



Child & Family Homelessness:
A Determinant of Children's Mental Health

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Raising the Roof provides national leadership on long-term solutions to homelessness through partnership and collaboration with diverse stakeholders, investment in local communities, and public education.

This report is the result of the three-year Child and Family Homelessness Initiative. This project aims to support communities and government by reviewing existing programs, creating a comprehensive framework, and developing practical tools and recommendations for addressing child and family homelessness in Canada.

Also available:

- [Building a comprehensive framework to address child and family homelessness in Canada: Phase I, an environmental scan](#)
- [Beyond Housing First: A Holistic Response to Family Homelessness in Canada](#)

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Our Community Partners

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[Campaign 2000: End Child and Family Poverty in Canada](#)

[Ending Violence Association of British Columbia](#)

[Family Enrichment and Counselling Service, Fredericton Inc.](#)

[Homeward Trust Edmonton](#)

[Oolagen Community Services](#)

[Port Cares](#)

[Wabano Centre for Aboriginal Health](#)

[YMCA Yellowknife](#)

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Symbols

We are using a variety of symbols throughout the main report and this supplement to help show the interactive complexity of these issues.

The three components to the framework use the following symbols:



Primary Prevention



Systems-Based Responses



Early Intervention Strategies

The eight pillars that were identified through our interview process are identified using the following symbols:



Poverty/Income



Affordable Housing



Food (In)security



Child care



Intimate Partner Violence



Children’s Mental Health and Family Well-being



Stigma



Discrimination

In addition, recommendations are indicated by:



And program profiles (*in main document only*) use:



Introduction

Children's mental health is a significant component of the Child and Family Homelessness Initiative for several reasons. Addressing children's mental health from a prevention or early intervention standpoint improves long-term outcomes for children living in poverty or homelessness by reducing the length of time — and therefore, potentially the emotional impact — spent in one of these states. Additionally, effective response requires a systems-based response, the third area listed in our framework.

All of the pillars identified in the full report and within our framework – affordable housing, poverty/income, food (in)security, childcare, discrimination, stigma, intimate partner violence and children's mental health and family well-being – are intrinsically interconnected. The first seven pillars all impact the latter and contribute to poor mental health for homeless children and poor family well-being.

By focusing on addressing children's mental health we are able to not only improve lives of these children in the short-term, but also for many years to come. This can contribute to decreasing future homelessness, improving educational outcomes and reducing the financial cost to taxpayers for emergency and support services.

It's not just about money though; it's about doing the right thing. Children are not homeless because of anything they did. They are homeless, primarily, because of structural factors and systemic failures, and occasionally because of behavioural or relationship issues with their parent(s) or caregiver(s). The leading causes of family homelessness – and therefore children's homelessness – are poverty and intimate partner violence.

Homelessness can be an incredibly destructive force for any individual, but this is particularly true for parents and children. Recent research has shown that while many people become homeless because of traumatic issues, homelessness is and of itself often considered a cause of trauma.

Depression or PTSD amongst mothers — the largest group of homeless parents are single women— leads to negative outcomes in their children. These outcomes include:

- Poor health
- Emotional and behavioral disorders
- Cognitive vulnerabilities
- Difficulties forming secure attachments
- Lack of school readiness
- Poor school performance

(source: Olivet, 2015)

The high levels of negative mental health issues caused by homelessness is one of the reasons that we, along with our partners at the RBC Foundation, have chosen to create a specific focus on children's mental health within our larger report as well as within this supplement.

Homelessness, especially family homelessness, impacts all of us. The long-term impact on the individuals creates a greater burden on society. We all pay the cost when children have difficulties learning in school or develop poor health outcomes. By focusing on preventing homelessness we are better able to not only reduce expenditures but to make the future better for children and their families.

Background on the Child and Family Homelessness Initiative

There were three main activities of Raising the Roof’s Child and Family Homelessness Initiative. Phase 1 involved conducting an environmental scan investigating agencies responding to child and family homelessness at the national and international scale. Following the identification of 147 Canadian agencies and an additional 52 international agencies, we subsequently interviewed over 40 service providers, community advocates and academic researchers. These agencies provided a broad range of experience focused on eradicating homelessness through the implementation of front-line services, research, or prevention-based programming.

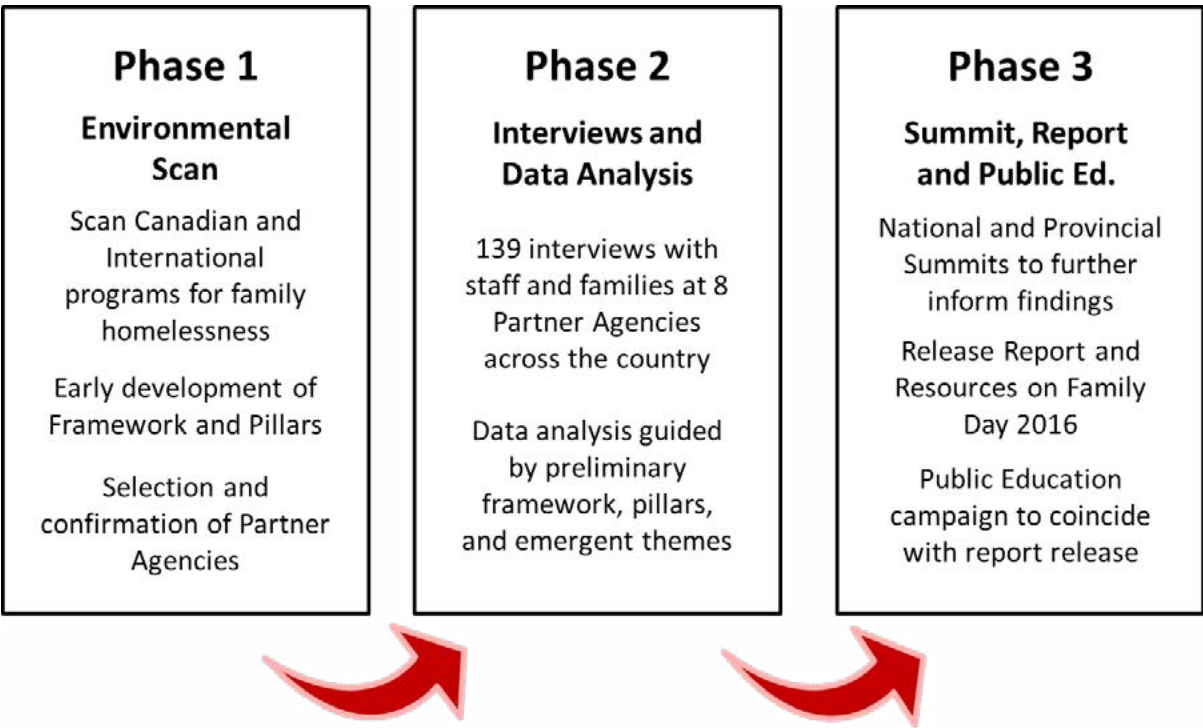


Figure 1 – Phases of Child and Family Homelessness Initiative

The second outcome of the project was to develop a comprehensive conceptual framework that focused on solutions to end child and family homelessness at three levels: Primary Prevention, Systems-Based Responses, and Early Intervention Strategies. The framework included core principles, or fundamental values that should be considered when developing any service to address family homelessness and have provided the critical backbone to this final report. These principles advocate for effective services that are responding to children and families in a respectful manner that empowers individuals in need.

Prevention and Early Intervention Framework

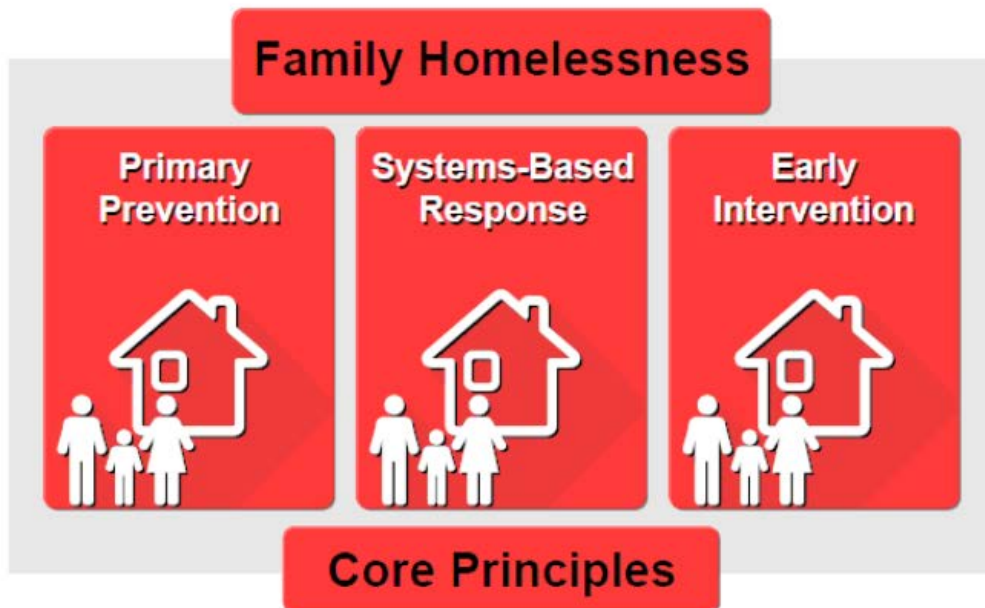


Figure 2 – Child and Family Homelessness Initiative Framework



After developing our family homelessness framework, we partnered with eight community agencies from across Canada whose work focused on specific elements of Prevention, Systems-Based Integration, and Early Intervention. These agencies provided a representative sample of agencies from across the country (including the Northern territories) that were using a variety of different strategies and services to address at-risk families in their communities. Each of these partners is profiled in the full report.

The agencies we partnered with were:

- Campaign 2000
- Ending Violence Association of British Columbia
- Family Enrichment and Counselling Services Fredericton Inc.
- Homeward Trust Edmonton
- Oolagen Community Services – Young Parents No Fixed Address
- Port Cares
- Wabano Centre for Aboriginal Health
- YWCA Yellowknife

Through these partnerships, we were able to interview 103 agency members and 36 family members accessing services at the agencies. The interviews were used as an opportunity to identify strengths and weaknesses of the current system of responses and to inform our understanding of opportunities for growth and improvement.

Once the 139 audio recordings had been transcribed, all interviews were then uploaded to NVIVO, a qualitative data analysis program. The data analysis component of this project involved both broad based and granular analyses. Using the framework and initial common word searches, each interview was analysed to generate themes that aligned with specific aspects of primary prevention, systems-based prevention, and early intervention. Direct quotes were grouped into different thematic ‘nodes’ and have been combined with supplementary research, facts, numbers, and figures, to provide the original source material used to generate the final report.

In September 2015, we hosted a two-day Summit with 30 National representatives and 20 Provincial representatives. In addition to panel and keynote speakers, we presented some of the preliminary findings from our research. Attendees were invited to participate in facilitated group discussions to help inform this original research. Their critical insights were taken into consideration as we moved towards developing a set of best practices and recommendations for programs responding to Child and Family Homelessness.

Finally, through this work we hope to develop practical tools and resources that can be used by community organizations and government to encourage promising practices. To that end we have also generated recommendations – both short and long-term for communities, service providers and governments at all levels. These recommendations are found at the end of the full report and are also indicated throughout this supplement using the following symbol:



Background on Family Homelessness in Canada

Family homelessness is largely underpinned by structural factors, including inadequate income, lack of affordable housing and family violence. Following the withdrawal of government housing programs and decreased supports, more families are turning to emergency shelters (Gaetz, et al., 2013, p. 27).

Although the face of homelessness most often perpetuated through media is that of an older, single white male sitting on a street corner, the truth is that homelessness is extremely complex and involves many different facets and sub-populations.

Every night in Canada approximately 35,000 people are homeless; 235,000 unique individuals on an annual basis. For every person who is absolutely homeless, there are at least three more who fall into the hidden homelessness category (Gaetz, Gulliver & Richter, 2014). Homelessness is a disaster in this country, one that has been recognized by the United Nations. If we fail to act soon, this problem is only going to get worse.

Family homelessness (and therefore homelessness amongst dependent children and youth) is a significant, yet hidden, part of the crisis. Some researchers have identified visible homelessness as only the “tip of the iceberg” of what is a much larger and critical, affordable housing problem in Canada. Numerous studies have shown that many families are forced to live in overcrowded, sub-standard housing and regularly make the choice between paying the rent and feeding the kids.

Most reports and Point-in-Time (PiT) counts¹ that set out to enumerate the homeless population severely undercount the number of families who are experiencing homelessness. The nature of the methodology involved in counting generally does not allow for consideration of people living in a hidden homelessness situation and often, even Violence against Women shelters are excluded from the counts. This prevents us from getting a true picture of family homelessness, especially since one of the leading causes of homelessness for families is intimate partner violence.

What we do know is that the crisis is growing rapidly. The usage of emergency shelters by families (often female-led, single parent families) increased significantly over the past decade. Between 2005 and 2009, shelter use by children increased by over 50% from 6,205 to 9,459 (Segaert, 2012).

Families also stay in shelters three times longer than other groups with the average length of stay being 50.2 days, a 50% increase over a five-year period (Segaert, 2012). The [State of Homelessness in Canada: 2013](#) report indicated that “families accounted for just 4% of all shelter stays, [not including Violence against Women facilities] but they used 14% of total bed nights” (Gaetz et al., 2013, p. 27). This rapid growth in many communities has caused the family shelter system to have capacity problems in responding to the needs.

1 A Point-in-Time count provides a snapshot of homelessness in a given community. Usually it is a one day/night count that enumerates number of people staying in shelters or other facilities (i.e. jails, hospitals, transitional housing) or sleeping rough on the streets. For more information see: <http://homelesshub.ca/pitcounttoolkit>

Two northern prevalence studies which examined homelessness through interviews at food banks, shelters, drop-ins, meal programs and other homeless serving agencies in Timmins and North Bay, paint a very different picture compared to what is normally found in typical one night “snapshot” Point-in-Time counts.

The Timmins study, conducted in January 2011, identified 257 children (36.5% of the total sample) 14 years of age and under who were either absolutely homeless or at high risk of becoming homeless. Over half (51%) of those in the absolutely homeless category were children and youth under the age of 19 (Kauppi et al., 2012).

Similarly, the North Bay prevalence study, conducted in July 2011, saw a much higher number of women and children than is usually found in a PiT count. One out of five participants (101 people) were under the age of 10. 39% of those who were absolutely homeless were under the age of 18 (Pallard & Kauppi, 2014).

Prevalence studies are able to provide a more in-depth look at homelessness than a PiT count, but they still do not capture the full picture of risk. According to the Wellesley Institute’s 2010 ‘[Precarious Housing](#)’ report, 1.3 million Canadian households live in substandard housing and 1.5 million households live in inadequate housing. At the time of the report there were over 3.1 million households living in unaffordable housing where they are paying more than 30% of their household income on housing costs (i.e. rent, utilities, mortgage). That is, 1 in 5 Canadian households lived in unaffordable housing; the situation has not improved in the past several years.

What these facts point to is that our focus should be on what it means to **prevent** homelessness as opposed to **react** to it. Homeless services too often focus on providing support to individuals and families **after** they become homeless, rather than focusing on the upstream factors that exist which may lead to homelessness. Housing precarity, low vacancy rates, sub-standard housing conditions and low incomes are all part of the structural factors that lead to homelessness. Any conversation about solving homelessness needs to include a discussion about how to prevent it.

Recommendation – National Coordinated Response and Action on Children’s Mental Health

In the main report, the recommendations fell at the end of each section, but in this supplement we felt that it was important to move the overall recommendation to closer to the beginning to help provide context to the reader in reviewing the document. This recommendation is our primary recommendation stemming from the report because as an organization, and in partnership with one of our funders – the RBC Foundation – we have set a commitment of raising the issue of children’s mental health within this initiative.



Recommendation 1.0 – We recommend that the federal government, in conjunction with the provincial, territorial and Indigenous governments, support and fund a National Coordinated Response and Action on Children’s Mental Health.

According to the [Mental Health Commission of Canada](#) (MHCC), approximately 1.2 million Canadian children and youth (1 in 5) are affected by mental health, yet less than 20% will receive appropriate treatment. For children who have experienced homelessness the numbers of those impacted is significantly higher, while those who receive treatment is concurrently lower.

Committed individuals and organizations across Canada have already done significant work in this area, and there are a number of documents which provide a framework for action in this area such as:

- [Evergreen](#): A Child and Youth Mental Health Framework for Canada
- [School-Based Mental Health in Canada](#): A Final Report
- [CHANGING LIVES, CHANGING DIRECTIONS](#): The Mental Health Strategy for Canada
- The Mental Health Strategy for Canada: [A Youth Perspective](#)

However, we also feel that existing materials have not sufficiently addressed the issues of concern in this report: children and their families experiencing homelessness. Given the large number of children living in poverty or currently homeless, a mental health response must have significant focus on this population. Similarly, children who have been witness to Intimate Partner Violence (IPV) or who have experienced abuse directly must be included as a priority in any coordinated response to children’s mental health. Finally, a national response to children’s mental health must recognize the unique experiences of Canada’s diverse cultural groups including immigrants, refugees and Indigenous Peoples.

We recognize that there needs to be input from a variety of providers, end users and all levels of government in order to address all possible barriers and to implement solutions in this area. As such, we recommend that the federal government, in conjunction with provincial, territorial and Indigenous governments, support and fund the development and implementation of coordinated action and response to children’s mental health, and involve key players in this action, including the MHCC (given their previous history and knowledge in this area). The goal would be to build on existing frameworks (such as the Evergreen Framework), and develop a coordinated response to key priority areas (including child, youth and family homelessness).

The implementation of projects and initiatives related to this recommendation will require increased funding to community organizations for staff and volunteer training as well as program development, implementation and evaluation.

The Evergreen Framework

When preparing this recommendation we reviewed a great deal of research and reports related to the needs of homeless children and their families in Canada. [Evergreen](#): A Child and Youth Mental Health Framework for Canada, developed by the Mental Health Commission of Canada, is critical to understanding mental health, and specifically children’s mental health.

“For too long, the mental health of young people has not been priority across Canada. For too long, child and youth mental health has been orphaned within a mental health system that is itself orphaned within Canadian health care. The time to act, to create positive change is now. Evergreen can be part of that change”
(Kutcher & McLuckie, 2010, p. 2).

The Evergreen Framework created a comprehensive understanding of shared values and common strategic directives that address the issue of mental health for children and youth across Canada.

“Evergreen can help provide policy makers, planners, service providers, service users, families, advocates and the wider public with nationally informed explicit values and strategic directions that can be used to help frame and direct this needed change”
(Kutcher & McLuckie, 2010, p. 2).

Rather than prescriptive, the Evergreen Framework creates space for a variety of service-providers, funders, governments etc. to create programs that best meet the needs of their communities. It recognizes that solutions cannot be “one-size-fits-all” and that each community has different needs that must be taken into account. It encourages however, alignment with the values and strategic directions which are outlined below.

Values:

- 1. Human Rights
- 2. Dignity, Respect and Diversity
- 3. Best Available Evidence
- 4. Choice, Opportunity and Responsibility
- 5. Collaboration, Continuity and Community
- 6. Access to Information, Programs and Services

Strategic Directions:

- 1. Promotion
- 2. Prevention
- 3. Intervention and Ongoing Care
- 4. Research and Evaluation

One comment that was repeated frequently by participants at the Child and Family Homelessness Summit was that often there are programs that are working well in a community, but then a new program or area of focus comes along and funders/government move in a different direction.

The framework states: “Evergreen also recognizes that many programs, services and activities currently in use throughout Canada work well, and need not be replaced, but may benefit from augmentation or enhancement. Existing, augmented or enhanced programs, services and activities should also be consistent with Evergreen’s values” (Kutcher & McLuckie, 2010, p. 8)

“We should not lose sight of the success of community mental health, education, youth justice and health services. There are countless examples of children, youth and families whose needs are well met by existing services and supports. We need to build upon strengths, enhance what exists and refrain from total re-invention”

– Government Official [participating in Evergreen consultation]
(Kutcher & McLuckie, 2010, p. 8).

Our Report and the Evergreen Framework

When the Evergreen Framework was developed it was envisioned as a living document, hence the name ‘Evergreen’. Developed collaboratively with a great deal of consultation, those involved with Evergreen said “The contents of Evergreen are not set in stone. As new information and better understanding develops, Evergreen can be amended to reflect these changes. While the values upon which Evergreen is based will persist, some strategic directions currently suggested will stand the test of time, while others may not. These may need to be modified or changed over time. Others may need to be added. As its name suggests, Evergreen is meant to be updated, perhaps every five to seven years, and we therefore strongly encourage appropriate national bodies to assume this challenge” (Kutcher & McLuckie, 2010, pp. 8-9).

We see this report as a piece of the Evergreen Framework process. It is not an update, but in some ways, it could be viewed as an addendum. The consultative nature of the Child and Family Homelessness Initiative echoes the goals of Evergreen to bring a number of people into the discussion about children’s mental health. Our focus however, is much narrower and we focus on an area that is largely missing in the Evergreen Framework – children and youth experiencing homelessness. As such, we feel that when read together, the Evergreen Framework and this report complement each other and build on the conversation about what needs to be done to address the significant concern of young people dealing with mental health challenges.

In developing our recommendation and throughout our consultative process it was clear that there was desire for some kind of action on the mental health of children in homelessness, and indeed, children and youth dealing with mental health issues more broadly. What was also clear, however, was that this action should not take the form of another report or study. Instead, there was desire for concrete actions that could be implemented almost immediately so that real change could begin.

Community service organizations, emergency shelters, housing providers, childcare centres, schools, child welfare and others working with homeless children recognize the urgency of the situation and yet also face the stark realization that they do not have the funds to resolve this issue on their own. To that end, our recommendations call for funding to help implement concrete actions addressing children’s mental health in Canada.

Background on Mental Health and Mental Illness

Everyone has “mental health”, however the term is often confused with mental illness and used only to refer to negative issues or episodes. Mental health is simply the level of well-being at which an individual is able to function in society, cope with life stressors and adapt to new circumstances. According to the World Health Organization (WHO), “Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life” ([WHO factsheet](#)).

Mental illness on the other hand, is a “recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective or relational abilities. Mental disorders result from biological, developmental and/or psychosocial factors and can be managed using approaches comparable to those applied to physical disease (i.e., prevention, diagnosis, treatment and rehabilitation)” (CMHA, 2015, n.p).

Mental illness directly affects approximately 1 in 5 Canadians during their lifetime, but indirectly affects almost all of us at one time or another because of connections to family, friends or colleagues experiencing mental illness.

Some key facts from the [Canadian Mental Health Association](#) about mental illness:

- Mental illness affects people of all ages, educational and income levels, and cultures.
 - > Approximately 8% of adults will experience major depression at some time in their lives.
 - > It is estimated that 10-20% of Canadian youth are affected by a mental illness or disorder – the single most disabling group of disorders worldwide.
 - > Today, approximately 5% of male youth and 12% of female youth, age 12 to 19, have experienced a major depressive episode.
 - > The total number of 12-19 year olds in Canada at risk for developing depression is a staggering 3.2 million.
 - > Schizophrenia is youth’s greatest disabler as it strikes most often in the 16 to 30 year age group, affecting an estimated one person in 100.
 - > Surpassed only by injuries, mental disorders in youth are ranked as the second highest hospital care expenditure in Canada.
- In Canada, only 1 out of 5 children who need mental health services receives them.
- About 1% of Canadians will experience bipolar disorder (or “manic depression”).
- Schizophrenia affects 1% of the Canadian population.
- Anxiety disorders affect 5% of the household population, causing mild to severe impairment.
- Nearly half of people suffering from anxiety or depression have not sought medical attention.
- Mental illness costs taxpayers billions of dollars annually including care, disability payments, early death and uninsured mental health programs.

Suicide and Mental Health

While poor health and a reduced ability to function are obvious outcomes of poor mental health and mental illness, suicide is probably the most significant and definitely the most final. CMHA says that “suicide is one of the leading causes of death in both men and women from adolescence to middle age” ([CMHA, n.d.](#)).

One-third of homeless mothers have made at least one suicide attempt and more than half have made two or more (Bassuk et al., 1998). Depending upon their age, it is likely that children being raised in this environment would be aware of the suicide attempt, or at least that something was ‘wrong’ with their mother. However, sometimes suicide attempts occur because the children have been removed from their home and/or their mother’s care. This separation can produce anxiety and trauma for children and parents alike.

Other suicide related statistics include:

- Suicide is among the leading causes of death in 15-24 year old Canadians, second only to accidents; 4,000 people die prematurely each year by suicide.
- Suicide accounts for 24% of all deaths among 15-24 year olds and 16% among 25-44 year olds.
- Canada’s youth suicide rate the third highest in the industrialized world.
- The mortality rate due to suicide among men is four times the rate among women.



For children and youth experiencing discrimination – such as those who are from Indigenous, racialized or LGBTQ2S communities – the issue is even starker. Suicide amongst young people is the second leading cause of death – representing approximately one-quarter of deaths for those aged 15-24. For Indigenous males the suicide rate is 126 per 100,000 and for Indigenous females it is 35 per 100,000. This contrasts with the rates for non-Aboriginal youth of 24 in 100,000 for males and 5 in 100,000 for females ([Health Canada website](#)).

Background on Children's Mental Health

“Together, young people, parents and professionals share a sense of urgency to transform the child and youth mental health system. Being heard is a starting point, but being heard is not enough. Young people, parents and families want to see practices, policies, programs and services that reflect their values, values that are encapsulated in the Evergreen Framework. For example, mental health is a right, not a privilege. If these values inform the transformation of the child and youth mental health system, we feel certain that young people and families will engage to assist in the creation of positive change, just as they engaged to help create the Evergreen Framework” (Kutcher & McLuckie, 2010, p. 2).

As mentioned previously, mental health and mental illness are related concepts. According to the Mental Health Commission of Canada, approx. 1.2 million Canadian children and youth (1 in 5) are affected by poor mental health, yet less than 20% will receive appropriate treatment ([MHCC, 2016](#)).

These numbers are higher for children and youth experiencing homelessness. Studies into youth homelessness have shown that 40-70% struggle with mental health issues compared to 10-20% of housed youth (Gaetz, 2013). Children who are homeless, and their parent(s)/caregiver(s), deal with a wide range of emotional impacts that often go unnoticed and/or untreated because of the transient nature of their lives and their housing instability. Furthermore, “many low-income women and women of color have difficulty recognizing depression, because they see symptoms as naturally occurring events that are part of every-day life” (Knitzer et al., 2008, p.6).

Signs and Symptoms of Children's Mental Health

Early symptoms and signs of children dealing with mental health issues may manifest as a child who is not listening to parents, disregarding instructions in the classroom, or becoming extremely disruptive in social settings including school suspensions and expulsions. It can also result in problems with sleeping, bed-wetting, eating issues, irritability etc.

In many cases children are labelled, and it can have a profound effect on their emotional development as they mature into a young adult.

“That’s right. I don’t like to say, ‘Oh you got this, and you got that.’ I don’t label. I hate labels. Just too many people are labelled, and you’re stuck with that. Who wants to be stuck with a label on their foreheads, and this is who you are? That’s not who you are! People get well” – Linda from Wabano.



A self-fulfilling prophecy may also occur where children are constantly labelled as ‘deviant’ or ‘different’ from their peers. This can lead to children developing low self-esteem, reduced feelings of self-worth, and potentially socially isolating themselves from others. “Especially if you’ve been traumatized. If you’ve been traumatized young and you’ve created that – you know, say, as a young person you’ve been criticized, you’re useless, you’re worthless, you’re no good, this and that, or you’re diagnosed with ADHD or something like that and you’ve gone to a doctor and you start getting this narrative about yourself, “There’s something wrong with me. I need to be fixed; I’m damaged, I’m flawed.” And you get that narrative and then the sooner you get that label, or you begin to get that label, people begin to only see that part of you. And every time you do something that supports that narrative” – Agency member from Family Enrichment.

The ways in which stress and trauma manifest in children vary upon the age of the child (as well as the experiences they have gone through). Obviously, every child is unique and their experience different, so their responses may be different as well. However, some typical responses include:

Preschool Children

- Fear being separated from their parent/caregiver
- Cry or scream a lot
- Eat poorly or lose weight
- Have nightmares

Elementary School Children

- Become anxious or fearful
- Feel guilt or shame
- Have a hard time concentrating
- Have difficulty sleeping

Middle and High School Children

- Feel depressed or alone
- Develop eating disorders or self-harming behaviours
- Begin abusing alcohol or drugs
- Become involved in risky sexual behaviour

(from: [SAMSHA, 2015](#))

Connections between Mental Health and Homelessness

Much of the research focused on mental health and homelessness has looked at adults or independent homeless youth (those homeless without an adult parent/caregiver). This research has shown that homelessness can be both a contributing factor to poor mental health, or the result of poor mental health. There is less research into the impact on children and the majority of it is American, but it is unlikely that the results would be significantly statistically different than Canadian studies.

Homeless children face a variety of frequent and prolonged types of adversity including:

- Evictions
- Multiple moves
- Exposure to violence
- Illness and injury

(Olivet, 2015)

Research has found that 10-26% of homeless preschoolers had mental health problems, which increased to 24-40% for school age children. This is two to four times higher than poor housed children (Bassuk et al., 2015; Olivet, 2015). Other research studies have shown that almost half of children (47%) who were homeless had been diagnosed with anxiety, depression or withdrawal, compared to only 18% of children who were living in stable housing (Hart-Shegos, 1999; National Centre on Family Homelessness, 2011; Zima et al. 1997).

Homeless mothers have been found to disproportionately suffer from substance use disorders, major depression and Post Traumatic Stress Disorder (PTSD), (Hayes et al., 2013; Bassuk et al., 1998; LaVesser et al., 1997). It is important to remember that children often mirror their parents' beliefs and attitudes. When parents suffer from poor mental health this can leech onto children, even when they are too young to be able to explain their emotions.

Constant increased stress and cortisol can also lead to developmental changes in the brain and can affect a child's emotional stability, ability to form interpersonal relationships, and confidence.

Other studies have reported growing up in precarious living conditions will affect the healthy development of children (McCoy-Roth et al., 2012; Foss, 2015). These situations can affect the physical, emotional, and psychological wellbeing of the child (McCoy-Roth et al., 2012; Foss, 2015). There is also a need for mental health supports because it has been suggested that there is a higher incidence of mental health diagnoses amongst homeless children populations (Foss, 2015). This can often be attributed to the stress associated with securing housing, unstable living conditions, and a fragile social support network from moving several times throughout childhood.

Homelessness and Depression

The rate of depression amongst homeless mothers is 45-85%, which is four to five times greater than in the general housed female population (Weinreb, 2006; Gowen, 2008; Bassuk & Beardslee, 2014).

Knitzer et al. say, "The lesson from research is clear: adult depression is not only bad for adults, it is bad for children, especially young children" (2008, p.11). Treatment for parents also results in better outcomes for children.

Homelessness and Trauma

In many cases the precarious nature of homelessness, witnessing domestic violence, and the other interrelated factors associated with at-risk families can have a lasting impact on the mental development of a child. "Well, you know, basically they've lived through trauma. You know, in a couple of ways the trauma of whatever violence they've been living through, whether they were directly subjected to it or witnesses to it. So they need a lot of support around that, and re-assurance. But also, they have lived through the crisis of leaving home" – Ann from Campaign 2000.

While we often think of trauma, and specifically Post-Traumatic Stress Disorder (PTSD), as being caused by significant traumatic events such as war "emerging research shows that homelessness in and of itself can be traumatic. The rate of PTSD amongst homeless mothers is 36-50% which is three to four times greater than the housed population. It isn't known how many people who are homeless have experienced trauma or who suffer from PTSD. In an Australian study, a staggering 79% of respondents who had experienced homelessness also had a lifetime prevalence of post-traumatic stress. It is quite likely that it is the same here in Canada" (Gulliver & Campney, 2015, p. 138).

“The term “trauma” refers to experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual’s physical, social, emotional, or spiritual well-being” ([SAMHSA website](#)).

The National Alliance to End Homelessness (2012) states that homelessness is a traumatic experience that can contribute to PTSD in a variety of ways:

- First, the actual event of becoming homeless can lead to trauma through the loss of (a) stable shelter, (b) family connections, and (c) accustomed social roles and routines.
- Second, the ongoing condition of homelessness and its attendant stressors, such as the uncertainty of where to find food and safe shelter, can erode a person’s coping mechanisms.
- Third, homelessness might serve as a breaking point for those who have pre-existing behavioural health conditions or a history of traumatization (p. 1-2).

“So trauma refers to experiences or events that are more than just a ‘normal’ stressful event: they are overwhelming, terrifying, extremely negative and devastating. Trauma describes both the event itself (which may be onetime or ongoing) and the impact of the event on the individual. Trauma is unique to each person, and can result in profound feelings of disruptiveness, shame, terror, loss (of safety, belonging or connections), helplessness and powerlessness” (Gulliver & Campney, 2015, p. 139).

A sense of hopelessness can be a constant reminder of the unbearable situation that many of these families are living in. It can also create challenges in terms of parents or caregivers being able to respond because the sense of crisis and the number of problems is overwhelming.

“You know that...it’s like an oppressive cloud, we walk through our entire lives, 100% of our lives, living in this cloud, where there is never a sunny day. It’s never clear because something is always there to hit me, so imagine living like that...we know what it was like to be poor, so it’s that depression is constant and never goes away. And then if you can’t feed your kid, your kid has no lunch, it just spins out of control and then there is health problems and pain problems and everything else and there is no light at the end of the tunnel, there is no way you are getting out of it” – Focus Group at Wabano.

Impact of Trauma on Children

For children, the experience of “complex trauma or exposure to multiple or repeated traumatic events... may have wide-ranging, long-term impacts. The impact of unrecognized child traumatic stress can last well beyond childhood. In fact, research has shown that child trauma survivors may experience:

- Learning problems, including lower grades and more suspensions and expulsions
- Increased use of health and mental health services
- Increased involvement with the child welfare and juvenile justice systems
- Long-term health problems (e.g., diabetes and heart disease)” ([SAMHSA, 2015](#)).

Bassuk and Friedman found that one-third of homeless children required treatment to deal with emotional problems by the age of eight years old (2005). Instability of housing and access to services likely means that the number receiving treatment was significantly less.

Child and Family Homelessness Initiative Framework and Eight Pillars

In the full report we introduced the Child and Family Homelessness Initiative Framework which looked at the areas of Primary Prevention, Systems-Based Responses and Early Intervention. The issue of children's mental health is interconnected to all of these elements and to fully understand it needs to be discussed in the context of each. As mentioned in the introduction, we also presented eight pillars or principles that support the overall framework. These pillars – affordable housing, poverty/income, food (in)security, childcare, discrimination, stigma and intimate partner violence – are critical to understanding the impact of homelessness and poverty on children. The remaining pillar is children's mental health and family well-being.



Primary Prevention – An Upstream Approach

In the main report, we discussed the need for upstream approaches to solving homelessness and the same is true for children's mental health. 'Upstream' refers to the story commonly taught in the helping professions about two people who are walking along a river when they see someone in the water drowning. They pull them out but then see someone else caught in the current also drowning. They pull that person out as well, but then see another person, and another, and another. Soon they are surrounded by people who have come down the river. Eventually one of them decides that they need to go "upstream" to figure out why all of these people are coming "downstream". Providing services *after* someone is already homeless is therefore considered to be a downstream solution, while examining systemic barriers and structural causes that lead to homelessness and trying to *prevent* those from arising is considered an upstream response.

Primary prevention also means looking at all of the various causes of homelessness, not just individual behaviours but also systemic barriers and structural failures that have led to homelessness amongst so many people. As a society we are failing homeless families, and Canada's so-called "safety net" has many holes in it. If we fail to act, there will always be new families entering into the homelessness cycle and families already entrenched in the system will find it difficult to remove themselves from homelessness. Front-line staff, no matter how hard they work or how successful their programs, will essentially be running in circles to meet the same needs of repeat clients: income, affordable housing, food security, healthcare, child care etc.

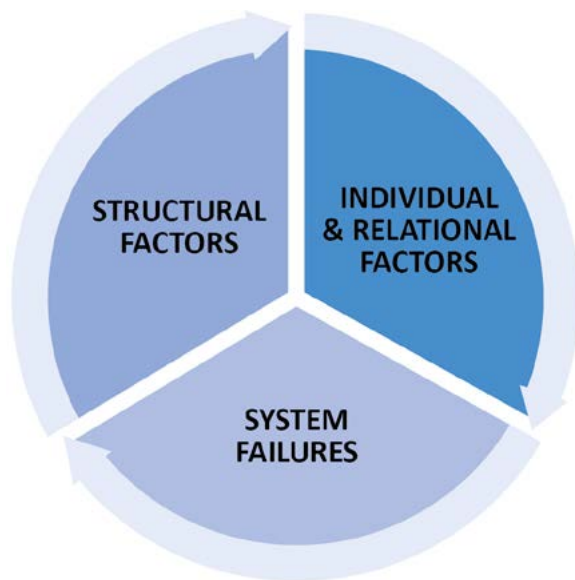
Family homelessness is largely underpinned by structural factors, including inadequate income, lack of affordable housing and family violence. Following the withdrawal of government housing programs and decreased supports, more families are turning to emergency shelters (Gaetz et al., 2013, p. 27).



When we talk about “children’s homelessness” and “child poverty” it is important to recognize that unlike youth and adults experiencing homelessness, children are not solo, isolated individuals. Children are never to blame for their family’s homelessness (although often they will internalize that belief which can be a major contributor to their own mental health status).

Children become homeless when their parent(s) or caregiver(s) becomes homeless. Children live in poverty because their parent(s) or caregiver(s) are poor. Therefore it is important to understand the experiences of the adult caregivers in these children’s lives. Addictions, mental and physical health issues, poverty, intimate partner violence etc. play a significant role for many of the families experiencing homelessness.

Family homelessness has two main causes: poverty and intimate partner violence (IPV). While the latter cause could be seen as the result of individual behaviour, in many cases homelessness is not caused by anything that the parent(s) did, but rather is the result of structural factors and system failures.



The pathways into or out of homelessness are different for every child and family. Homeless families are not a homogenous group and often share very little besides their extreme vulnerability including “lack [of] adequate housing and income and the necessary supports to ensure they stay housed. The causes of homelessness reflect an intricate interplay between structural factors, systemic failures and individual circumstances.

Homelessness is usually the result of the cumulative impact of a number of factors, rather than a single cause”

(Gaetz et al., 2013, p. 13).

Figure 3 – Causes of Homelessness (Adapted from Gaetz et al., 2013, p. 13)

This “intricate interplay” of causes, as the authors describe them, is the key to understanding the complexity of homelessness and to focusing our responses on *preventing rather than responding* to the crisis. If we focus attention in only one area we are unlikely to resolve homelessness and instead we will keep on our current path of providing services *after* homelessness has already occurred.



Structural Factors refers to the various factors – primarily economic and societal – that affect the number of opportunities available to individuals or families. This includes access to affordable housing or a liveable income, health supports and discrimination. “Homelessness and poverty are inextricably linked. People who are poor are frequently unable to pay for necessities such as housing, food, childcare, healthcare and education. Being poor can mean a person is one illness, one accident, or one paycheque away from living on the streets” (Gaetz et al., 2013, p. 13).

Systems Failures refers to the ways in which established support systems fail to provide the necessary support resulting in people ending up in the homelessness system. This could include hospitals, rehabilitation or detox facilities and/or the corrections systems discharging people without developing an adequate plan of support. A large number of people who have been involved with the child welfare system also experience homelessness, often because of ‘aging out’ of care (becoming too old for services).

Individual and Relational Factors are causes that apply to the ‘personal circumstances’ of an individual or family but should not be considered ‘blame factors’. This category can include “traumatic events (e.g. house fire or job loss), personal crisis (e.g. family break-up or domestic violence), mental health and addictions challenges (including brain injury and fetal alcohol syndrome), which can be both a cause and consequence of homelessness and physical health problems or disabilities. Relational problems can include family violence and abuse, addictions, and mental health problems of other family members and extreme poverty” (Gaetz et al., 2013, p. 13).

Recommendations Related to Prevention

By examining ways to reduce these issues we are able to prevent homelessness before it happens. Almost all of our recommendations speak to these issues including:



Recommendation 2.0 – We recommend that the federal government, in conjunction with the provincial, territorial and Indigenous governments develop and fund a National Housing and Homelessness Strategy.

Recommendation 3.0 – We recommend that the federal government Develop and fund a National Poverty Reduction Strategy focusing on family poverty.

Recommendation 3.1 – We recommend that the federal government implement a National Housing Benefit.

Recommendation 5.0 – We recommend that provincial and territorial governments develop a Ministerial Homelessness and Housing Secretariat/Roundtable to Work on Preventing and Ending Homelessness.

Recommendation 6.0 – We recommend that provincial and territorial governments develop a province/territory-wide Plan to End Homelessness.

Recommendation 7.0 – We recommend that municipal (or regional where relevant) governments review bylaws and municipal practices to ensure a focus on “inclusionary zoning” and development of affordable housing.



Systems-Based Responses

It is also important to examine how we respond to children's mental health from a "systems of care" model. The main report goes into much more detail about what systems-based responses entail but we will summarize it here.

Systems-Based Responses – often known as "systems integration" or "systems of care" – refers to looking at the issue of homelessness – and all of the interconnected issues – in a collaborative and cross sectoral manner. As discussed in the overview a "system of care is a strengths-based, culturally relevant, participatory framework for working with individuals with complex needs. A system of care approach utilizes inter-agency collaboration, individualized programming and community-based service provision" ([Homeless Hub, 2015](#)).

System integration can be defined broadly as the provision of services with high levels of coordination, communication, trust, and respect among service agencies so that they are better able to work together to achieve common objectives.
(Greenberg and Rosenheck, 2010, p. 185)

Systems can refer to any level of community – municipal, provincial/territorial or national. Often, community service agencies have a desire to engage in systems work but are challenged because of pressures from funders and lack of resources. Conflicting demands of funders – because of a lack of collaboration – may mean that participants within one program are being evaluated by different and competing standards.

Systems-Based Responses are a means of coordinating services in order to reduce duplication, increase efficiency, improve communication and make services more seamless ([Homeless Hub, 2015](#)). They were originally developed as a means of supporting mental health service delivery and were later adapted to suit homelessness interventions.

Why Are Systems-Based Responses Important?

Our current system is very fragmented and, in many ways, broken. Clients have challenges in navigating the system but workers also have challenges in ensuring the needs of their clients are met completely. Agency members recognize the limited collaboration and coordination between systems and spoke about how frustrating it is for families to try and navigate the system. Ashley from Homeward Trust Edmonton feels a systems response is definitely needed: "It's not something where you can build one team to fix this whole issue. It's a fragmented system in Edmonton, it really is; between income support and the health system, and the justice system and all the homeless serving agencies. There are so many catch 22's or systemic barriers that once somebody gets into homelessness, it is so hard for them to get out. There are all these things, like you can't even apply for income support without having an address. How are you supposed to get an address unless you...it's this whole cycle."

Often agencies have the same end goal but different strategies to accomplish their program's mandate. This can lead to tension between agencies and on what the optimal approach is to respond to populations in need. "The thing is, all of our agencies are very good but they have different mandates, they have different focuses" says Renee from Homeward Trust Edmonton. By providing some coordination, common language and tools, Homeward Trust's agencies are better able to work together.

The lack of systems integration makes it much harder for families. All agencies noted that without integrated services, families were much more likely to fall through the cracks and not be able to access the services they desperately required.

Institutions that make up our social services sector need to reconceptualize their process for discharging clients to ensure better integration and to avoid discharging families and children into homelessness. For example, in many cases individuals become homeless after being discharged from hospitals, corrections facilities, mental health facilities, addictions services, or when youth age out of child welfare support, because there is a lack of support services that are able to help transition these individuals into a stabilized setting.

The majority of agency members and families agree that although affordable housing is a necessary step in the right direction, it cannot be the only support that is offered. Additional supportive services need to be in place to not only help individuals maintain housing but enable them to address other concerns in their lives, both in a formal and an informal sense. "People need adequate incomes to be able to pay for their housing as well as, you know, the other expenses for daily living, and then there's also the need for community supports...formal supports like access to healthcare, and education, and community services, but also informal supports" – Greg from Campaign 2000.

The issue of systems responses was a significant topic at the Child and Family Homelessness Initiative Summit in September 2015. Participants indicated that the issue was an important one, but at the same time they also struggled to implement it because of conflicts between funders, lack of resources (human, financial and physical) and a lack of flexibility in program delivery models.

They indicated that there needed to be room for local communities to develop responses that work for the local needs and diverse landscapes, rather than the imposition of the one 'perfect model'. Participants indicated that at times they had developed the best model for their community but then the priorities of funders or government changes and they are expected to implement a new model which may not suit the needs of the community.

Agencies said that often the conflict between funders resulted in the 'cherry-picking' of clients. One funder might demand a certain level of success in a program that could only be achieved by taking the 'cream of the crop' – clients that were best identified as able to succeed. Another funder might want to house the most chronic population but not provide the necessary supports to achieve that and this goal might conflict with the other funder's demands.

The opportunity to develop shared accountability and shared values was identified as missing, even at the provincial/territorial or federal government levels. Funders expect to see results but implementing change does not always produce instant success. There needs to be time (and funding) provided to improve collaboration between services, to develop shared language and belief systems, to train workers on new ways or models (particularly when it comes to coordinated intake and common assessment) and to ensure that client needs are still being met during the time of change.

Recommendations Related to Systems-Based Responses

A number of the recommendations in the main report are identified as meeting the needs of moving to a Systems-Based Response model. These include:



Recommendation 4.0 – That the provincial and territorial governments implement a “One Child, One Case” policy for all government services.

Recommendation 5.0 – That the provincial and territorial governments develop a Ministerial Homelessness and Housing Secretariat/Roundtable to Work on Preventing and Ending Homelessness.

Recommendation 6.0 – That the provincial and territorial governments develop a province/territory-wide Plan to End Homelessness.

Recommendation 9.0 – We recommend that community agencies work to develop a system of care within their local community to provide holistic, wraparound services for clients, including coordinated assessment and common intake.



Early Intervention

Early intervention is also known as “secondary prevention”. Unlike prevention which is intended to prevent people from becoming homeless, early intervention is intended to stop the problem from escalating once it occurs or when a family is at extreme risk of experiencing homelessness. By intervening early and preventing the situation from escalating, the goal is to ensure families are not homeless long, or even, are diverted from the shelter system entirely.

This links to mental health because the longer a period of instability the greater chance of the parent(s) and or children developing various manifestations of poor mental health including depression, stress, anxiety and/or trauma.

There are a number of early intervention strategies, tactics and programs that have proven to work, especially within the United Kingdom, United States and Australia. These countries are further ahead than Canada in developing early intervention (and prevention) responses to homelessness. All of these responses are discussed in the main report and include:

- Shelter Diversion
 - > Host Homes/Respite Accommodation
 - > Family Reconnect
- Rapid Rehousing
- Transitional or Second-Stage Housing
- Housing First
- Evictions Planning and Prevention

Early intervention also requires using an upstream management approach to homelessness. By doing this we are able to respond to the problem before it gets too big and we are also able to prevent children from developing poor mental health. Often the cause of mental health remains hidden; families are embarrassed to talk about the full extent of their situation, children hide what is happening from their parents or teachers and social service workers are dealing with large caseloads and may not have the time to delve deeply into the emotional circumstances of their clients.

“If we can catch it early enough and that support is given, sometimes those conversations become much shorter. So, sometimes it becomes a matter of, ‘let’s just talk about it now and put it behind us so we can move on, and that’s not how we want to live our life and this is the direction we’re going in’ as opposed to it surfacing years later and it’s like ‘we never talked about it! It just happened! We lived in a shelter and then all of a sudden this happened!’ So, it’s definitely there and I think, if left unaddressed, it can lead to bigger issues down the road” – Amanda at Wabano.

Research has found that the best approaches for resolving poor mental health in homeless children is to intervene as early as possible and to target responses at both generations (parent and child) in order to address root causes and impacts (Olivet, 2015).

Recommendations Related to Early Intervention



Recommendation 4.0 – That the provincial and territorial governments implement a “One Child, One Case” policy for all government services.

Recommendation 8.0 – We recommend that municipal (or regional where relevant) governments develop, in partnership with other levels of governments and/or non-profit or private developers, new emergency shelters, transitional and/or permanent housing aimed at families with children.



Affordable Housing

With over 35,000 people homeless on any given night in Canada and 235,000 homeless people every year, there is no denying that we have a homelessness crisis in this country. Much of that crisis stems from the decline in the building of social and affordable housing beginning in the late 1980s and early 1990s.

We now face a critical housing shortage that is affordable, stable and safe. There are millions of Canadians, including individuals, children and their families, who are paying more than 50% of their income on housing costs. Millions more are spending 30% and above which is the cut-off line defined by the Canada Mortgage and Housing Corporation as creating “core need”.

A concerted effort to focus on building new units of social and affordable housing, implementing a widespread housing benefit program and/or rent supplements is a critical step towards ending homelessness. Destabilized housing can negatively affect children’s mental health as well. If they are constantly moving from shelter to shelter or to low income housing, they may have to move regions and can find it difficult to establish healthy social connections.

“So that, as the family transitions from a period of homelessness they’re now bouncing around from one housing to another and one community to another, and the children therefore are bouncing around from one school to another and starting school in one school and having to finish it in another, and moving around. I think that could be really de-stabilizing for, well certainly for children and I also think for parents as well” – Greg, Campaign 2000.

Research has shown that even when children are housed but are living in a low-income household (either core or extreme housing need) they still suffer higher levels of mental diagnoses than housed children (albeit lower than homeless children) (Olivet, 2015).

	Homeless Children	Low-Income Housed Children
Depression	12-37%	5-9%
Anxiety	10-26%	6-17%
Disruptive Behavior Disorders	20%	5%
Total Problems	24-40%	12-24%

Figure 4 – Mental Health Diagnoses in School-Aged Homeless Children

Emergency Shelter Use

The lack of new social housing and the decrease in support programs has required more individuals and families to turn to the emergency shelter system. “A significant finding from the Segal study [of shelter usage over a period of years] was that the sharpest increase in shelter use has been amongst families (in most cases headed by women) and therefore children” (Gaetz et al., 2013, p. 27).

One in seven shelter users is a child (Segal, 2012). For thousands of children, this means living in emergency shelters is a normal part of their childhood experience. But the loss of security that children should gain from having permanence of place results in negative mental health consequences. There has been an increase of more than 50% of the number of children staying in shelters (from 6,205 in 2005 to 9,459 in 2009). It is expected that these numbers are even higher now.

Families also stay in shelters longer than individuals. “Segal identifies that the average length of shelter stay for families was 50.2 days, an increase of 50% over five years, and more than triple the average stay for the total population of people who experienced homelessness (Segal, 2012:19). This means that while families accounted for just 4% of all shelter stays, they used 14% of total bed nights” (Gaetz et al., 2013, p. 27).



It is important to point out that Segal’s study did not capture data related to family usage of Violence against Women shelters. A 2010 Point-in-Time count of Violence against Women shelters found that there “were 7,362 beds were occupied by women and children” (Gaetz et al., 2013, p. 24).

Supportive Housing

Supportive housing programs are designed to provide ongoing supports to assist individuals who might otherwise have troubles maintaining housing due to poor mental health, substance use etc. There are approximately 25,000 supportive housing units across the country but another 100,000 units are likely needed to meet the needs of people who are homeless or at-risk of homeless due to inadequate housing ([Mental Health Commission of Canada, 2013](#)). Permanent supportive housing units are most often developed for individuals, and the needs of families who require supportive housing are not addressed. Developing solutions to family homelessness means re-envisioning how supportive housing is provided, including a variety of support options and family-sized units.

Recommendations Related to Affordable Housing



Recommendation 2.0 – We recommend that the federal government, in conjunction with the provincial, territorial and Indigenous governments develop and fund a National Housing and Homelessness Strategy.

Recommendation 5.0 – That the provincial and territorial governments develop a Ministerial Homelessness and Housing Secretariat/Roundtable to Work on Preventing and Ending Homelessness.

Recommendation 6.0 – That the provincial and territorial governments develop a province/territory-wide Plan to End Homelessness.



Poverty/Income

“People with mental illness often live in chronic poverty. Conversely, poverty can be a significant risk factor for poor physical and mental health. The relationship between poverty and mental illness is both straightforward and complex. Understanding this broader context is key to addressing poverty in order to promote mental health and support the recovery of persons with mental illness.”

([Canadian Mental Health Association – Ontario, 2007](#))

Poverty is a significant contributor to homelessness in Canada. In 2013, 1,334,930 (19%) of children lived in poverty across Canada, an increase from 1,066,150 (15.8%) in 1989. This rate is even higher in some communities with 37.7% of children in Nunavut facing poverty (Campaign 2000, 2015).

The rates of child poverty across the country are (from highest to lowest):

- Nunavut – 37.7%
- Manitoba – 29%
- Saskatchewan – 25%
- Northwest Territories – 23.2%
- Nova Scotia – 22.5%
- New Brunswick – 21.3%
- Ontario – 20%
- British Columbia – 20.4%
- Newfoundland and Labrador – 18.7%
- Prince Edward Island – 18.2%
- Quebec – 14.8%
- Alberta – 15.9%
- Yukon – 12.7%

(Source: Campaign 2000, 2015, p. 4)

“Shamefully, child poverty affects families who are Indigenous, racialized, recent immigrants, affected by disability or led by a female lone parent in disproportionate numbers”
(Campaign 2000, 2015, p. 3).



Indigenous children are particularly hard hit by poverty with 40% of Indigenous children nationally living in poverty and 1 in 2 Status First Nations children living in poverty. The June 2015 [Truth and Reconciliation Commission of Canada](#) report contains many recommendations aimed at improving the impact of decades, if not centuries, of discrimination including the impact of the residential school system. “Generations of Indigenous children in Canada have endured grinding poverty due to legally sanctioned racism and attempted cultural genocide” (Campaign 2000, 2015, p. 6).

There is also evidence that other equity-seeking groups disproportionately experience poverty. “The inequities caused by persistent racial and gender discrimination, able-ism and ongoing colonialism translate into greater levels of poverty among children and families who are Indigenous, racialized, recent immigrants, impacted by disabilities or living in female-led lone-parent families” (Campaign 2000, 2015, p, 7). The elimination of the long form census has challenged the ability to understand poverty in marginalized groups but the reinstatement of the 2016 long form census should improve this deficit.

The impact of poverty on mental health is significant. “Poor children have more mental health problems than non-poor children, whether we consider internalizing problems like depression or externalizing problems like anti-social behavior. . .Furthermore, the mental health disadvantages that poor children face increase with the length of time that their families are poor” (McLeod & Shanahan, 1996, p. 207).

The World Health Organization says that research over the past 20 years has found “a close interaction between factors associated with poverty and mental ill-health” ([WHO, 2007](#)). This manifests in a number of ways including higher rates of depression and/or mental disorders amongst people living with low incomes, experiencing hunger, facing debts or living in poor and overcrowded housing (cited in WHO, 2007).

In Figure 5 below, WHO demonstrates the cyclical and interactive complexity between mental ill-health and poverty where each increases the risk for the other (and though not indicated, also the impact).

“People living in poverty lack financial resources to maintain basic living standards, have fewer educational and employment opportunities, are exposed to adverse living environments and are less able to access good quality health care. These stressful living conditions place people at higher risk of developing a mental disorder. People who develop a mental disorder may not be able to work because of their illness. Others, because of discrimination, may be systematically denied work opportunities or may lose their existing job. Lack of employment drives people deeper into poverty...” (WHO, 2007).

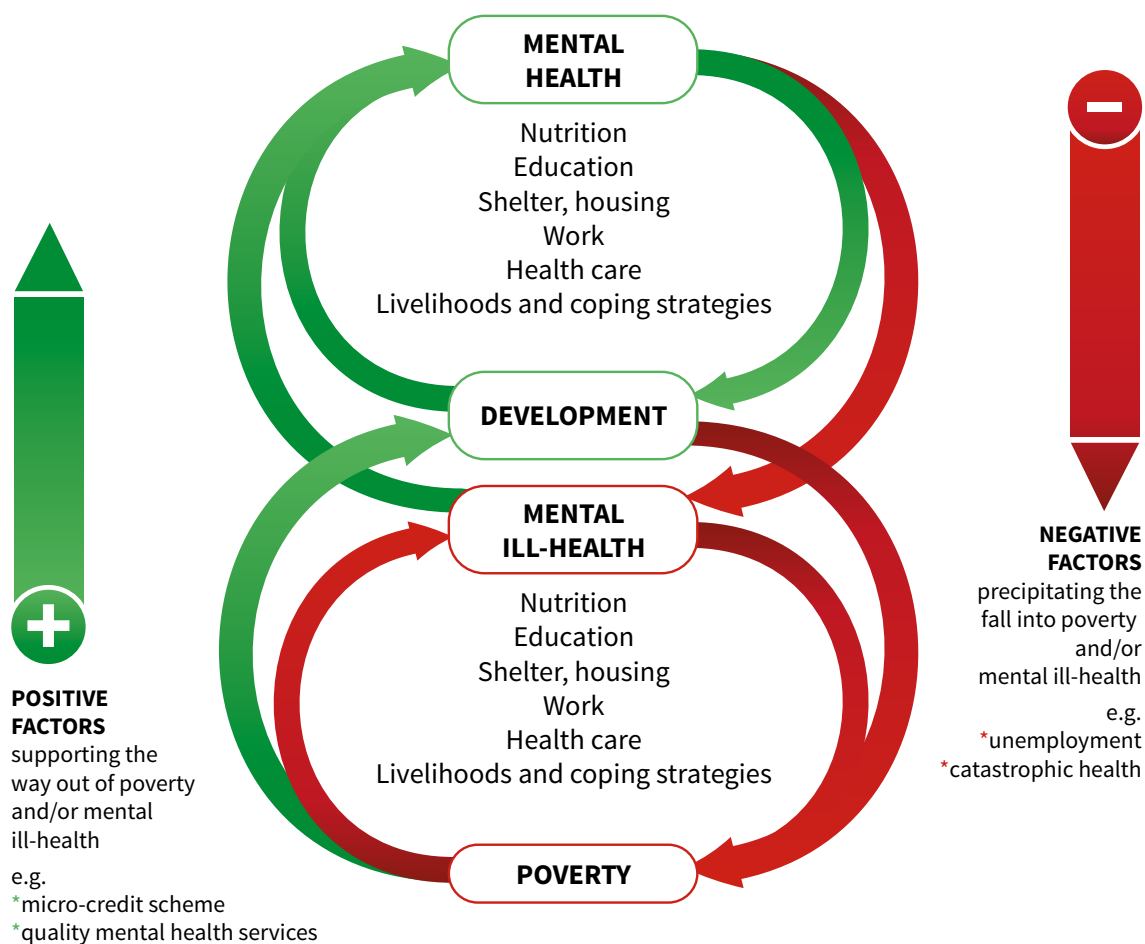


Figure 5 – The Cycles and factors linking Mental Health & Development and Mental Ill-Health and Poverty from World Health Organization MIND Project.

Recommendations Related to Poverty



Recommendation 3.0 – We recommend that the federal government Develop and fund a National Poverty Reduction Strategy focusing on family poverty.

Recommendation 3.1 – We recommend that the federal government implement a National Housing Benefit.



Food (In)security

Several years ago there was a community coalition called “Pay the Rent or Feed the Kids”. This name exemplified the battle that most parents living in poverty face on a regular basis. In 2012, 1.7 million Canadian households (including about four million people, many of them children) experienced some level of food insecurity. This represents nearly 13% of Canadian households and about one million children (Campaign 2000, 2015).

In March 2015 alone, the number of people relying on a food bank in Canada was 852, 132. One-third of those assisted were children. While the number of people using food banks in March 2015 rose 1.3% since March 2014, reliance on food banks has been increasing since 2008; it is now up 26%.

“Half of the provinces experienced increases in food bank use in 2015. Hardest hit was Alberta, where unemployment increased by 10% between March 2014 and 2015 in the wake of the dropping price of oil. Three-quarters of food banks in this province reported an increase in use. Nationally, 54% of food banks reported an increase in the number of people requesting food assistance. It has now been seven years since food bank use reached a low point of 675,735 individuals in March 2008. The need for food banks spiked drastically in 2009 and has hovered at record levels ever since” (Food Banks Canada, 2015, p.1).



Proper nutrition is extremely important for developing children and if they are not receiving adequate nutritional meals on a daily basis, it can negatively affect their body’s as they grow older. “Unfortunately childhood food insecurity is linked to obesity, anemia, diabetes, chronic stress, depression and other physical and mental health related outcomes” (Campaign 2000, 2015 p. 14).

There are many factors that impact a caregiver’s ability to provide nutritious food including “income, geographic isolation, cost of food, access to transportation and the costs of rent, hydro and heat” (Campaign 2000, 2015 p. 14). Food insecurity is most prevalent in Canada’s North (especially Nunavut) and the Maritimes, but affects families across the country (Tarasuk, Mitchell & Dachner, 2014; Tarasuk, Mitchell & Dachner, 2015).

In 2013, the PROOF report found that households with children faced a greater risk of food insecurity than adult only households: 16.5% vs 10.8% which was up from 15.6% vs 11.4% the year before (Tarasuk, Mitchell & Dachner, 2014; Tarasuk, Mitchell & Dachner, 2015). Overall, 1 in 6 children in Canada lived in food insecure households (Tarasuk, Mitchell & Dachner, 2014; Tarasuk, Mitchell & Dachner, 2015). This means that in most elementary school classrooms (which have upwards of 25-30 students) as many as four to five students in each classroom face food insecurity and are likely going to school hungry.



In 2013, 68% of families that relied on social assistance as their main source of income were food insecure, pointing to the fact that social assistance does not provide a liveable income for families. However, ***the majority of food insecure households (61.1%) were still reliant on wages or salaries from employment*** (Tarasuk, Mitchell & Dachner, 2015). The numbers from the [Hunger Count 2015](#) are slightly different –with 7% of households receiving a pension, 16% earning most of their income from employment, 18% accessing disability supports and 46% receiving provincial social assistance benefits—they emphasize the need for both higher wages and higher rates of social assistance (Food Banks Canada, 2015, p. 1). The nature of part-time or contract work and insecurity of employment means that some families who have a wage earner, still need to access social assistance and yet are unable to get by without a food bank.



Similarly the Hunger Count found that 20% of people living in social housing ***with subsidized rents*** needed food assistance. 7% of those assisted were homeowners, 5% were homeless and a full 67% were renters in market housing (Food Banks Canada, 2015, pp, 1-2). This shows the need for affordable social housing with a range of housing options to help address this issue.



Parents in northern communities face additional challenges in feeding their families given the lack of employment opportunities and the extremely high cost of food. In 2012, Nunavut and the Northwest Territories had the highest prevalence of children living in food insecure households at 62.2% and 31.6% respectively (Tarasuk, Mitchell & Dachner, 2014). Furthermore, the use of food banks is also racialized. The majority of residents in the territories are Indigenous Peoples and the challenges of accessing food including remote locations and the high cost of food means that 1 in 5 households skip meals or eat suboptimal food. 16% of individuals accessing a food bank self-identify as First Nations, Métis, or Inuit (Food Banks Canada, 2015).

“Food banks. We have a huge infrastructure around food banks in this country, but they don’t, but they’re meant to be a Band-Aid solution, obviously, right? That has persisted and has emerged as the – you know, it is a stop-gap but it’s not, it’s not the solution; it’s not a charitable response. You know? I think that’s a big part of like, ‘who cares about poverty?’ like, you know, ‘I gave money to this.’ Right? There’s sort of that, kind of like, ‘I made a contribution’ like for many people” – Laurel and Anita from Campaign 2000.



Embarrassment

There is a sense of embarrassment when parents had to access food banks. It was their only option if they were hoping to feed their children, but it affected their psyche when they had to resort to handouts to make meals. “I mean it’s hard, you’ve gotta swallow your pride to go to them and then like the one that is just down the road here, they make you stand outside and there are cars driving by and people walking by, and they are kind of giving you the look like ‘oh you have to access a food bank’. I think if a place like

Wabano had one, people walk in and out of here all the time. It's normal for people to come in and out, so I think if a place like this had one that our people could access and it wouldn't be as, you wouldn't have to swallow your pride so much" – Dion from Wabano.

Children can also share in these feelings of stigma. They may choose not to participate in school feeding programs because they do not want to be identified as being poor. Some school-feeding programs are offered universally now. This reduces the embarrassment a child may suffer and encourages participation in school breakfasts and lunches. It has been shown that schools with open access feeding programs show higher educational achievement and lower rates of discipline issues.

Meal programs at Port Cares offer community meals that are open to the entire community and not only limited to high-risk families. This helps foster a sense of belonging, community and socialization between all social classes and helps reduce the embarrassment of having to rely on these types of basic services.

"Three times a week we provide two lunches and a dinner and its open to not just clients but anyone in the community, so we welcome those who are not necessarily a client of the food bank, to come and see what we do and interact with our clients. The hope is that they get the socialisation, they get a better picture of maybe of what it's like to live within a low-income cut-off and bring the community together in that sense" – Amanda and Marissa from Port Cares.

Recommendations Related to Food (In)security



Creating a National Poverty Reduction Strategy (**Recommendation 3.0**) and the implementation of a National Housing Benefit (**Recommendation 3.1**) will enable parents to pay their housing costs and still have money left over for food. This will enable food banks to focus on supporting the highest needs and will reduce dependence of families overall on food banks.



Child Care

Child care is fragmented and disjointed across the country and there is no national child care policy. For working parents, the cost of child care is often one of their largest expenditures; sometimes costing more than rent, depending on geography and number of children. Income assistance applicants with young children are told that they need to find work, yet the lack of child care subsidies means that they are often further behind financially than before they began work.

There are several Catch 22's. You will often hear critics of homeless families say "Why don't they get a job?" In many cases, single parent families are trying to secure full time employment but it is impossible if they have to care for three children during the day. If they can't afford child care, they will not be able to maintain a job and this will subsequently affect their income and housing options. "Okay. Well, for one thing, people who are poor, especially – not only, but especially, single mothers...they can't get out of it without child care. Because you can't work, train, go to school, even take English classes" – Martha from Campaign 2000.



This often leads to a sense of embarrassment from parents who are not able to provide for their families. They would like to be employed but are unable to without child care. They feel like they are not able to provide for their families and are not being a positive role model for their children, even though their circumstances prevent them from finding a job.



For most low-income families, regulated child care is out of reach because of cost. This means children are placed in unregulated, unlicensed child care facilities, are cared for casually by family and friends or parents are unable to work. These unregulated situations are not always legal, meaning parents also risk losing their child care at a moment's notice as well as facing increased dangers to their child.

There needs to be better access to child care for low-income populations, otherwise single parent and at-risk families will continue to have difficulties juggling securing affordable housing, employment and other basic needs such as clothing and food.



Child care provides more than just stability for parents but also improves children's socialization skills, language development and conflict resolution skills which can help them as they mature into young adults. Child care must move beyond just a babysitting service but offer programs that are able to stimulate and encourage social interactions between children. This happens in formal, licensed programs but not always in casual or unregulated situations. Sheila, from Port Cares thinks that there is need for more programs in general, but in particular child care. "I think child care is great; however I'd like to see a child care with more. I don't just want to see a babysitting service."

Recommendations Related to Child Care



In **Recommendation 3.0** calling for a National Poverty Reduction Strategy, we include the need for “the development of new, regulated child care spaces across the country and increased funding for child care, especially for low-income parents.” We see subsidized child care as an excellent anti-poverty strategy because it will better enable parents to secure full-time employment positions or return to school as appropriate.

Campaign 2000, in its report card for 2015 outlines a number of child care initiatives that we support including:

- Endorsement of the plan by the federal government to “design a national policy framework based on the best available evidence.”
- The need for “a universal, high quality, publicly funded and managed childcare system.”
- “Specific attention to ECEC [Early Childhood Education and Care] for Indigenous communities.”
- A transition “away from the current market model towards a more equitable, planned, public approach – the best practice in policy and service delivery.”
- Clear principles for the policy framework including “universality, public and not-for-profit delivery, high quality and comprehensiveness”.
- A “clear commitment to substantial sustained earmarked funding” including “an emergency infusion of \$500 million in federal transfer payments earmarked for regulated child care to provinces/territories/and Indigenous communities while further details about long-term funding are being worked out” (Campaign 2000, 2015, p. 10).



Discrimination

Experiences of poverty and homelessness are not universal. Some populations experience disproportionate rates of poverty and homelessness because of historical oppression and ongoing discrimination. Beginning with colonization, oppression has occurred against Indigenous communities² whose members were viewed as “heathens”, “savages” or “in need of saving.” Over the years, Indigenous Peoples have experienced the loss of culture and language, exclusion from traditional lands and physical, political and emotional violence.³



For many Indigenous populations, the loss of traditional lands and access to historical activities of hunting, farming, fishing and gathering meant a loss of access to foods as well as destruction of a way of life. This was institutionalized with the introduction of the reservation systems, particularly for First Nations communities. Conditions on reserves and in many northern and rural communities are horrendous, with several lacking basic necessities including electricity or clean, running water. Housing construction is poor and often overcrowded.

The inception of the residential school system meant many Indigenous children were seized from their parents and removed from their homes. They were ‘educated’ in school systems where they were often punished for speaking their language and were punished for engaging in cultural practices. Many children were also physically and/or sexually assaulted. The recent Truth and Reconciliation Commission of Canada heard many stories from survivors who spoke of the impact residential schools had on their lives. Children lost connection to their family and parents grieved the loss of their sons and daughters. As a result of this dislocation, cultural traditions were extinguished and many Aboriginal individuals experienced a lost sense of identity.



In the 1960s and the 1970s the removal of Indigenous children occurred again, but this time children were placed in white foster homes. Known as the 60s scoop/sweep, this once more caused dislocation and loss of cultural identity. Abuse was often prevalent again, just as it had been in residential schools. The impact of abuse and trauma has led to high levels substance abuse and addictions. Many individuals developed poor coping skills leading them to not know how to resolve conflicts.

As a result of residential schools and the 60s scoop, many Indigenous children grew up with no real sense of family or parents. They did not know how to be parented neither did they learn important parenting skills for when they had children of their own. For example, at an E4C Focus group, one of the agency members said, “The whole issue of parents never learning how to parent because of residential schools and colonization. One of my clients, my Aboriginal clients, recently said to me ‘I don’t like disciplining my kids’. So I’m like okay, ‘kids need discipline and rules and boundaries. What do you see as discipline’?”

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- 2 Indigenous Peoples or Aboriginal Peoples is a broad term that includes a number of groups including First Nations, Métis and Inuit populations. It includes people living on reserves, in urban and rural settings and in Indigenous and non-Indigenous communities.
 - 3 A strong analysis of Indigenous homelessness, including historical oppression and trauma, can be found in *Aboriginal Homelessness in Canada: A Literature Review*, by Caryl Patrick, 2014. It is available as an e-book for free download from <http://www.homelesshub.ca/AboriginalHomelessness>

And she was like ‘you know hitting them, smacking them’. It really stuck with me; that doesn’t have to be discipline, it can be positive reinforcement, telling them they’re doing a good job. I have talked about timeouts and 1-2-3 magic and she’s like ‘I really like that I’m going to write that down.’”

“Well I think there’s a lot that has already been said about the fact that we have such a disproportionate representation, that the effects of colonization, residential schools, relocation, you know, what is home? All of those things have impacted Indigenous people in Canada and it shows up in every kind of profile – the over-representation in jail, in homelessness, in addictions that is a reality that is caused by you know decades if not centuries of interactions with the settlers and Indigenous population”
– Susan McGee from Homeward Trust Edmonton.



The impact of decades of abuse has led to inter-generational trauma. Not only were those who experienced residential schools affected but their children, grandchildren and great-grandchildren have also been affected. The ongoing discrimination means that healing will not be easy and is anticipated to take many more generations. While many Indigenous Peoples are now actively trying to strengthen their community’s sense of cultural identity, they recognize this process takes time, collective effort and most importantly government funding and political support.

Aboriginal children on reserve are not receiving the same level of education or support as the general population. This makes it difficult for children to complete secondary school education and will put them at a severe disadvantage when trying to secure long term employment.



Some Aboriginal Peoples continue to feel judged for disclosing their Indigenous status. They have to defend themselves when asked what percentage they are, justify why they do not have to pay taxes and defend themselves when asked why they do not have to pay for education.

Racism is experienced by Indigenous individuals and other people who are not Caucasian. Dion from Wabano speaks about the overt racism he experienced as a child and how he and his sister coped with their identities: “When I was a kid I was like the darkest kid in my school. We were the only Inuit family so I got called like brown cow and savage and all kinds of other stuff. Got into fights constantly. My sister grew up telling people she was Chinese rather than telling people she was Inuit because that was more acceptable.”



Members of racialized communities are also discriminated against in housing. Racial inequality speaks to a larger issue relating to social exclusion. Edward from Campaign 2000 says “in the final analysis that poverty is yes about income deprivation and income inequality but fundamentally it is about social exclusion. Fundamentally it is about excluding people from the common extended experience of a society.”

Racialized communities are much more likely to be discriminated against in the workplace as well. People get pushed to the fringes of the economy and have difficulties securing long-term employment. While, as previously noted, jobs are already more precarious, people from racialized communities are disproportionately represented in those sectors of the economy that are low-paying, non-unionized and short-term.

The Truth and Reconciliation Commission of Canada’s report has 94 recommendations that need to be examined. These cover a broad range of issues but many address some of the systemic underlying areas of concern that have been raised in this section of the report. Current Prime Minister Justin Trudeau had showed early support of these recommendations.

Some people interviewed – clients and workers – felt that there needs to be mandatory education courses for landlords and those working in social services to help support workers understand the Indigenous culture and be able to be aware of cultural trauma and the history of their people.

Recommendations Related to Discrimination



Within **recommendations 2.0** (National Housing and Homelessness Strategy) and **3.0** (National Poverty Reduction Strategy) we emphasize the need to focus on Indigenous populations. For example, 2.0 says in part, “A focus on the elimination of homelessness amongst Indigenous peoples. Homelessness reductions for Indigenous Peoples should be both embedded within mainstream plans at all levels of government, but also be focused on as a separate and distinct area sensitive to the specific multi-generational and systemic injustices of our country’s Indigenous communities. These strategies must be developed in conjunction with Indigenous organizations and communities.”

Recommendation 10.0 also encourages community service agencies and government to develop trauma-informed services to better support clients and staff.



Stigma

Although clearly tied into the issue of discrimination, a large barrier that must be addressed in order to find solutions to homelessness is that of stigma. There exists a narrative within the general public of what poverty is and what homelessness is, along with what are the causes. These narratives tend to be “victim-blaming” and look at individual behaviour rather than taking into consideration structural causes and system failures.



If the general public and government continue to believe that homelessness and poverty are ‘choices’ or the result of individual deficits, there will be no pressure or support for policies that back solutions to these social concerns. This also means that landlords may continue to discriminate against housing formerly homeless families because of beliefs in stereotypes about homeless individuals.



Stigma or discrimination attached to mental illnesses presents a serious barrier, not only to diagnosis and treatment but also to acceptance in the community. Children may not be willing to disclose (or may not know the truth about) a parent’s diagnosis, but may end up having to take on a caregiver’s role. For children who have a mental illness themselves, it may manifest itself in ways that cause them to be ostracized or stigmatized by other children, or even by professionals in the educational and social services sectors.



There is also shame associated with children going to school while living in the shelter system. They will see their friends wearing new clothes, living in a nice home, without having to worry about money, while they themselves have to return home to the potentially chaotic lifestyle of not knowing where you are going to sleep at night.

One group that experiences significant barriers simply by virtue of their age is young parents. These could include low education levels, limited earning power/potential, lack of knowledge concerning basic life skills etc. They commonly face discrimination in housing because of their age or due to family status (pregnancy or presence of young children). There is often a lack of social support for young parents at-risk of homelessness because they have been ostracized from their families and they have few friends who are willing (or capable) to support them through their pregnancy and when they have a young child

It can be difficult to support pregnant women because they are often part of the hidden homeless population. They do not typically stay on the streets due to safety concerns, thus support programs must consider alternative methods for contacting and supporting young moms who are at-risk or already homeless. Young fathers are also often overlooked and there needs to be more support and services for young fathers who have traditionally not been considered in the delivery of services.



One of the concerns raised at the Child & Family Homelessness Summit was the interaction between child welfare and families when substance use is involved. One participant explained that their agency in Toronto works with women who are afraid of losing their children because of their substance use and the feelings of being a bad mom that it evokes. Child protection generally does not focus on how families arrived at their situation and **why** a parent might use drugs. Instead the children are taken away which often results in parents using more substances to cope with the removal of their children. The participant suggested that the focus should be on the cycle and providing non-judgemental support to respond to the drug addiction without removing the child(ren).

Growing up in foster care or involvement with the child welfare system is known to be a significant contributor to youth homelessness. By keeping families together and addressing substance use issues, we can contribute to both supporting the health and wellbeing of parents and children, but also decrease further instances of youth homelessness.

Recommendations Related to Stigma



While we have no recommendations that are specifically linked to stigma, we feel that because of the interconnections with mental health, poverty, homelessness and trauma that several of the recommendations fit this pillar including the calls for national coordinated response and action on Children's Mental Health (**Recommendation 1.0**), a National Housing Strategy (**Recommendation 2.0**), a National Poverty-Reduction Strategy (**Recommendation 3.0**), a National Housing Benefit (**Recommendation 3.1**) and the development of trauma-informed services (**Recommendation 10.0**).



Intimate Partner Violence

Next to poverty, intimate partner violence (IPV)⁴ is the leading cause of homelessness for women and children. It has direct and indirect impacts, not only on homelessness, but also on poverty, trauma, substance use and a cycle of dysfunctional relationships. One in four homeless children have witnessed violence in their families (Buckner et al., 2004).

In the US, the Centers for Disease Control and Prevention (CDC) define intimate partner violence as “physical, sexual, or psychological harm by a current or former partner or spouse. This type of violence can occur among heterosexual or same-sex couples and does not require sexual intimacy” (CDC, 2015). In Canada, definitions vary but must include two key aspects: the type of violence and the connection of a familial relationship (expanded to include dating relationships in 2012).

Intimate Partner Violence includes a range of abusive behaviours including:

- Physical abuse
- Sexual abuse
- Verbal abuse
- Emotional abuse
- Financial victimization
- Neglect



Children who witness violence between their family or caregivers, even if they have not been physically impacted themselves, have experienced a form of child abuse. As witnesses to violence, they may develop the same issues and coping mechanisms as a child who is physically, emotionally or sexually abused directly. When this happens at a very young age it can lead to insecure attachment with parents. Other symptoms and signs including depression, anxiety, problems in school, bed wetting, sleep disorders and inability to deal with conflict.

“Oh the impacts, they’re multiple. They’re multiple and they can be long-term. I mean, the research is clear that oftentimes children, it’s not about witnessing anymore, it’s about being exposed to. So children who live in family violence situations, it can be even seeing the impact the next day on Mom, whether they heard it or not that night, but seeing it the next day. So it’s about the exposure”

– Staff member from Family Enrichment.

⁴ Also referred to as Violence Against Women, Domestic Abuse or Family Violence

Growing up in a family where the parents have difficulties dealing with problems can result in children developing ineffective emotional coping strategies. “It comes with, for me, emotional management or regulation. First, if we recognize that ‘this is how I feel and it’s okay to feel this way’ then I have to know how to manage it. Again, it starts with the family. If I see my father handle his emotions appropriately or my mom, then I’ll get an idea how to handle stuff appropriately. Okay, it’s okay to cry, it’s okay to do this, whatever. And then, it’s more the – again the discussion about how it’s okay to feel this way rather than, you know. And then with that, then your coping skills, hopefully, become a little bit easier than trying to learn coping skills at an advanced age, about how to deal with your emotions” - Kelly from Port Cares.

IPV is different from violence that occurs between strangers, acquaintances or friends in a few ways. “First, the ongoing relationship, potential economic dependence and emotional attachment of intimate partner victims to their abusers make this type of violence unique (Ogrodnik, 2006). Second, the impact of victimization may extend beyond the direct victim, in that intimate partner violence may also involve the safety and well-being of children (Bedi and Goddard, 2007). Third, the violence often involves multiple incidents over a period of time, rather than single, isolated events (Ogrodnik, 2006; WHO, 2002). Together, these particular victim-offender relationship factors, as well as the ongoing nature of the violence, make intimate partner violence a distinct form of violence” (all references cited in Sinha, 2012, p. 26).

People of any gender can be victims or perpetrators of intimate partner violence, however the majority of victims are women and the largest group of perpetrators are men. For spousal violence alone, men and women self-report similar rates of experiences however, women usually “experience the most severe forms of self-reported spousal victimization, such as multiple victimizations and incidents with physical injuries” (Sinha, 2013, p. 8).

The level of family violence is hard to measure because most statistical analyses depend upon reported crimes. A large number of crimes, especially those for less serious offenses, go unreported. “In 2013, there were 87, 820 victims of family violence in Canada [as reported to police]. This represents a rate of 252.0 victims of family violence for every 100,000 individuals in the population” (Sinha, 2015, p.4). The majority (68%) of family violence victims are women. Spousal violence accounted for nearly half of this number with “48% of family violence occurring at the hands of a current or former spouse (married or common law), (Sinha, 2015, p. 4).

There were 90,300 police-reported victims of intimate partner violence in 2013, down slightly from the 97,500 victims in 2011 (Sinha, 2013a; Sinha, 2015). Overall, dating violence represented 53% of intimate partner violence reported to the police, while spousal violence made up 47% (Sinha, 2015).

As with violent crime overall, young Canadians were most often the victim of intimate partner violence. The highest rates of intimate partner violent victimization were amongst 20 to 24 year olds (Sinha, 2015).

Although many people have moved away from the term “family violence” to use “Intimate partner violence” the latter term fails to capture violence that occurs between parents and children. This can be linked to homelessness when it causes teens to flee their home to escape their abuser or when children and youth are removed from the home by child welfare. There is a strong correlation between the experiences of youth in the child welfare system and youth homelessness. “According to police-reported data for 2013, about 16,700 children and youth, or 243.5 for every 100,000 Canadians under the age of 18, were the victims of family-related violence. This represented over one-quarter (29%) of all children and youth who were the victims of a violent crime” (Sinha, 2015, p. 4).

Victims are often conditioned and made to believe that they deserved the abuse. They are in a constant cycle of thinking their situation will improve when in fact it often gets worse. This is also true for children who live with a violent parent. Children face similar conditioning and may believe that the abuse will stop if they were just to be better behaved. They may also identify with either the abused or abuser, depending upon the family dynamics, and their actions may be altered to reflect that loyalty.



A study conducted by the Centre for Research on Inner City Health found that many women who took part in the study experienced abuse and/or unstable housing during their childhood, which may have had long term effects. This includes contributing to the normalization of abuse, negative self-images and maladaptive coping strategies. As adults, “they were more vulnerable to housing instability and exploitation”. It may have also contributed to “an inability to protect their own children from abuse or neglect” (2014, p.7).

Children often need physical activity instead of counselling sessions to help them cope with parents who are engaged in domestic violence. Not all agencies have the capacity to create physical therapy programs for children, however, there are a number of unique responses that we explored in the Promising Practices section of this report.

“So prevention programs, services to men, services to women and better interventions and supports for children who witness abuse. All of those lead to generational changes. So if we can stop violence in its tracks right now, then they’re not going to be passing this on to next generations. Because there’s also lots of evidence to suggest that for boys who witness the dynamics between their parents and their fathers victimizing their mothers, then they are much more likely to go on to become abusers themselves. And girls who witness the same dynamic are much more likely – it’s just the children are more likely to maintain the gender roles of their parents. Seek out the same kind of relationships. So that kind of coercive, toxic, violent dynamic to a child might then be integrated, interpreted as that’s what love means. So they live that out for the rest of their lives” – CCWS Focus Group.

Recommendations Related to Intimate Partner Violence



Recommendation 1.0 – We recommend that the federal government, in conjunction with the provincial, territorial and Indigenous governments, support and fund national coordinated response and action on Children’s Mental Health.

Recommendation 2.0 – We recommend that the federal government, in conjunction with the provincial, territorial and Indigenous governments develop and fund a National Housing and Homelessness Strategy.

Recommendation 3.0 – We recommend that the federal government Develop and fund a National Poverty Reduction Strategy focusing on family poverty.

Recommendation 3.1 – We recommend that the federal government implement a National Housing Benefit.

Recommendation 6.0 – We recommend that provincial and territorial governments develop a province/territory-wide Plan to End Homelessness.

Recommendation 9.0 – We recommend that community agencies work to develop a system of care within their local community to provide holistic, wraparound services for clients, including coordinated assessment and common intake.

Recommendation 10.0 – We encourage community service agencies and government to develop trauma-informed services to better support clients and staff.

Promising Practices and Innovative Programs

There are a number of promising practices and innovative programs that were identified through our consultations with our Partner Agencies and by participants at the Child and Family Homelessness Summit in September 2015. These are briefly summarized below.

Resiliency

Although we need to be aware of the long-term consequences associated with being homeless and how children develop psychologically and emotionally, the resiliency of children often surprised agency members. “I am always amazed. I am always amazed at children and how they bounce back and how they find the joy in whatever circumstance they’re in. They have an innate ability to do that – we forget that as adults.” – Heather from Family Enrichment.

Huntington et al. (2008) found that homeless children can be clustered into two groups depending upon the level of maternal mental distress and exposure to childhood sexual and physical violence. One group of children were higher functioning and had “fewer behavioural problems, better adaptive functioning and higher achievement” while the lower functioning children “did poorly across the three same domains” (Olivet, 2005). As a result, it can be surmised that children are relatively adaptable and resilient but that intervention and support is required to reduce maternal stress and address issues of exposure to violence.

“Historically, resilience has been sort of described as bouncing back from adversity... It’s more than that. It’s the ability to maintain, not just bouncing back but to maintain, and continue on at a level that, meets, you know, your needs, and yeah. It’s not just bouncing back, it’s more than that.” – Agency Member from Family Enrichment



Respite Care

Respite care is considered a successful Early Intervention strategy and is often a means of shelter diversion. It was discussed in more detail in the Early Intervention component of the full report. “There’s no respite really around for parents. We have like for example, in the developmental sector, community living would have great services in place if you had developmental concerns. There’s nothing like that for mental health, so there’s no respite” – Cheryl at Pathstones.



“I think that what would really help me is some type of respite or something, some way that I can have a break from the kids and know that they are safe or something too. Yea, even something like going to the cooking classes at Port Cares, I have done that in the past, but also that is difficult if you don’t have childcare. So for me that would help me if that was more considered” – Ashlea from Port Cares.

Play Therapy

Some of the participants talked about play therapy where traditional toys are used as tools to get children to discuss their feelings. “Some things we do are very concrete. . .we have games like Candyland, those kind of games, which we use and adapt so that, if you land on a red you talk about something that makes you feel angry, if you land on a blue then you talk about something that makes you feel sad. Those kind of things; so that you’re sort of playing but also talking about feelings or trying to get an understanding of ‘Okay, does this child recognize feelings?’ Or ‘Are they identifying the right feeling with the right situation?’” – Amy from Family Enrichment.

Amy says that sometimes play therapy is more about observing children playing with toys and seeing how they use them. She says, “I would say that our dollhouse is one that you can often just learn a lot by watching how they set it up, who they choose to put in the house and who they don’t, how they interact together, what the storyline is that develops.”

According to Heather (also from Family Enrichment), free play allows staff to observe what is on a child’s mind. This helps her understand what kids are trying to process in their own minds. She adds “I see the play as a basis for them to explore and express their feelings, so I use a number of games that encourage them to do that.”

Other components of play therapy may include experimenting with a sand tray and what each object in the tray represents. Agency members may also read books to the children when they feel the picture book may have a relevant message or theme that a child may want to discuss.

“The theory is that children are constantly communicating through what they’re playing and it’s the most natural means of communication for the expression of play is the work of childhood. It’s how they naturally communicate so you find out a lot about what they’re thinking and feeling by how they play.”
– Heather from Family Enrichment

Play therapy can be adapted to include cultural components to respond more effectively to indigenous children. “I know in our play room because I also use that room with some of my families, does have some cultural pieces. So, we have drums in there, we have shakers, and often times the crafts that are done, in collaboration with speaking, are sometimes culturally related. Especially if that’s something the child wants to do. So, if the child is talking about having nightmares, then we’re making a dream catcher because a dream catcher is something culturally that we can speak about, and we talk about it and we can learn about what the different pieces are in a dream catcher, and we physically make it together and you can hang it up at home when you get home. And maybe for you that provides the extra layer of support that you need when you’re not in this room with someone. So, there are definitely pieces that are done” – Amanda from Wabano.



Early Intervention Programs

Janet from Family Enrichment recognizes that early intervention programs are beneficial and can have a lasting impact on both the child and parents. “Oh the early intervention? It’s an amazing program; they actually have, they have a program in Moncton called, ‘Moncton Headstart’ that they do here in the province, and it’s based on the Perry pre-school model⁵, and basically it’s about parents and children coming together to a centre, where children have play-based activities and parents go in and they socialize and they learn other skills as well as parenting.”

Yoga, Meditation, Massage, Mindfulness and Observational Therapy

Different kinds of healing modalities are also useful. “So we do all kinds of formal meditations, seated yoga, walking meditation, loving kindness meditations and a silent retreat, but there’s homework that participants do. They do sign and commit to engaging in the daily practices that we have them do from week to week, and then they come back and we discuss our observations as a group, and so it’s a great way to learn because everyone’s kind of sharing what their observations have been over the past week.”
– Agency Member from Family Enrichment

“I was seeing the effects of baby massage, you think it is just baby who’s getting it, but it’s mom and dad as well. It really forms that bond and it increases that mental health, not just in baby, but in the whole family” – Belinda from Wabano.

Many agency members talked about using mindfulness within their counselling practice. By becoming aware of one’s emotions, realizing that certain situations elicit those emotions, and modifying behaviours to decrease negative affective feelings, clients were better able to manage their thoughts and actions. One agency member at Family Enrichment says, “So we just try to put a lens on that and have them notice what’s going on – and that’s really the key, is noticing, because if they’re not noticing then they’re on automatic pilot and they’re just doing, repeating the patterns that they’ve come to use their defense mechanisms, all of those things. And once they begin to notice and be comfortable or feel safe with noticing what’s really going on for them, then they have that space in which to make choices differently.”

Self-regulation

Self-regulation as a strategy encourages mental health and wellness amongst babies and toddlers. “Not that we see a lot of children who have autism, but sometimes with behaviour and self-regulation, that’s a really buzz word now – self regulation! How are we supporting parents and children with that,” Kelly from Port Cares says. She describes how they help do this by trying to slow down the parent-child interactions. “Parents are really rushed and busy. Like, they really are! The more stress parents have, the harder it is for the children.”

5 The HighScope Perry Preschool Project evaluated the long-term effects of intensive and high-quality preschool education to African-American children living in poverty between the ages of 3 and 4. Carried out from 1962 to 1967, the study participants were assessed at age 27 and age 40 with those who had been engaged in the preschool program having higher earnings, better education, fewer teen pregnancies or out of wedlock births and less involvement with the criminal justice system when compared to individuals in the control group. For more information: <http://www.highscope.org/Content.asp?ContentId=219>

Outdoor Time

Kelly says that outdoor time and access to nature can also help people of all ages feel better and cope with stress. “We don’t have a lot of green space, that’s a gap as well. So, we’ve been bringing families down to [places] like Heartland Forest. Parents love that! And we get really great attendance to get there as well. Some of the other things are, we try to do some more gardening. And we know that we talk about this, we do a lot of reflective practice. It feels good to be outside. Kids do better outside. They can self-regulate better.”

Cultural Programs



Traditional and cultural aspects often must be considered when developing programs to respond to children’s mental health and family wellbeing. For example, Indigenous families may respond more positively to a program that has integrated traditional teachings and methods to address specific issues.

“Some of my families are quite traditional, quite attached to particular practices and they want that to be a part of our therapy. And so, I normally ask them what they would like. So, that might be smudging either at the beginning of the session or maybe the end. Sometimes we use a feather or a talking stick, that way people can pass it around and people have different opportunities to speak. So, when you’re holding on to the feather or the talking stick, it’s your turn. Often times, we’re sitting in a circle or a semi-circle format. We don’t typically have barriers between us, like I wouldn’t have a desk or something like it. It’s an equal playing field, even in terms of chair height. If there are two different size chairs, I will sit in the smaller chair unless, you know, the 5 year old wants to sit in the little chair. That’s okay. But, just those kinds of pieces. Sometimes smudging, sometimes those talking instruments, sometimes rocks for grounding. Different techniques as well. We’ve been trained in some Aboriginal focus oriented therapies, and so even just using some of those practices and incorporating some land based things, even when you’re in a session. Plus, we liaise a lot. So, bringing in elders when appropriate, especially with circle of care or also referring to different sweats, different things that are coming up with our culture team”

– Amanda from Wabano.

Physical Activity

Other preventative programs for children's mental health include subsidized sports leagues. Physical activity has been recognized as an excellent preventative strategy to maintain children's mental health, but in many cases low-income and homeless families cannot afford to pay for the competitive season. "Yeah, I think you see, probably, stress in the parents, and, you know, obviously that has an impact on the kids as well. When they're not sure, you know, where the next meal is coming from, or how they're going to pay for whatever it is that's coming down the line. A lot of kids that don't have any kind of extra-curricular activities either, like they're not in any kind of organized sports; and it's a child that clearly could use some energy outlets, and, you know, burning some energy and they're in a small apartment, and that is the issue" – Amy from Family Enrichment.

Parenting Classes

Many at-risk parents grew up in dysfunctional families and did not learn proper parenting skills. Agency members at Wabano recognized this and realized that parenting services were a critical aspect that needed to be addressed amongst their clientele. "That it only takes one-time. When babies are born, because a lot of people don't have that knowledge, they haven't grown up with that. There's no dictionary saying how to be a parent. We have to go to school to get our BA for this, our PhD for this, but we don't go to school to learn how to be a parent" says Belinda from Wabano. For those individuals who didn't witness healthy parenting in their family of origin, she asks "how do you expect them to learn if you don't offer them programs to teach them about bonding and attachment. So, when you do that bonding and attachment, when their babies are growing and afterwards when babies are born, when you're learning these things, when you're doing these things, then that builds mental health. And not only does it help the baby, but it helps mom and dad too."

Concrete Goal Setting

Programs that set smaller tangible goals also saw better improvements in their children clients. "That's why it's important to have smaller, more manageable goals. I think one of the important things with younger children and youth is that when you have goals that are fairly concrete, that when you talk about them at the offset when you're talking about the reasons for coming in, it's nice to know how we'll know when we get there. So that it's not just me thinking 'Oh! Things are great' but you're also feeling like things are great. So, what are the things you're going to notice at home when this problem isn't a problem anymore" – Amanda from Wabano.

Strengths-Based Practices

Participants identified the need to emphasize strengths rather than focusing only on parents' weaknesses. This will help with program retention but will also help empower parents and create a sense of competency amongst them. "It's really exciting because they really do their research to see what [are] the best ways to support children and families. And we know that part of it is, it's important to see children and families as capable and competent, looking at it from a strengths-based perspective. That's how we are with families here too. We welcome you here because people who don't feel good here won't come back" – Kelly from Port Cares.

Family and Group Sessions

Many programs are attempting to prevent the cycle of homelessness by holding group family sessions and discussing family tensions before children have matured into teenagers and the issues become more catastrophic. “And while that’s taught them some amazing things and they’ve been able to be quite resilient, they’re also wanting to make sure that their kids don’t have to necessarily go through the same things. And they’re doing some of their own healing. So, often times, I’ll get families who are coming in as a result of a particular incident or something that’s happened. So, we’re trying to process that and trying to make sense of it, so that it’s not something that’s not talked about for years and years, and then when this kid becomes 20, all of a sudden they start realizing that all these things have happened and it’s never been spoken about. So, sometimes it’s a bit preventative in that way, like wanting to talk about it sooner rather than later” – Amanda from Wabano

Mentoring

If parents are not able to be a positive role model, another effective program can be the integration of a Big Brother or Big Sister type of service in an organization where the child can form a trusting bond and relationship with someone who can help guide them through life’s pitfalls and problems. Mentors are beneficial for the children and youth in homeless families but may also be of assistance to the parents. The [Mentorship Program](#) at Covenant House Toronto has proven that mentors are a successful piece of the puzzle in getting homeless youth established. This kind of work would be transferable to adults who need some assistance getting stabilized in the community.

Trauma-Informed Care

Trauma-informed care recognizes the unique emotional history of clients and develops approaches to services that meet their needs. “Their focus is to ‘meet people where they are at’ in order to avoid re-traumatizing people. Trauma-informed services focus on ‘safety first,’ and have a commitment to ‘do no harm.’ Generally, these services have active involvement in planning and service delivery from the participants, their families (when relevant) and trauma survivors” (Gulliver & Campney, 2015, p.143).

Conclusion

As this supplemental report has laid out, the impact of homelessness, trauma, poverty, intimate partner violence and other challenges contribute greatly to the poor development of children's emotional, social and physical wellbeing. By enacting Recommendation 1 and aligning it with the principles of the Evergreen Framework, we believe that critical change can begin to happen.

But overall, this is about more than just children's mental health; it is about resolving the crisis of child and family homelessness in Canada. To do so will take commitment from all levels of government and cooperation between all human sectors. By addressing the issues identified in our pillars and using the various components of our framework, solutions are within our grasp.

The framework of Primary Prevention, System-Based Responses and Early Intervention is critical to move us away from reactive responses to homelessness. We currently spend over \$7 billion on emergency services and homelessness response. Implementing positive solutions including housing will, in the long run, be cost-effective. Without a focus on prevention or early intervention we will continually face a flow of people into homelessness, even as we solve it faster for people once they have become homeless. More importantly, it will be more humane and will reduce the number of children and their families suffering from mental health issues.

We need to recognize the interconnectivity of the systemic factors that create and maintain homelessness. Rather than viewing them in isolation we need to develop cross-sectoral responses that create systems change. We also must understand that because of the diversity of needs that homeless families have we cannot use a one-size-fits-all response and expect to succeed. There are many pathways into homelessness and we must develop a wide range of pathways out of homelessness to develop achieve the greatest results.

Rather than positioning agency versus agency, sector versus sector, as competing in a battle, we need to develop coordinated partnerships to enable systems-responses. Only by working together will we have the skills, resources and opportunities to make a difference. We know the answers and solutions needed to solve one of Canada's biggest disasters. It is time that we end homelessness. To paraphrase the conclusion of the main report, we know what to do – we just need the money and physical resources to do it.

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