

Youth Homelessness in Ontario

Knowledge Mobilization,
Systems Integration & Social
Media to #EndHomelessness

A Portfolio by: Isaac Coplan

Youth Homelessness in Ontario: Knowledge Mobilization,
Social Media & System Integration to #EndHomelessness.

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Student Name: Isaac Coplan
Supervisor: Dr. Stephen Gaetz

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Isaac Coplan

Dr. Stephen Gaetz

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Acknowledgements

I would like to start by thanking the service providers who work in the community with youth experiencing homelessness in York Region. In particular, thanks to those who took time out of their busy schedules to speak with me. It was inspiring to talk with people so dedicated and committed to helping people. I am grateful to all of those who are working hard to raise awareness and end the crisis of homelessness in Canada.

Dr. Stephen Gaetz, it has been an honour to work with one of the leading experts in the field. I am also greatly in debt to Dr. Ravi De Costa for the guidance throughout this program.

All of the staff at the Homeless Hub have been a continuous source of support and laughter. Tanya Gulliver, thank you for the encouragement and introducing me to the study of homelessness. I would like to thank Dr. Naomi Nichols, your excitement and knowledge has been a huge support throughout the research process.

I would like to thank the whole KMb team, it has been an honour working with you as you push the limits and drive innovation in knowledge mobilization.

My friends at FES and throughout Toronto have challenged me and helped me become who I am today. This would not have been possible without the support of my family. Last but not least, a special thank you to my partner Jessica who provided the most support throughout the process.

Foreword

This portfolio is the expression of the work I have completed while working through my plan of study over the past two years. It has come to symbolize the skills, knowledge and critical reflection that has gone on and will allow me to emerge from the program of study as a master of environmental studies. When I first entered the Master of Environmental Study program, one of my big concerns was creating a document that would be ‘shelved’, or that wouldn’t be useful other than as a private, academic exercise.

I wanted to use my period at York University to contribute to larger conversations within society. This led me to critically engage with popular education and to take on three field placements. This portfolio is also demonstration of my focus on ending youth homelessness. This emerged through the challenge of understanding the current thought and practice of ending youth homelessness in Canada. While my earlier pieces of my degree were grounded in theoretical academic pursuits, it was more difficult to approach this topic from a strictly academic or theoretical perspective. Instead, I engaged myself in the field of research on homelessness within the Canadian Observatory on Homelessness.

My first step was to work with knowledge mobilization and participate in the creation of research summaries through the Knowledge Mobilization (KMb) team within the Office of Research Services at York University. Through this experience I developed a thorough understanding of knowledge mobilization. My position was the manifestation of a partnership between the Homeless Hub and KMb unit at York. Throughout the time there, I worked in knowledge translation, developing over 20 research summaries on homelessness and youth homelessness. Throughout this process, I also developed an understanding of current research, methodologies and the research environment.

Next I completed a placement at the Canadian Observatory on Homelessness, working directly with the communications team to develop infographics and share current research on homelessness. While participating, I joined a research project that was underway on Youth Homelessness in York Region, this work (Chapter 2) will be published later in 2014, as part of a report on Youth Homelessness in York Region. Supported by my studies in research methodologies I used qualitative research to describe, and map, the youth homelessness service sector in York Region.

Furthermore, in the completion of my work associated with homelessness and the Canadian Observatory on Homelessness, I have had the opportunity to engage with researchers across the country. My attendance at the National Conference on Ending Homelessness (Ottawa, 2013), reinforced the importance of this national dialogue.

This portfolio represents not only a collection of my work, but also a demonstration of the skills I have developed and work that I have engaged with over the previous two years.

Abstract

This abstract is divided into three pieces to represent the different parts of the portfolio. The first chapter is a reflection on Knowledge Mobilization, the second is a draft of a chapter that prepared for a report on Youth Homelessness in York Region, the third chapter is a formal piece written for submission to an academic journal prepared based on secondary analysis from the research in York Region. Together, this portfolio demonstrates the styles and formats of writing that are part of the community of researchers working towards ending homelessness in Canada. Through the completion of evidence based practice and the use of new communications methods researchers are sharing their findings and influencing a field of policy and practice.

Chapter 1: Reflection: Knowledge Mobilization:

This piece is written in a format that is similar to those used by Research Impact, in their research snapshot. The headings are intended to make the document easy to navigate and understand the implications, actions and key pieces of the reflection. In this piece, I reflect on the importance of tracking research dissemination through online bibliometrics (such as Facebook, BIT.Ly and Google Analytics), and ultimately argue that, though it is not sufficient to measure the impact of research, it is an important way to measure the way that research is being received.

Chapter 2: Youth Homelessness in York Region: A systems approach

This chapter emphasizes the importance of interpersonal and inter-organizational relationships in the current youth homelessness services sector in York Region. The chapter highlights several barriers and participant recommendations. Finally, the chapter suggests that integrating the current service sector, providing specific supports and expanding case management will play a large role in moving towards a system of care, from a fragmented service sector.

Chapter 3: Youth Homelessness Service Sector in York Region: Relationships out of Necessity

This chapter was written so that it can be adapted for submission to an academic journal. York Region remains largely fragmented and uncoordinated. The lack of a structure and resources that would support integration means that there is a reliance on interpersonal relationships to achieve connectedness.. While interpersonal relationships are strength in the youth homelessness service sector, in order to transform into a functioning system, the sector will require attention to coordination, measurement and designated funding for integration that addresses service gaps and provides greater access to the mainstream service sector.



Chapter 1: Knowledge Mobilization

Knowledge Mobilization *at the* Canadian Observatory on Homelessness

What you need to know:

While online reach is not a sufficient measure to understand the full impact of a knowledge mobilization practice, it is important to keep an eye on these statistics. Measuring online reach through bibliometrics (such as shares, likes, clicks, favorites & re-tweets) can immediately demonstrate the success of timing, salience of the topic and success of communications tactics.

What is this reflection about?

Over the summer of 2013 and throughout the school year of 2014 I worked with the Canadian Observatory on Homelessness (COH) and the Knowledge Mobilization (KMb) unit in the office of Research Studies (ORS – York University). I received training in clear language writing and then began writing research summaries that would support both KMb and the Canadian Observatory on Homelessness (COH).

While at the COH, starting in the fall of 2013, I completed three main functions that were incorporated into the COH's communications strategy. These included:

-28 weekly blog posts, entitled "infographic Wednesdays."

-8 infographics with the communications team.

-24 research summaries between 2013-2014.

This paper is a reflection on the work that I did with COH with special attention to the current discussions regarding the field of knowledge mobilization and some of the challenges that accompany measuring the impact of research.

This reflection is meant to focus specifically on my observations and the experiences that I had and learned while in these positions, as such, it is not representative of the full scope or range of academic, corporate and community discourses on Knowledge Mobilization, Strategic Communication and Research Dissemination.

Keywords: Knowledge mobilization, community partnerships, policymaking, measuring impact.

What research contributed to the reflective process?

In order to understand the significance of Knowledge Mobilization, I participated in and presented in the 2013 York University Conference on Engaged Scholarship. I have selected five conference articles that I will draw on heavily for this section (Gaetz 2013, Nichols & Gaetz 2013, Haig-Brown & Blimkie 2013, Mandell 2013, Mosher et al 2013) as they represent a range of the current discussions on knowledge mobilization.

Then I selected research summaries and infographic posts for bibliographic analysis. I wanted to highlight those that did well and those that did not in an attempt to understand the reason why the online reach was different. Then I utilized the data available to the COH online through the web services used by the Homeless Hub to collect information relevant to my specific activities including: Facebook, Bit.ly, and Google Analytics.

What are the key findings?

Knowledge Mobilization is about making sure research itself is having an impact beyond the academy. One of the key strategies is through engaged approaches to knowledge dissemination. This has a great deal to do with making sure that research is available, it is being shared and it is available in a format that is relevant to end users (Gaetz 2013). We know that while policy is not always driven by research, in many cases there is a growing desire for evidence-based policy making and decision making. In order to achieve these ends, there is a need for policy makers to have better access to research that is structured in a useful way. This is also relevant in service-based sectors such as public health, healthcare and the social service sector, where research should help agencies and communities formulate programs and strategies that are evidence-based. Similarly, effective sharing of research can help people access the information they need to assist in practical, ethical and strategic planning (Mandell 2013).

However, access to research is not always simple. Much research information has been kept beyond reach, largely due to the structure of corporate-owned academic research journals that restrict access through copyright control. Gaetz (2013) sees the work that the Homeless Hub does in research design and publication as a direct response to this dilemma. Design thinking in research applies practices that have emerged from the field of design to update the research process. At COH, this has meant incorporating the needs of community research participants in the process of research design. Part of design thinking also has to do with providing open access to content in a variety of formats to form a ‘pancaking’ of reports along with less traditional media like infographics, videos, blog posts and social media campaigns (Gaetz 2013). This layering of information has more of a chance of reaching different communities. Engaging community participants means that key audiences of the report are buying into the research before it has even begun and play an important role in shaping it. Nichols & Gaetz (2013) argue that this is achieved through reciprocity and continual interaction between the researchers and community members.

Measuring the impact of research is challenging, and it largely relies on going right to the destination of the impact, and understanding how it is being used. A recent literature review completed in the UK found that one of the largest barriers to use of evidence in policy is the lack of reliable available research for decision makers (Oliver et. Al, 2014). This demonstrates a gap between researchers and policy makers and therefore evidence based policy. In order to mediate this gap, researchers can focus on delivering a variety of content that is more likely to resonate with policy makers as it is being provided to them in a variety of platforms.

There have been considerable conversations about the importance of spreading knowledge online, and whether or not it is effective. The conclusion that seems to be true throughout the time I have spent at the COH is that it is an important part of the mix. However, it is important to note that social media alone is not enough to change the policy. The participation of research centers in social media is effective as long as they are also available to traditional media and in community activities. In addition, there are several things that affect the success of online promotion. In particular I will give examples of:

Timing, Relevance, Uptake, Memorability & Aesthetic Appeal

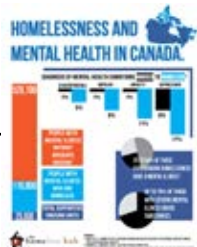
In addition, those people and organizations online are more likely to share information that they understand, and that is related to their work (Haig-Brown & Blimkie 2013). This is the importance of understanding the needs of the participants/ organizations prior to engaging in the research, if the goal is to create a relationship of reciprocity, knowledge mobilization should not be seen as an absolute doctrine. It is as malleable as the relationships that exist between and within organizations. For knowledge mobilization to work, it must be adaptable and responsive to the needs of all of the stakeholders involved (Mosher et al 2013).

Throughout my communications work with the Canadian Observatory on Homelessness (COH) there were certain releases and content that work better than others. Instances of successes and failures contributed to overarching reflection and changes to the strategic communications program. Below are my reflections on the reasons that some pieces worked and others did not. For the sake of brevity, I have focused on comparing two infographics and two research summaries.

Infographics:

Homelessness and Mental Health

(see appendix i) did astoundingly well, reaching 4574 people. It set a standard as one of the better performing infographics that was released by the homeless hub throughout the year. A few ideas emerged out of these successes: the release time was just before the start of a semester, and the Infographic had pick-up from several large sized agencies and institutions throughout Canada. The topic of the Infographic demonstrated in a meaningful way, a topic that people were seeking information on the connection of homelessness and mental health. This also occurred before Bell's Let's talk campaign, and there were presumably other people searching for this information. Finally, the Infographic was designed to match the colour scheme of Facebook, and was shared successfully online.



Housing and Risk of Homelessness for Families

(see appendix ii) was created to support a release by University School of Social Work. The graphic itself was released at a time when the homeless hub was releasing other reports, and did not receive the attention on the main site that may have contributed to it's success. The bulk of the promotion was to come from the Faculty of Social Work at U of T, however, they opted to use a traditional news release, giving the exclusive story to the Toronto Star, this resulted in the Infographic not getting as much attention online. In addition, the complicated name of the Infographic was a requirement of the researcher, as was the design. Using dull colours matched the report, but took away from the capacity and willingness of people to share the infographic online. The requirements of the partner may have taken away from the capacity of the designer to effectively present the infographic.



			
Homelessness & Mental Health		Housing and Risk	
Facebook			
21	Likes	9	
73	Shares	15	
4574	Reach	791	
Google Analytics			
65*	Unique Views	110	
Bit.Ly			
397	Clicks	93	

* Posted on old homeless hub website

Research Summaries:

The **tragedy of dying homeless (see appendix III)** was a research summary that was prepared during my summary spent with ORS and COH. The research article itself was striking in that it was talking about a highly emotional article in a highly abstract way. Noticing that the name of it was unenticing, I changed the name to be more appealing and draw attention to the emotive sides of the article. The topic of homeless deaths is both heartbreaking and astounding. The name and accompanying layout for the Infographic brought attention to the summary. In addition, when there are deaths of people who are experiencing homelessness, a number of people tend to share the information again, contributing to its overall effect. This summary was released independently and was spread independently of any blog posts.

Access to Palliative Care for Toronto's Homeless (see appendix iv)

is on a similar topic to the previous, however, it was released in a package of summaries released on international hepatitis day. The release of information on this day was meant to contribute to international spikes in social media attention on these topics. In this case, the release of 3 research summaries actually had the effect of over-saturating the readers of the homeless hub. None of the individual summaries had the social media reach that 'the tragedy of dying homeless had', despite being incredibly salient topics related to the disproportionate infection hepatitis in people experiencing homelessness. In subsequent posts one infographic or summary was released at a time, unless accompanying reports. It is also important that more people visited this actual summary, despite less people sharing.

The Tragedy of Dying Homeless		Access to Palliative Care for Toronto's Homeless	
Facebook			
12	Likes	6	
21	Shares	14	
2007	Reach	969	
Google Analytics			
65	Unique Visits	72	
*(Bit.Ly Unavailable)			

Overall, the presentation, relevance and timing of this information was fundamental in successfully sharing it. Though it is hard to judge the cumulative effect of this work, or the impact that sharing this information had on policy decisions, the infographics and summaries were shared by large organizations within the field of homelessness throughout Canada. This work has contributed to a national conversation on homelessness.

How can you use this reflection?

Researchers who are working with community groups should begin the process of research design with the goals of knowledge mobilization and the needs of the end-user at the forefront. This can effectively be worked into the life cycle of the project. In addition, it is important that people learn from the efficacy of their information sharing practices to better understand what works and what does not.

Academic administrators should look to continuously involve other members of the academic environment. It is important that lessons are shared, and best practices are demonstrated and replicated.

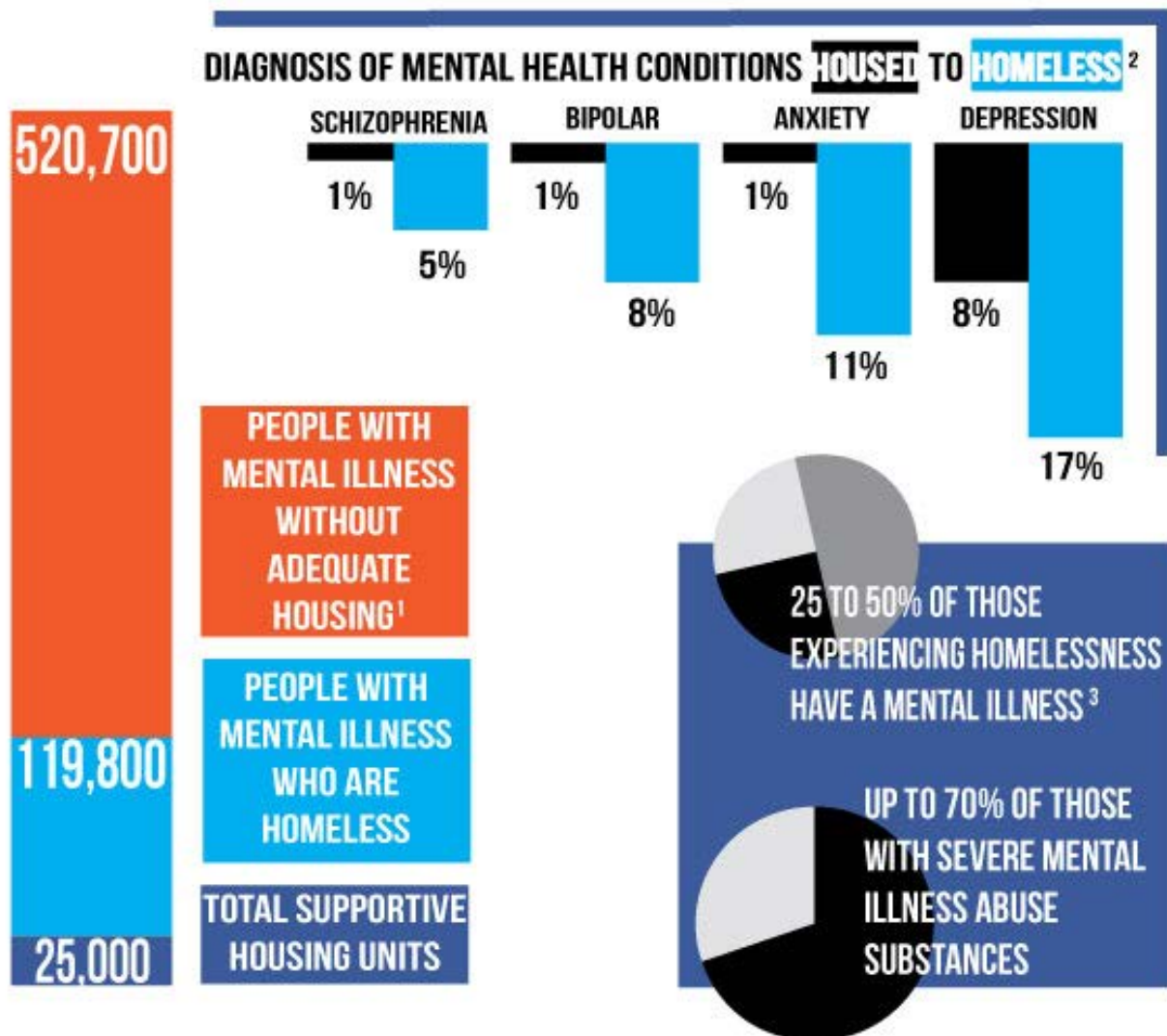
Researchers and KM professionals should look to developing partnerships with policy makers. This can ease the processes of sharing information, continuous feedback can demonstrate that people are getting the information that they need, in a way that helps meet their goals of providing effective evidence based policy.

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Appendices

HOMELESSNESS AND MENTAL HEALTH IN CANADA.

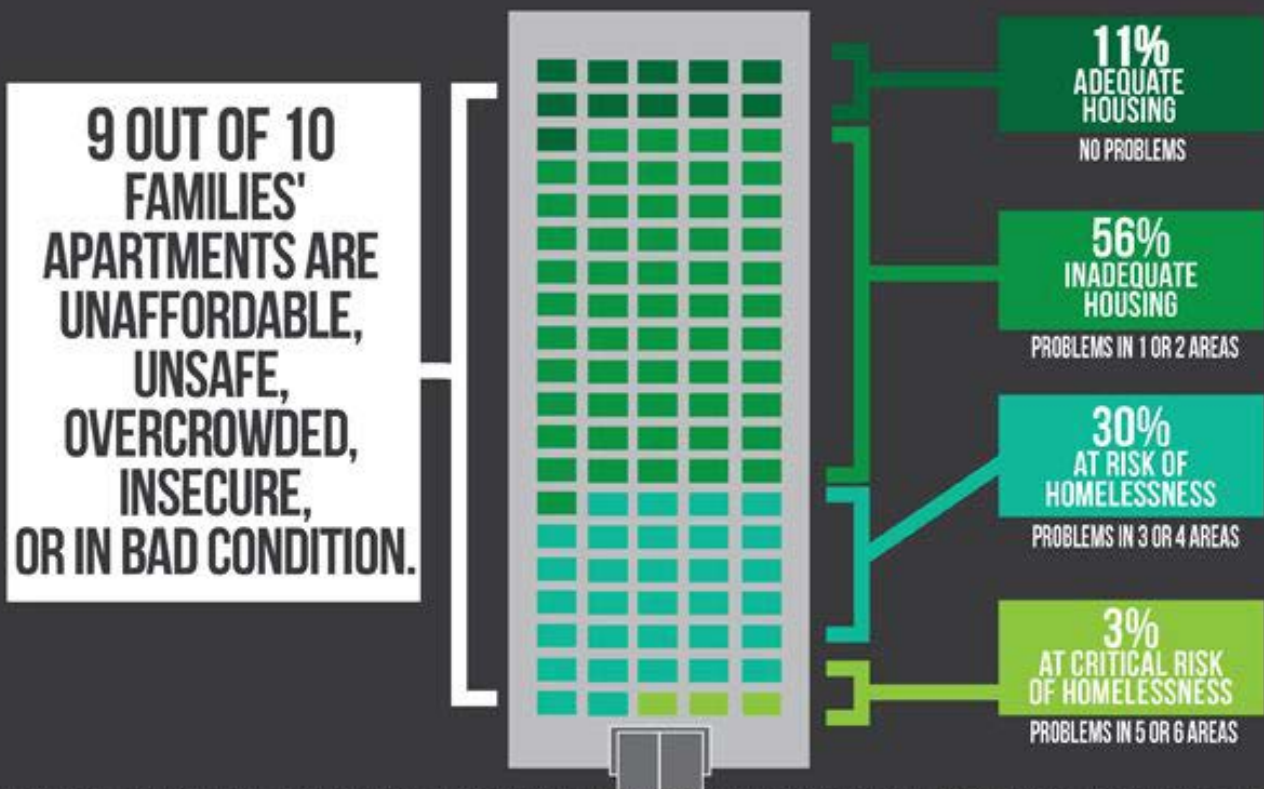


SOURCES

1. MHCC (2011). TURNING THE KEY: ASSESSING HOUSING AND RELATED SUPPORTS FOR PERSONS LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES.
2. KHANDOR, E. & MASON K. (2007). THE STREET HEALTH REPORT 2007.
3. MHCC (2009). MENTAL HEALTH COMMISSION OF CANADA ANNUAL REPORT 2008-2009: OUT OF THE SHADOWS FOREVER.

Appendix II : Housing and Risk of Homelessness for Families

INADEQUATE HOUSING AND RISK OF HOMELESSNESS FOR FAMILIES *in* TORONTO'S RENTAL HIGH-RISES



SOURCE: EMILY PARADIS, RUTH WILSON AND JENNIFER LOGAN FROM A REPORT TO BE RELEASED DECEMBER 2013
INFOGRAPHIC DESIGN BY: ISAAC COPLAN



FACTOR-INWENTASH
FACULTY OF SOCIAL WORK

NEIGHBOURHOOD
CHANGE
Building Inclusive
Communities From Within



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AND SOCIAL SCIENCES AND HUMANITIES RESEARCH COUNCIL OF CANADA.

**research
summary**



the **homeless hub**

The Tragedy of Dying Homeless

What you need to know

Those who are experiencing homelessness die at a higher than average rate. There is also a higher prevalence of chronic illness. Despite these realities, there is a lack of end-of-life care available for those experiencing homelessness in Canada.



What is this research about?

Deaths among homeless people occur at higher than average rates. This is partly due to higher rates of AIDS, cancer and hepatitis and also due to lack of access to regular healthcare services. Homeless people in Canada are entitled to public healthcare services; however, they can often be hard to access. There are barriers that prevent treatment, follow up and compliance with treatment.

Barriers include poverty and substance use as well as lack of: a telephone, a mailing address, or transportation.

A large number of homeless people are found dead in public places. They may also be found in residential dwellings, arrive dead to Emergency Rooms, or die after arriving at hospitals. People who are terminally ill and are experiencing homelessness, may not

receive adequate care. They expressed concern with dying alone and not having their end-of-life wishes met.

Regular hospices may not be able to assist with the needs of homeless clients. These needs often include alcohol and substance abuse. In Canada, there is only one hospice that provides end-of-life care specifically for those who are homeless.

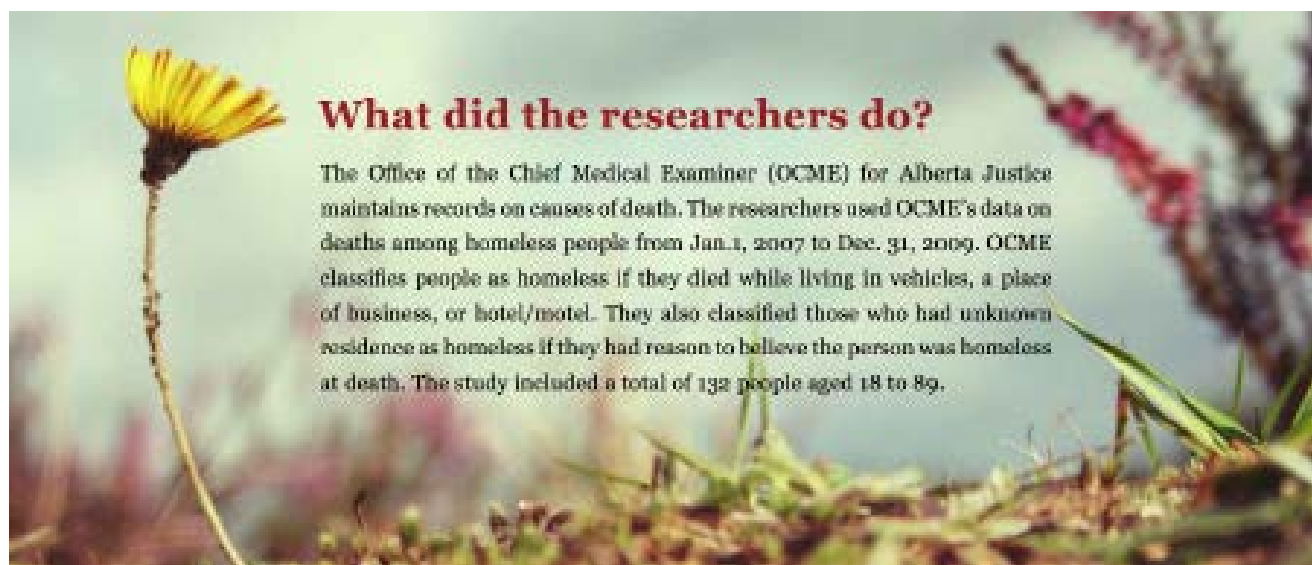
VISIT
www.homelesshub.ca
for more information

KEYWORDS
Homelessness, hospice, mortality, palliative care, shelter, Hepatitis, HIV, chronic illness

Summary Date: July 2013

ARTICLE SOURCE
Page, S. A., Thurston, W. E., & Mahoney, C. E. (2012). Causes of death among an urban homeless population considered by the medical examiner. *Journal of Social Work in End-Of-Life & Palliative Care*, 8(3), 265-271.

Appendix III : The Tragedy of Dying Homeless (continued)



What did the researchers do?

The Office of the Chief Medical Examiner (OCME) for Alberta Justice maintains records on causes of death. The researchers used OCME's data on deaths among homeless people from Jan. 1, 2007 to Dec. 31, 2009. OCME classifies people as homeless if they died while living in vehicles, a place of business, or hotel/motel. They also classified those who had unknown residence as homeless if they had reason to believe the person was homeless at death. The study included a total of 132 people aged 18 to 89.

What did the researchers find?

Drug and alcohol-related deaths made up 45.5% of deaths. This includes both acute and long term complications such as liver failure.

Natural deaths made up 19.7% of deaths. This includes heart disease, pneumonia, cancer, diabetes, and peritonitis.

The suffering associated with deaths from these causes can be eased by appropriate medical management, and a comfortable setting.

The Canadian Homeless Research Network (CHRN) has partnered with the Knowledge Mobilization (KMB) Unit at York University to produce Research Summaries on the topic of Youth Homelessness in Canada. CHRN focuses on education, networking and knowledge mobilization in order to move towards effective long-term solutions to homelessness.

HOW CAN YOU USE THIS RESEARCH?

Policy makers should consider the perspectives of those experiencing homelessness when implementing healthcare policy. It is important to take into account the different needs for those who are unable to access key services.

Service providers should consider the needs of these individuals who are suffering from chronic illness;

or who face negative prognosis. Special effort should be made to assist with end-of life planning and providing resources.

Researchers can expand this study to include other cities. Additional studies should consider people who have experienced homelessness, and who are chronically ill within the hospital setting.

ABOUT THE RESEARCHERS

Dr. Stacey A. Page is Assistant Professor in the Department of Community Health Services, Faculty of Medicine, University of Calgary, AB.

Dr. Wilfreda E. Thurston is Professor in the Department of Community Health Sciences, Faculty of Medicine, University of Calgary, AB.

Connie E. Mahoney is a researcher with the Public Health Institute in Emeryville, California.

Dr. Lillian Gelberg is a clinical ethicist for Alberta Health Services, Calgary, AB.

Visit www.homelesshub.ca for more information. 2

research summary



Access to Palliative Care for Toronto's Homeless

What you need to know

People who are experiencing homelessness in Toronto face a higher rate of chronic illness and death. They do not have enough palliative care services. Individuals require services programs in a variety of settings to support their end-of-life choices.

What is this research about?

Those who are homeless in Toronto have significantly higher than average death rates. They are 29 times more likely to have hepatitis C. They are also more likely to have heart disease, cancer and diabetes.

Those experiencing homelessness have less access to healthcare. Over 50% reported not having a family doctor. The realities of increased illness, lack of treatment and lack of access also affects their ability to access end of life services.



VISIT
www.homelesshub.ca
for more information

KEYWORDS
Homelessness, end-of-life care, service access, shelters, chronic illness, Hepatitis, Toronto.

Summary Date: July 2013

ARTICLE SOURCE
Krakowsky, Y., Gofine, M., Brown, P., Danziger, J., & Knowles, H. (2013). Increasing Access—A Qualitative Study of Homelessness and Palliative Care in a Major Urban Center. *American Journal of Hospice and Palliative Medicine*, 30(3), 268-270.

Appendix IV : Access to Palliative Care (continued)

What did the researchers do?

The researchers wanted to understand how to improve and increase access to end of life services for those experiencing homelessness. The study was set in Toronto.

The researcher interviewed 3 nurses and 4 outreach workers with between 3-9 years of experience. Each of the interviews lasted around 1 hour. The researchers highlighted key themes that had come out of all of the interviews.

ABOUT THE RESEARCHERS

Dr. Yanah Krakowsky is a Urology Resident at the University of Toronto.

Miriam Gofine is a researcher affiliated with Yeshiva University, New York, NY.

Polina Brown is a researcher at McMaster University, Hamilton, ON.

Jana Dandiger is an Occupational Therapist and Co-Founder of A Different Life in Toronto, Ontario.

Dr. Holly Knowles is a Lecturer with the Department of Family and Community Medicine, University of Toronto and is also affiliated with St. Michael's Hospital.

What did the researchers find?

Several themes and barriers emerged from the study. The participants felt that past bad experiences with healthcare prevented people from accessing services. Two examples of bad experiences are violations of trust and lack of harm reduction.

Staff who service homeless people are often not trained in end of life care.

They are unable to speak about death or understand the needs of someone who is dying. Those who are homeless express different wishes regarding end-of-life care.

Generally there are three different spaces that people request care: in a hospital, shelter, or on the streets. People make this decision differently.

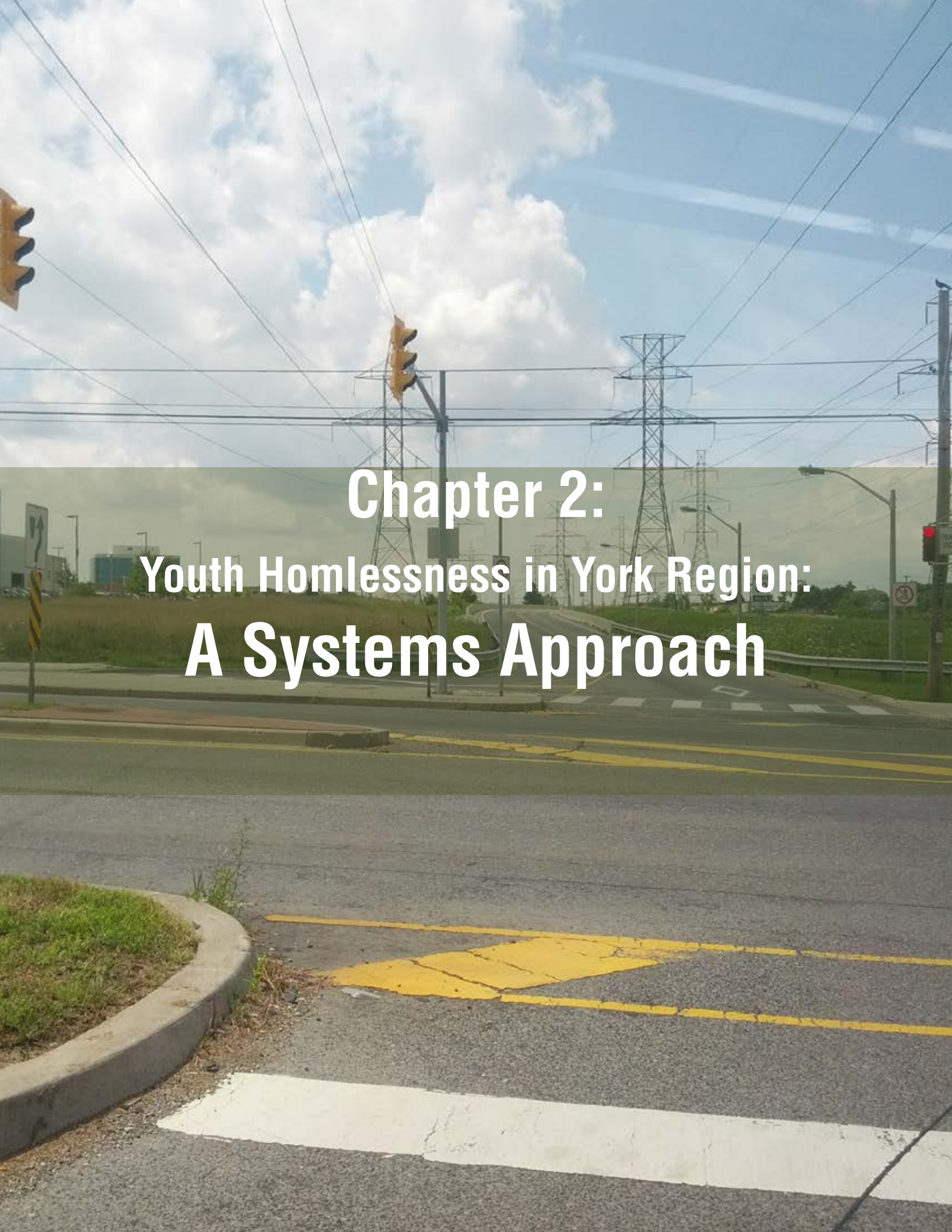
HOW CAN YOU USE THIS RESEARCH?

There needs to be more programs that address the higher death rates. Housing first programs have been shown to reduce reliance on the healthcare system. They have also increased quality of life. If someone is dying, it is important that they be treated with dignity.

Service providers must be aware of the needs of those who are experiencing homelessness. Palliative care should be provided in a sensitive and flexible way. They also must work to increase trust by helping to fulfill clients' needs.

Health care workers should be trained in palliative care for this population. If they do not have the capacity, they should be aware of services that can provide this service. There should be an understanding that palliative care can be delivered in different ways. People have different priorities and needs. Spaces and funding should be made available for palliative care for those that are homeless. This should accommodate their choice of where and how to receive service. This decision depends on their wishes.

The Canadian Homeless Research Network (CHRN) has partnered with the Knowledge Mobilization (KMB) Unit at York University to produce Research Summaries on the topic of Youth Homelessness in Canada. CHRN focuses on education, networking and knowledge mobilization in order to move towards effective long-term solutions to homelessness.

A photograph of a road intersection. In the foreground, there is a road with yellow and white painted markings. A concrete curb separates the road from a grassy area on the left. In the background, there are several high-voltage power line towers and a traffic light pole with a yellow light. The sky is blue with white clouds. The text "Chapter 2: Youth Homelessness in York Region: A Systems Approach" is overlaid in white on a semi-transparent dark green rectangular background.

Chapter 2:

Youth Homelessness in York Region: A Systems Approach

Introduction

Research has shown that youth who are experiencing homelessness come into contact regularly with mainstream systems such as the; police & justice system, emergency healthcare and child protection services more frequently than youth who are housed (O'Grady et al. 2011, Dworsky & Courtney 2009, Cheng et al. 2012, Nichols 2008). Despite these frequent interactions, the institutions mentioned aren't necessarily connected with community organizations that have been primarily responding to homelessness service needs.

While youth attempt to overcome homelessness, they are faced with a complex system of institutional interactions (Nichols 2008). Youth are often forced to gather services from different locations, while preoccupied with basic survival needs. This has led many researchers and academics to call for more integrated systems to address youth homelessness. This chapter will focus on the youth homelessness service sector in the Regional Municipality of York (York Region). Interpersonal relationships play an important role in the homelessness service sector; relationships and informal networks have laid the foundations that will make the integration into a system of care a less daunting process. However, within the current systems organizations and individual service providers have established interpersonal relationships in an attempt to mediate the barriers that currently exist.

Methodology

In order to understand the way that the youth homelessness service system is currently working, 10 semi-structured interviews were held with service providers within York Region. The 10 participants worked in different positions within 8 organizations. Agencies were selected based on provision of services for youth experiencing, or at risk of, homelessness. This research included input from four executive directors, three program directors, one manager, one employment worker and one outreach worker. The agencies that were included in this research were 360 Kids, Jewish Vocational Services – York Region, York Region Youth Shelters, Salvation Army – Sutton Youth Shelter, Rose of Sharon, Yellow Brick House, John Howard Society of York Region and Jewish Family and Child. In addition to the 10 semi-structured interviews, there were a number of less formal conversations that were had with librarians, officers in the York Regional Police, staff at United Way York Region and the staff at the Homeless Hub. While official

information was not drawn from these conversations, they were fundamental in shaping the direction of the research.

Given the size of the sample, this information can be used to shape the way that we think about the York Region youth homelessness service sector. It is not meant to express the only experiences, but along with the information from youth interviewed within the sector, it provides a good guide for the way that service providers see the sector, and the reasoning behind certain barriers that youth may experience throughout the process of their care.

Internal Systems – Youth Homelessness Service System



This image outlines the service coordination spectrum. Nichols, Homelesshub (2014)

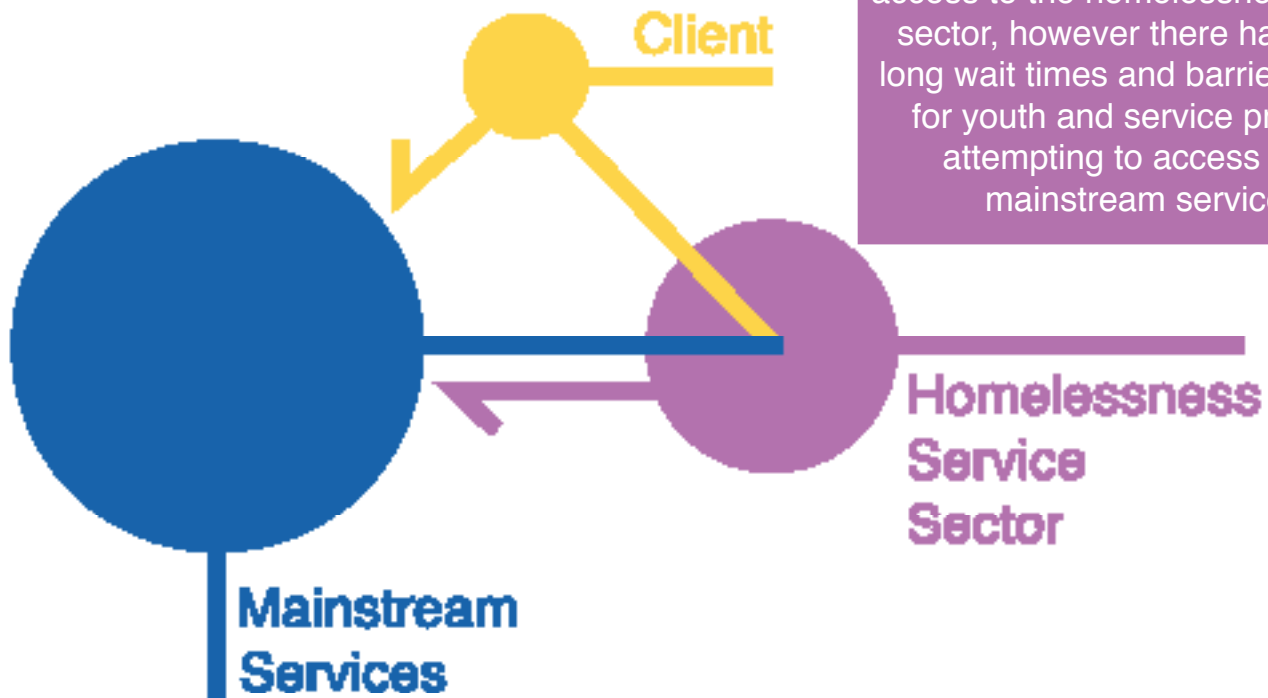
The youth homelessness service system in York Region is in the early stages of a transition toward an integrated system. Policy makers and service providers throughout the region have expressed concern about the status quo. Over the past decade, service providers have increasingly interacted with each other. Typically, these interactions are interpersonal and ad-hoc.

This means that individuals within organizations are encouraged to meet with other individuals at different organizations. Through these relationships, service providers make the most appropriate referrals to other agencies within the youth homelessness service sector. While there are some interagency agreements and meetings, there is a need for greater integration into a system of care. These interpersonal interactions are encouraged with other actors within the youth homelessness service sector through:

- Interagency meetings, which have been platforms for networking.
- Individual initiative, where front-line staff drive relationship building.
- Top level initiative, where leaders at agencies drive collaboration.

Current Service Sector

Mainstream services have had access to the homelessness service sector, however there have been long wait times and barriers to care for youth and service providers attempting to access some mainstream services.



Integrated System

In a system of care services are provided in a client centred way. Clients are able to access services from the homelessness service sector or directly from mainstream service sector with a focus on pathways out of homelessness.



Service Philosophies

Interactions have been made easier through subscription to certain care philosophies. The two that were most prominent were Wrap – Around Care (Nichols 2008) and Positive Youth Development (Schonert – Reichl 2008, Search Institute 2007).

Wrap - Around Care:

Is an approach to service delivery that preferences team-based, collaborative and, in the case of York Region, multiagency response to youth homelessness and care provision. This attempts to create a holistic care structure that is both flexible and youth centered.

Positive Youth Development:

This philosophy takes a developmental approach to addressing youth risk. The focus of this approach is to highlight assets that youth already possess and work to develop greater levels of resilience. This philosophy has already been adopted in other jurisdictions within Ontario.

Subscription to common service philosophies makes it easier for service providers to be part of a larger vision that takes the focus away from individual performance and instead, focuses on the role of facilitating positive change in youth. In addition, service agencies do not have to provide a one-stop-shop, given the existing funding limits in the youth homelessness service sector. Despite the subscription to these common service philosophies, the goals of the service philosophies have been unable to fully function due to their lack of implementation across the whole sector.

Mainstream Systems

Mainstream systems, such as child protective services, the education system and justice system have a mandate that is not specifically to work with youth who are experiencing homelessness. This separates them from organizations in the homelessness sector. In York Region, there have been several areas where mainstream services interact closely with the youth homelessness service sector. Despite some formalized agreements between organizations, interpersonal relationships between individuals and organizations are still fundamental to enable these programs to run smoothly.

Child Protective Services (CPS)–

6 out of 10 service providers spoke about CPS

Youth who are involved with Child Protective Services, or the child welfare system, are able to voluntarily terminate their wardship at the age of 16, this is frequently referred to as ‘signing out of care’ (Nichols 2013). In Ontario, there is a lack of coordination of services for youth who are leaving the care of Child Protective Services. Children who are in the care of Child Protective Services receive support until the age of 18, though an application can be made to extend this to the age of 21. Once children are passed the age cut off, this is often referred to as ‘aging out’ of service. This is accompanied by a lack of support to ease the transition into independence and adulthood. Often aging out of care is connected to experiences of homelessness and instability (Gaetz 2014).

Large majorities of youth who experience homelessness have had interactions with CPS at some point in their lives (one participant reported that over 70% of youth in their program had CPS interaction). The youth homelessness service sector struggles to support youth in such cases. One youth shelter works directly with CPS to reserve beds for youth who are leaving care. However, this still represents a transition into an emergency service, rather than a transition into a form of independent or supported living. Throughout Ontario, youth ending their wardship are significantly more likely to experience homelessness (Nichols 2013). Since Child Protection Services is under provincial jurisdiction in Canada, this contributes to an argument for the need of a coordinated response to Youth Homelessness that addresses the various levels of government that are involved in the lives of youth (Gaetz 2014).

Justice System –

8 out of 10 service providers spoke about their relationship with police and parole officers

Youth who experience homelessness are considered to be ‘at-risk’ of engaging in a variety of crime (Baron 2013). While there is evidence that a majority of youth experiencing homelessness engage in some form of crime the evidence also shows that, depending on the sample and jurisdiction anywhere from 20-37% do not engage in any crime at all (Baron 2013). The majority of the crime that was found to be committed in research was related to selling of drugs or property crimes; both are related to survival. While the majority of youth experiencing homelessness will not engage in violent criminal actions, youth who have been abused sexually, emotionally or physically

may also see the world “as a more hostile place” (Baron 2013, p.4). This can lead some youth to seek peers who engage in more violent actions, or respond violently to conflicts. In addition to all of these compounding factors, youth who are experiencing homelessness frequently lack the protection and safety of a house that can shelter them from potential investigation and interruption by police. Homelessness also places youth at a significantly higher likelihood of being victimized (Baron 2013).

The justice system has found to be related to youth homelessness, as youth experiencing homelessness are more likely to be in contact with police and the justice system (O’Grady, Gaetz & Buccieri 2011). In the case of York Region, the York Regional Police Department has been working with youth shelters to develop a formal memorandum of understanding. Almost a decade of outreach and engagement went in to fostering mutual understanding and developing working relationships between youth homelessness service agencies and police in order to reduce the over representation of incarcerated homeless youth.

The second place where justice system frequently interacts with youth homelessness service system was through parole officers. Interpersonal relationships built over years have led to individual parole officers referring youth to services that can provide support for housing, employment and education.

Education System

9 out of 10 service providers spoke about the importance of schools in addressing youth homelessness.

Schools play several important roles in the lives of young people, apart from the obvious importance of education in the emerging ‘knowledge based’ economy. They also provide places of support and comfort. Unfortunately youth experiencing homelessness are more likely to ‘drop out’ of school prior to completing it (Liljedhal et al. 2013). The national drop out rate in Canada is approximately 8%, while 65% of youth who experience homelessness drop out (Statistics Canada 2012, Gaetz & O’Brady & Buccieri 2010).

The school system is an important partner in any attempt to end youth homelessness. Throughout the interviews, it was clear that referrals to homelessness services can come from school offices, principals and teachers; however, the majority

in this study communicated the most and received the most school originating service referrals from individual guidance councilors who had become aware of specific programs or organizations.

Most of the relationships have been built through individual outreach efforts. Unfortunately, permission by the school board alone is often not enough to ensure that youth are being referred to services. Some strategies include, introducing or keeping regular hours at a guidance office and making sure guidance councilors have access to up-to-date flyers about services. In informal service systems, interpersonal and ad-hoc connections are disproportionately important. One challenge in this case, is that youth who do not go the correct staff member in the school system; they are at risk of not finding out about the services.

Opportunities for other actors: businesses, libraries & community centres

Throughout the course of the research, several opportunities for further connections were highlighted by service providers:

Businesses provide employment; a place of refuge and some agencies have found creative ways to work with businesses in outreach.

Libraries are one of the last free public spaces that are available for use. Service providers have used libraries as a place to meet, but they also provide access to Internet, DVD's and books for youth.

Community centers have provided space to service providers and allowed them to use the common space for meetings. The centers also provide space for recreation and fitness.

Part of the importance of looking at community assets is moving past seeing homelessness as a problem only for the homeless sector. Agencies do not exist in a vacuum, they are part of complex communities and institutional interactions, therefore it's important to try and involve more community actors in the conversation.

Challenges to Service Delivery

It is important to understand barriers to care that are faced by youth experiencing homelessness. These ‘barriers’ prevent youth from getting the assistance they need to be more resilient, or in this case, prevent service providers from being as effective as possible. There were two barriers that were most discussed throughout research were geography and access to services.

10 out of 10 service providers thought geography was a barrier to care.

York region is made up of several municipalities that span over 1700 KM². The challenge is that this space is not always covered by the transportation infrastructure that is needed to bring youth between services. This can be an even greater challenge when youth are trying to arrive at a shelter. Having to switch between GO transit and York Region can be expensive; some youth opt to ‘sneak on’ instead of paying the fare when it is not available. One service provider was concerned about repercussions of fare evasion, as multiple occurrences can result in a criminal charge. This has been a continuous concern for people experiencing homelessness in York Region (Mooi 2008). The size of York Region, can also pose challenges for follow –up services, as youth move around the region, they frequently lose contact with supports they have built.

7 out of 10 service providers felt trouble accessing services and housing blocked pathways out of homelessness.

Lack of access to specialized services such as mental health assessments, addictions and housing supports were a barrier to care for service providers. Service providers reported long wait times for services, but also having to refer youth outside of York Region due to lack of local availability for Mental Health and Addictions. Long wait-lists meant that youth who were struggling were asked to wait 3 months or more before having access to residential addictions treatment. Service providers were concerned that these long wait lists were enough to lose youth. In addition, service providers felt that more youth specific housing, subsidies and housing supports were needed to allow youth a pathway out of homelessness. Despite recent identification (ID) clinics, some youth still struggled to access ID, as has been a challenge noted by Mooi (2008).

Four out of 10 service providers, also discussed the need to refer youth out of York Region due to the lack of available housing or services. At times youth were driven as far as Hamilton to access detox services when none were available in York Region. Another service provider reported that lack of supportive housing for new mothers in York Region meant that some young women had to make the hard decisions; leaving their support structures and moving to Toronto or potentially not being able to keep their children in their care. Lack of services for youth experiencing homelessness within York Region can make it a challenge for youth to remain within York Region.

How are these barriers being addressed now?

Service providers in York Region frequently went out of their way to attempt to address these barriers in whatever capacity they could. There were several examples throughout the research that highlighted the compassion and lengths the service providers would go to make sure youth were safe. One example was a service provider accompanying one youth to Hamilton on a Friday night to ensure they had access to a detox program, as the youth had decided to seek treatment at the end of the workday. Not only do service providers go out of their way, but in many ways organizations are being forced to absorb the costs associated with many of these barriers. Some examples include providers being flexible and going outside of their job descriptions in order to make sure that youth are receiving the care that they need. This means, assisting youth who are suffering from mental illness and addictions, as well as trying to help youth access housing listings and other services. Many service providers seemed deeply concerned about the feeling that youth were not provided with enough opportunities to transition out of homelessness.

Emerging issues

Throughout the interviews, the various service providers highlighted important areas that are emerging. These are trends that they see as being a major problem, though they have not fully crystalized. Two emerging issues were human trafficking and addictions.

Exploitation and abuse are more likely for youth who are experiencing homelessness (Gaetz, O'grady & Buccieri 2010). Throughout York Region, greater attention has been placed on human trafficking. Police regularly remove young people from abusive and exploitative situations. There is a lack of sufficient housing and support from women after they have been removed. This is important and necessary to address the trauma that is often attached to forced prostitution and sexual exploitation.

There are frequently connections made between homelessness and addictions (Power 2008). Addictions and substance use have become more complex in the region with the spread of '**designer drugs**'. There are several substances are often untested, and sold as bath salts or incense in order to be sold in stores. There has been an emerging conversation between some service providers and the York Region police about this issue. It is important that there is continuous attention paid to the effects and implications of these substances.

There has also been an increase in the use of **opioids** in Canada. Throughout the region, there is also a push for the York Region Police Department and other emergency responders to carry Naloxone. This is an opioid antagonist that provides responders with extra time to take someone who is facing an overdose to the hospital for emergency treatment. There is an additional need for further harm reduction programs that are meant for youth experiencing homelessness, as they can be a fundamental part of keeping marginalized users safe (Buccieri 2013).

What additional services are needed in the sector?

All of the service providers felt that youth specific housing was necessary to make the system run better. This would aid in providing youth with a pathway out of homelessness. It would also allow service providers with the stability to move away from a crisis intervention model. This means addressing long term goals, rather than facing every situation as an emerging crisis.

Three of the service providers highlighted the importance of public awareness campaigns in highlighting the prevalence of youth homelessness. It was also shown to be important that we change the perspective of youth homelessness, so that families are able to reach out for support when they need it. Currently there is too much stigma associated with homelessness.

There is still a need for more staff that to provide assessments with particular attention to mental health and disability assessments. The wait list for services remains a challenge for service providers who are unable to access the resources youth need because the youth are remaining on a wait-list.

Conclusion

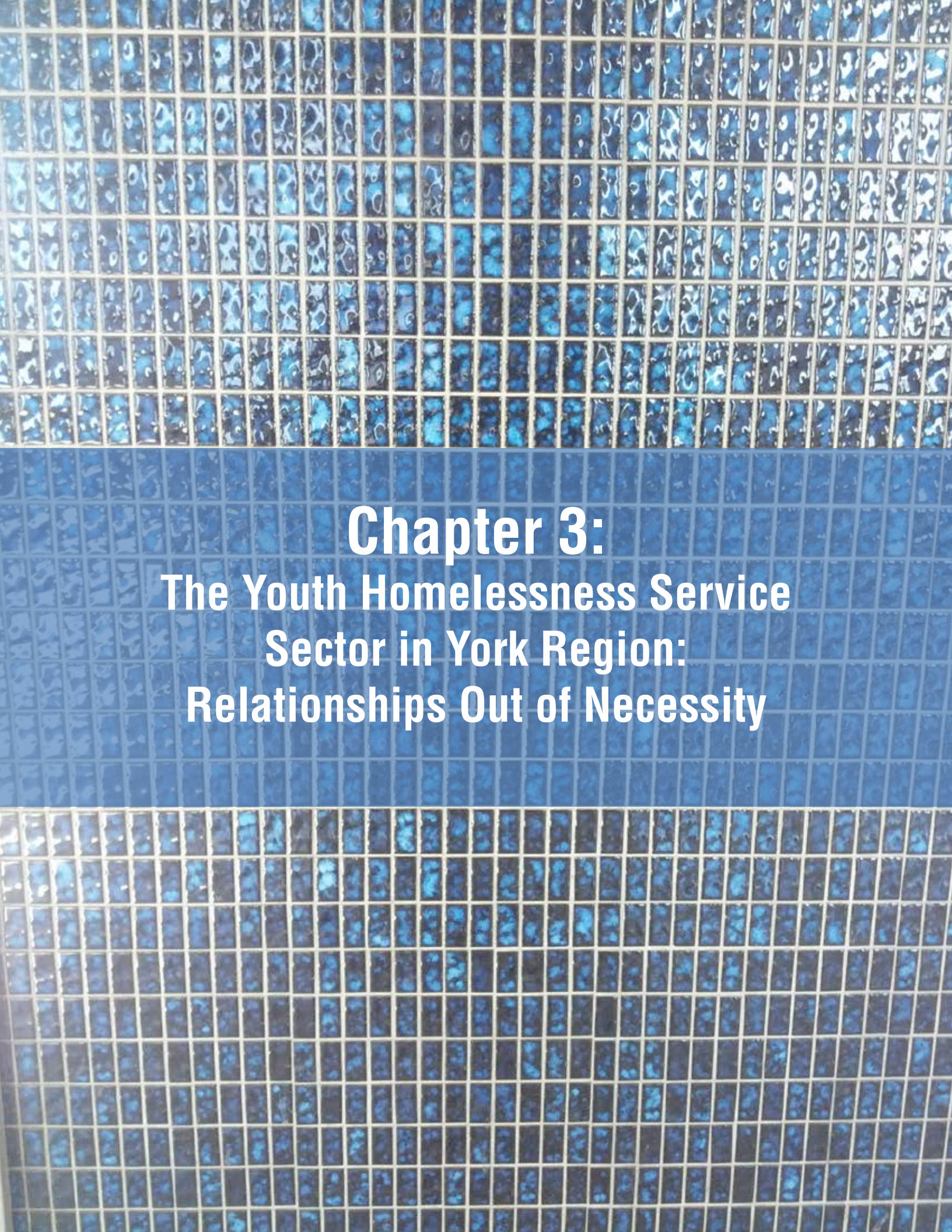
Throughout the youth homelessness service sector in York Region, the service providers have developed interpersonal relationships that help the sector function. This has meant that service providers have been able to do as much as possible to connect youth without sector-wide integration.

Moving towards an integrated system of care will make it easier for youth to access services that they need. This will take the pressure off individual organizations and make it easier for the system as a whole to respond to emerging issues in the communities.

There is an overarching need for a sector wide case-management approach that is based on the specific barriers that exist in York Region. This means helping youth locate and access services that they need. This may also include specific attention to transportation and accompaniment support that is normalized throughout the sector.

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Chapter 3:

The Youth Homelessness Service Sector in York Region: Relationships Out of Necessity

The Youth Homelessness Service Sector in York Region: Relationships Out of Necessity

Isaac Coplan*

*Faculty of Environmental Studies, York University, Toronto, ON. ICoplan@Yorku.ca

Abstract

There is recognition by those working in the youth homelessness service sector of the need for stronger service integration. Like many communities in Canada, the sector in York Region remains largely fragmented and uncoordinated. In the work towards system integration, it is important to understand where the system currently stands and how it is currently functioning. The lack of a structure and resources that would support integration means that there is a reliance on interpersonal relationships to achieve connectedness. The research I conducted on service integration in York Region draws on secondary analysis from interviews completed as part of a partnership between United Way of York Region and the Canadian Observatory on Homelessness at York University. While interpersonal relationships are strength in the youth homelessness service sector, in order to transform into a functioning system, the sector will require attention to coordination, measurement and designated funding for integration that addresses service gaps and provides greater access to the mainstream service sector

1. Introduction

The Regional Municipality of York (York Region) is located immediately North of Toronto and is considered to be part of the Greater Toronto Area. York Region has a population of over 1 Million distributed throughout 9 municipalities (Statistics Canada 2009).

Despite This large population, York Region hasn't seen the growth of a proportionate scale of services for people experiencing homelessness.

Homelessness has become a lingering feature of many cities in Canada; however, it is not a necessary social condition. The social category of 'homelessness' that is all too common today, emerged in the late 1980s and early 1990s in response to changes in government policy, worsening throughout the 1990s with the 1993 removal of the national housing policy (Gaetz 2014).

The recent publication of the At Home/Chez Soi (Goering et al. 2014) results have shown that Housing First programs work within the Canadian context for adults,

demonstrating that there is a solution to homelessness. Housing First programs differ from treatment first as they do not require people experiencing homelessness to attend programming or address underlying health, mental health or addictions concerns prior to receiving housing assistance. This paper will not be an attempt to demonstrate the efficacy or to discuss the merits of programming. There is significant evidence that Housing First programs can be applied to youth, however, they require integration into framework of youth-specific programming (Gaetz 2014). Youth who are experiencing homelessness face unique challenges compared to adults. Part of this comes from the developmental stages in the life. Though there are different pathways to homelessness, youth who are leaving home were likely dependent on an adult caregiver; they likely never had the opportunity to slowly and safely transition into adulthood the way that many youth do (Gaetz 2014).

The best estimates that we have show that there are approximately 6000 youth who experience homelessness on any given night across Canada, and approximately 35,000 per year (Gaetz 2014, Segaert 2012). The majority of these shelter users are 16-25, while there are youth experiencing homelessness under the age of 16. Unfortunately, the lack of a coordinated national count has meant that it is difficult to determine exactly how this is distributed in different jurisdiction across Canada. Suburban areas have the additional challenge of hidden homelessness. One researcher has compared this to living in a 'grotto of poverty' (Daiski et al. 2012). The challenge is that many people experiencing homelessness avoid central areas to mitigate detection; many more couch surf and may not consider themselves to be homeless. This also leads to public perceptions opinions that maybe homelessness is not as big of a challenge outside of urban cores, whereas research has shown that it remains a largely invisible problem (Daiski et al. 2012).

In many areas in Ontario, including York Region, there are several mainstream services that work with youth experiencing homelessness, as well as youth who are housed. High levels of risk for youth who are facing homelessness have been linked with breakdown and disengagement from settings that adolescents frequently engage with, including home, school and other youth service systems such as child protection services (Heinze et al. 2010). The difficulties that are faced by youth who are leaving care without housing are further complicated by a lack emotional and financial support that is available to youth who are housed. Studies across Canada and the United States have linked structural barriers in mainstream systems (such as the healthcare system, child welfare system, schools and the justice system) to increased likelihood of

homelessness (Cheng et al. 2013, Berzin et al. 2011, Berns, et al. 2013, Nichols 2008). Cheng et al. (2013) reported a link between incarceration and homelessness. Other links have been found with higher illicit drug use, lack of access to addictions treatment and lack of available housing (Cheng et al. 2013). Though there are differences between the jurisdictions, similar challenges exist for youth within Ontario.

Throughout Ontario, youth who age out of child protection services, or meet the 18-year-old service cut off or 21-year-old extended cut off, have an increased risk of homelessness. In addition, youth who experience homelessness are more likely to be incarcerated or have been incarcerated; this is partly due to consistent exposure to police, as well as participation in risky or criminal actions for survival, property crime connected to addictions and the lack of housing support available for people after they have served their sentence (O'Grady et al. 2011, Gaetz 2014, Baron 2013). Youth who are experiencing homelessness are also more likely to use costly emergency medical services due to the lack of access to primary healthcare.

Youth homelessness can also be directly linked with failures of discharge planning. There remains a fragmented service delivery model that fails to adequately interface with community organizations that are meant to address homelessness and provide housing service. This frequently leads to unclear expectations from the mainstream services about the capacities of the non-profit sector to follow through with the needs of the youth (Gharabaghi & Stuart 2010). Miscommunications and insufficient information can leave people in mainstream services believing that youth have access to greater support from the homelessness sector and community organizations than truly exists. The possibilities for interventions are well understood; what remains unclear is how different organizations interact with mainstream services, how organizations are interfacing with each other and how they can increase communication to provide better services to youth experiencing homelessness.

1.1 Systems of Care Approach to Ending Youth Homelessness

System of care thinking emerged from the field of Social Work, particularly with children and adolescent mental health. Stroul and Friendman (1986) defined a system of care as “a comprehensive spectrum of... services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents” (Stroul and Friedman 1986, p.3). A system of care refers to a coordinated range of community-based services (Bass et al. 2001). This differs from a continuum of care in that it includes mechanisms for coordinating services between organizations in order to create

a network of services that can be responsive to individual needs (Bass et al. 2001). System of care approaches preference the sharing of responsibility between agencies and programs. This allows case managers to play a networking function, while allowing resources to be spread throughout a youth's network of care. This way, individual programs with scarce resources do not have to provide the whole gamut of services.

Research has shown that youth who are experiencing homelessness come into contact regularly with mainstream systems such as the; police & justice system, emergency healthcare and child protection services more frequently than youth who are housed (O'Grady et al. 2011, Dworsky & Courtney 2009, Cheng et al. 2012, Nichols 2008). Despite these frequent interactions, the institutions mentioned aren't necessarily connected with community organizations that have been primarily responding to homelessness service needs. This research is important, given the scale of this topic it is outside of the scope of this paper. Instead, this paper will focus on systems of care with a focus on the youth homelessness service sector in York Region.

Throughout the United States, in the mid 1980s, some states and communities received funding to develop systems of care under the Child and Adolescent Service System Program (Council on Child and Families New York N.D). This emerged in response to research released in 1982 that found "that two-thirds of all children with severe emotional disturbances were not receiving appropriate services" (CCF NY N.D). Though, one of largest scale applications of system of care thinking has come from United States Department of Health & Human Services (USDHHS 2008). They have attempted to implement a system of care approach to accompany the nationwide child welfare programs, where funding is provided to states in order to create systems of care. The main focus of this research is not to look at child welfare and foster programs, but to recognize the possibilities that this model holds to respond to the crisis of youth homelessness.

USDHHS (2008) describes system of care as a broad integrated process for meeting the multiple needs that children and youth face. This specifically includes; interagency collaboration, strength-based care practices (also called asset based), cultural competence, community based services and the full partnership of families or the youth at all levels of service delivery. The goal of the systems of care approach is to integrate fragmented service delivery models and improve the skills, knowledge and professionalism of front line workers. The USDHHS requires the collection and reporting of service utilization statistics for all of the programs.

While youth attempt to overcome homelessness, they are faced with a complex system of institutional interactions (Nichols 2008). Youth are often forced to gather services from different locations independently, while also preoccupied with basic survival needs. This has led many researchers and academics to call for more integrated systems to address youth homelessness. One large challenge that cannot be understated is the lack of federal and provincial funding to engage in this sort of coordination. In the context of York Region, it will be important to understand how different institutions currently interact and overcome challenges in delivering care without the receipt of sufficient strategic or monetary support. This will provide greater insight into possible changes that could be made to decrease the number of barriers faced by youth to obtain needed services.

Brooks et al. (2004) completed a similar study that looked at system of care from the perspective of youth agencies that were working with youth between the ages of 12-20 in Los Angeles. The study was attempting to understand how the system of care approach responds to needs of youth and how it can affect transition and pathways out of homelessness. The Los Angeles context differs in many ways, apart from being a large urban area, it has worked towards developing 'systems of care' in child welfare and other areas since the 1990s. Gharabaghi & Stuart (2010) studied the interactions between youth homelessness service providers who provide services in the Central East Region of Greater Toronto Area (as defined by the Ontario Ministry of Child and Youth Services). Since an integrated system of care has not been implemented across the network, service providers in mainstream services such as the healthcare system, children's protective services and mental health services frequently communicated with individuals in community service agencies.

Gharabaghi & Stuart (2010) described the network of nonprofit service providers as fragmented networks, with access to fragmented funding sources. The communications that occurred were frequently between individuals and not embedded at an organizational or system level. This led to a feeling by service providers in community agencies that they were operating at the periphery of the service system, operating without the fiscal resources available to mainstream services. The ability to communicate and develop interpersonal relationships is even more important to service providers in the youth homelessness service system when resources are limited. Gharabaghi & Stuart (2010) found that hospitals and healthcare services had the best relationships with community organizations and the non-profit youth homelessness service providers.

The main goal of this research was to approach the topic from the perspective of service providers, focusing on how the service sector worked. This includes the importance of interpersonal and informal partnerships. In addition, research has frequently focused on the inability for service sectors to function adequately without integration; however, the youth homelessness service sector has been active in York Region for longer than 10 years. It is important to understand the interaction of these actors with mainstream services. With relatively limited resources, York Region is home to several agencies that have been working hard to help youth who are experiencing homelessness. There is a gap in the research that addresses the way that informal networks mitigate barriers in service delivery. This raised the question, what is currently being done to address gaps that service providers are noticing in the youth homelessness service sector?

2. Methods

This research drew on secondary analysis from an upcoming report completed in partnership by the York Region United Way and the Canadian Observatory on Homelessness. In order to understand the way that the youth homelessness service system was working, 10 semi-structured interviews were held with service providers within York Region. The 10 participants worked in different positions within 8 organizations. Agencies were selected based on their connection with Youth Homelessness. This research included input from four executive directors, three program directors, one manager, one employment worker and one outreach worker. The agencies that were included in this research were 360 Kids, Jewish Vocational Services – York Region, York Region Youth Shelters, Salvation Army – Sutton Youth Shelter, Rose of Sharon, Yellow Brick House, John Howard Society of York Region and Jewish Family and Child. In addition to the 10 semi-structured interviews, there were a number of less formal conversations that were had with librarians, officers in the York Regional Police, staff at United Way York Region and the staff at the Homeless Hub. While information wasn't drawn from the informal conversations, they were fundamental in shaping the direction of this research.

This research utilized qualitative research methods to develop an understanding of the current youth homelessness service sector in York Region. This component draws on the work of those who have previously completed research on systems of care (Friedman & Israel 2008, Coghlan & Brannick 2009, Kirby et al. 2006 & Brooks et al. 2004). The qualitative research drew on the knowledge and experience of expert participants from York Region's youth homelessness service agencies. Friedman &

Israel (2008) argue that the system of care research is meant to highlight successes and barriers, to understand access and limitations to access, and to focus on the ways that systems can be improved and finally demonstrating the efficacy of the system. This research drew on a model employed by Brooks et al. (2004) in Los Angeles, California who interviewed representatives of 30 youth homelessness agencies to look at the way the system of care was structured. The main differences in the choice of methodology, aside from a smaller sample size, were that this research utilized a semi-structured interview rather than the survey used by Brooks et al. (2004). This allowed for greater flexibility and for conversations that contained greater fluidity and allowed the drawing of connections and clarification during the interview process.

Studying complex systems is challenging and requires specific development of goals related to research (Friedman & Israel 2008). In the case of this research, there were two main goals that emerged: the first, to understand how relationships affect service delivery in the youth homelessness service sector, the second was to understand the way that mainstream services fit into the youth homelessness service sector. This was meant to understand how the youth homelessness service sector interfaces with mainstream systems such as the York Region School Board, Child Protection Services and Correctional Services.

2.1 Limitations

With a sample size of 10, every effort was made to represent a variety of organizations. There was insufficient time and resources to approach mainstream service sector workers for on-record interviews, which surely would have added depth to this research. This research provides us with insight into the barriers faced by the organizations interviewed. It's important that researchers continue to test commonly held beliefs on youth homelessness, and continue to do research that is embedded in the realities of those who experience homelessness and directly work in the sector. However, access to sector wide data collection would also have added great depth to the research process. In many jurisdictions with integrated systems of care, this kind of data is and accessible. Hopefully sector wide data sets will be available in the years to come. Given the size of the sample, this information can be used to shape the way that we think about service delivery as well as some of the needs for work within the sector. It isn't meant to express the only experiences, but support the application of integration planning within the context of York Region.

3. Results

The youth homelessness service sector in York Region has yet to be coordinated into an integrated service system. In order to make the services work for youth who are experiencing homelessness, Interpersonal relationships between service providers are fundamental. These interpersonal relationships were facilitated primarily in three important ways: through professional roles including a networking function, through organizational leaders encouraging informal partnerships with other organizations and through the use of special events to further goals of networking.

3.1 Professional Roles Including Networking

Within the York Region service system, service providers play varying roles in connecting their organization with other organizations. These roles played a number of functions in linking the homelessness service sector, making sure that youth were being connected to available services when possible. In York Region, service providers attempt to overcome barriers by playing this ‘linking’ function and directly connecting on an interpersonal level with staff in other organizations. I will provide two different examples of how service providers attempted to link with other organizations to ensure continuity of care for youth:

An outreach worker reported the following:

So, it's about us going to meet with those community partners, learning about what they do, and how they do their business. So that when we provide information to the young people we work with, we are giving them really good accurate information we can walk them through what a scenario might look like for them. We can prepare them, a lot of times when you're working with youth there is a lot of anxiety because there is a lot of unknown. There's preconceived notions based on prior meetings with people or another system that may have created a lot of angst for them in the past.

A worker whose organization included counseling and case management reported the following:

Our intake staff develops relationships with organizations and that's where they tend to refer. They have resources in the intake office. Then they'll find out from the kid if they would prefer York Region or Toronto, and what kind of services they need. What kind of supports they need.

Even with more mainstream systems, such as the justice system, interpersonal relationships with probation officers remain important:

So, you get to know people. For probation, I find that there are a couple officers that refer people...a lot of this is that people get to know you and they refer people to you because they know who you are. Versus, here's a program, go to this program. It's more like, I know this guy and this is what he does.

Some of these connections are gathered through past employment and personal connections that staff bring to new organizations:

Yep, we've had calls from guidance councilors but our worker is in the school, she has been a worker in our local school. She was there part time previously. Sometimes the success of our programs is the people that you have in place. She's familiar, comfortable, she knows the people at the school. We had a worker prior to this current worker, who got her foot in the door. She just showed up there every day to let them know you're there to support the school. After consistent visits to the school, they feel like they can rely on you, they know you're there. You're not here today & gone tomorrow. They find value in the services we're offering and they know we're there to help.

Throughout the youth homelessness service sector in York Region, service providers were required to connect with different organizations to fill the barriers in the services within the region. Interpersonal relationships have formed the basic frameworks for a youth homelessness service sector, even though there is the lack of an overarching, organized and coordinated system. This is implemented on the ground, but also at the higher level, at the level of management.

3.2 Management-Driven Networking

Higher-level direction has also led service providers to seek partnerships. Frequently, connection with other services and understanding programs that are being offered are incorporated into the job of front line staff. This is even more clear with outreach workers and employment workers who are community based, instead of place-based. This leadership level focus on the necessity of relationship building has translated into partnerships, where people exchange information on service availability and provide space for service delivery:

For those partners, there are already schedules in place, they can come in on certain days of the week and just meet people, tell them about their services, or just follow up and offer support. Aside from that we always get information about what's going on in the community as well. That information we'll post on the bulletin board, but we'll also tell people on a one-to-one basis in terms of if it's something we've identified as part of their plan, or something they're looking for. If they're looking for employment and they want to go into mechanics for example, we have a community partner that always taking people in to do trades training. So, it all depends on what those opportunities are that we come across. We try to make sure that we have enough information available to refer people to the partners or to pass along that information.

Depending on the organizational structure, some frontline workers were encouraged to individually network, while other organization's leadership took the role of brokering relationships. Often time, it was understood that service providers and outreach workers had the best grasp of where connections were possible. In some circumstances, organizations partnered on funding and program delivery.

They had secured funding and asked if they could come to our shelter to deliver ... a community meal preparation program. Teaching the kids life skills regarding how to cook and how to cook for a dime or a dollar. That was perfect. They hired one of our staff members as a part of their team and our staff delivered the program for them. People call us because they have funding or a program idea.

This collaboration has been driven out of necessity as much as it has been to make things easier. One service provider elaborated on the logic behind interpersonal connections:

When it comes to the service agencies, we're fairly underserved in York Region compared to Toronto. We have no choice but to develop really close working relationships with our community partners because ultimately we're here to service these individuals. The more we can decrease the gaps and the more we can minimize the re-victimization of these people the better the outcome is.

Interpersonal communication becomes a coping mechanism for addressing the lack of service provision; in York Region this 'closeness' is fundamental piece of the youth homelessness service sector.

3.3 Organizational Connections Through Special Events

Service providers connect through participating in local events and sitting on advisory boards. It was also important for providers to access regional meetings and organizational events such as those hosted by York Region United Way, as well as working groups hosted by the province and municipality. These shared experiences provide opportunities for staff to meet each other and see each other face-to-face. Individuals from every level of the organization tend to be the players in these interpersonal connections. The vast majority, 9 out of 10 participants, reported participating in various special events these included committees, boards, forums and information sharing sessions. Organization and non-profit events included: advisory boards, United Way information sharing sessions, Lions Club and inter-organizational planning tables. Other events and committees were partnerships between various actors such as the York Region Violence Against Women Coordinating Committee, the York Region Mental Health Collaborative and Supporting Youth in Transition Network. These are some of the committees and collaboration events that providers have worked on. The continued exposure to other service providers services to build interpersonal relationships, and allows organizations a better understanding of the way that other organizations operate.

4. Discussion

Previous research on inter organizational relationships (IRO) highlights the importance of motivation in linking organizations in complex service sectors such as the homelessness service sector (Miller et al. 1995). In the case of York Region, organizations have been motivated to connect by necessity. There are two overarching challenges that are faced with the reliance on individual interpersonal relationships in linking organizations; the connection can be stressed if that individual leaves and it is more challenging to report and measure.

Throughout the interviews, there was fairly little discussion of conflict, however in every case of interpersonal and inter-organizational interaction there is opportunity for individual and stakeholder conflict (Lewis et al. 2003). Though this wasn't highlighted in interviews, these conflicts can also affect the ways that resources are distributed to organizations. This can be a risk of having a less formalized homelessness service sector, compared to a coordinated service system.

There is significant drive from within the sector and from significant funding bodies such as the York Region United Way and the Regional Municipality of York

to move towards a more coordinated system. Other jurisdictions, including some of those within Canada, and in Australia are in various stages of system integration. Key components of these system integration efforts are measurement tools that allow an understanding of the efficacy of integration over time. Two Canadian examples are Victoria, British Columbia and Calgary, Alberta (though Alberta has been taking significant steps throughout the province) (Austen & Pauly 2012, Calgary Homeless Foundation – CHF 2014). This has included an improved normative measurement system in the case of Victoria (Austen & Pauly 2012). In Calgary, a system-planning framework was developed that includes specific goals and indicators within the framework (CHF 2014). Agencies within the Calgary Service System report on seven indicators: occupancy, destinations, return to homelessness, interaction with mainstream systems, income, length of stay, program specific measures (CHF 2014). In the process of integration, York Region will surely be looking to best practices from across Canada, and internationally.

5. Conclusion

The strength of the youth homelessness service sector in York Region is that it has arisen from the dedication and work of a grassroots based service sector. The sector currently utilizes every opportunity to network and connect with other agencies, as well as to remain up to date with new programs and services offered. Workers frequently work longer than required and go out of their way to connect youth with other services. Unfortunately, the lack of formal coordination with mainstream systems and the lack of sufficient resources provides an ongoing challenge to service providers working to assist youth facing homelessness.

Service providers reported having to drive youth to other cities in Ontario such as Hamilton, Toronto and London in order to get them access to needed programs such as drug detox. There is a need for continued data collection and coordination to strengthen the youth homelessness service sector and create a system of care. Moving away from emergency services, and moving towards a preventative framework is fundamental in ending youth homelessness instead of attempting to manage it. In the case of York Region, interpersonal relationships are fundamental in providing services when there is a lack of formal system integration. Interpersonal relationships allow service providers to work together and provide services between organizations mitigating some of the barriers. However, dedicated funding, and specific measurements are fundamental to further integrate the service sector and transform it into an effective service system.

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