UNDERSTANDING LGBTQ2S YOUTH HOMELESSNESS IN YORK REGION

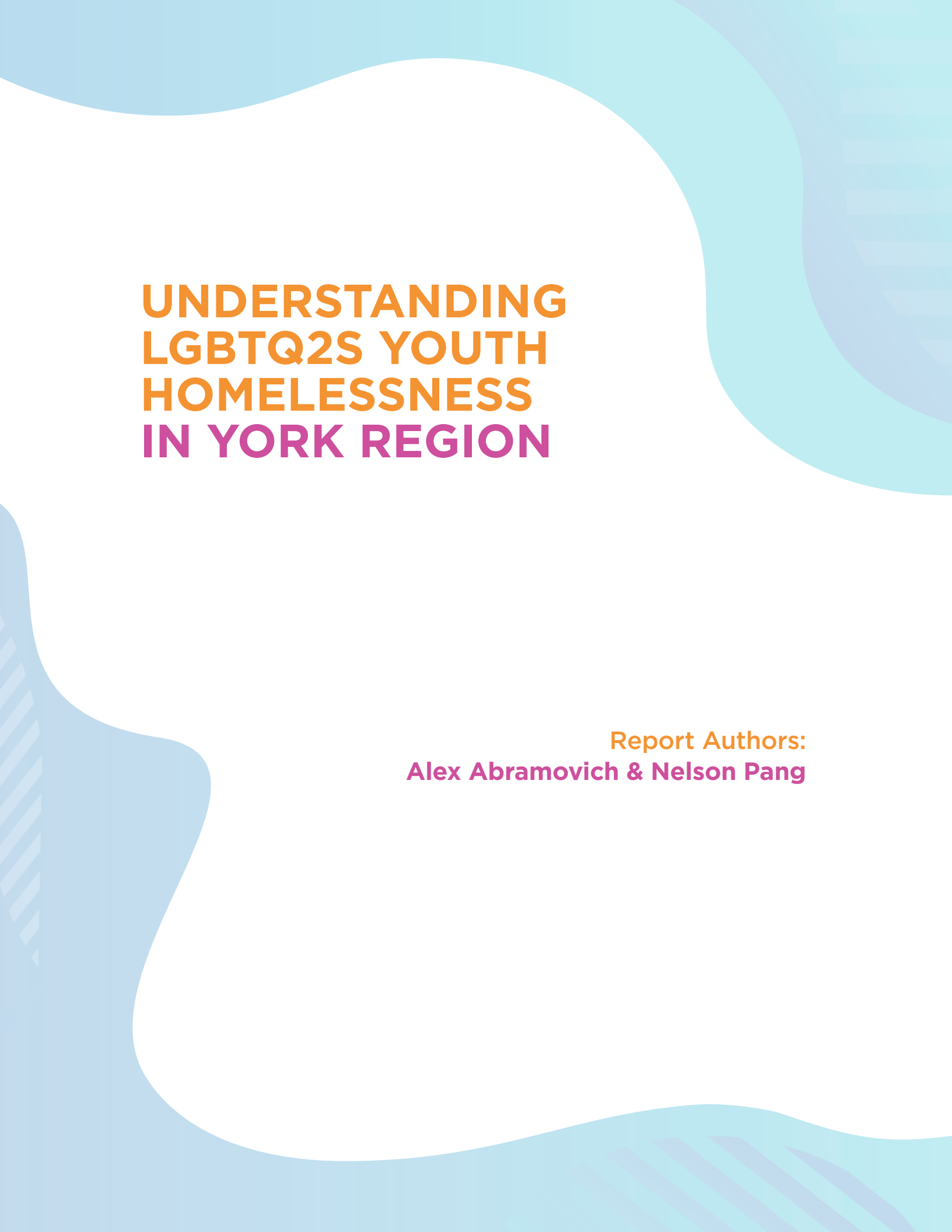## REPORT

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Understanding LGBTQ2S Youth Homelessness in York Region

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Table of Contents

Executive Summary

This report summarizes findings from interviews and surveys conducted from December 2018 to October 2019 with 42 participants, including 33 youth at-risk of, and experiencing, homelessness and 9 key informants from youth-serving organizations across York Region in order to understand the unique needs and experiences of LGBTQ2S youth at-risk of, and experiencing, homelessness in York Region.

Key Findings
The key findings from this research project increase our understanding of LGBTQ2S youth homelessness in York Region and provide a "snapshot" of the experiences, barriers, challenges and needs of LGBTQ2S youth at-risk of, and experiencing, homelessness across York Region.

Pathways to Homelessness
Every young person's pathway into homelessness is unique, complex and often caused by numerous factors. The major pathway into homelessness identified by youth participants was family conflict, which included LGBTQ2S identity-based family rejection. Youth reported a variety of reasons for family conflict, including abuse, mental health issues, and alcohol and substance use problems. Additionally, over half of the youth interviewed reported previous involvement with child protection services.

Experiences of Homelessness
Youth homelessness is often characterized by precarious and unstable housing. After leaving home, youth often live in a variety of places temporarily (friends, couch surfing, emergency shelters, parks). Youth who leave home may try to return, but often face the same problems they previously faced resulting in them leaving again. The majority of youth reported couch surfing and staying at emergency shelters currently and/or previously. LGBTQ2S youth experience hidden homelessness in York Region, due to the common experience of couch surfing.

Age of First Experiencing Homelessness
The average age at which participants first left home was 18 years old. A significant finding was that 28% of participants reported leaving home at age 16 or younger. This is important to note as youth who leave home earlier have been found to experience more difficulties in the long run and multiple episodes of homelessness.

Family
Despite the high rates of family conflict and estranged family relationships reported by youth, many had regular contact with at least one family member. Most youth reported that family contact is important and that they wanted to improve their relationship with a family member.

LGBTQ2S Identity
Youth reported a variety of experiences regarding identifying as LGBTQ2S in York Region. Some felt that their identity had to be hidden and were fearful of people finding out that they identify as LGBTQ2S, while others felt that they had support from friends, family, and service providers.

Service Use

Youth participants accessed an array of programs and services across York Region and in surrounding areas, including counselling, case management, and emergency housing. Youth reported a lack of LGBTQ2S specialized services in York Region, and even fewer services available outside of Richmond Hill and in more rural parts of York Region. Numerous youth expressed the need for LGBTQ2S inclusive services in York Region, particularly support groups and housing programs. Many youth reported being unable to access emergency shelters and having to travel to Toronto or other communities for emergency housing.

Youth were unaware of many of the services and programs currently available in York Region and felt that youth-serving agencies could do a better job with outreach and advertising. Youth reported experiencing numerous barriers when accessing social support and health services. Barriers included long waitlists, loss of trust in services, difficulties navigating services, and transportation issues.

Health and Well-Being

Overall, physical and mental health was a concern for many youth. The majority of youth reported experiencing emotional, psychological, and/or mental health conditions. Specifically, we found a high prevalence of depression, anxiety, and alcohol and substance use. Many youth reported that their mental health and/or alcohol and substance use was interfering with their lives in some capacity. Self-harm and suicide were also major concerns for LGBTQ2S youth experiencing homelessness. Almost 75% of youth reported that they had self-harmed without the intention of suicide in the past year and 1 in 3 had attempted suicide in the past year.

Many youth expressed having poor physical health and health conditions, but were unable to pay for care or find gender-affirming health care providers. The majority of youth experienced food insecurity in some form, due to monetary issues.

Recommendations

- **LGBTQ2S inclusive standardized model of service delivery**
- **Support the delivery of population-based housing options for LGBTQ2S youth**
- **Support the delivery of LGBTQ2S inclusive drop-in programs for youth and young adults**
- **Improve systems navigation across York Region**
- **Increase mental health supports for LGBTQ2S youth**
- **Subsidize travel costs**
- **Prevention plan**
- **Expand staff training**

Introduction

Young people experiencing homelessness make up 20% of the homeless population in Canada. [1] Youth-serving organizations typically define youth between the ages of 13 and 24 years. Over the course of one year, approximately 40,000 youth experience homelessness across the nation, and up to 7,000 will be without a home on any given night. [2] Lesbian, gay, bisexual, transgender, queer, questioning, and 2-spirit (LGBTQ2S) youth disproportionately represent 20-40% of the population of youth experiencing homelessness in North America. [3-5] The most frequently cited pathways into youth homelessness include, family conflict, transitions from foster care and other public systems, and economic problems. [5] While these reasons apply to all youth, these risks are often amplified for LGBTQ2S youth. Identity-based family rejection resulting from a young person coming out as LGBTQ2S is the most commonly cited cause of homelessness among LGBTQ2S youth. [4, 5]

The literature highlights high rates of social ecological risk factors for LGBTQ2S youth that span intrapersonal (e.g., beliefs, attitudes), interpersonal (e.g., family rejection and violence), and community (e.g., school, workplace, neighborhood) contexts. [6-8] For example, LGBTQ2S youth are especially vulnerable to family rejection, bullying, homelessness, mental health issues, and face increased risk of physical and sexual exploitation, substance use, and suicide compared to their heterosexual and cisgender counterparts. [9, 10] Family rejection, inadequate social services, institutional erasure, and homophobic and transphobic violence and discrimination in housing programs, employment, and education make it difficult for LGBTQ2S youth to secure safe and affirming places to live. [3, 4, 11-13]

The Canadian definition of youth homelessness states that 'youth homelessness' refers to situations in which young people are: *"living independently of parents and/or caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence. [...] In addition to experiencing economic deprivation and a lack of secure housing, many young people who are homeless lack the personal experience of living independently and at the same time may be in the throes of significant developmental (social, physical, emotional and cognitive) changes.* **Few young people choose to be homeless, nor wish to be defined by their homelessness, and the experience is generally negative and stressful.***"* [14]

Youth homelessness is often conceptualized as a 'big city' problem that only exists in major Canadian cities even though the pathways that lead to homelessness remain uniform regardless of urban or rural location. [15, 16] The limited research on rural youth homeless in Canada suggests that there are unique challenges and barriers associated with youth homelessness in small towns and rural settings; however, minimal knowledge exists on the needs, challenges and experiences of LGBTQ2S youth in these settings. [15, 17-22] Hidden homelessness is a significant issue among LGBTQ2S youth living in rural communities, making it difficult to accurately determine the scale of the problem. [4, 11] LGBTQ2S youth living in nonmetropolitan settings face increased risks compared to those in urban settings, yet urban strategies for fighting homelessness are typically relied upon in all geographic settings. [4, 23, 24]

Rural communities tend to experience higher rates of poverty and have fewer specialized services and resources available to youth experiencing homelessness. Support services also tend to be less accessible to youth in rural communities since they are often centralized in urban areas. [1, 2, 24] These findings are consistent with a number of recent studies on suburban and rural homelessness in Canada

that report low service utilization rates and availability to youth. [17, 19, 20] This may be partially due to a service gap that exists between child and adult service systems, as well as a lack of transition between these systems. [19, 25] This service gap becomes more pronounced in rural and suburban settings where there are fewer available services, and thus, rural and suburban youth who experience homelessness are more likely to slip through the cracks. [19, 26]

This issue may be even more pertinent to LGBTQ2 youth, who have reduced access to services that are tailored to their needs, let alone LGBTQ2S competent. [4] A lack of inclusive services and supports, as well as having fewer housing options available to youth experiencing homelessness in rural areas may force youth to relocate from their communities and leave behind important social networks and emotional connections. [16, 20] Relocating to big cities such as Toronto, in order to obtain inclusive services and supports, can introduce a host of consequences, including worsened health, fewer social networks, and increased risk of victimization and exploitation. [27] Rural and suburban LGBTQ2S youth face comparable, if not, greater risks than urban LGBTQ2S youth, and have been identified as a high-risk subgroup for homelessness in nonmetropolitan areas. [4, 21, 22] Rural and suburban homeless services continue to rely on urban models for direction, yet we know that the experiences of rural LGBTQ2S homeless youth cannot easily be mapped onto urban experiences. [4, 28]

About York Region

To better understand homelessness in York Region it is important to understand the population, characteristics, and geography of York Region as these shape the social and economic context in which LGBTQ2S youth experience homelessness.

The Regional Municipality of York (York Region) is a large municipality located between Lake Simcoe and Toronto. York Region has a population over 1.1 million and spans across 1,762 square kilometers and is expected to grow to over 1.5 million by 2031. [29] The population of York Region is characterized by ethnic diversity and higher than average income. York Region is home to a diverse population with more than 47% of residents being born outside of Canada, 51,000 recent immigrants (immigrants who arrived in Canada between 2011 and 2016), over 230 distinct ethnic origins, and more than 120 different spoken languages. [30] The largest visible minority groups in York Region include: Chinese (45%), South Asian (22%), and West Asian (8%). [29]

York Region consists of nine local municipalities of urban, semi-rural and rural size and density. These municipalities include (listed from most populated to least populated, ranging from 24,512-328,940): Markham, Vaughan, Richmond Hill, Newmarket, Aurora, Whitchurch-Stouffville, East Gwillimbury, Georgina, and King. All nine municipalities have their own unique and distinct character and history. The municipalities located in the south (Markham, Richmond Hill, and Vaughan) have more urban areas and stronger links with Toronto, while the northern municipalities (East Gwillimbury, Georgina and King) are characterized by smaller urban centers and rural farmland. The geographic spread of the nine municipalities and lack of a downtown area makes transportation and access to services challenging, particularly for people experiencing homelessness. Similar to many other suburban areas, the transit system is built to accommodate privately owned vehicles which creates difficulties for young people and those with low income and experiencing poverty.

York Region is often considered a wealthier region in Ontario. According to the 2016 Census, the median household income was $95,776 in York Region, compared to $74,287 in the province of Ontario. [29] The higher income levels make the issue of poverty more hidden. Much of the poverty in York Region is located in the more populated southern municipalities (Vaughan, Richmond Hill, Markham). In smaller and suburban communities, such as York Region, the vast majority of people experiencing homelessness remain hidden, due to stigma and a lack of local shelters. [31] Estimates suggest that up to 80% of people who experience homelessness across Canada are not visible. [31,32] Preston et al. [33] found that new Canadians are vulnerable to poverty and homelessness but are not visible because they tend to avoid using shelters.

It is difficult to estimate the scale and scope of homelessness in York Region; however, we are able to use counts and data from prior research to understand homelessness across the region. The 2018 Point-in-Time (PiT) count reported a total of 389 people experiencing homelessness in York Region, of which 8% identified as LGBTQ2S. [32] The number of people experiencing homelessness and who identify as LGBTQ2S is likely higher than estimated, due to hidden homelessness and issues regarding safety. The most common pathways to homelessness in York Region included: family conflict, job loss, illness or medical condition, unable to pay rent/mortgage, and mental health. [32] While for youth in York Region, the most common pathways included: conflict with parents, abuse, mental health, and substance use. [27] Youth make up approximately 26% of the homeless population in York Region.

[32] There are few specialized services and housing programs available for people experiencing homelessness in York Region. There are a total of six shelters and 160 emergency beds available across York Region, which is much less than the number of people who experience homelessness in the region. There are three organizations that focus specifically on providing targeted services to youth experiencing homelessness (Blue Door Shelters, 360° Kids, and Salvation Army).

Compared to other urban municipalities in Canada, York Region has an underdeveloped rental market. On average, 69.5% of all households are owner-occupied in Canada, while 89.5% of households are owner-occupied in York Region. [27] In addition to the lack of rental housing, available housing is often unaffordable for lower and moderate-income earners, as well as young adults. In 2018, the average rent for a one bedroom unit in York Region was $1,550, which is well above the affordability of individuals earning minimum wage. Due to the high cost of living and housing in York Region many individuals and families struggle with their finances and making ends meet. [34]

Over recent years, increased attention has been given to youth homelessness in York Region; however, there is a major gap in knowledge regarding the issue of LGBTQ2S youth homelessness across the Region. It is important to note that youth-serving organizations across York Region have expressed a great deal of interest in supporting this project and understanding the experiences and needs of LGBTQ2S youth.

It is our hope that the findings of this project will be instrumental in informing regional and national strategies and responses to youth homelessness and provide key stakeholders and decision makers with the necessary knowledge and information to prioritize LGBTQ2S youth and other marginalized populations of young people, experiencing homelessness.

Study Objectives

The primary purpose of this project was to increase knowledge and understanding of LGBTQ2S youth homelessness in York Region. This project responds to a major gap in knowledge, as there is limited literature on issues regarding LGBTQ2S youth homelessness in suburban areas. The knowledge learned from this project is meant to provide concrete practice and policy solutions that will help prevent, reduce and end LGBTQ2S youth homelessness.

The specific objectives of this study were to:

1. Examine the unique needs and experiences of LGBTQ2S youth at-risk of, and experiencing, homelessness across York Region.

2. Produce knowledge that can contribute to the improvement of programs, interventions, and targeted responses in small town and rural settings, in order to meet the needs of LGBTQ2S youth.

3. Provide evidence-based practice and policy recommendations to improve outcomes for LGBTQ2S youth in York Region.

Research Methodology

This community-based mixed methods study was guided by the Social-Ecological Model to provide a youth focused "snapshot" of LGBTQ2S youth homelessness across York Region. Participants included LGBTQ2S youth, aged 13 to 26, at-risk of, or experiencing, homelessness in York Region and surrounding areas, and key informants, including frontline staff and managers from youth-serving organizations across York Region. We defined homelessness as youth without stable, safe, permanent, or appropriate housing, as per the Canadian definition of youth homelessness (see introduction). At-risk of homelessness referred to youth who were either living with their parents and/or in a precarious housing situation experiencing abuse, conflict, and/or identity-based rejection.

A Youth Advisory Committee (YAC) and Community Advisory Committee (CAC) were created at the beginning of the first year and met twice throughout the course of the project. The YAC and CAC were established to advise and collaborate on numerous aspects of the project, including design, recruitment, interpretation of data, and end of project knowledge mobilization activities.

Data Collection

Data was collected by way of in-person, one-on-one, semi-structured interviews and tablet-based surveys, conducted by the research team between December 2018 and October 2019. Interviews and surveys lasted approximately 60-90 minutes in duration and were audio-recorded and transcribed verbatim.

Interviews and surveys took place in private offices at collaborating community organizations and the CAMH Mobile Research Lab, a custom built trailer that allows researchers to conduct multidisciplinary research in diverse communities across the province, including rural, remote, and underserved populations (see Figure 1). The Mobile Research Lab is equipped with space for conducting private

interviews, and serves as a neutral location removed from the shelter environment. The Mobile Research Lab was stationed at different locations in York Region for dedicated data collection days.
The majority of interviews took place at 360° Kids. Participants received a $25 honorarium for their time and $8 to cover transportation costs (total $33), as well as snacks and refreshments.

This study received ethics approval from the Centre for Addiction and Mental Health (CAMH) Research Ethics Board.

Youth Interviews and Surveys

A total of 33 LGBTQ2S youth at-risk of, and experiencing, homelessness, aged 13 to 26, participated in this study. We had originally planned to recruit approximately 40 youth participants, with representation from all nine of York Region's municipalities to ensure an accurate snapshot of the regional diversity. However, we experienced challenges with youth recruitment and decided to amend the inclusion criteria to include youth from surrounding areas who were presently or had previously experienced homelessness in York Region or accessed services in York Region. The final sample size was based on saturation of major emergent themes and concepts.

Youth participants were recruited from a wide range of organizations and programs across York Region, including 360° Kids, Blue Door Shelters, Sutton Youth Shelter, MOBYSS, and PFLAG. Youth were recruited through the following methods:

1. Electronic and hardcopy distribution of recruitment posters, predominantly circulated by study collaborators, including the YAC and CAC in order to reach youth who were and were not accessing services. Recruitment posters were also shared through targeted ads on social media (Facebook and Instagram).

2. The research team facilitated in-person information sessions, outlining the study's importance and impacts, at numerous youth-serving agencies across York Region.

3. The research team utilized the Mobile Research Lab to share information about the study with youth at events (e.g., York Region Pride) and locations where there are limited youth services or where LGBTQ2S youth may not feel comfortable or safe coming out or attending an information session.

4. Snowball sampling was also administered as a recruitment technique, which involves asking participants to refer or help identify individuals they know who meet the inclusion criteria.

Youth interviews followed a semi-structured interview guide, exploring the following domains: a) experiences with shelters, youth serving organizations, schools, and health care services in York Region, including the barriers and facilitators to accessing them; b) navigating the world as an LGBTQ2S youth experiencing homelessness in York Region; c) family life; d) coming out experiences; e) physical and mental health; f) current living situation; g) personal coping strategies; and h) personal relationships and sense of belonging. Examples of interview questions included: did your gender identity or sexual orientation have anything to do with you becoming street-involved or homeless? and describe your experience accessing housing programs and/or support services in York Region. Youth participants also completed tablet-based surveys consisting of detailed descriptive data on demographics (e.g., age, ethno-racial background, sexual orientation, gender identity, living

arrangements over the past month) and quantitative scales focused on mental and physical health, stigma, resilience, alcohol and substance use, well-being, and family and community connectedness.

Key Informant Interviews

A total of nine key informants from eight organizations across York Region were invited to participate in this study. Key informants included a range of individuals with experience working with youth in the housing, homelessness, and social services sector across York Region. Key informant interviews were conducted to provide the perspectives and knowledge of those working directly with LGBTQ2S youth experiencing homelessness in York Region. Key informant interviews focused on LGBTQ2S inclusion, institutional responses to homophobia and transphobia, education and training, and experiences and barriers providing support to and meeting the needs of LGBTQ2S youth.

Figure 1 - CAMH Mobile Research Lab, youth recruitment

Figure 2 - CAMH Mobile Research Lab, youth recruitment

Figure 3 - CAMH Mobile Research Lab, York Region Pride

Analysis

Detailed and in-depth narratives were collected during the interview process to enhance the quality of the data. The research team began engaging with the data early on by writing out observations, thoughts, and the main themes that emerged each time data was collected. The qualitative data was coded and analyzed using an iterative thematic content approach. Data analysis involved identifying core themes, data patterns, and developing codes that helped explain the themes. Any information that could personally identify respondents was removed from the interview transcripts and replaced with pseudonyms. The preliminary analysis involved open coding to generate a range of key themes that emerged from the data. These initial codes were then organized into provisional categories to build a coding frame divided into major themes and sub-themes. Quantitative data was analyzed using SPSS statistical package. Due to the limited understanding of this population, descriptive analyses (e.g., frequencies, means) were used to examine participants' demographic characteristics.

Limitations

Our study has several limitations. In order to provide a "snapshot" of LGBTQ2S youth homelessness, participants were only interviewed once; however, this limited our ability to understand their experiences of homelessness over time. Although we worked with a wide range of organizations and community partners to recruit a diverse and representative sample of LGBTQ2S youth, we experienced challenges with participant recruitment. Recruiting a large and diverse sample of participants was difficult, given the prevalence of hidden homelessness among minority populations, including LGBTQ2S youth.

Results

The results from both the qualitative interviews and quantitative surveys are shared below. The results have been separated into the following sections: Who participated in the study?; Pathways into homelessness; Experiences of housing and homelessness; Identifying as LGBTQ2S in York Region; Health and well-being; Accessing services; and Key informant perspectives.

Who participated in the study?

Forty-two participants took part in this study (N=33 youth participants; N=9 key informants). Youth participants' ages ranged from 13 to 26 years (mean=18 years), in the following age categories: 13-16 years (n= 9), 17-20 years (n=15), 21-26 years (n=8).

Youth were asked to select the category (or categories) that best describe their ethno-racial background. Youth selected multiple categories to describe their ethno-racial backgrounds, including Indigenous, Black, East Asian, South Asian, European, Mixed Background (see Figure 4). The survey also included the question: "Do you identify as a person of colour?", to which 11 (33.33%) youth responded yes. Participants provided pseudonyms to protect their identities, which are used throughout this report. 51.5% of youth identified as White; however, numerous youth selected more than one category to describe their ethno-racial background. Due to small sample sizes and to protect participant confidentiality, we have chosen to not include numbers in Figures 4, 5 and 6.
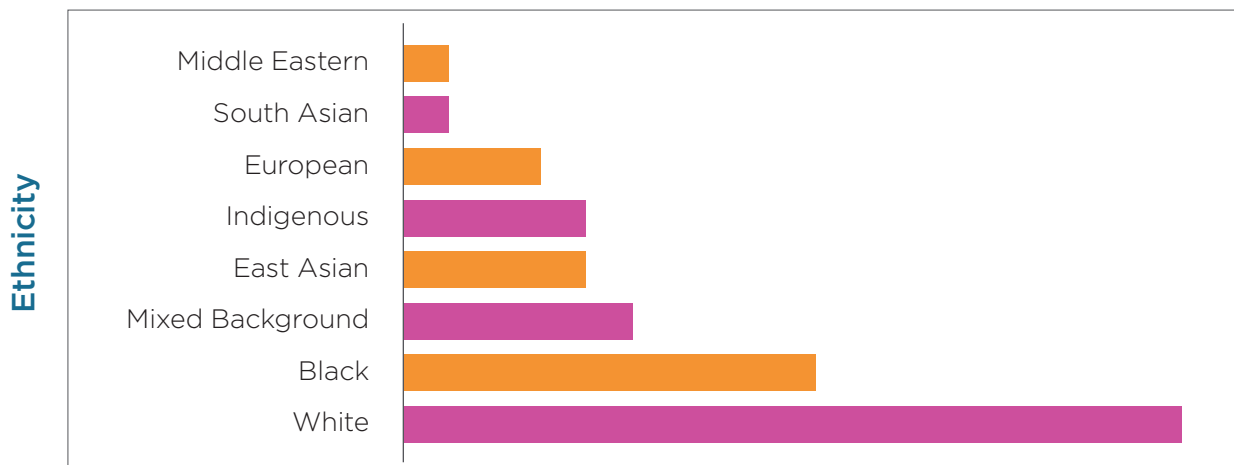
Figure 4

Youth were asked to describe their gender identity and sexual orientation. Youth reported a range of diverse identities. More than half of youth (57.6%) identified as cisgender (cisgender woman and cisgender man), and 21.2% of youth identified as transgender (transgender woman and transgender man), and the remaining 21.2% of youth identified with gender expansive identities (non-binary, genderfluid, and genderqueer) (see Figure 5).

The majority of youth described their sexual orientation as bisexual. Youth also described their sexual orientation as asexual, demisexual, gay, lesbian, pansexual, and questioning (see Figure 6).

Figure 5

Figure 6

Education

When asked about their current education status, eight youth (24.2%) reported that they were currently enrolled in school. When asked about the highest level of education they have completed, youth reported:

- **Some high school: 23 (69.7%)**

- **High school: 9 (27.3%)**

- **Post-secondary: 1 (3%)**

Employment and Income

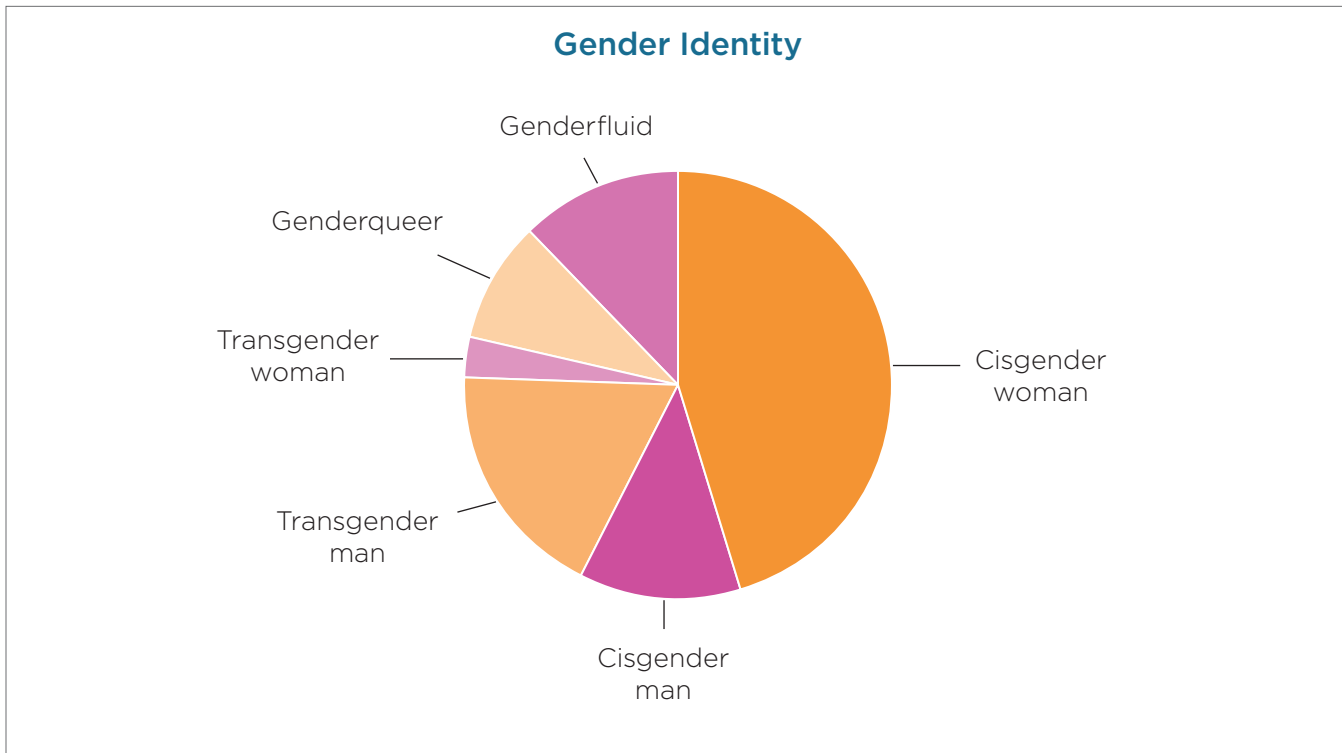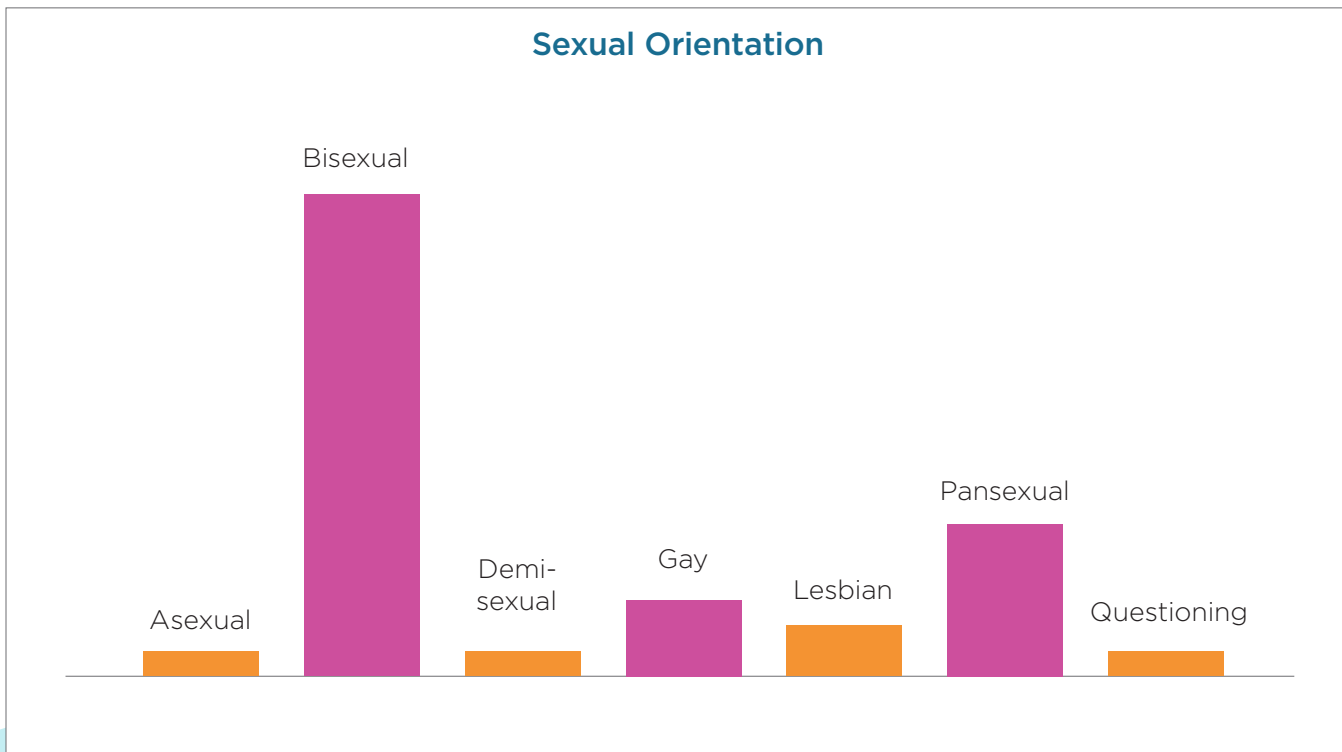When asked about their main source of income, 30.4% of youth reported income assistance, including Ontario Works (OW) or Ontario Disability Support Program (ODSP), followed by 21.2% of youth who were employed, whereas, 54.5% were unemployed or on long-term sick leave.

Youth who were employed struggled to maintain their employment, due to factors such as mental health, substance use, transportation, seasonal/temporary work, and precarious housing. Several youth reported not having enough money to pay their phone bills, which caused issues contacting their caseworkers and employers. The majority of youth described financial challenges and not having enough money to meet essential needs, such as food, shelter, transportation, and clothing. For example, one youth stated:

> *If I wanted to live by myself and pay rent, I couldn't. And because [ODSP] didn't give me the full amount because I was living with my parents. And now that I called them, they're like, "No, we can't give you all of the money that you need until you get, like, a permanent address, or you're a residential," or something like that. I'm like, "How am I supposed to get a home or get an apartment or anything if I don't have any money?" You know? I can't work, so how am I going to get money? (Tyler, 19 years old)*

Involvement with Child Protection Services

Youth experiencing homelessness commonly have prior involvement with child protection services. Difficult transitions from child protection services, including aging out of the system, often contribute to youth homelessness. [1, 35] Consistent with findings from other research, over half of the youth interviewed (n=22) reported previous involvement with child protection services, specifically Children's Aid Society (CAS). For some youth, their involvement with child protection services began at birth or early in their lives when they were taken into foster care or group homes, while for others their involvement was limited to one conversation or occasional check-ins with CAS. For example, one youth stated:

> *I went to foster care the first time when, I'm pretty sure, I was 2 ½ and I'm currently still in the system, but throughout my whole life I was really in and out a lot, between foster care, my family, and my mom, and the streets. (Russell, 15 years old)*

Youth reported both positive and negative experiences with CAS. Some youth described CAS involvement as helpful with their family relationships and with finding them safer and more supportive home environments. Meanwhile, others described CAS as unhelpful and feeling as though being put into the system worsened their situation, as one youth shared:

After I came out, at first my mom went through this phase of complete denial and stuff. And she kind of resorted to physical and verbal violence for a while, so there were a couple of times when the school would call CAS on her for it. Generally they [CAS] were not very supportive, basically every time it just ended up with the answer of 'oh, you're just a hormonal teenager, you'll get over it'. (Murdoc, 15 years old)

Several youth were under the impression that CAS would destroy their families and did not feel as though they could be honest about their family trauma. For example, one youth stated:

I was interviewed by CAS multiple times about things that were going on with me. I lied to them every time because I didn't want anything to happen to my dad. Because my family was already going through a lot as it was and I didn't want my family to get destroyed even more than it was, so I decided to keep quiet about the things that were going on with me and my dad. (Purple, 25 years old)

Two youth reported running away from their group homes or foster care multiple times and one youth aged out of the child welfare system resulting in homelessness. Additionally, several youth who did not have CAS involvement, reported wishing that they did because of their difficult family lives.

Pathways into Homelessness

Every youths' pathway into homelessness is unique, complex and often caused by numerous factors. Some of the most frequently cited reasons for youth homelessness include, family conflict, transitions from foster care and other public systems, and economic problems. [5] While these reasons apply to all youth, these risks are often amplified for LGBTQ2S youth. Many individual risk factors, such as mental health, intersect with structural problems, such as lack of affordable housing, to create conditions of homelessness.

To better understand the pathways into homelessness among LGBTQ2S youth, participants were asked about what led them to becoming homeless. The most commonly cited cause of homelessness identified by youth was family conflict, which included identity-based family rejection as the main source of conflict.

Identity-Based Family Rejection

A high proportion of youth reported that identity-based family rejection resulting from them coming out as LGBTQ2S was the main cause of them becoming homeless (n=14). For example, a common narrative shared by youth included:

> *She [my mom] said that I make her sick to her stomach and that she wants to throw up because of me and I put her under so much stress and that she wants to kill herself because of me [...] it was heartbreaking and I didn't feel safe at home. So that's when I left. (Mizu, 16 years old)*

Youth described the experience of identity-based family rejection as creating unsafe environments for them, leading to emotional and physical abuse, hospitalizations, and homelessness, further resulting in low self-esteem, fear, anxiety, and stress.

> *I don't think it was safe for me to stay because, for example, my dad is very transphobic, very homophobic, very LGBT-phobic. He doesn't agree with it, he thinks LGBT people are like, perverts or disgusting or mentally ill, or it's not real, or it's a choice. And my mom seemed to be – she put on this mask that she was supportive, but when I came out as a trans man, she basically just said, 'That's not real, that's not true, that's not who you are' and 'I don't agree with it. I don't agree with you medically transitioning.' She kept kind of manipulating me and kind of gaslighting me into believing that I'm not trans. I can't be in this type of environment. I have to leave. (Tyler, 19 years old)*

Family Conflict

Family conflict played a major role in youth becoming homeless and estranged from their families. The majority of youth described challenges and difficulties in their home life and experiences of family conflict and trauma.

> *When I was younger, and I'm talking about when I'm like Grade 4 or 5, I had to deal with a lot of family issues and a lot of — obviously I had a lot*

of family issues because I was kicked out when I was 18, but when I was little, I felt depressed and I felt like in my family no one's on my team and it was kind of like me versus them. (Shawn, 19 years old)

A high proportion of youth reported mental health issues as a contributing factor to family conflict, including parental mental health and alcohol and substance use problems, and their own mental health and alcohol and substance use problems. For example, one youth stated:

Continuous arguments and then there started to be like, you know, alcohol as well. If my mom were to be mad at me, she just would take this away or she wouldn't give me food or stuff like that and then she'd kick me out constantly as well. (Beyonce, 17 years old)

Other sources of family conflict included economic difficulties and religion:

My parents said that they don't agree with me existing in a way because of their religion and they were like 'God didn't make that' and 'we didn't raise you like that' and 'you should have been better'. So then my dad was like 'you might as well kill yourself at this point because we don't want you around' and I was like 'fine, I'll do it', and that's the first time I went to the hospital. (Rowan, 18 years old)

Family Contact

Despite family conflict and estranged family relationships, 83% of youth reported having regular contact with at least one family member. Family contact was voluntary for some, while others were living with their families. When asked about the importance of family contact, 67.7% of youth reported that family contact is important and 80.6% reported that they would like to improve their relationship with a family member (See Figure 7 and 8).

How important is family contact to you?

33%

68%

● It is **not** important to have contact
● **It is** important to have contact

Figure 7

Would you like to improve your relationship with a family member?

Yes, I am already working on this. **52%**

Yes, but I am not working on this right now **29%**

No, I have no interest in this. **19%**
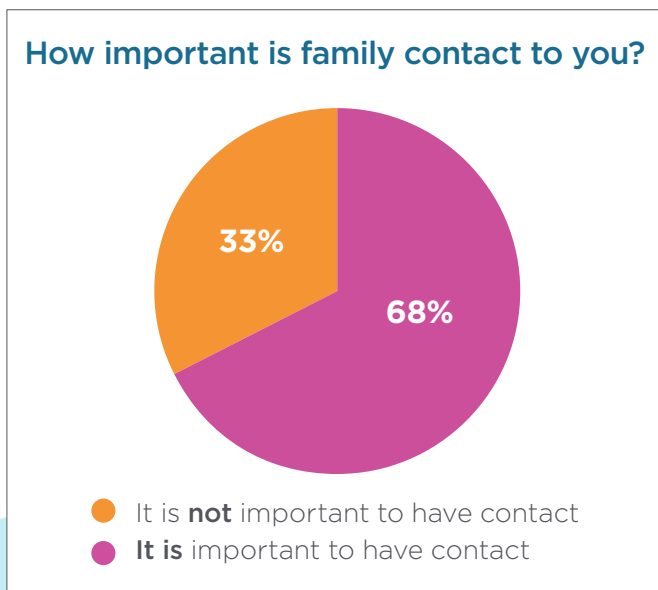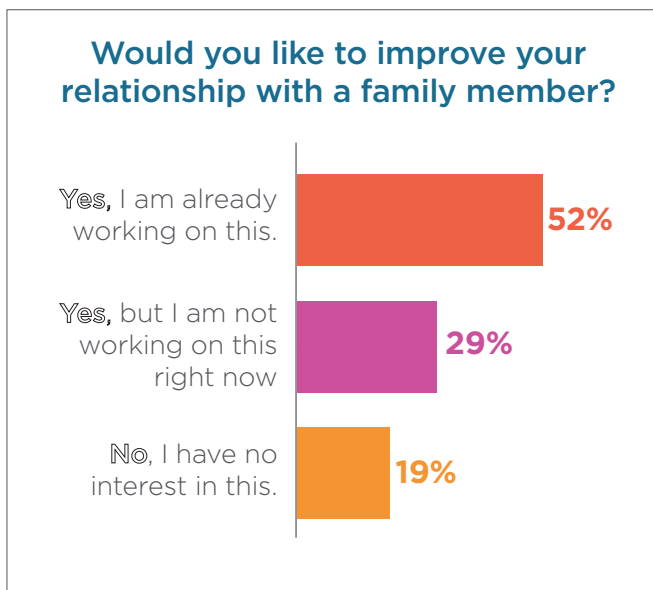
Figure 8

Experiences of Housing and Homelessness

The average age at which participants first left home was 18.84 years. Survey results showed that 28% of participants left home at age 16 or younger. Youth reported living temporarily with friends, partners, relatives, and in emergency shelters after being kicked out or forced to leave home. At the time of interview, the majority of youth were living with their parents (27.27%), emergency shelter (24.24%), and couch surfing (15.15%). Other places that youth were living, included renting, foster care, group home, transitional housing, and streets/squatting. Youth reported a variety of housing experiences over the past six months (See Figure 9).

Places stayed over the past 6 months

- **58%** Parent/caregiver
- **33%** Emergency/domestic violence shelter
- **27%** A place you rent
- **27%** Someone else's place
- **18%** Romantic or sexual partner's place
- **12%** Transitional housing
- **12%** Motel or hotel
- **12%** Outdoors/public space
- **9%** Group home

Figure 9

Couch Surfing

The majority of youth (63.6%) reported couch surfing either presently or previously. Immediately after leaving home, youth typically stayed with a friend, partner, or relative. Many youth reported intermittent episodes ranging from a few days to months, depending on the severity of family conflict and situation in their home.
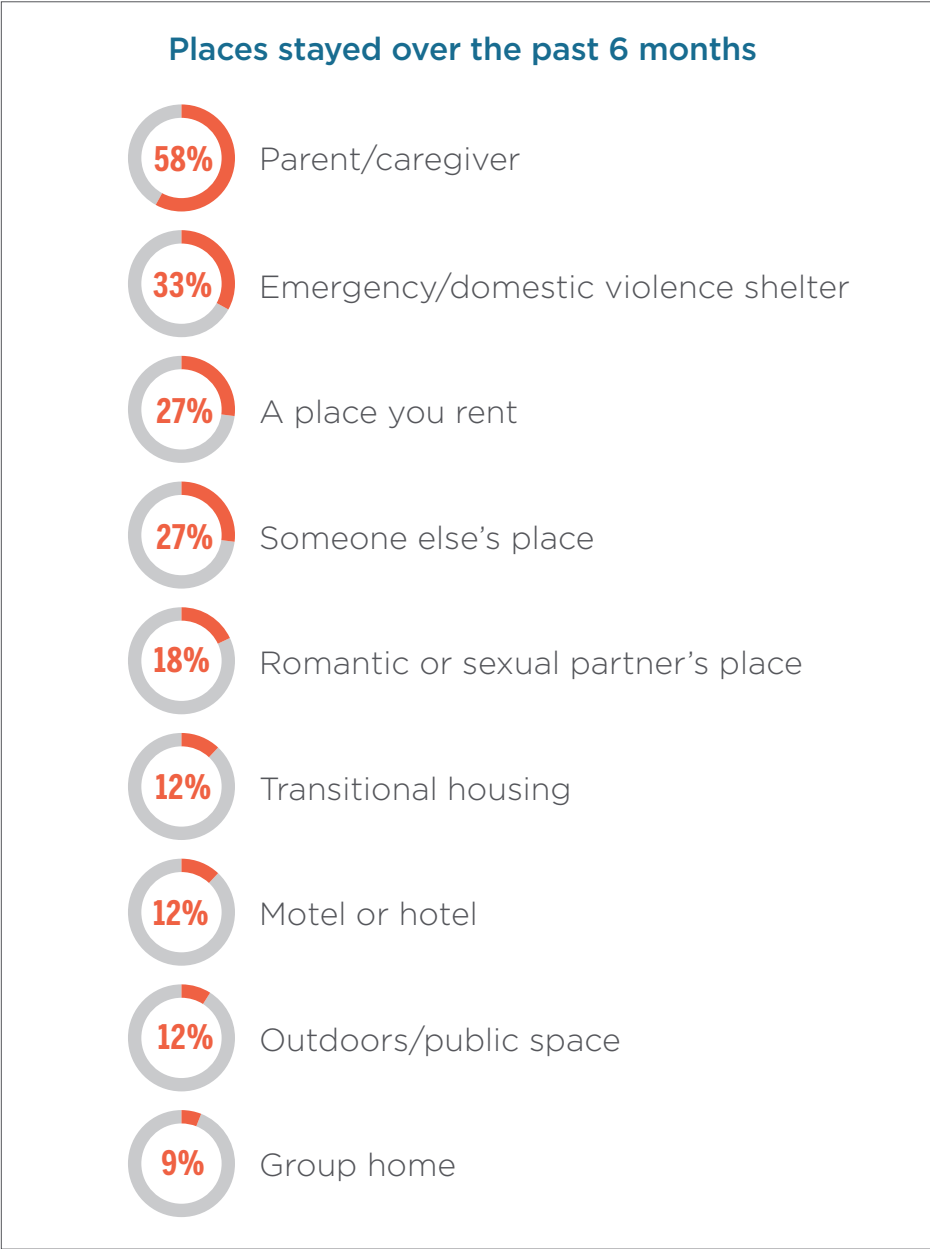
> *I did live with friends, like I would go sometimes sleep at friends' houses for two nights, three nights. Try to stay out of the house for most of the day, so I don't disturb them. I don't want to feel like a burden on them. (Rose, 25 years old)*

Youth reported varied experiences of feeling safe and unsafe while couch surfing. The majority of youth described couch surfing as an unsustainable and temporary solution and many felt that they had worn out their welcome or experienced conflict in the homes they were staying at.

> *Some people, the more sketchy people, offered free to couch surf because they're really waiting for you to fall asleep so they can take your stuff, or steal your money, or your phone, or something because that's a very common thing I hear around even here. A lot of kids, they say they trust people they sleep with, and then they end up stealing all their money or their electronics, laptops, phones, whatever they have on them, really. (Sky, 18 years old)*

The high proportion of youth who were couch surfing suggests that LGBTQ2S youth homelessness may be more hidden across York Region. Additionally, many of the youth who were couch surfing were not accessing youth homelessness services for a variety of reasons, including they did not feel as though they belonged or they were not aware of the programs and services offered.

Shelters

A high proportion of youth (57.57%) reported staying at an emergency shelter either presently or previously. When asked to reflect on their shelter experiences, numerous youth reported feeling safe and supported by staff, while others reported experiencing discrimination based on their gender identity and sexual orientation, including discriminatory language and being misgendered and treated negatively by staff and other youth residents at the shelter. Youth also reported issues regarding drugs and gangs at shelters.

Numerous youth did not identify with the term "homeless" or "street-involved" while staying at a shelter or couch surfing, which may have been partially due to shame, stigma, and pride. Many youth also believed that the term "homeless" implies not having a roof over your head or staying on the streets or parks.

I feel like I'm not kind of allowed to say that I'm homeless, 'cause I'm using Nightstop and I'm using shelters and stuff like that. So, I have somewhere to stay for maybe a few days or a week or something. But, I don't know [...] there's a stigma around being homeless, and especially my family is very closed-minded. I kind of grew up in that kind of way where they criticized people, and being around that kind of environment where it's like, 'Oh, homeless people are this, homeless people are that' [...] I kind of grew up thinking homeless people are like 'others'. Until you experience it yourself and you're like, 'I'm just a normal person having a hard time'. (Tyler, 19 years old)

Streets and Squatting

Several youth (15.5%) reported having no other choice, but to stay outdoors or in vacant buildings either presently or previously. Some youth spoke about feeling forced to sleep in the bushes, parking garages, under bridges, and in parks, but unsafe and scared when doing so, others spoke about choosing the streets over their parents' home.

Yeah, I've stayed on the streets a few times. If I couldn't find a place to go, if I was just too high on drugs, couldn't go back to my group home or even if I was still living with my mom, I would choose the streets over staying at her place. (Samantha, 18 years old)

Identifying as LGBTQ2S in York Region

LGBTQ2S Identity Disclosure and Non-Disclosure

Youth reported a range of experiences regarding LGBTQ2S identity disclosure and non-disclosure. Some youth reported feeling that they have to hide their identity and were fearful of people finding out that they identify as LGBTQ2S, due to discrimination, violence, stigma, and being treated differently. One young person spoke about feeling more comfortable and at ease telling people about his heroin addiction compared to coming out as gay, he stated:

> *I'm more comfortable telling people about my heroin addiction than I am telling people I'm gay because you don't get the same reactions [...] One of my close friends actually tried to cut my throat when I told him I was gay. I've been in a few shady situations in my life where I've been stabbed, I've been shot, I've been lit on fire. I've experienced people lashing out badly to the point where I'm very careful with who I tell. As much as I'd love to be one of those people who don't care what anybody else thinks, people will beat the shit out of you. (Purple, 25 years old)*

Numerous youth spoke about LGBTQ2S identity non-disclosure at shelters, health clinics, and schools, due to previous experiences of overt and covert homophobic and transphobic discrimination. Youth reported microaggressions, wilful ignorance, and marginalization. One young person shared an example of wilful ignorance when her doctor suggested that her identity was not real:

> *I feel like there's a lot of people who are homophobic but they wouldn't directly say it to anyone [...] My family doctor seems like, a lot of the people that I talk to, they seem like underlying homophobic. They're like, 'you can always change.' They're like, 'okay, I understand that this is not a good situation for you but you don't know you're gay'. (Mizu, 16 years old)*

While some youth described feeling unsafe disclosing their LGBTQ2S identity at youth-serving organizations and shelters, others felt safe and supported by staff at shelters, at school, and by friends and family. Numerous youth reported feeling safer disclosing their LGBTQ2S identity at shelters and programs when there are staff who are out as LGBTQ2S. Some youth spoke about Gay-Straight Alliances (GSA) at their schools, which helped create a more supportive and inclusive environment. For example, one youth stated:

> *I'm part of my school Gay Straight Alliance and they're honestly the best and really supportive people and I always look forward to going there, so it's good. (Pride, 15 years old)*

Several youth reported that there is an LGBTQ2S community in York Region, which they feel part of, while others described wanting to do their part to help create safer spaces for LGBTQ2S individuals by joining groups and councils. One young person spoke about 360° Kids helping her join an LGBTQ2S council in Markham:

> *I am actually currently trying to get in touch with and become a part of the LGBTQ+ council of Markham. So there's like a youth council they're trying to build with LGBT youth and so 360 is helping me get in touch and I'm probably likely going to become a council member of that [...] So I'm really looking forward to that. I think that'll be a very positive experience for me because I would describe myself as an outspoken LGBTQ+ advocate, as much as that can apply to someone who recently graduated high school. (Terezi, 18 years old)*

LGBTQ2S Stigma

Youth reported experiences of mistreatment, rejection, and discrimination from family, friends, and strangers, in response to their gender identity and/or sexual orientation (see Figure 10). The majority of youth reported that they had been threatened with violence and/or verbally insulted or abused. Almost half (45.2%) of youth had been hit, beaten, physically attacked or sexually assaulted because of their LGBTQ2S identity. In addition to enacted stigma, 45.2% of youth interviewed felt that the people where they live think less of those who identify as LGBTQ2S (see Figure 11). One young person shared an example of a covert and violent homophobic incident he was subjected to at school, he stated:

> *I had this Pride lanyard that I would wear everywhere and at one point I wore it to school and it was exposed and some people walked up behind me and grabbed it and pulled it and pulled me backwards. And then they started shouting slurs at me and wouldn't let me move, like one of them was holding onto my sweater so I couldn't move. (Murdoc, 15 years old)*

Enacted Stigma

Hit, beaten physically attacked or sexually assaulted

55%	10%	10%	26%
Never	Once	Twice	Three or more times
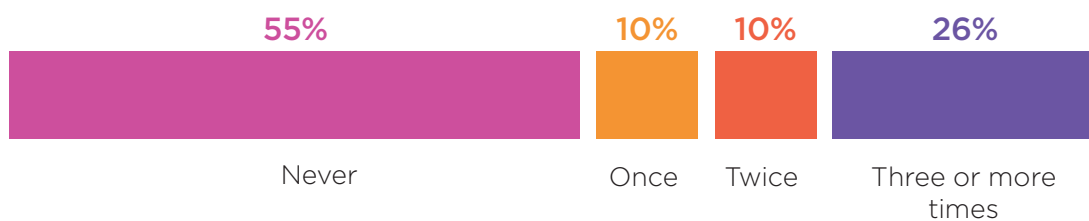
Robbed, or had property stolen, vandalized or purposely damaged

61%	19%	10%	10%
Never	Once	Twice	Three or more times

Someone tried to attack you, rob you, or damage your property but did didn't succeed

61%	16%	7%	16%
Never	Once	Twice	Three or more times

Someone threatened you with violence

42%	10%	10%	39%
Never	Once	Twice	Three or more times

Someone verbally insulted or abused you

61%   **3%**   **7%**   **68%**

Never   Once   Twice   Three or more times

Someone threw an object at you

52%   **13%**   **3%**   **32%**

Never   Once   Twice   Three or more times

Figure 10

Most people where I live think less of an LGBTQ2S person

Strongly disagree	10%
Disagree	3%
Neither agree or disagree	42%
Agree	23%
Strongly agree	23%
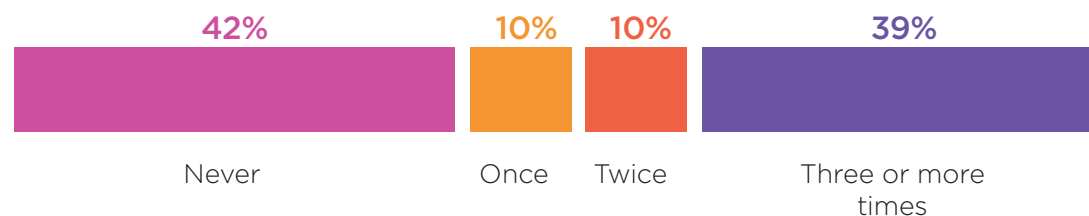
Figure 11

Health and Well-Being

The majority of youth reported that their physical and mental health was a concern for them. When asked about their level of satisfaction with their health, 45.2% of youth reported being dissatisfied or very dissatisfied with their health (see Figure 12).

How satisfied are you with your health?

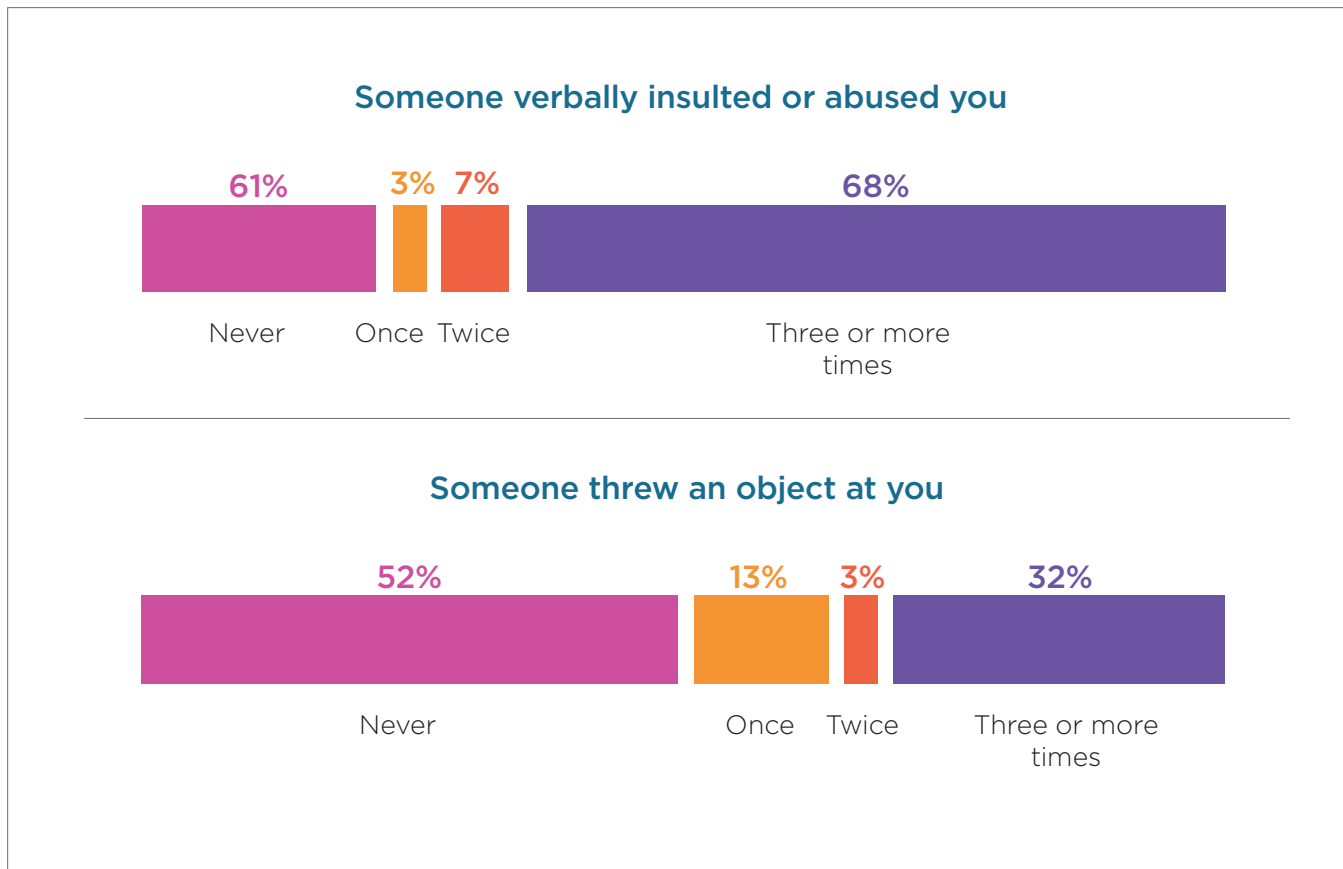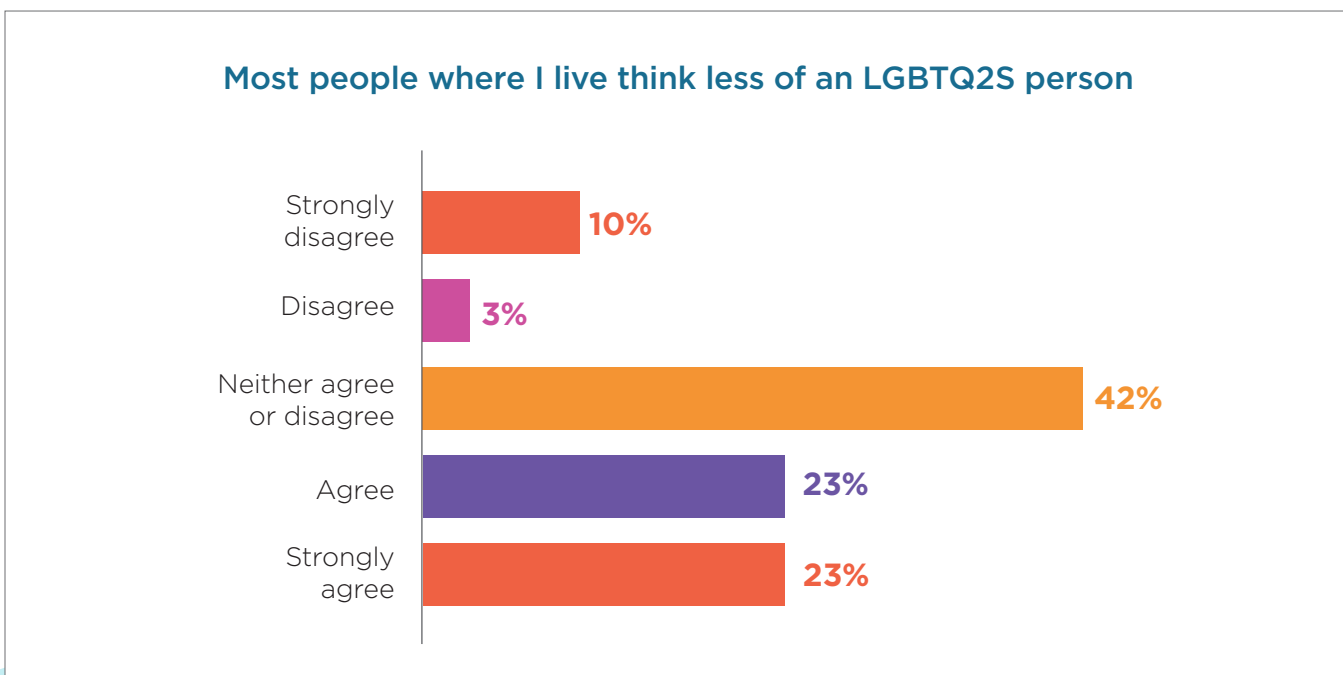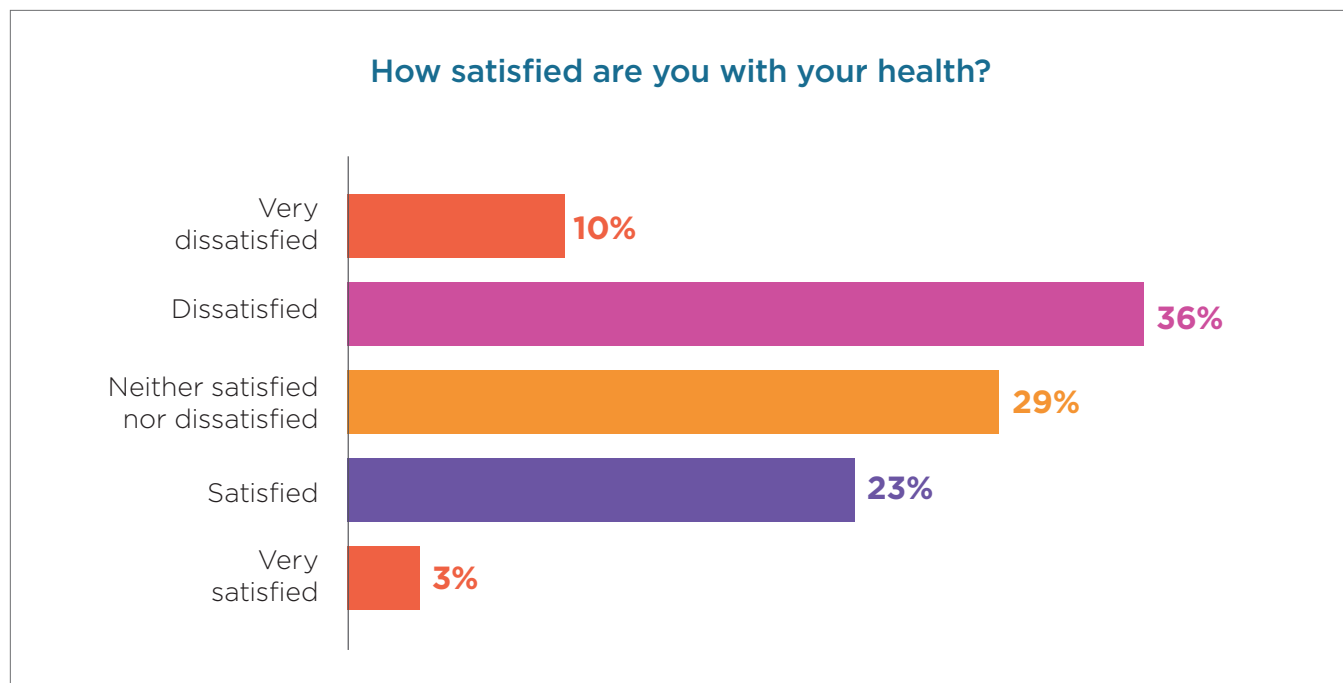| Response	Percentage
Very dissatisfied	10%
Dissatisfied	36%
Neither satisfied nor dissatisfied	29%
Satisfied	23%
Very satisfied	3%

Figure 12

Quality of Life

When asked about their quality of life, almost half (45.2%) of participants reported having a poor or very poor quality of life, due to a myriad of factors including homelessness, mental health issues, and/ or LGBTQ2S identity-based rejection. The majority of youth (69.7%) reported that they have serious difficulty concentrating, remembering, or making decisions, due to physical, mental, or emotional problems. One youth reflected on the impact that family conflict has had on his life, he stated:

> *I did a project in high school where I had to take a solid look back at my family life and I realized that a lot of what happened in my family was horribly abusive and I didn't know it at the time. [...] I was being neglected and left to fend for myself, and made to feel worthless, and made to make excuses for other people's upset, and all this stuff that I didn't realize was as detrimental as it is now. (Jack, 20 years old)*

Mental Health

Mental health was a major concern for the majority of youth participants, who reported experiencing emotional, psychological, and/or mental health conditions (see Figure 13). Specifically, youth experienced a high prevalence of depression and anxiety. For example, 67.7% of youth scored high on the depression scale, indicating a potential clinical diagnosis of major depression. When asked how

youth felt over the past week, 87.1% reported that they felt depressed at least once, 83.9% felt lonely at least once, and 77.1% felt fearful at least once.

Do you experience emotional, psychological or mental health conditions (e.g., anxiety, depression, substance use, anorexia, etc.)**?**
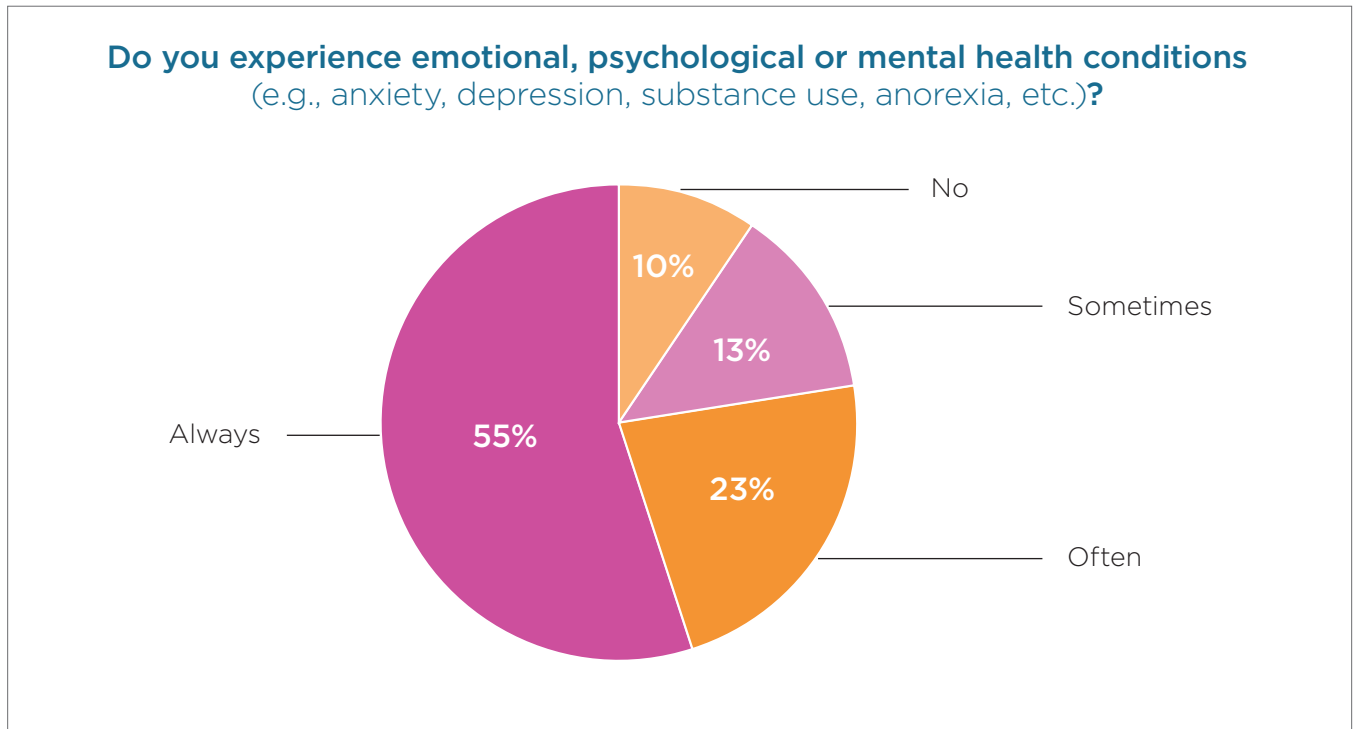
Figure 13

Youth reported being formally diagnosed by a health care professional with a variety of mental health conditions including:

- **Depression (60.6%)**
- **Chronic Anxiety Disorder or Panic Attacks (51.5%)**
- **ADD/ADHD (33.3%)**
- **Sleeping Disorder (30.3%)**
- **Post-Traumatic Stress Disorder (PTSD) (30.3%)**
- **Eating Disorder (24.2%)**
- **Bipolar Disorder (18.2%)**

Severe anxiety was a significant concern for the majority of youth (see Figure 14). Specifically, 71% of youth felt anxious, nervous or on edge nearly every day over the past 2 weeks and 38% of youth had trouble relaxing nearly every day over the past 2 weeks.

Consistent with findings from previous research, suicidality and self-harm was an ongoing issue for most of the youth participants. When asked about the past year, 74.2% of youth reported that they had self-harmed without the intention of suicide and over 1 in 3 (39%) had attempted suicide (see Figures 15 and 16).

Anxiety

Mild **10%**

Minimal **7%**

Moderate **19%**

Severe **65%**

Figure 14

During the past 12 months, how many times did you hurt or injure yourself on purpose without wanting to die?

26% 0 times

13% 1 or 2 times

9% 3-5 times

29% 6-9 times

7% 10-19 times

16% 20+ times

Figure 15

In the past year have you thought about attempting suicide?

None of the time **24%**

Some of the time **58%**

All the time **12%**
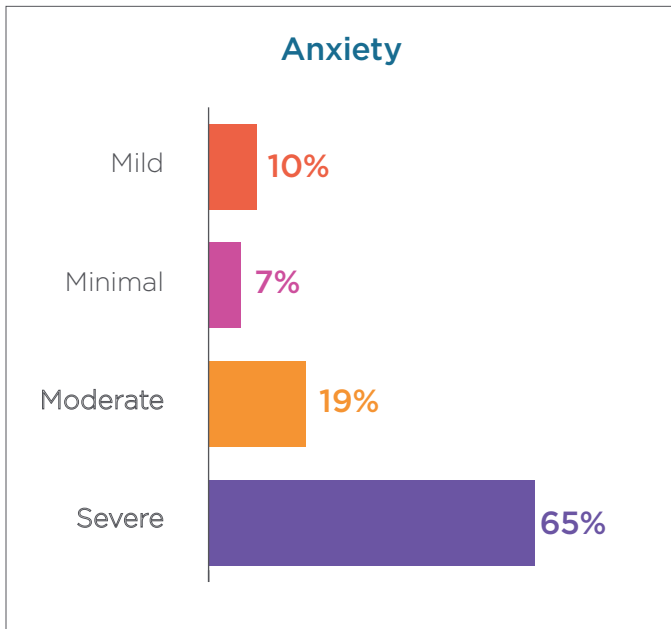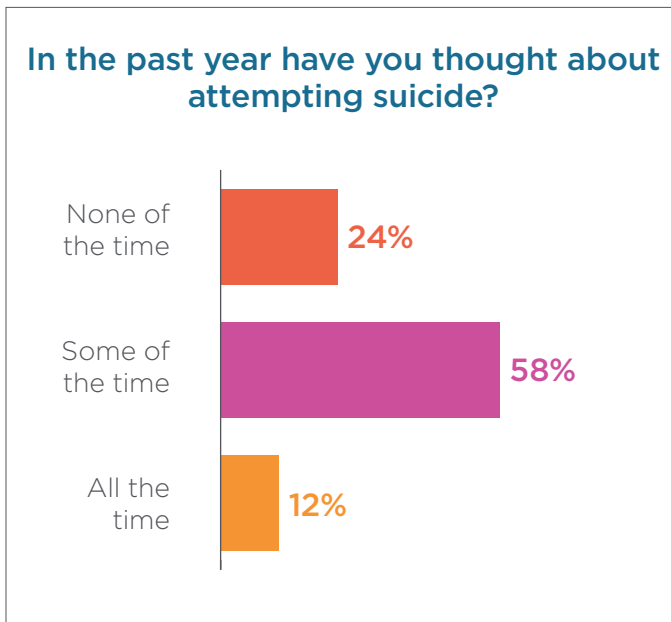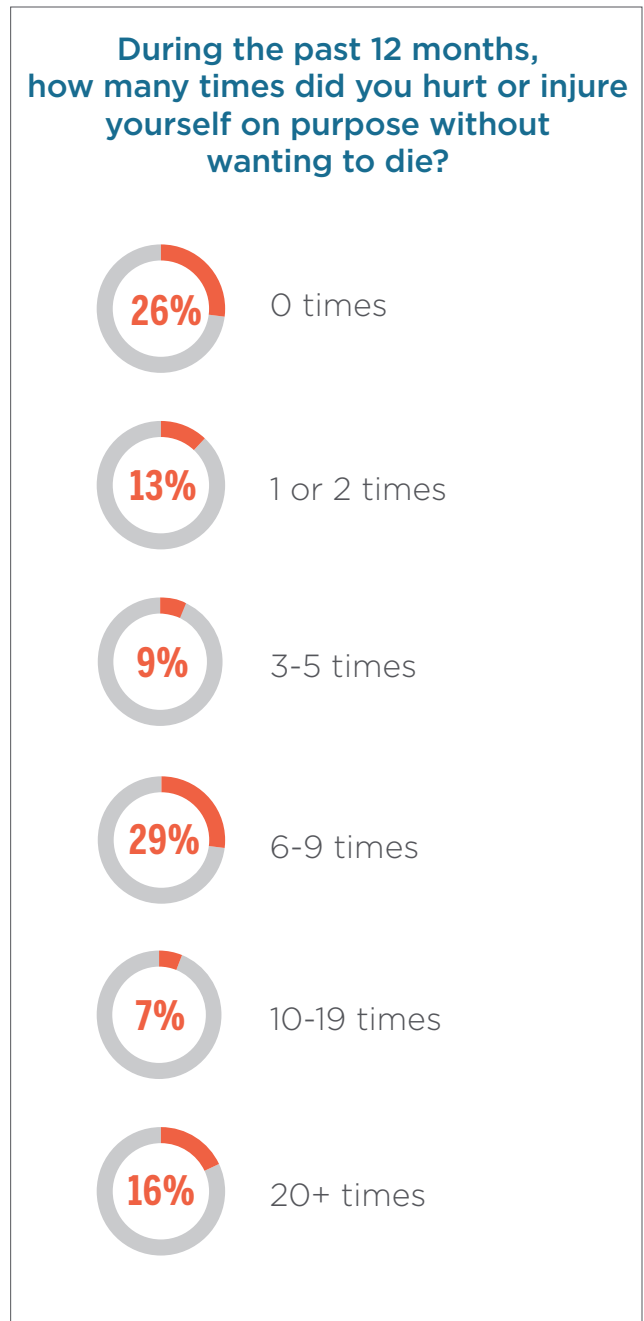
Figure 16

Several youth reported that their mental health issues had an impact on their housing security and ability to maintain employment and pay rent. For example, one participant stated:

It's [mental health concerns] just constantly being in pain, being unstable. You know, it's hard to keep up financial things and all that stuff. And then also, you know, there's the lack of wanting to live at the time, so keeping my home wasn't a priority anymore. (Pikachu, 25 years old)

The majority of youth had either received or attempted to receive support for their mental health issues.

Alcohol and Substance Use

The survey results revealed that alcohol and substance use were major concerns for numerous youth:

- **77.4% of youth had overdosed or had alcohol poisoning in the past year and expressed concern about overdosing.**

- **There was a high suspicion of alcoholism in 57.6% of youth.**

- **48.4% of youth felt that they ought to cut down on drinking or substance use.**

Youth who reported problematic substance use indicated that it interfered with their lives in some capacity. Several youth wanted to access substance use and addictions treatment and/or counselling, but were unable to for various reasons. Some youth expressed that it was difficult to stop using since it is so prominent and readily available in the shelter system. For example, one participant stated:

> *I have a lot of my own personal struggles. I'm not very open with the fact that I'm gay, but on top of that I'm a recovering addict, I used to be heavily addicted to heroin. Being in a space like I'm in, where drugs and alcohol are so predominant, it's hard to refrain. (Purple, 25 years old)*

Physical Health

Almost half (45.45%) of youth reported having a physical health issue or long-term condition that has lasted or is expected to last for six months or longer. Numerous youth reported having poor physical health and the following health conditions:

- **Asthma**

- **Chronic back pain**

- **Fetal Alcohol Syndrome**

- **Heart problems**

- **Knee problems**

Over half of youth (51.6%) experienced hunger due to not having enough money to buy food two or three times a month and 38.7% of youth experienced hunger at least once a week. In addition to not having enough money to eat, some youth reported experiencing hunger because they were unable to eat at support services due to dietary restrictions and/or food sensitivities/allergies. For example, one participant stated:

> *A lot of the time we don't necessarily have enough money to buy enough food to last us a while. Normally we're able to stretch food out to last or we'll go to a food bank. (Murdoc, 16 years old)*

Accessing Services

Youth participants accessed an array of programs and services across York Region and surrounding areas. Youth reported a lack of LGBTQ2S specialized services, especially for LGBTQ2S youth at-risk of, and experiencing, homelessness. The majority of youth reported issues accessing services, due to difficulties navigating services and transportation, and the lack of services available.

Service Access Barriers

Youth reported numerous barriers accessing social services and health care. Although the majority of youth were satisfied with their access to health care, over a quarter (29%) of youth were dissatisfied with their access to health care. Youth who were dissatisfied with health care access expressed being unable to access LGBTQ2S inclusive care and gender-affirming health care providers as major barriers. Some youth reported cost being a barrier to accessing services for physical health, such as receiving care from a chiropractor or physiotherapist. Youth also reported difficulties accessing mental health and addiction services, despite their desire to do so. Numerous youth were unaware of many of the services and programs currently available in York Region. Those connected with caseworkers and community organizations had less trouble accessing and navigating services.

Service access barriers identified by youth included:

- **Long waitlist**
- **Loss of trust in services due to stigma and/or discrimination**
- **Difficulties navigating services**
- **Transportation issues**
- **Services dependent on municipality**

Transportation was a major concern for the majority of youth, including difficulties traveling to services, due to the geographic size of York Region. Youth spoke about having to travel 2-hours for a roundtrip to many services and those living in more rural or semi-rural areas often had to travel even longer to access services. Youth reported accessibility issues and the cost of public transportation as significant barriers. For example, one participant stated:

> *Transportation is very hard for homeless people to deal with because if you really think about it, who are the transportation police out for? The people who can't pay $4. Like really $4 isn't that much, but to a homeless person– like I said I have a $10 limit a day. Four dollars, that's almost half my money gone for the day. (Sky, 17 years old)*

Richmond Hill was viewed as a hub for social services; however, youth reported that there are few services available outside of Richmond Hill. Youth described each municipality as posing different barriers to services and that there tends to be less representation of LGBTQ2S specific services in the more northern and rural areas of York Region, making it difficult for youth to know if they will be safe disclosing their LGBTQ2S identities.

Learning about Services

Numerous youth felt that support services can do a better job providing information about services and programs. The majority of youth described learning about services at school through posters and advertisements and in conversations with guidance counsellors. Additional methods that youth reported learning about services included through peers, advertisements on social media and buses, and through counsellors, caseworkers, and probation officers. When asked how they would like to learn about services and resources in the future, youth reported that advertisements through social media (e.g., Instagram) would be most effective.

Current Service Use

Below are organizations and services youth were accessing:

- **Addiction Services for York Region-ASYR (Counselling, housing services)**
- **Belinda's Place (Emergency shelter)**
- **Canadian Mental Health Association (MOBYSS-Mobile youth walk-in clinic)**
- **Canvas (Art therapy)**
- **CAYR Community Connections (Drop-in)**
- **Children's Aid Society (Case management, counselling)**
- **Eva's Place (North York) (Emergency shelter)**
- **Family Services York Region (Counselling)**
- **Gilbert Centre (Barrie) (Drop-in program)**
- **Kevin's Place (Emergency shelter)**
- **Kids Help Phone (Telephone crisis counselling)**
- **PFLAG (Peer support)**
- **Salvation Army (Emergency shelter)**
- **360° Kids (Nightstop, emergency shelter, group home, counselling, employment, case**
- **management, drop-in)**

Youth also reported accessing counselling, case management, and support groups through their schools.

Need for Services

The majority of youth spoke about the need for additional services across York Region, particularly LGBTQ2S focused support groups and housing programs, including shelters. Numerous youth felt strongly that there are an inadequate number of youth specific housing services, especially emergency shelter beds currently available in York Region. Many youth reported being unable to access emergency shelters, resulting in them having to travel to Toronto or other communities for emergency housing. For example, one youth stated:

It was during June when it was really bad at home and the police got involved and I was supposed to be going to --like they gave me numbers to call. They told me to call 310-HELP so I called, but they didn't have any places so they gave me another number and I called there and they didn't have any places. I think I called like 4 or 5, but it was really weird because they were like 'oh you're a weird age group' so we don't really know what place to put you in. (Rowan, 18 years old)

Numerous youth expressed wanting virtual support services, such as online chat and phone texting, rather than having to speak to someone in-person or on the phone. In addition to virtual support services, youth identified the need for the following services in York Region, all of which should operate from an LGBTQ2S inclusive framework:

- Specialized LGBTQ2S services (including housing and drop-in services)
- Youth housing programs (including emergency shelter beds)
- Mental health services
- Alcohol and substance use services
- Support groups
- Financial and material support (including support with transportation)

Key Informant Perspectives

Nine key informant interviews were conducted to explore the perspectives, experiences, and expertise of frontline staff working with youth experiencing homelessness in York Region. Key informants were selected from a variety of different organizations in order to provide a range of perspectives.

Working with LGBTQ2S Youth

Key informants reported working with numerous LGBTQ2S youth who had become homeless due to identity-based family rejection:

> *The clients I've worked with that are experiencing homelessness, I think the reasons for why they're homeless is often very specific to their sexual or gender identity. I'm thinking of one client I worked with who was a 14-year old girl and was really kind of experiencing more of an invisible homelessness, by kind of couch surfing or living with friends. And that was very much directed to, sort of related to her having come out to her parents as queer. (Key Informant)*

There was consensus among key informants that LGBTQ2S youth homelessness is a hidden problem across York Region and is difficult to measure, since services do not collect data regarding LGBTQ2S identity. Key informants reported that the intake forms at most shelters and social services do not include questions on sexual orientation, gender identity, pronouns, or chosen name. However, numerous key informants mentioned that staff sometimes take it upon themselves to ask youth which pronouns they go by, although not mandatory and difficult to enforce.

Several key informants discussed the importance for LGBTQ2S identified staff to come out to youth at services, in order to help them feel safe and seen:

> *My identity is gay cis and I'm very open about that [...] so I will come out to my clients. I think it's really important for them to have somebody who has the same experience, not the same, the experience isn't the same, but for them to have somebody who is in their school or working in an agency that, you know, they share that commonality. (Key Informant)*

Geographic Disparities

Key informants reported that LGBTQ2S youth tend to feel less safe and are less likely to come out in rural and semi-rural areas, due to lower levels of acceptance. They also reported that access to services is difficult in rural communities, due to having fewer services, especially LGBTQ2S specific services, as one key informant stated:

> *I think in terms of the further you get down south the more open people are to learning people's differences and the more resources you'll find. I think the further north you get you'll find the very rural settings where people are set in their ways and are not necessarily open to differences [...] I think youth are heading more towards the south [for services]. We are starving in York Region to have more services for people that identify under the umbrella. (Key Informant)*

There was consensus among key informants that there are not enough services for youth experiencing homelessness across York Region, specifically population-based services:

I feel like there's not enough youth services in general. I feel like we are the youth-serving organization of York Region and York Region is a huge geographical area. [...] We just need more capacity and I think that includes more population-specific programs which don't exist. (Key Informant)

Barriers, Service Needs, and Training

Key informants spoke about homophobic and transphobic discrimination at shelters as an issue that tends to be perpetuated by youth residents, but that when staff are aware, they intervene. For example, one key informant stated:

I know historically there have been some incidents where homophobic slurs were yelled and stuff like that, not youth that I've supported in particular. But I think staff did their best to mitigate that and it was, again, between youth. (Key Informant)

When asked about the barriers to services experienced by LGBTQ2S youth, key informants identified many similar barriers as youth participants, including:

- **Lack of knowledge regarding services available**
- **Inadequate services/lack of LGBTQ2S affirming services**
- **Privacy**
- **Transportation**
- **Geographic location**

Many of the same service needs that youth participants identified were echoed by key informants, including:

- **Population-based programs (housing, drop-in, health care)**
- **Housing programs**
- **More LGBTQ2S identified staff**
- **Culturally relevant services**
- **Educational support**

Key informants expressed the need for more training in the following areas:

- **LGBTQ2S inclusive training (language and terminology, barriers and needs of LGBTQ2S individuals experiencing homelessness)**
- **Cultural Competency**
- **Transgender affirming care**
- **Trauma-informed care**

Moving Forward

This project has allowed us to better understand the unique needs and experiences of LGBTQ2S youth at-risk of, and experiencing, homelessness across York Region. The main findings of this project include:

- **LGBTQ2S youth participants reported experiencing homelessness at young ages (16 years and younger).**
- **Over half of the youth interviewed reported previous involvement with child protection services.**
- **Family conflict was the main pathway into homelessness, including LGBTQ2S identity-based rejection.**
- **The majority of youth reported couch surfing and staying at an emergency shelter either presently or previously.**
- **Many youth reported experiences of mistreatment, rejection, and discrimination from family, friends, and strangers, in response to their gender identity and/or sexual orientation, resulting in them feeling that they had to hide their identity.**
- **The majority of youth reported that they had been threatened with violence and/or verbally insulted or abused because of their LGBTQ2S identity.**
- **Youth experienced a high prevalence of mental health issues, particularly depression, anxiety, and problematic alcohol and substance use.**
- **The majority of youth reported issues accessing services across York Region, due to difficulties navigating services, transportation issues, and the lack of services available.**

There are different solutions to the issues that have been identified throughout this project, some are easier to implement, while others may take a bit more time and resources. A systems approach is necessary in developing a response to prevent and reduce LGBTQ2S youth homelessness in York Region. Several important next steps that can be taken to address LGBTQ2S youth homelessness in York Region are outlined in the following sections.

Early Intervention

Youth who leave home before the age of 16 are more likely to experience multiple episodes of homelessness and tend to experience more difficulties over time. [27] This is important to note, given that 28% of youth participants reported leaving home at age 16 or younger. Programs should focus on and be developed for early intervention and prevention, and work to improve protective factors for LGBTQ2S youth, such as peer groups and building supportive relationships with family and friends. Youth homelessness prevention plans should emphasize early intervention and work with the school system to explore the role of Gay-Straight Alliances (GSA) and Queer-Straight Alliances (QSA) in supporting LGBTQ2S youth. Case management is also critical to early intervention, as it can help assess the needs of young people and connect youth to programs and services.

Supporting Youth Experiencing Homelessness

Numerous youth reported not having a safe place to go when their family homes were unsafe. No young person should have to choose between unsafe situations; however, many of the youth we interviewed did. When young people become homeless the appropriate support must be in

place. Ideally, housing programs, including emergency shelters, should be located in the youths' neighborhood or community, in order to ensure current supports and resources are still available (e.g., school, peers, etc.). Providing coordinated and inclusive support while LGBTQ2S youth are experiencing homelessness is critical. The youth-serving and homelessness sectors must do the work to provide programs and services that are safe for every young person, regardless of how they identify. Population-based housing options for LGBTQ2S youth are a critical part of the solution and necessary next steps in York Region.

Although the majority of youth participants reported identity-based rejection, 67.7% of youth expressed that family contact is important to them and 80.6% of youth expressed wanting to improve their relationship with a family member. Youth-serving organizations working with youth experiencing homelessness should develop family reconnection programs to reconnect youth and supportive family members, when safe to do so. Additionally, LGBTQ2S inclusive, safe and affirming programs focused on mental and physical health, education, and employment can help youth exit homelessness.

Research and Data

Efforts are needed to improve data collection and the capacity to collect sexual orientation and gender identity information in the homelessness sector, including housing programs and homelessness counts, as well as to identify individuals experiencing hidden homelessness. For example, numerous youth participants reported couch surfing and were not accessing services, making it especially difficult for them to be included in point-in-time (PiT) counts. It is recommended that the York Region PiT count team work with LGBTQ2S individuals and organizations to ensure that LGBTQ2S youth experiencing homelessness are represented in future counts.

Program evaluations are recommended for population-based housing programs for youth, in order to better understand current practices and how organizations can support youth in exiting homelessness. Evaluations should be done at the agency and system level to measure outcomes and progress, and to contribute to continuous improvement. Further research is also needed to understand LGBTQ2S youths' experiences and involvement with child protection services.

Recommendations

Based on the findings of this project, we propose the following recommendations in order to appropriately address LGBTQ2S youth homelessness in York Region -

1.   LGBTQ2S inclusive standardized model of service delivery

All housing programs and support services should emphasize LGBTQ2S inclusion by creating a standardized model of care and service delivery across York Region. This involves a standardized intake process, including questions regarding chosen name, pronouns, gender identity, and sexual orientation on intake forms; respecting and accepting each clients' chosen name and pronouns; ensuring services include all-gender washrooms; equipping services with LGBTQ2S affirming resources; providing staff with the appropriate tools to refer youth interested in medical transition; and mandatory LGBTQ2S inclusion training for all staff (see #8).

2.   Support the delivery of population-based housing options for LGBTQ2S youth

Ensuring that there are LGBTQ2S inclusive housing options that are not segregated by the gender binary, including emergency shelter beds, transitional housing, and supportive housing programs, either through the development of new housing options and/or refinement of existing housing options.

3.   Support the delivery of LGBTQ2S inclusive drop-in programs

Ensuring that there are LGBTQ2S focused drop-in programs that foster an intersectional approach where youth could receive support from peers and meet other LGBTQ2S youth. Mentorship, life skills, recreational and cultural programs, including support obtaining legal name change and ID are recommended.

4.   Improve systems navigation across York Region

It is recommended that agencies increase community outreach and advertise to youth through social media, schools, and caseworkers. An effort to target the improvement of services in rural areas should be considered, as there are a lack of resources in rural regions. It is also recommended that services be dispersed across York Region, rather than just in central areas, such as Richmond Hill.

5.   Increase mental health supports for LGBTQ2S youth

Development of LGBTQ2S inclusive mental health services to reduce isolation, improve mental health and well-being, and provide support for problematic alcohol and substance use, including counselling and virtual mental health support options.

6.   Subsidize travel costs

It is recommended that youth-serving agencies provide additional transportation support (bus fares) to youth, in order to access social events, appointments, supports, and services.

7.   Prevention plan

It is recommended that youth-serving agencies develop programs that emphasize prevention and early intervention. Family reconnection should be initiated with supportive family members when appropriate. Family reconnection programs should promote awareness and LGBTQ2S inclusion by providing families with the tools and resources necessary to support youth when they come out as LGBTQ2S. Additionally, it is recommended that organizations work with schools and GSAs to support LGBTQ2S youth.

8.   Expand staff training

Ensuring that staff and management receive ongoing mandatory training at the time of hire for all aspects of LGBTQ2S inclusion, such as trauma-informed care, language and terminology, transgender awareness, and delivering LGBTQ2S inclusive and affirming care.
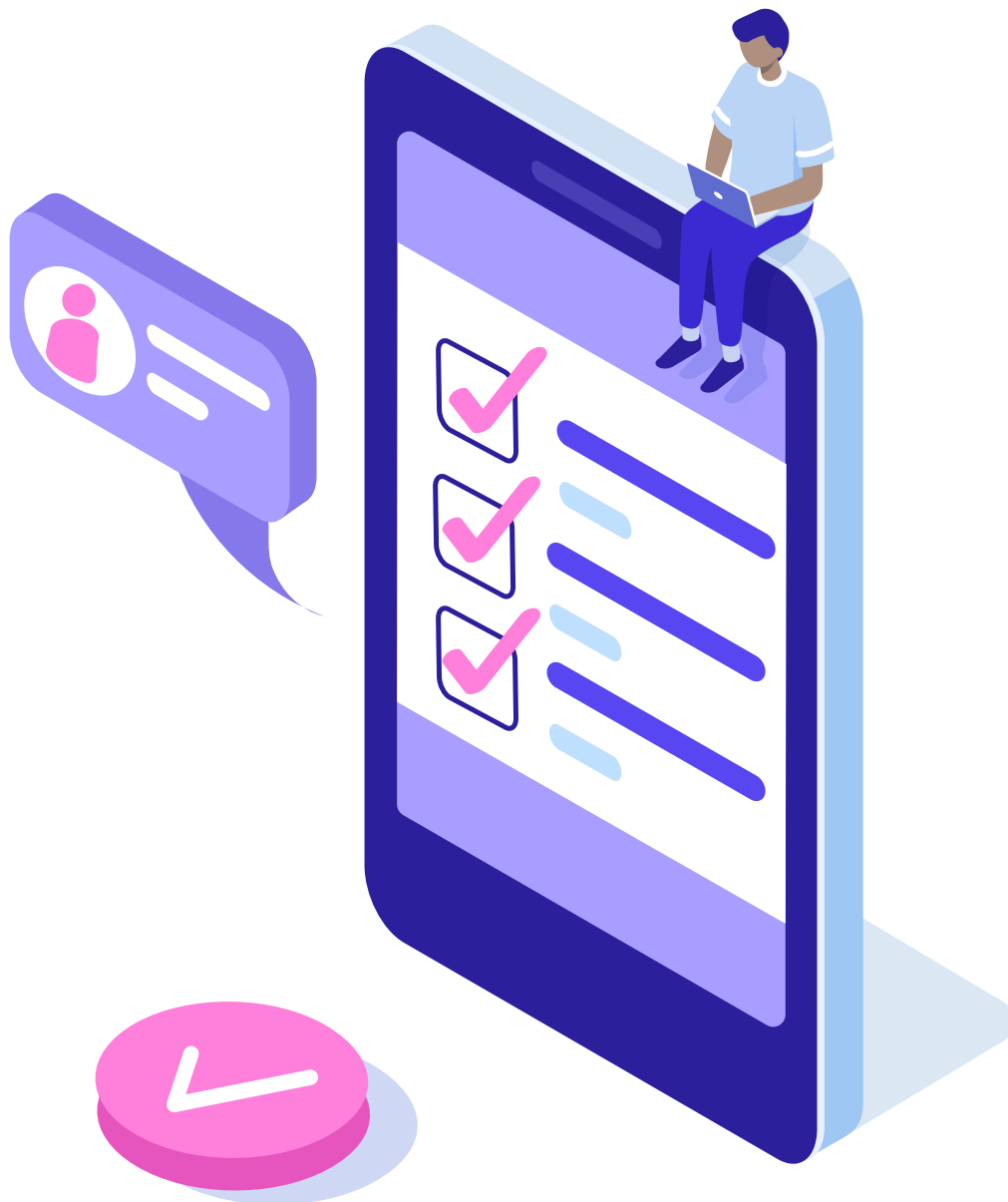
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Infographics

Understanding LGBTQ2S Youth Homelessness in York Region

PARTICIPANTS

33 LGBTQ2S Youth
(aged 13-26)

9 Key Informants
(youth serving organizations)

LGBTQ2S YOUTH PARTICIPANTS' HOUSING SITUATION OVER THE LAST 6 MONTHS:

- **58%** » Parent/caregiver
- **33%** » Emergency/domestic violence shelter
- **27%** » A place you rent
- **27%** » Someone else's place
- **18%** » Romantic or sexual partner's place
- **12%** » Transitional housing
- **12%** » Motel or hotel
- **12%** » Outdoors/public space
- **9%** » Group home

FOOD INSECURITY

52% experienced hunger due to not having enough money to buy food 2-3 times a month

38% experienced hunger at least once a week

MAIN PATHWAYS TO HOMELESSNESS

- **LGBTQ2S identity-based family rejection**
- **Family conflict** (abuse, mental health issues)
- **Economic difficulty**

FAMILY CONTACT

84% are in regular contact with a family member

80% want to improve relationship with family member

68% think it's important to have contact with family
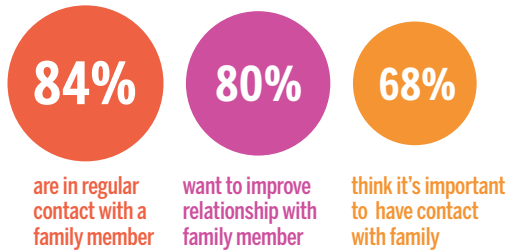
LGBTQ2S IDENTITY-BASED STIGMA

- have been verbally insulted or abused **77%**
- have been threatened with violence **58%**
- had an object thrown at them **48%**
- have been physically attacked or sexually assaulted **45%**
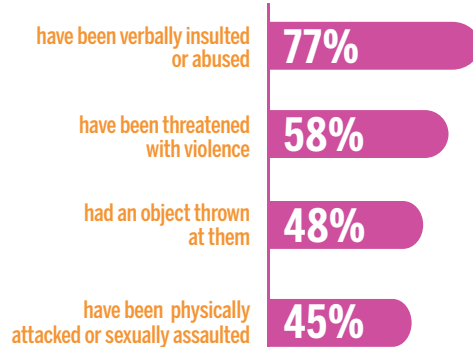
45% felt that most people where they live think less of a person who identifies as LGBTQ2S

SERVICE NEEDS

- Specialized LGBTQ2S services (including housing and drop-in services)
- Youth housing programs (including emergency shelter beds)
- Mental health services
- Alcohol and substance use services
- Support groups

BARRIERS TO SERVICES

- Difficulty navigating services
- Lack of services in community
- Long waitlists
- Loss of trust in services due to stigma and discrimination
- Transportation issues

Mental Health of LGBTQ2S Youth Experiencing Homelessness in York Region
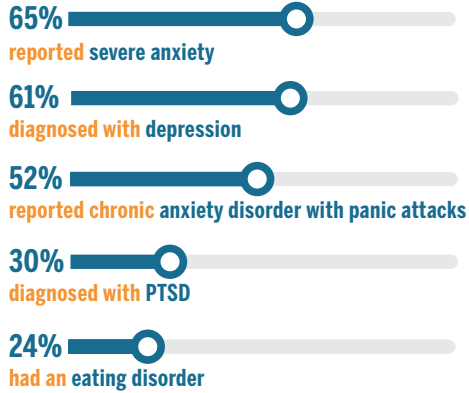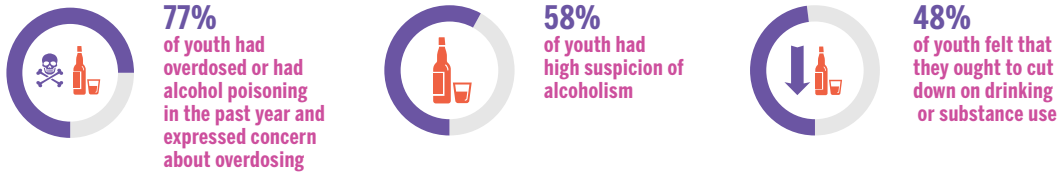
YOUTH MENTAL HEALTH:

65% reported severe anxiety

61% diagnosed with depression

52% reported chronic anxiety disorder with panic attacks

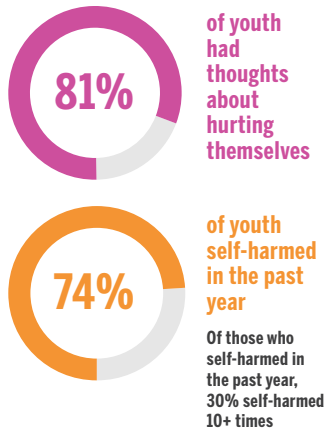**30%** diagnosed with PTSD

24% had an eating disorder

"Yeah, I do have depression and I have anxiety, and it's kind of ruined my life, it's definitely ruined my life. Over the past couple of years, it's like completely torn me down, so at this point I'm just falling apart."
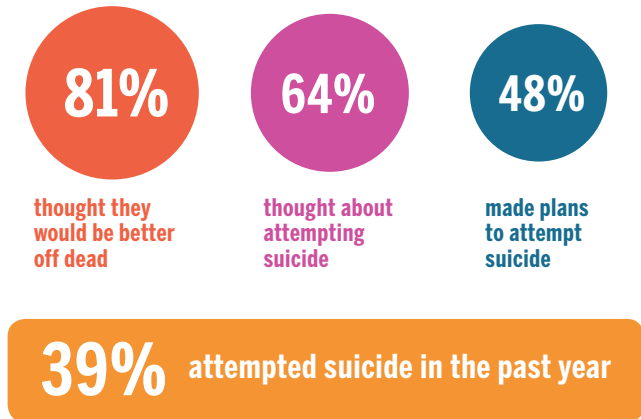— (Taz, 16 years old)

4 in 5 youth felt lonely at least once in the past week

3 in 4 youth felt fearful in the past week

90% of youth had trouble keeping their mind on what they were doing in the past week

87% of youth felt depressed at least once in the past week

ALCOHOL AND SUBSTANCE USE SCORES INDICATE THAT:

77% of youth had overdosed or had alcohol poisoning in the past year and expressed concern about overdosing

58% of youth had high suspicion of alcoholism

48% of youth felt that they ought to cut down on drinking or substance use

SELF-HARM:

81% of youth had thoughts about hurting themselves

74% of youth self-harmed in the past year

Of those who self-harmed in the past year, 30% self-harmed 10+ times

SUICIDAL THOUGHTS IN YOUTH OVER THE PAST YEAR:

81% thought they would be better off dead

64% thought about attempting suicide

48% made plans to attempt suicide

39% attempted suicide in the past year

Recommendations for Delivering LGBTQ2S Inclusive Services Across York Region

LGBTQ2S Inclusive Standardized Model of Service Delivery

Include questions regarding chosen name, pronouns, gender identity and sexual orientation on **intake forms**

Respect and accept clients' chosen names and pronouns

Ensure services **include all-gender washrooms**

Equip services with **LGBTQ2S affirming resources**

Mandatory **LGBTQ2S inclusion training** for all staff
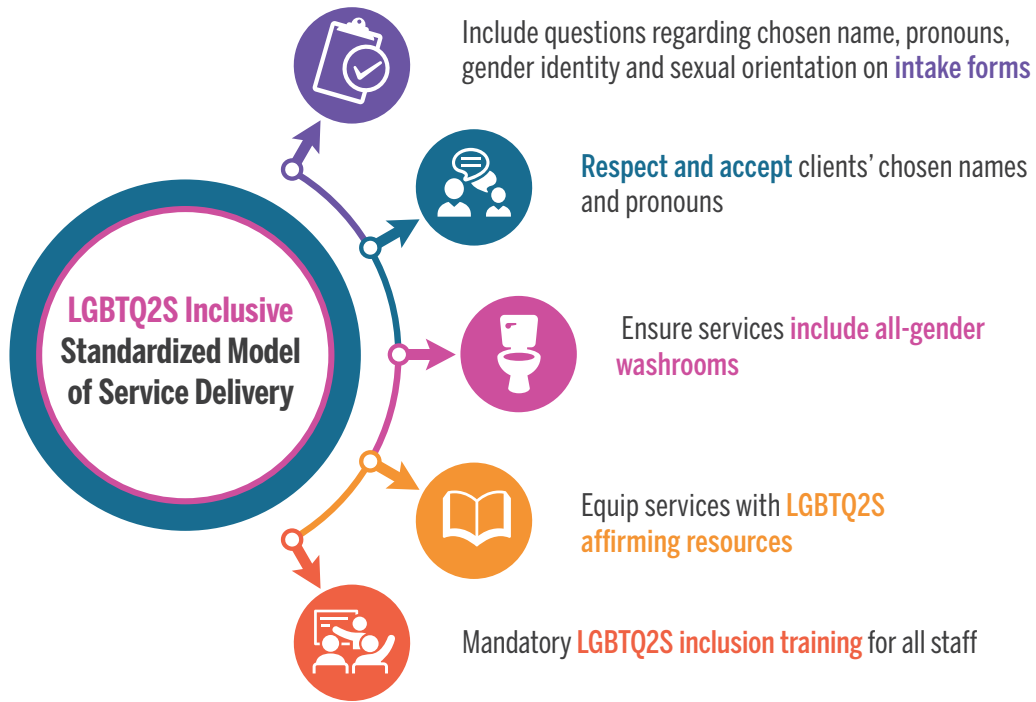
Support the delivery of population-based housing options for LGBTQ2S youth -
Emergency, transitional, and supportive housing programs that are LGBTQ2S specific.

Support the delivery of LGBTQ2S inclusive drop-in programs -
Mentorship, life skills, recreational and cultural programs, including support obtaining legal name change and ID.

Improve systems navigation across York Region -
Services to be dispersed across York Region rather than just in central areas.
Increase community outreach and advertise through social media, schools, and caseworkers.

Increase mental health supports for LGBTQ2S youth -
Specialized mental health services to reduce isolation, improve mental health and wellbeing, and provide support for problematic alcohol and substance use.

Subsidize travel costs -
Provide bus fares to support youth in accessing appointments, supports, and services.

PREVENTION PLAN

• Develop programs that emphasize prevention and early intervention;
• Work with schools and GSAs to support LGBTQ2S youth;
• Initiate family reconnection with supportive family members when appropriate.

EXPAND STAFF TRAINING

Ensure that staff and management receive ongoing mandatory training at the time of hire for all aspects of LGBTQ2S inclusion including:

• Trauma-informed care
• Language and terminology
• Transgender awareness
• Delivering LGBTQ2S inclusive and affirming care