enforce specific laws and regulations.

In particular, the Child and Family Services Act requires that any member of the public has a **duty to report** any suspicions that a child is in need of protection. A **child in need of protection** is or appears to be under the age of 16 and has experienced physical, sexual, or emotional abuse or neglect, or is at risk of experiencing physical, sexual, or emotional abuse. If any person has suspicions that a child is in need of protection, they are legally obligated to report the situation to Family & Children’s Services.

## **Aim**

The primary aim of the Protocol is to develop a coordinated service response by clarifying the roles, responsibilities, and obligations of each service provider within St. Thomas and Elgin County who deal with youth who are homeless.

## **Objectives**

- To ensure that no youth is homeless for longer than 30 days.
- To improve the co-ordination of service provision to homeless youth.
- To ensure that no youth slips between the cracks.
- To ensure homeless youth have access to information and support and to relevant protective and referral services.
- To enhance the voice of youth in decisions made about their lives.

## **Using the Protocol**

This Protocol is intended to be applied whenever a youth is determined to be homeless. In applying this protocol, it is expected that service providers will offer assistance, while respecting the right of homeless youth aged 16 or older to choose not to accept that assistance. However, in matters relating to health and safety it is expected that service providers follow up with appropriate authorities (i.e. police, hospital, Family & Children's Services) even if assistance is refused.

For each Principle described below, it is expected that a service provider who comes into contact with a homeless youth will apply the Protocol as recommended.



## Principles and Actions

### Principle 1

**If a youth is discovered to be homeless at any time, there will be one number to call in order to obtain assistance.**

| Actions                                                                                                                              | Agency Responsible |
|--------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Identify an agency willing to take on responsibility to manage and staff a 24/7 hotline for homeless youth. | _____              |
| <input type="checkbox"/> Create, set up, and staff hotline.                                                                          | _____              |
| <input type="checkbox"/> Provide that agency with a comprehensive, up-to-date database of services for homeless youth.               | _____              |
| <input type="checkbox"/> Develop and provide training for those answering the phone.                                                 | _____              |

Create an emergency hotline that will be accessible 24 hours each day, 7 days each week. This will streamline the process of getting assistance to youth who need it. The agency staffing the hotline will be responsible for having accurate and comprehensive information about what services are available for homeless youth and will be tasked with finding appropriate services for the youth.

Any person encountering a homeless youth is recommended to obtain assistance for the youth by phoning the hotline. Therefore, it is essential that knowledge of the hotline is spread to all those likely to encounter homeless youth, including police and parole officers, teachers and other school staff, hospital employees, and social workers.

### Principle 2

**The first priority is to ensure that a homeless youth is safe and not experiencing a crisis.**

A crisis may take one of many forms, depending on the circumstances.

If a homeless youth calling the hotline is experiencing a medical crisis, has recently received a serious injury, has been involved in a crime, or is in a life-threatening situation, call 9-1-1.

If a homeless youth calling the hotline is in a severe state of mental distress, including having suicidal thoughts, panic, paranoia, or anxiety, call the Canadian Mental Health Association's Crisis Outreach number at 519-631-2180.

In the case that a youth is experiencing a crisis, the hotline responder will patch the caller directly through to the appropriate crisis line if possible. If patching the call is not possible, the hotline responder will assist the youth to access the appropriate crisis line and will remain on the phone until help arrives. After help arrives, notify the appropriate agency about the youth and ensure that adequate supports are in place after the crisis has been resolved.

### Principle 3

**The second priority is to find adequate and appropriate short-term shelter for a newly homeless youth.**

| Actions                                                                                                              | Agency Responsible |
|----------------------------------------------------------------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Investigate the possibility of creating a “Host Homes” program for Low-Risk homeless youth. | <hr/>              |
| <input type="checkbox"/> Investigate the possibility of creating more 24-hour “Crash Beds” for homeless youth.       | <hr/>              |

The hotline responder’s first priority will be to determine if the youth has a safe place that they can stay, including a grandparent’s, uncle’s, aunt’s, sibling’s, neighbour’s, or friend’s house. A homeless youth may be too emotional to consider all possible safe places to go, so the responder should ensure that all bases are covered.

If the homeless youth has no person with whom he or she has a pre-existing relationship at whose house the youth can stay, the responder will find a suitable alternate shelter. The hotline responder will also arrange for appropriate transportation to assist the youth in accessing the shelter.

Whichever shelter arrangement is made, the host is also responsible for ensuring that the youth receives a nutritious meal.

After finding a place where the youth can stay for the night, the responder will obtain the youth’s temporary address and ensure that an assessor will arrive to assist the youth.

### Principle 4

**Once a homeless youth’s immediate shelter needs are met, the youth’s other needs will be assessed within 24 hours.**



**Actions**

**Agency Responsible**

- Identify an agency willing to be responsible for assessing the needs of homeless youth.
- Develop or obtain an assessment tool that will help determine the needs of homeless youth.

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The agency responsible for assessment will send a staff member to meet with the homeless youth at his or her place of shelter within 24 hours of discovery. This staff member (the “assessor”) will meet with the youth and take inventory of his or her needs. The assessor and the youth will collectively come up with a plan that:

- Connects the youth with appropriate services,
- Addresses the root cause(s) that resulted in the youth becoming homelessness, and,
- Results in the youth finding a stable, safe, permanent housing solution within 30 days.

It is then the assessor’s responsibility to contact appropriate service providers and make arrangements for the youth to obtain needed services and supports.

**Principle 5**

**Youth should be reunited with their families if it is safe and feasible to do so.**

**Actions**

**Agency Responsible**

- Identify an agency willing to be responsible for mediating reunifications between homeless youth and their families.
- Develop and implement a program focusing on family reunification as a way to end youth homelessness.

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The majority of homeless youth eventually return home and live with their families again after a period of homelessness. Family reunification programs are effective ways to end a youth’s period of homelessness since they are essentially speeding up a natural process and encouraging healthy relationships.

Family reunification requires:

- An assessment to determine if the home environment is safe for the youth to return to,

- A willingness on the part of both the youth and the parents/guardians to come to the table, and
- A mediator/counselor who can help resolve disputes.

Family reunification is NOT appropriate if:

- The youth was fleeing a dangerous or abusive home situation.

## Principle 6

### **Adopt a harm reduction approach when interacting with homeless youth.**

#### **Actions**

- Promote and expand harm reduction programs within St. Thomas-Elgin.

#### **Agency Responsible**

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Many youth engage in dangerous or risky behaviour, including but not limited to: use of drugs and/or alcohol, smoking, sex with multiple partners and/or unprotected sex, and fighting. Youth, particularly teenagers, are likely to be engaging in these behaviours to try new things, because their friends are doing it, or to rebel against authority figures. Requiring youth to cease dangerous behaviours before accessing services is antagonistic and ineffective.

Rather than refuse treatment and services to such youth, instead, adopt a harm reduction approach. Accept clients or patients who engage in risky behaviour, develop relationships with them, and after a level of trust has developed, talk to youth about engaging in less risky behavior.

A harm reduction approach does not prevent police officers from enforcing laws, nor teachers from encouraging youth to avoid drugs and alcohol, nor addictions services from providing appropriate treatment. Harm reduction is seen as one of the four pillars of effective policy, to be used alongside enforcement, treatment, and prevention.

## Principle 7

### **A homeless youth always has a say in matters that concern his or her own life.**

Many homeless youth are homeless because they have run away from home. If placed in a home or situation that they are not happy with, they are likely to run away a second time, having already proven their willingness to do so once.

Giving a homeless youth a say in matters that affect him or her is essential in healthy emotional development of youth and promotes responsibility, self-esteem, and

decision-making. These life skills are associated with a decrease in likelihood that a youth will become homeless in the future.

In the case of youth under the age of 16, for whom Family & Children's Services has a duty to intervene, the youth's legal guardian (or F&CS, if applicable) has the final say in matters concerning the youth's situation. However, the youth should be involved in the decision-making process.

**Appendix B**  
**References**

## Appendix B: References—Works Cited

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<sup>6</sup> (Hwang, 2001; Moore et al, 2010)

<sup>7</sup> (Pomeroy, 2005, p. iv)

<sup>8</sup> (Gladwell, 2006)

<sup>9</sup> (HCH Clinician's Network, 2001, p. 2)

<sup>10</sup> (Ibid.)

<sup>11</sup> (Raising the Roof, 2009, p. 24)

<sup>12</sup> (Richardson, 2012)

<sup>13</sup> (Novac, Serge, Eberle, & Brown, 2002)

<sup>14</sup> LGBTTIQQ2S: lesbian, gay, bisexual, transgendered, transsexual, inquiring, queer, questioning, 2-spirited (2-spirited is First Nations lexicon)

<sup>15</sup> (Toro, Lesperance, & Braciszewski, 2011)

<sup>16</sup> (NAEH, 2012)

<sup>17</sup> Government departments at the Federal and Provincial levels, as well as non-profit youth service organizations publish a range of youth ages usually based upon the services being provided such as employment, sexuality counseling, shelter, etc. One of OrgCode's clients in Alberta defines youth as 12-24: *McMan Youth, Family and Community Services Association (YFCSA)*

Youth Alternative Program 12-24 years

<sup>18</sup> (Runaway and Homeless Youth Act, SEC. 387 (3), 2008)

<sup>19</sup> (HEARTH Act, 2009)

<sup>20</sup> (Canadian Homeless Research Network, 2012)

<sup>21</sup> (Roman, 2012)

<sup>22</sup> Statistics Canada, Catalogue no. 71-001-X, Labour Force Information

<sup>23</sup> (Baker Collins, 2010)

<sup>24</sup> (British Columbia, 2001, p. 35)

<sup>25</sup> (The John Howard Society of Toronto, 2010)

<sup>26</sup> (British Columbia, 2001, p. 36)

<sup>27</sup> (British Columbia, 2001, p. 36)

<sup>28</sup> VOORHIS, P. V., CULLEN, F. T., MATHERS, R. A. and GARNER, C. C. (1988), THE IMPACT OF FAMILY STRUCTURE AND QUALITY ON DELINQUENCY: A COMPARATIVE ASSESSMENT OF STRUCTURAL AND FUNCTIONAL FACTORS. *Criminology*, 26: 235–261.

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<sup>29</sup> (British Columbia, 2001, p. 36)

<sup>30</sup> (British Columbia, 2001, p. 36)

<sup>31</sup> (British Columbia, 2001, p. 38)

<sup>32</sup> Ibid.

<sup>33</sup> (British Columbia, 2001, pp. 38-41)

<sup>34</sup> (British Columbia, 2001, p. 40)

<sup>35</sup> (British Columbia, 2001, p. 41)

<sup>36</sup> (British Columbia, 2001, p. 39)

<sup>37</sup> (British Columbia, 2001, p. 39)

<sup>38</sup> (British Columbia, 2001, p. 39)

<sup>39</sup> Police report

<sup>40</sup> Ibid.

<sup>41</sup> (The John Howard Society of Toronto, 2010, p. 25)

<sup>42</sup> (The John Howard Society of Toronto, 2010)

<sup>43</sup> Pathways to youth homelessness, Claudine Martijn, Louise Sharpe\_The Clinical Psychology Unit (F12), School of Psychology, The University of Sydney, Camperdown, NSW 2006, Australia

<sup>44</sup> (Koeller, 2006)

<sup>45</sup> (Baker Collins, 2010, p. 18)

<sup>46</sup> Trauma and Co-Occurring Disorders among Youth, Coreena Hendrickson, LCSW, June, 2009 — Children's Hospital Los Angeles, USC

<sup>47</sup> (NCTSN, 2007, p. 3)

<sup>48</sup> (Bradley et al, 2002)

<sup>49</sup> Police report

<sup>50</sup> St. Thomas Police Services Annual Report 2011

<sup>51</sup> Inn out of the Cold

<sup>52</sup> (Violence Prevention Initiative, 2009, p. 4)

<sup>53</sup> (Tjaden & Thoennes, 2000)

<sup>54</sup> (Koeller, 2006)

<sup>55</sup> (Baker Collins, 2010, p. 18)

<sup>56</sup> (Canadian Centre on Substance Abuse, 2005; 2007)

<sup>57</sup> (Paglia-Boak, Adlaf, & Mann, 2011, p. i)

<sup>58</sup> (Paglia-Boak, Mann, Adlaf, & Rehm, 2009, p. 206)



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- <sup>59</sup> (Canadian Centre on Substance Abuse, 2007, p. 8)
- <sup>60</sup> (Canadian Centre on Substance Abuse, 2007, p. 8)
- <sup>61</sup> (Canadian Centre on Substance Abuse, 2007, p. 8)
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- <sup>67</sup> (Canadian Centre on Substance Abuse, 2007, p. 7)
- <sup>68</sup> (Canadian Centre on Substance Abuse, 2007, p. 7)
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- <sup>70</sup> (Canadian Centre on Substance Abuse, 2005, p. 25)
- <sup>71</sup> (Ministry of Health and Long-Term Care, 2009, p. 20)
- <sup>72</sup> (Canadian Centre on Substance Abuse, 2005, pp. 34, 42)
- <sup>73</sup> (Hyman, Aubry, & Klodawsky, 2011, p. 254)
- <sup>74</sup> (Raising the Roof, 2009, p. 12)
- <sup>75</sup> (Hyman, Aubry, & Klodawsky, 2011, p. 255)
- <sup>76</sup> (Hyman, Aubry, & Klodawsky, 2011, p. 255)
- <sup>77</sup> (Raising the Roof, 2009, p. 13)
- <sup>78</sup> (Hyman, Aubry, & Klodawsky, 2011, p. 255)
- <sup>79</sup> (Elgin-St. Thomas Public Health, 2010, p. 42)
- <sup>80</sup> (Hyman, Aubry, & Klodawsky, 2011)
- <sup>81</sup> (Hyman, Aubry, & Klodawsky, 2011, p. 254)
- <sup>82</sup> (Statistics Canada, 2011b)
- <sup>83</sup> (Statistics Canada, 2011b)
- <sup>84</sup> (Raising the Roof, 2009, p. 12)
- <sup>85</sup> (Voakes, 1992, p. 14)
- <sup>86</sup> (Richardson, 2012)
- <sup>87</sup> (Skott-Myhre, Raby, & Nikolaou, 2008, pp. 94, 97; NAEH, 2012)
- <sup>88</sup> (NAEH, 2012)
- <sup>89</sup> (Raising the Roof, 2009)
- <sup>90</sup> (Gaetz, O'Grady, & Vaillancourt, 1999)
- <sup>91</sup> (Elgin Middlesex Oxford Workforce Planning and Development Board, 2012)
- <sup>92</sup> (Statistics Canada, 2011a)
- <sup>93</sup> (Statistics Canada, 2007)
- <sup>94</sup> (Dachner & Tarasuk, 2002)
- <sup>95</sup> (Elgin St. Thomas Public Health, 2011)
- <sup>96</sup> (Dachner & Tarasuk, 2002, p. 1045)
- <sup>97</sup> CMAJ, Canadian Medical Association Journal, Stephen Hwang, January 23, 2001 vol. 164 no. 2
- <sup>98</sup> (Dachner & Tarasuk, 2002)
- <sup>99</sup> (Elgin St. Thomas Public Health, 2011)
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- <sup>101</sup> (Ministry of Health and Long-Term Care, 2009, p. 21)
- <sup>102</sup> (British Columbia, 2001, p. 6)
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- <sup>104</sup> Food Intake Patterns of Homeless Youth in Toronto, Allanah Li, BSc, Naomi Dachner, MSc, Valerie Tarasuk, PhD, Department of Nutritional Services, University of Toronto
- <sup>105</sup> (British Columbia, 2001)
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- <sup>108</sup> (British Columbia, 2001, p. 10)
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- <sup>111</sup> (Centers for Disease Control and Prevention, 2012; Stevens, 2004; Pytell, 2007; Phipps, 2003)
- <sup>112</sup> (Phipps, 2003, p. 11)
- <sup>113</sup> (Centers for Disease Control and Prevention, 2012, pp. 28-29)
- <sup>114</sup> (British Columbia, 2001, p. 16)
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<sup>120</sup> (CMHC, 2010)  
<sup>121</sup> (CMHC, 2011)  
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<sup>123</sup> (Baker Collins, 2010, p. 23)  
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<sup>125</sup> (CMHC, 2011)  
<sup>126</sup> (CMHC, 2011)  
<sup>127</sup> (CMHC, 2011)  
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<sup>142</sup> (Raising the Roof, 2009, p. 24)  
<sup>143</sup> (British Columbia, 2001, p. 10)  
<sup>144</sup> (Babatsikou, 2010)  
<sup>145</sup> (Ministry of Health and Long-Term Care, 2009)  
<sup>146</sup> (Luong, 2008; Ministry of Health and Long-Term Care, 2009)  
<sup>147</sup> (Luong, 2008)  
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<sup>161</sup> (Bogenschneider, 1996, p. 17)  
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<sup>178</sup> (Juvonen, Graham, & Schuster, 2003)

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<sup>182</sup> (Juvonen, Graham, & Schuster, 2003)

<sup>183</sup> (Public Health Agency of Canada, 2008, p. 97)

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<sup>186</sup> (Provincial Advocate for Children & Youth, 2012)

<sup>187</sup> Ibid.

<sup>188</sup> Ibid.

<sup>189</sup> (Mate, 2008; Sick Kids, 2010)

<sup>190</sup> (Didham, 2012)

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<sup>195</sup> McLean, J., Maxwell, M., Platt, S., Harris, F., and Jepson, R. Risk and Protective Factors for Suicide and Suicidal Behaviour: a Literature Review. Scottish Government Social Research. Edinburgh. 2008.

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