Falling through the Cracks: the Gendered Social Locations of Canadian Homeless Youth

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Abstract

Canada is failing its more than 65,000 youth who are homeless this night. Most often victims of trauma within their own households, leading to mental health issues and behavioural problems at school, there is little by way of screening or counselling for them. Often their predicament leads to issues with police, being kicked out, or having to flee to escape their oppressors. Once homeless, they are pushed to the fringes of society, their health and wellness further compromised as they are exposed to further violence daily, without protection from guardians or law enforcement. Homeless males are more likely to experience continued exposure to physical violence; females to sexual violence; and lesbian, gay, bisexual, and transsexual (LQBT) youth to both. This paper will examine how the social locations of homeless youth vary based on gender and how what few services exist (e.g., shelters and food programs) do not meet their needs, especially young women and LGBT teens, furthering this social injustice.

Introduction – Adolescence as a Time of Transition

Adolescence is a time of transition (Gorter et al., 2011), whereby the individual is moving from the world of the child to that of an adult, taking power over their existence, their environment, testing boundaries and defining themselves. Biologic and social factors (Giedd, 2015; Rieker & Bird, 2005) combine to push a child to seek social and economic independence. They are cognizant of themselves as social actors: who they are as individuals, their sexuality, talents, aspirations, values, and the communities to which they belong (Currie et al., 2012; Grabb, 2007; Loi, Del Savio & Stupka, 2013). Their major life transitions are four-fold: from childhood to reproductive capacity; school to the workforce; the familial home to independent living arrangements; and also, from the child to adult healthcare, social welfare and judicial systems.

These transitions are rarely easy, but in our globalized, homogenized, commoditized Western-oriented society, increasingly, youth are impacted by power, privilege, marginalization and exclusion based on societal and medical definitions of normativity (Boyce et al., 2008; Friere, 2000; Gaetz, 2004; Rice 2014), and subject to the resulting emotional and self-esteem consequences of "not-belonging". In Canada, while many young people are healthy and happy, "others continue to experience real and worrying problems in relation to issues such as overweight and obesity, self-esteem, life satisfaction, substance misuse and bullying" (Currie et al., 2012, p. xvii). Incidence of mental health, disordered eating, behavioural and developmental problems are on the rise (Li et al., 2008; PHAC, 2011), and the terrible effects of societal and family violence on children, e.g. child physical and sexual abuse, emotional maltreatment and neglect, are becoming better understood (Trocmé & Wolfe, 2001). This violence and victimization and its effects on youth mental health have another troubling outcome: youth homelessness.

Indeed, what is perhaps less known to the Canadian public and policy makers is how vulnerable youth are in their journey of emancipation from childhood. Every year, more than 300,000 people will experience homelessness in Canada: one third are youth, representing one of the fastest growing sub-populations (Hughes et al., 2010). Violence and victimization against youth has reached epidemic proportions. Currently, 35 percent of all sexual assault victims in

Canada are between 12 and 18 years of age (SCSVH, 2015, p. 9). Over 53 percent of girls experience sexual harassment and body-based harassment on a daily basis in school… [their] "trauma extends beyond direct experiences of violence to include racism, sexism, and the intersections of these in the girls' lives" (Clark & Hunt, 2011, p. 141). One in five Canadian children has a mental health problem (Barankin & Khanlou, 2007), and they are twice as likely to have a substance use problem as well (CAMH, 2016).

Youth homelessness can be attributed to victims of trauma within their own households trying to escape their abusers; mental health issues and behavioural problems at school and with parents leading to irreconcilable differences; substance-abuse and self-medication leading to trouble with law enforcement and further criminality; and finally, youth from families who are unable to make ends meet and end up homeless due to structural causes like the high cost of housing, rising unemployment and the precarious nature of employment, and much reduced social safety nets. Once homeless, youth are pushed to the fringes of society, exposed to further violence daily, without protection from guardians or law enforcement. This paper will examine how homelessness impacts the health and wellness of youth. Specifically, how the social locations of homeless youth vary based on gender and how what few services exist (e.g., shelters and food programs) do not meet their needs, especially young women and LGBT teens, furthering this social injustice.

Youth in Canada: Global Citizens

In Canada, as of July 1, 2010, there were approximately 31.9 million youths aged 10 to 14 and 2.2 million youths between 15 and 19 years of age (derived from Census Canada 2007 and 2008). In 1989, Canada ratified the United Nations' General Assembly Convention on the Rights of the Child. As children represent the population of the next generation, and the conditions of childhood impact beyond the individual, "a 'social reproduction perspective understands children as individuals who have rights to make citizenship claims on the world community and on the particular states, local communities and families in which they live" (Luxton, 2005, p. 88).

Powers & Faden refer to the "privileged status of childhood in social justice" (2006, p. 92), as evidenced by the 2001 United Nations World Summit for Children report that states: "it is through children that entrenched cycles of poverty, exclusion, intolerance and discrimination can be ended" (102). However, widening income inequality in Canada continues to negatively impact the life chances of youth via the Social Determinants of Health (SDH) (Esping-Andersen 2014; Muhajer & Earnest, 2010; Raphael, 2011). In 2006, approximately 16 percent of Canadian families were headed by a single parent, and 11.4 percent of the Canadian population lived in after- tax low-income situations. Of these, 13% were youth under 18 years of age (NCPC, 2012, p. 1). Over the past two decades, the Canadian government has further withdrawn from social provision for low-income citizens, leaving two out of three poor people to cope with the aid of community and service organizations like food and clothing banks, literacy centres, shelters, etc. Rates of suicide and depression double between the poorest and richest income quintiles (Raphael, 2011, p. 235).

Political economy and the ideology that underpins policy-making shapes the health of populations (Bambra, 2006). Canada is a Liberal welfare state, where "liberalism is concerned with equality of opportunity, while socialism is concerned with equality of result... [Thus] the ideological system is especially important because it shapes the means by which a society comes to understand issues" such as access to social welfare, employment insurance, health services, etc. (Raphael, 2015a, 195-6). However, what we are learning from epigenetics is that there is no such thing as equality of opportunity if income and health inequalities are allowed to persist within populations (Loi et al., 2013). This is because "equality of opportunity (e.g., everyone having access to the same education or health care) is in theory compatible with outcome inequalities of any dimension" (p. 150). In the case of youth health, the intergenerational effects of poverty and child maltreatment, for example, would need to be reversed if there was to be true equality of opportunity, because "health inequalities emerge or worsen during this developmental phase and translate to continuing health problems and inequalities in the adult years" (Currie et al., 2012, p. 5). Exposure to stressful social conditions and/or the inability to meet basic survival needs experienced by parents translate into biological disadvantage of the child through the mechanisms of epigenetics (Christmas, 2013;

Park and Kobor, 2015). Discussing how health policy underpins these situations, Quesnel-Vallée notes that "in contrast to inequalities in health that stem from biological differences brought about by age or genetics, these social inequalities in health are considered avoidable and therefore unfair" (2015, p. 52).

So in Canada, "children's rights are a topic that has high consensus and low intensity in the public arena because nobody seems to be against children's rights, but few people seem to be active in making them real" (Casas et al., 2014, p. 534). Power in social systems, through the control of material resources, people and ideas, is defined as "a differential capacity to command resources, which gives rise to structured, asymmetric relations of domination and subordination among social actors" (Grabb, 2007, p. 211). In the case of Canadian youth, adolescents face domination from the adult world, the market and the media. A critical element of adolescence is defining self: who they are – their gender, sexuality, ethnicity, religion, etc. The degree that they may deviate from social norms as defined by the adult world and the media further deepens their subjugation, and can also take the form of bullying by peers. Their new found identities may not be compatible with their parents' yet youth are still dependent on their parents until they achieve economic independence, despite achieving full citizenship and its entitlements at the age of eighteen.

Transitions: Biologic, Social, Economic and Systems (Welfare, Justice and Health)

Defining adolescence in terms of a specific age range is problematic. The "teen" years is no longer sufficient, given that globally, the onset of puberty is happening earlier, which drives the limbic system, including the intensification of emotions and sexuality, as well as maturation of reproductive organs. Meanwhile, executive functioning from the prefrontal cortex of the brain, the region that controls the regulation of emotion, decision-making and planning, and organization, is not complete until an individual's early to mid-twenties. So from a biological perspective, adolescence ranges from age 10 to 24). The global earlier onset of puberty makes this transition period even longer, a decade "during which imbalances between emotional and contemplative thinking can reign" (Giedd, 2015, p. 36).

The plasticity of the teen brain, which enables incredible maturation in socialization and thinking, also makes teens vulnerable to dangerous behaviours and serious mental disorders like anxiety disorders, depression, eating disorders, substance abuse, bipolar disorder, and psychosis (Giedd, 2015, p. 37), 50 percent of which emerge by age 14. This is also the time when the density of receptor cells on neurons begins to decline, "molecules such as dopamine, serotonin and glutamate that modulate communication among brain cells" (p. 35). The more science understands the teen brain, the more apparent the contradictions between adolescents and adults, dubbed "generation gaps," can be linked to normal biological processes driving social behaviours, rather than deliberate adolescent rebellion and delinquency. Indeed, "behaviours such as risk taking, sensation seeking, and turning away from parents and toward peers are not signs of cognitive or emotional problems. They are a natural result of brain development, a normal part of adolescents learning how to navigate a complex world" (Giedd, 2015, p. 34).

Socially, adolescence can be viewed as when the individual is breaking away from the family environment to establishing him/herself as an independent entity, and when school and the workplace take precedence in youth's ecologies. Social inclusion is particularly important to youth mental health as they not only strive to forge their own identities, but also, evaluate how their identities mesh with their environs and social norms (Luxton, 2005; Omidvar & Richmond, 2005). Findings from the Canadian Health Behaviour in School-Aged Children Study indicate that academic achievement, neighbourhood, family wealth, family structure, and gender account for 9.2 to 21 percent of variance in individual self-rated health, but only 2.3 percent of emotional well-being. This suggests that "there are likely underlying psychological and emotional factors that are not explained by social-demographic factors that impact students' health perceptions" (Saab & Klinger, 2010, p. 855). Psychologists Suldo and Shaffer suggest that youth health and wellness can be defined as "a complete state of being, consisting not merely of the absence of illness or disorder but also the presence of positive factors such as life satisfaction, self-acceptance, and social contribution" (2008, p. 53). Thus the adolescent is emerging from the self-centred state of childhood to a social actor whose identity is also tied to community and culture. Cultural evidence is tied to well-being because "culture includes

models for everyday living, beliefs, goals, and the values held in the mind" (Weisner, 2014, p. 87), which regulate norms and provides a context for how well an individual is doing within a community, moral and developmental goals. Given that psychological and emotional factors are important to youth health, policy-makers must be aware of "the shifting historical and cultural contexts through which unstable social identities of otherness are constituted" and take care to ensure that these are not "reduced to economic factors, as is often the case in Canadian discourses of social exclusion and social determinants of health" (Lee & Sum, 2011, p. 162).

Economically, adolescence is when youth enter the labour force, with the aim of establishing independent living conditions. In current times of economic recession, employment prospects for youth are very challenging. In 2009, the unemployment rate for youth aged 15 to 24 was the highest among all age groups at 15 percent, more than double the rate for adults aged 25 to 54. Further, "unemployment rates for Aboriginal youth were at least twice as high as non-Aboriginal youth in the western provinces" (NCPC, 2012, p. 2). Youth aged 15 to 24 not in school or employed was 13.4 percent. A further 13.5 percent were unemployed in 2013. Based on 2014 statistics, the expected total years of schooling for females was 16.3 and 15.5 for males (the mean years were 13.1 for females and 13.0 for males). Additional education is not necessarily translating into employment gains for youth (United Nations' Human Development Report, 2015), though it is leading to increased debt for student loans.

For youth, employment is very important because "it provides the income necessary for meeting basic needs and participating in societal activities (e.g., growth opportunities, leisure, and personal fulfillment) that promote health" (Raphael, 2013, p. 138). Employment is also key to youth's economic emancipation, but many youth cannot afford to live on their own. Esping-Andersen links his concept of 'postponement syndrome'— waiting to leave home, marry and start a family – to protracted youth unemployment, job precariousness, and the difficulty of entering the housing market, postponing the transition to independent living (2002). Doubly disadvantaged by their age and inexperience, "the high incidence of casual, particularly part-time, work among youth is a sign of their expendability and precarious position" (Tyyskä, 2001, p. 227), and they often are without benefits such as enhanced health insurance and pension contributions. Youth employment is more sensitive to economic fluctuations, especially in

Anglo-Saxon economies (Esping-Andersen, 1999, p. 126) like Canada. Youth are made to feel their dependency on others, which is frustrating and discouraging. Parental power is extended, sometimes destructively, when young people are forced to stay on in the familial home, or must return home to reside with their parents as young adults if they lose employment, or take on additional schooling. Unfortunately, many adults in Canada believe that youth are too choosy, too lazy, or feel entitled, when in fact, there are significant structural reasons why youth unemployment persists. Indeed, "pensioner interests are easy to defend even if this implies underfunding 'youth' programmes" (Esping-Anderson, 1999, p. 148). In Canada, government expenditures on benefits and services for Canadians under the age forty-five is less than $12,000 per annum, as compared to more than $33,000 for every retiree (www.gensqueeze.ca). This phenomenon of 'postponement syndrome' "is both a sign of worsening economic conditions and a wake-up call to policy makers to take steps toward helping youth who face particular risks in getting established" (Tyyskä, 2001, p. 225).

In Canada, at age 18, adolescents very abruptly entre the adult world in terms of systems navigation: for welfare and social services (Serge et al, 2002; Trocmé & Wolfe, 2001); the judicial system (Crocker & Johnson, 2014; Doob & Sprott, 2004; Ogrodnik, 2010), and the healthcare system (Gorter, 2011; Grant & Pan, 2011; Jennings et al., 2014). Youth with chronic health and/or mental health conditions and/or disabilities are especially vulnerable during this time of transition from child care to the adult system, which involves formal discharge and transfer processes, and new issues around care navigation. Youth in Canada undergo a series of transitions between the ages of ten to twenty-four: biologic, social, and economic, and they must eventually navigate the adult systems of welfare, justice and health. Their capability to effect such transitions, to function in the day-to-day life of an adult, will be influenced by the social determinants of health, the emotional supports they have, and societal structures that will either enable or constrain their choices (Robeyns, 2005; Starfield, 2007).

Youth Homelessness: A Public Health and Wellness Crisis

Federal funding for social housing units has been in decline since 1996. In 1998, the national housing agency was commercialized and rebranded the Canada Mortgage and Housing

Corporation, which now generates profits in the hundreds of millions of dollars through the sale of insurance to property developers. However, housing developers "report that the high cost of premiums is blocking the development of new affordable [housing] units" (Shapcott, 2009, p. 222). To put this in perspective, in the 1980s, 11 out of every 100 homes were social housing, dropping to one in 100 by 2007.

> Homelessness is defined by the Canadian Homelessness Research Network as:
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> The situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/ household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, stressful and distressing (2012, p.1).

Every year, more than 300,000 people will experience homelessness in Canada. 'Raising the Roof,' a Canadian not-for-profit dedicated to helping homeless youth, estimated that in 2009 there were approximately 65,000 homeless families in Canada (Kulik et al., 2011). One third of Canada's homeless population is youth, one of the fastest growing sub-populations (Hughes et al., 2010). This represents an estimated 30,000 youth a year who use shelter services, while an additional 50,000 are "hidden," youth without a permanent residence, often females, who are "couch surfing" with friends or family (Gaetz et al., 2013). Though male street youth outnumber females two to one, there are few differences with respect to the age when youth left home, how long they had been on the street, or levels of high school completed (O'Grady & Gaetz, 2004; Serge et al., 2002, n.p.). Males were more likely to report leaving home to look for work, while females left home because of parental conflict, physical and sexual abuse and mental health issues. Fifty percent of females had experienced interventions by child welfare authorities as compared to 40 percent of males (O'Grady & Gaetz, 2004, p. 403).

Many street youth are forced to drop out of high school early and are more likely to experience "learning disabilities, illiteracy, innumeracy, poor academic achievement and alienation from school systems" (Kulik et al., 2011, p. e44). They are also more likely to be involved in the justice system (Doob & Sprott, 2004; Gaetz, 2004). Youth who have been part of the child welfare system are over-represented in homeless populations, especially those who

have been in unstable foster placements or group homes, or LGBTQ youth whose experience of foster care has been inhospitable (Serge et al., 2002, n.p.). The longer a young person is homeless, "the greater likelihood that pre-existing and emergent health problems worsen (including mental health and addictions) and there is greater risk of criminal victimization, sexual exploitation and trauma" (Gaetz et al., 2013, p. 28).

Homeless and/or "street-involved" youth are extremely vulnerable and their health is compromised not only from a lack of material resources like adequate food and shelter, and a caring psycho-social environment, but also increased risks and exposure to victimization and violence associated with life on the streets. Almost 32 percent of street youth sampled in a Toronto study reported being victims of sexual assault in the past year (Gaetz, 2004, p. 436). At least 50 percent are believed to have serious mental health and/or addictions issues (Hughes et al., 2010, p. 275). The health outcomes can be worse for homeless youth "who are doubly marginalized by racism, sexism and homophobia" (Kulik et al., 2011, p. e45). They face multiple barriers to accessing health care (Rachlis et al., 2009) or it becomes a lower priority in the daily quest for food and shelter. Often health issues are only addressed by emergency departments once they can no longer be ignored, though access to healthcare is not only predicated on cost, but also factors related to the service such as suitability, relevance, location and 'youth friendliness' (Hughes et al., 2010, p. 275).

Yet despite the tremendous risks, "for some young people [homelessness] is a considerably safer choice than remaining at home" (Rachlis et al., 2009, p. 15), including foster care. Many youth leave home because of trauma and intolerable conditions in the household (Hughes et al., 2010; Serge et al., 2002). Street youth are five times as likely as domiciled youth to have been victims of sexual abuse as children and are at increased risk of sexual victimization and exploitation as they become adults, are more likely to experience low self-esteem, are at higher risk of depression and suicide, and are less likely to form trusting relationships (Gaetz, 2004, p. 426). A marked lack of access to mental health services is one of the factors that exacerbates rates of depression and suicide in homeless youth (Cheung et al., 2009).

Drug use is prevalent, "as a way of coping with stress, depression, or as a way to escape the harsh realities of being on the streets" (Rachlis et al., 2009, p. 11). Ninety-four percent of

youth (between 15 and 24 years) reported use of cannabis and other non-injection drugs, and 23 percent reported use of injection drugs, notably cocaine and morphine. Ten percent reported having abused solvents within the previous month in a Toronto-based study. Parental substance abuse is a predictor of both youth homelessness and subsequent substance abuse (Kulik et al., 2011), as is domestic violence, parental criminality and poverty (Kidd & Davidson, 2006). Youth homelessness is an important predictor of initiation to injection drug use, and greater likelihood of public injecting which is linked to rushed injecting and accidental syringe sharing, and hence exposure to blood-borne diseases like HIV (Rachlis et al., 2009).

A study of homeless youth in Toronto revealed the 'hand to mouth' strategies they deploy to acquire food and safe drinking water (Tarasuk et al., 2009). Over a six month period, 28 percent of males and 43 percent of females experienced food insecurity, and females who consumed alcohol daily or almost daily were more likely to experience chronic food deprivation. 48 percent of males and 32 percent of females reported difficulty sourcing drinking water. The erratic provision of food programmes forces youth to travel considerable distances and does not "obviate the need for them to acquire food in other ways as well" (p. 1441). For males this can entail garbage picking and for females, trading sex for food. Homeless youth food acquisition strategies in general reflect the "extreme desperation of their situations, providing a moral and public health imperative to find solutions to the problem of youth homelessness in Canadian cities" (p. 1442).

Only 15 percent of street youth access social assistance benefits, because not having a permanent address poses significant barriers, and one half of these were young mothers with dependent children. Females, more than males, reported being paid 'cash in hand' for labour exchange (such as cleaning services) and "exploitation by employers is rife" (O'Grady & Gaetz, 2004, p. 404). Many homeless youth engage in the sex trade economy (stripping and/or prostitution), or trade sex for food, shelter and drugs (p. 406). It should be noted that crime, such as drug dealing and theft, are not dominant money-making activities, as compared to panhandling and 'squeegeeing', and males are more likely to be engaged in criminal activity while females "may adopt more narrowly defined 'support' roles" like drug running (p. 407).

The health of homeless youth is repeatedly compromised by "lack of sleep, poor nutrition, repeated injuries and inability to maintain good hygiene" as well as vulnerability to sexual and physical violence, "debilitating illnesses, sexually transmitted diseases, struggles with substance abuse and trauma" (O'Grady & Gaetz, 2004, p. 409). A conservative estimate of mortality for homeless youth is up to eleven times higher than the Canadian youth population (Rachlis et al., 2009), with suicide being the leading cause of death (Kidd & Davidson, 2006, p. 445). This is a public health and wellness crisis.

Gendered Social Locations: Issues with the Shelter System

For youth who have been exposed to trauma resulting from abuse and maltreatment, only one in five gets the mental health treatment needed to deal with their issues (SCSVH, 2015). One of the connections identified between youth homelessness and being in the child welfare system is that "the system fails to help children deal with the problems that were at the heart of their removal from their homes," and resulting emotional and behavioural ramifications manifest in a lack of trust of others (Serge et al., 202, n.p.). Due to concerns with safety, including "fear of violence, assault and theft in shelters" (Rachlis et al., 2009,p. 15), females are less likely than males to use shelters or hostels, thus women are more likely to be part of the cohort of "hidden" homeless. Females were also more likely to report their health status as unhealthy, experience depression once or more a week, and go without food one day or more a week (p. 410). Females "provide sex, companionship, domestic service and drugs" in exchange for shelter (p. 411), which makes them more vulnerable due to their dependence on domestic relationships. In a Toronto study, 25 percent of young women reported being victims of partner abuse (Gaetz, 2004, p. 436). In terms of their participation in the workforce, females were more likely to surrender their earnings, and hence their independence, to males, and also to experience abuse and humiliation by their employer (p. 412). Males were more likely to report being "their own boss" but also to engage in "criminal economic activities that rely on aggression, violence and intimidation" (p. 412). However, the criminal activities of street youth result from "situational factors associated with poverty and homelessness, rather than inherent tendency toward criminality" (Kulik et al., 2011, p. e44). In sum, homeless young women tend

to live more 'private' lives dependent on friends and male companions, due to the dangers of being on the street, while males enjoy greater mobility and are better able to use social services available such as shelters and food programmes.

Homeless LGBT youth are over-represented in the homeless population, and are at greater risk than their heterosexual peers in a number of health determinants: poor mental health due to increased likelihood of discrimination and victimization at home and school leading to higher rates of depression; post-traumatic stress disorder and suicidality; more sexual partners and younger age of sexual engagement leading to higher rates of HIV and other STDs; increased risk of unaddressed domestic violence and substance abuse; higher rates of isolation and difficulty accessing care, as well as higher rates of chronic disease like diabetes and high blood pressure (McBride, 2012). Because of their increased risk of victimization, assault and sexual assault, "LGBTQ individuals may have specific needs that are not met in the current [youth] shelter system" (SCSVH, 2015, p. 29). For all homeless youth, their weak social capital not only makes them vulnerable to victimization and abuse, but it "renders them less able to access support from authority figures (parents, teachers, the police) to protect them or their property or to assist them when they are victims of a crime" (Gaetz, 2004, p. 431).

The Costs of Homelessness: Economic, Social and Inter-generational

At an annual cost of $7.05 billion dollars to the Canadian economy each year, homelessness is expensive because people are cycled "through expensive public systems and increasingly costly and uncoordinated emergency services systems" (Gaetz et al., 2013, p. 8). Emergency services are expensive and do not address the structural causes of homelessness. Conversely, according to a study in British Columbia, it costs $30,000 to $40,000 dollars to house a homeless person, generating a per person savings of 41 percent (Gaetz et al., 2013, p. 32). Homeless youth need to be moved quickly into safe and supportive housing, provided with food, as well as counselling for trauma, stress and addictions. They would also benefit "from enhanced health care including a focus on prevention strategies, treatment for acute and chronic conditions and continuity of care that is often lacking" (Kulik et al., 2011, p. e45). The stigma faced by homeless youth is tremendous and legislation criminalizes their survival

behaviours. The stereotype of the delinquent youth is propagated through "an unfortunate tendency in the media and among the general public either to vilify youth or blame them and/or their families for their plight. The voices of young people themselves are frequently missing" (Tyyskä, 2001, p. 4), so the public has little opportunity to understand and empathize with their experiences of victimization and social exclusion. Even in health research, the socio-cultural and policy issues surrounding youth homelessness "have received the least attention in the mental and physical health literature" (Kidd & Davidson, 2006, p. 446).

Youth have identified a critical need for health 'mentors' in accessing mental health services, "caring staff, a nonjudgemental atmosphere, and flexible policies, and that traditional psychiatry is often viewed with mistrust" (Hughes et al., 2010, p. 281). A study of homeless youth in four large Canadian cities revealed that the influence of "a positive supportive relationship with at least one key individual," other than their biological parents, helped youth avoid the family chaos that leads to homelessness (Serge et al., 2002, n.p.).

Literacy may also be a barrier for street youth accessing health services, as one Nova Scotia-based study reported 78 percent of youth as having learning difficulties. The standard educational system is not equipped to deal with the needs of homeless youth, though some "positive tendencies emerged with youth who were in alternative school settings, including a Native Education program (Serge et al., 2002, n.p.). Furthermore, most access to mental health services requires a referral from a family physician and many services have long wait lists.

Interviews with homeless Canadian youth revealed that though a stabilized housing situation was highly desired, youth required other supports as well to transition out of homelessness because they experience a "lack of employment and skills, low educational achievement and little social support" which put them at a disadvantage in trying "to do something better with their lives" (Serge et al., 2002, n.p.). Canada's failures in policy and publicly funded services for this demographic (Gaetz et al. 2013) stem from a lack of collective responsibility for the social phenomenon of youth homelessness. More advocacy is needed to bring this serious, and tragic situation to the attention of the public and policy-makers alike to achieve social justice for our troubled youth.

In summary, homeless youth in Canada are less likely to be 'juvenile delinquents' than victims of child maltreatment (five times more likely to have been victims of sexual abuse) and/or serious mental health conditions (estimated at 50 percent) that have not been addressed by social service, education and health systems (only one in five Canadian children access the mental health services they need). They are set adrift into the fringes of our society, in a rowboat with no oars, with little chance of meaningful employment, no social capital, and variable access to social services and health care. With a mortality rate 11 times higher than other Canadian youth, many will perish, through illness, violence, or suicide. Others will continue to languish in abject poverty, often slaves to drug addiction. Youth homelessness is the darkest and perhaps most immoral public health crisis in Canada, that receives very little attention from the media, policy makers or the public. We leave tens of thousands of children to survive on the streets, year after year, and if we do not address the issues of youth maltreatment and untreated mental health issues, that number will continue to climb. These children need more than a roof over their heads. They need to be rehabilitated, to heal, to learn the skills needed to maintain employment and a home of their own, and to be provided with opportunities for meaningful employment and shelter. They are citizens of Canada.

Future Research and Policy Directions

The majority of studies on youth health and wellness are "*about* youth and not *with* youth," though the involvement of youth in research and interventions can better identify needed improvements (Salehi, 2010, p. 201). Serge et al. (2002) call for more research into the supports that street youth need to stabilize their lives, and that further exploration of these issues be sensitive to the different sub-populations of Aboriginal youth, females and LGBTQ youth who may have different needs. Research methods should endeavour to provide youth with a voice, though this may require more effort grappling with sensitive issues around ethics and obtaining consent, but the rewards will be great: the ecological validity of research will be increased because "it no longer responds only to the concerns of researchers: it also seeks solutions to the problems and needs of children in the context in which they live" (Casas et al., 2014, p. 542). In particular, more participatory research should be conducted with street youth,

especially "where the focus is on the development and evaluation of programs/policies specifically intended to address the health and social issues of street youth and/or homeless populations" (Rachlis et al., 2009, p. 16).

Only one in five Canadian youth has access to the mental health care they require. The youth unemployment rate for is double that of the rate for the general population. In terms of the worst social and health outcomes for youth, our society's focus on crime and the 'war on drugs' has also led to the criminalization of youth homelessness: where they live and the fringe economies that they participate in for survival. As demonstrated, most youth leave home to escape emotional, physical and sexual abuse, and often wish to keep their whereabouts a secret from their guardians. Many street youth report police harassment due to their precarious housing situations, and "in this sense, a lack of support from police may reinforce or in some cases actually create the housing difficulties they experience" (Rachlis et al., 2009, p. 15). In public policy debates, the link between homelessness and criminality has led to "repressive enforcement measures meant to contain street youth delinquency [and] are routinely enacted in the name of community and public safety" (Gaetz, 2004, p. 447). Poverty and marginalization are what youth experience in the streets, so tougher measures by law enforcement "further alienate young people already disassociated from social bonds that might help engage them in more constructive ways" (Tyyskä, 2001, p. 230). Social support of youth is often predicated on obedience and control, by parents, the education system, and in some cases, the judicial system. Unfortunately, it is a generational practice for the decision-makers of society to look down on youth, rather than celebrate their energy and creativity.

> Self-depreciation is another characteristic of the oppressed, which derives from their internalization of the opinion the oppressors hold of them. So often do they hear that they are good for nothing, know nothing and are incapable of learning anything—that they are sick, lazy, and unproductive—that in the end they become convinced of their own unfitness (Freire, 2000, p. 63).

School systems need to be more responsive in accommodating youth with special needs (homeless, pregnant, disabled, poor youth) by partnering with community-based organizations that support youth health and wellness, as well as social services and public health.

The transition from childhood to sexual and socio-economic maturity has always been complicated and painful, but modernity and the information age have complicated the landscape, and incidences of harassment, victimization and violence against youth are on the rise, especially for young women and LGBTQ youth. These factors are driving health issues such as anxiety, depression and disordered eating, leading to self-medicating through addictions, causing massive disability, social breakdown, and all too often, suicide. The MHCC calls for an increased professional and public understanding of differences in mental health related to gender and sexual orientation to provide mental health services that are gender and LGBTQ sensitive. This includes improving "the capacity of LGBT organizations to address the stigma of mental illness and to work with local mental health services to support their community", as well as taking "action to reduce the serious risk factors for women's mental health, including poverty, the burden of caregiving, and family violence" (MHCC, 2012, p. 93). These services should also be part of strategies to rehabilitate homeless youth through a 'systems of care' approach, to include "mainstream services, such as health care, supports for those with addictions and mental health challenges, housing services, child welfare and corrections" (Gaetz, 2014, p. 26).

The growing burden of youth homelessness, which is largely structural in nature due to a deficiency in access to mental health supports and economic opportunity, begs the question whether social assistance should be provided by the state to allow children to live outside of parental control when situations are untenable. The homeless need more than emergency housing: they need access to programs to help acquire the skills to transition successfully to adulthood, a living wage and secure shelter, as well as mental health and addictions supports to address their trauma. For all youth, multi-pronged policy approaches are needed that "recognize the consequences of children's dependency, while simultaneously pursuing measures that both increase social responsibility for children and encourage [their] participation in the decision making processes that affect their lives" (Luxton, 2005, p. 100). Involving youth in program development will help policy-makers and practitioners better understand their needs, wishes and aspirations (Gorter et al., 2011). They "have important assets, talents, skills, and ways of seeing and understanding the world" which, if harnessed, can

help them in addressing their own social problems (Flicker et al., 2008). Homeless youth must be reintegrated into the community as valued members, who share the same rights and privileges as other citizens. Stephen Gaetz, who is Director of the Canadian Observatory on Homelessness (the Homeless Hub), and now President of 'Raising the Roof', a leading Canadian charity focused on long term solutions to Canada's homelessness crisis, has just released a policy brief and investment strategy. A "solutions-focused approach to systemic change, program planning and implantation, will support communities engaged" in ending youth homelessness (Gaetz & Redman, 2016). 'A Way Home' is a cross-sectional coalition dedicated to this work, partnering with the Canadian Observatory on Homelessness. With the aim of ending youth homelessness by 2026 across Canada, the 2016 policy brief calls for a federal investment of $16.5 million annually to support communities in their efforts. The suggested policy and program strategies "have the potential to ameliorate some of the negative experiences of those whose lives are so profoundly characterized by the process of social exclusion" (Gaetz, 2004, p. 448). They also pay dividends, in terms of social justice as well economies to health, social service and justice systems. Based on an American study, investing in multi-systematic therapy for street youths returns seven to thirty-one dollars in savings across the lifespan for every dollar spent (Aos et al., 2004).

In Canada, 'Housing First' programs are emerging that provide housing and other recovery oriented supports that people with mental health and addictions want, "without requiring them to accept treatment, services or supports as a condition of housing" (MHCC, 2012, p. 74). Housing First is the focus of the federal Homelessness Partnering Strategy, with $119 million in annually funding until 2019. The MHCC suggests that these programs "must be sustained and expanded across the country; [and] the potential for these and other models to prevent long-term homelessness in youth must also be explored" (2012, p. 74). To date, there is no targeting funding or strategy for youth homelessness. Homeless youth require not only emergency shelter (where most programme funding is invested), but stable housing solutions, reintegration into education systems and assistance finding employment, as well as rehabilitation. However, the 2016 federal budget contains an additional $50 million in funding

to the Homeless Partnering Strategy, which presents an opportunity for advocacy by A Way Home to call for new investment in youth homelessness (Gaetz & Redman, 2016).

Incorporating discussions about social epigenetics into the social and health policy-making arena may hold potential in changing individual perceptions of policy makers and the public to recognize the importance of child and youth development and the linkages between exposures and outcomes (Loi et al., 2013; Park & Kobor, 2015). A capability approach can evaluate and assess individual well-being in the context of social arrangements because it highlights the differences between means and ends, and between substantive freedoms (capabilities) and outcomes (achieved functionings)" (Robeyns, 2005, p. 111). For youth, this relates to their resources (social and financial) and how they shape youth health and wellness in terms of making the many transitions to independence.

Viner et al. make the connections between youth employment and youth empowerment, and call on governments to make changes in national employment policies to reduce barriers to youth employment, as well as provide student supports and taxation measures for employers with the aim of eliminating youth poverty (2012, p. 1649). For the many youth whose home lives are not safe or toxic, supports that help ease the transition to independent living are very important. So too for those youth whose learning styles and aptitudes are not well served by the education system: the geniuses, artists, philosophers, social critics, and those labelled with learning and/or behavioural disorders. Levine points out that human beings pay a psychological price for what he describes as 'unengaging' schooling and employment that "require all kinds of coercions for participation" (2013, n.p.). It is a social injustice that they are relegated to the fringes of society for acting out, or not fitting in. Indeed, with more knowledge about the marvels of the 'teen brain' one would hope that "society could be more focused on harnessing the passion, creativity and skills of the unique adolescent period" (Giedd, 2015, p. 37).

Conclusion

This paper examined how the social locations of homeless youth vary based on gender and how what few services exist (e.g., shelters and food programs) do not meet their needs, especially young women and LGBTQ teens. Canada is failing its more than 65,000 youth who

are homeless this night. Most often victims of trauma within their own households, leading to mental health issues and behavioural problems at school, there is little by way of screening or counselling for them. Often their predicament leads to issues with police, being kicked out, or having to flee to escape their oppressors. Once homeless, they are pushed to the fringes of society, exposed to further violence without protection from guardians or law enforcement.

Significant investments are needed to construct multi-agency delivery of well integrated services and interventions for youth health and wellness. Academic achievement is impaired by poor mental health, leading to decreased subjective well-being. Finding paid employment is very challenging for youth given the recessed economic climate, further adding to feelings of frustration, and their continued dependence on adults. All of these factors are known to Canadian society, in varying degrees, and represent the Millennials' challenges to growing up. What is less known to policy makers and the public is the magnitude of victimization and violence against youth, often leading to poor mental health, substance abuse, homelessness or suicide. These social injustices often arise from poverty, but the pressures of modernization on youth health and wellness impact better than 80 percent of the population at some time in their development. It is thus a universal phenomenon. The time is now to stand up to this terrible waste of potential and to advocate for systemic change in Canada that allows youth to flourish. Researchers in youth health and wellness must hold up a mirror to society and identify the structural factors that need to be addressed through health and social policy and programming if we are ever to slow and hopefully reverse the devastating disability associated with rising youth mental health issues, and subsequent paths to homelessness and suicide.

> The secret message communicated to most young people today by the society around them is that they are not needed, that the society will run itself quite nicely until they - at some distant point in the future - will take over the reins. Yet the fact is that the society is not running itself nicely... because the rest of us need all the energy, brains, imagination and talent that young people can bring to bear down on our difficulties. For society to attempt to solve its desperate problems without the full participation of even very young people is imbecile (Toffler, 1974, p. 15).

If it is ideology and political economy that underpin the policy-making that shapes the health and wellness of populations, then let us articulate a new public pedagogy that celebrates the resilience of our children in a complex world, that seeks to build them up rather than coerce them, and lets them know that it is their innovation and energy that is key to the survival of our society.

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