

# A Visual Narrative Inquiry into the Experiences of Youth Who Are Homeless and Seek Mental Health Care.

FINAL Report

A Research Project by:

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# Acknowledgement

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**RESEARCH PROJECT: A Visual Narrative Inquiry into the Experiences of Youth Who Are Homeless and Seek Mental Health Care.**

We would like to acknowledge the guidance and leadership we have received from Catherine Broomfield and the YELL facilitators at iHuman. The youth, who we have come to know as part of this work, have touched us, inspired us and allowed us to be a part of their story; we will always carry their stories with us. We too hope that we tell their stories well enough to inspire change. Our work would not have been possible without the funding we received from Homeward Trust and the Alberta Homelessness Research.



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# Main Messages<sup>1</sup>

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Our study, a narrative inquiry into the experiences of at risk youth who experience precarious housing situations and mental health needs, is a collaborative conceptualization among representatives of iHuman staff, youths and researchers. Key findings relate to: the number of distinct and disconnected services youth have had contact with in their lives; the life situations and events that at risk youth have experienced over time; their feelings and emotions on what it is like to be homeless; as well as the youths' suggestions and recommendations for services they deem important for themselves and future generations. As we engaged with youth, many new questions and wonders were raised. These speak to our findings and implications, but also speak to the complexity of the lives of contemporary urban youths who are considered at risk, as well as to the complexity of engaging in meaningful health and social care practices with them. Some of our recommendations for future research include:

1. Further research needs to involve an exploration with youth to find ways that might ease the transitions between services and increase the possibility for youth to connect with relevant, responsive and meaningful care.
2. We need to further explore questions around how we might create educative programs for health and social care practitioners that would allow them to interrupt at risk scripts and labels placed on youth.
3. While we learned a great deal about the need for meaningful spaces within the community for at risk youth, we need to continue to work alongside youth, to understand, in greater depth, how such spaces can be possible in diverse community settings, including families, schools, and other institutions.
4. While the youth have and further developed capacity in representing their experiences in arts-based representational forms, there is much more that needs to be understood about how this capacity can be recognized by communities, including care providers and institutions, such as schools, prisons, and care placements.
5. Much more longitudinal research with at risk youth experiencing homelessness and mental health care needs is required in order to learn what the specific factors and influences, including health care policies and practices, as well as community and familial experiences are that contributed to their positive growth and potential.

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<sup>1</sup> Our work alongside the youths remains ongoing. We see this report as representing some initial key findings. Our ongoing work will provide us with further insights and we will publish this work as part of a doctoral dissertation (Jackson) and also accessible publications.

## Executive Summary

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In the Edmonton area, homeless and at risk youth are in great need of resources and supports to address their mental health issues and concerns. These youth often face difficult day to day challenges that other youth their age do not have, such as seeking safe housing or a supportive environment in which to live and to learn. As a result, their mental health has the potential to be compromised. Despite the obvious need for resources and support, “homeless youth often do not receive appropriate medical care due to numerous individual and systems barriers impeding health care access by this population” (Feldmann & Middleton, 2003, p. 6). In addition to the barriers experienced by the adult homeless population, homeless youth confront further hurdles stemming from their age and developmental stage. Some of these impediments include lack of knowledge of clinic sites, fear of not being taken seriously, concerns about confidentiality, and fears of police and social services involvement. Mental health concerns with at risk youth are numerous due to their histories, family experiences, socioeconomic status, and daily challenges of life in precarious housing situations. Many at risk youth have been exposed to violence, neglect, substance use, physical illness, and lack of basic necessities for living. These stressors take their toll on an already fragile group of individuals and can lead to depression, suicidal behavior, self-harming behaviors, anxiety, and trauma related issues. It is so important that these youth have access to appropriate mental health supports and services that target their special needs. These services can only be developed if the community, service providers and society as a whole gain a more thorough understanding of at risk youth, their strength and potential, as well as their needs.

This study utilizes the research methodology of visual narrative inquiry, which incorporates the use of images, such as photographs, into narrative inquiry. This research design enabled the formation of intensive collaborative relationships with participants to hear how their stories of mental health issues have unfolded across their lives, beginning in early childhood and progressing through to the time we met them. Through ongoing negotiations of trusting relationships between the researchers and participants, stories of their experiences have been heard.

We have been able to hear the youths’ stories of their experiences, to inquire into their lived and told stories and to look for threads across storied experiences embedded within broader social, cultural and institutional contexts. Our intention has been to positively impact these experiences on a personal, social, and communal level. We have been able to learn directly from at risk and homeless youth.

The youth in this study are all females between the ages of 11-22 years of age and are either homeless and/or are living high-risk lifestyles within the city of Edmonton. Relationships with these youth have all been made during contact during a photography club run by the researchers and hosted at iHuman. iHuman is a non-profit organization that works alongside youth with drug addiction and mental health issues through arts based programming and mentorship, crisis intervention, and life skills development. A sample of 6 youths ranging in age from 11-22 years has been included in this visual narrative inquiry. The researchers have met individually with each youth at various times over several months to look at their photographs and discuss their lives and experiences. These conversations have been recorded and transcribed, then reviewed with the participants to ensure they are given the opportunity to clarify and share their thoughts on the process. As such, youths are creative and contributing research participants, engaging in more than simply answering research questions or telling life stories.

There are many common threads that have been identified within the lives of the youths in our study that we would like to share. These include the many services that these youth have had contact with in their lives, the life situations and events that the youth have experienced, their feelings and emotions on what it is like to be homeless, as well as the youths' suggestions and recommendations for services they deem important for themselves and future generations. These results are very important to recognize for both individual services providers as well as policy makers, in order to decrease the prevalence of youth homelessness and high-risk behaviour, as well as to be more responsive to the mental health needs and strength of youth.

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## Context

Homelessness and high-risk behaviors pose many challenges and threats to individuals, families and communities. Living on the streets increases risk for contracting disease, substance use, committing illegal activities, exposure to violence, mental health concerns, physical and sexual abuse, suicide, and increased mortality (Karbanow, 2006; Fergusson, Horwood & Ridder, 2005; Boivin, Roy, Haley & Galbaud du Fort, 2005; Ferguson, 2009). The fastest growing segment of the homeless population in Canada is children and adolescents. It is estimated that from 1993 to 2001 the number of street/homeless youth in Canada grew from approximately 20,000 to 50,000 (Kelly & Caputo, 2007). These counts are similar to the number of youth that were reported to the Canadian authorities as runaways in 2001 which was 53, 434 (Higgett et al., 2003 as cited in Kelly & Caputo, 2007). In 2001 the Canada Mortgage and Housing Corporation (CMHC) “conducted an environment scan on youth homelessness that relied on counts from homeless shelters in major Canadian cities” (Kelly & Caputo, 2007, p.729). From this scan, the CMHC reported that in 1999 approximately 6000 youth stayed at shelters in the Toronto area. In Edmonton 650 youth were reported to have stayed at the Youth Emergency Shelter, which is only one of the potential shelters for youth in the city.

### Defining “homeless youth”

Homeless youth are those who do not have a permanent or stable place to call their home. These young people spend the majority of their time on the streets and may sleep in various locations including squats, shelters, parks, alleys, friend’s homes, etc. They live in marginal conditions and are frequently exposed to dangerous or risky situations (Karbanow, 2006; Ferguson, 2009; Kelly & Caputo, 2007). Homeless youth are a heterogeneous group that includes: “situational runaways” who leave home for short periods of time and then usually return home; “runaways” who leave home and stay away for long periods typically due to problems with caregivers around drugs, abuse, neglect, conflict; “throwaways” who are youth that have been kicked out of their home due to severe abuse or abandonment; “system youth” who have lived the majority of their lives in foster homes, group homes or government institutions (Feldmann & Middleton, 2003).

There are many factors that can contribute to the problem of youth homelessness. As mentioned previously, street/homeless youth are a heterogeneous group stemming from varied experiences and backgrounds. Despite this population’s diversity, research on homeless youth has illustrated common themes contributing to youth leaving home and setting up residence on the streets. The following are some of these factors:

### Socioeconomic status

Many homeless and at risk youth have been raised in families with lower socioeconomic status. These families lack sufficient income, financial stability, and formal education that can inhibit a stable home environment and productive family functioning. Lower socioeconomic status can also lead to problems in youth caused by financial and social disadvantage due to minimal parent involvement and supervision. Additionally, family instability and conflict such as single parent households, instability of parental figure, divorce and parental criminal activity have all been identified as potential risk factors for homelessness (Fergusson, Horwood & Ridder, 2005; Blake, 2004). Another factor identified by Fergusson et al. (2005) addresses the finding that socioeconomic disadvantage and exposure to

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<sup>2</sup>The youths we worked with helped us with this report; they were clear in what they wanted to share with others at this point.

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family adversity are often precursors to the development of conduct problems in children and adolescents. Conduct problems, in turn, are associated with risky behaviors such as substance use, delinquency, criminality, self-injurious behaviors, and truancy that may contribute to a youth becoming homeless or leading an at risk lifestyle.

### **Home instability**

Related research indicates that the majority of homeless youth grew up in homes that were laden with problems, uncertainty, and conflict. In a 2009 study by Fergusson exploring family environment characteristics of homeless youth, it was identified that “there was little structure provided by their parents, often because their parents were struggling themselves with mental illness, substance abuse, or homelessness (p.1881). Moreover, poor parental monitoring and poor parent-child communication can result in higher rates of drug use, defiant behavior, and aggression. Parents who do not spend time with their children are often unaware of their activities and place their children at higher risk for unsafe lifestyles choices that can result in the child leaving home (McCauley, Griffin, Gronewood, Williams, Botvin, 2005). As stated by one youth in the Ferguson (2009) study “My mom, uncles, and aunts were always getting beat up. Everything just happened at random. You never know what will happen next...” (p.1881).

### **Abuse**

The majority of homeless youth have been exposed to violence during their lives. These youth often have been a victim of violence or witnessed violence within the home or community. Firstly, domestic violence has been reported in some studies to occur in at least 50% of youth who are living on the street (Ferguson, 2009). Exposure to domestic abuse, aggression, street violence, or violence in the home contribute to the overall health, development and well being of the youth. “Children’s exposure to maltreatment, interparental violence and community violence are additional stressors that could affect child health” (Graham-Bermann & Seng, 2005, p.349). Exposure to these events can act as precursors for emotional, cognitive, and behavioral symptoms that are prevalent in a large proportion of street/homeless youth such as depression, poor decision making, decreased self-esteem, poor coping skills, decreased decision making capability, inability to establish health relationships, post-traumatic stress symptoms, anxiety, self-harming behaviors and suicidal behaviors (Trocki &Caetano, 2003; Perry, 1999).

In addition to witnessing violence, many homeless youth have been victims of violence in their homes prior to living on the streets. Most often perpetrators of the violence were the biological/adoptive/foster parent of the youth or members of their extended family. The types of abuses suffered by many youth prior to leaving home were emotional, physical, or sexual in nature. According to studies of homeless youth by Kelly & Caputo (2007), Martijn & Sharpe (2005), and Ferguson (2009) experiences of sexual abuse prior to street life was a common theme. Ferguson’s sample of 28 homeless youth in her grounded theory study concluded that 39% of the youth reported sexual abuse. As one youth in the study recalls her abuse in childhood “My dad’s best friend would be lying on the couch, sleeping or pretending to be asleep, and he would stick his foot out and grab me. Once I was hiding from him in the closet and he came in and grabbed my boobs” (p.1884). The repercussions of abuse are monumental and affect the youth in their ability to cope, trust, develop healthy relationships, and make positive life choices.

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## Risks to homeless youth

The risks to homeless youth are numerous varying from threats to their physical and mental health, their safety and security and to their potential for growth and a productive future. The following is a discussion of some of the threats that street youth face. This is not an exhaustive list as the potential for concerns and negative situations can change on a daily basis and vary from youth to youth, and city to city.

### **Substance use:**

Research statistics shared by Martijn & Sharpe (2005) state that “well in excess of 50% of homeless young people have drug and alcohol problems” (p.1). The reasons for this may be twofold. Firstly, youth on the streets have greater exposure to alcohol and illicit drugs. Secondly, the youth may have grown up in a home where substance use was a concern for their caregivers. Children whose parents that have substance use concerns have been shown to have increased involvement with alcohol, illicit drug use and drug use disorders themselves. Furthermore, the potential for the youth to develop a dual diagnosis and psychopathology increases when they have parents diagnosed with substance use disorders (Clark, Cornelius, Wood & Vanyukov, 2004).

### **Mental health:**

Homeless youth are at greater risk for developing mental health concerns due to their living situations, daily experiences on the street, increased exposure to substance use, parental mental health concerns and previous home life experiences. Mental health concerns of depression, anxiety, trauma related disorders, and psychotic symptoms are all over-represented within homeless youth (Boivin, Roy, Haley & Galbaud du Fort, 2005; Martijn & Sharpe, 2005; Kelly & Caputo, 2007). “Some youth link their mental health problems to their going to the streets, while others have existing problems that they find develop or worsen due to the stresses and strains of street life” (Kelly & Caputo, 2007, p.732). The increase in psychological stress caused by living on the streets and previous experiences of abuse can lead to suicidal behaviors in this population. A study shared by Martijn and Sharpe (2005) found that 48% of homeless young women and 27% of young men had attempted suicide.

### **Physical health:**

Homeless youth are at tremendous risk for developing illness and disease. The potential for a youth on the streets to contract an infectious disease such as sexually transmitted infections, HIV, Hepatitis B or Hepatitis C are great due to their increased exposure to drugs and risky sexual activity. Additionally, street youth are at risk to develop respiratory illnesses and skin infections due to their exposure to poor living conditions and improper hygiene. Another concern for youth on the streets is inadequate nutrition that can slow wound healing and “exacerbate existing conditions such as depression, substance abuse, tuberculosis, hepatitis B, HIV, and other sexually transmitted diseases” (Kelly & Caputo, 2007, p.732).



Pregnancy is another very concerning health risk that exists for young girls living on the streets due to health risks to both the youth and the newborn. The physical and mental strains of being pregnant on the streets are enormous including accessing adequate prenatal care, safe housing, exposure to substance use and infectious disease. In the CMHS (2001) study mentioned previously in this paper, about half of the young women on the streets in Toronto become pregnant each year which contrasts with the national youth pregnancy rate of approximately 10%. (2005; Kelly & Caputo, 2007).

**Safety and victimization:**

Life on the streets is rampant with violence of many kinds. Youth who live on the streets are exposed to, and are often victims of, this violence and instability. In the Boivin et al. (2005) study, Toronto runaway youth report being punched, threatened with a weapon, kicked, thrown around the room, assaulted with a weapon, having their head banged on the wall/floor and being intentionally burned. Reports of physical assault, sexual assault, being physically threatened and forced to perform illegal activities are common amongst homeless youth. This victimization often serves as a contributor to substance abuse and mental health concerns such as depression and trauma related disorders.

## Research Focus/Question:

The goal of this visual narrative inquiry was to explore at risk youth's perceptions and experiences with mental health issues and services. This visual narrative inquiry provides insights into the experiences, mental health challenges, support systems, thought processes, and emotional states of youth who are currently living on or are at risk of living on the streets of Edmonton. In working alongside youth at the community agency, iHuman, a stronger understanding of their mental health histories, needs and current concerns was addressed.

The objectives for our study were:

- to collaboratively inquire into the experiences of at risk youth and the ways that their experiences are shaped by cultural, social, historical, linguistic, and institutional narratives;
- to explore, through visual narrative inquiry, the possibilities for youth to re-story their experiences with mental health care services in ways that will enable care providers and policy makers to create more responsive and meaningful spaces to engage youth;
- to develop narrative inquiry appropriate to research alongside at risk youth;
- to build the capacity of youth, community organizations, and researchers to collaboratively develop suggestions for relevant and appropriate policies and practices.

## Implications

The overall intention of our work was to hear youths' stories of their experiences with mental health care, to inquire into the stories of their experiences, and to look for threads across storied experiences in order to understand their experiences within broader social, cultural, and institutional contexts. We began our research knowing that little research has considered the stories of youths themselves; we were mindful of the importance to place youths at the heart of our research, and to make them central to this research, rather than to place them on the margins in this work.

In the Edmonton area, homeless youth are in great need of resources and supports to address their mental health issues and concerns. Despite their need for resources, "homeless youth often do not receive appropriate medical care due to numerous individual and systems barriers impeding health care access by this population" (Feldmann & Middleton, 2003, p. 6). In addition to the barriers experienced by the adult homeless population, homeless youth confront further hurdles stemming from their age and developmental stage. Some of these impediments include lack of knowledge of clinic sites, fear of not being taken seriously, concerns about confidentiality, and fears of police and social services involvement. We know that "improved access to appropriate health care is necessary if we are to better support and care for this population of youth people" (Feldmann & Middleton, 2003, p. 6).

At risk youth find themselves situated somewhere just shy of the adult system and just beyond that of childhood programming. They need tremendous supports in the community but are often overlooked or judged as "difficult to treat". At risk youth need to be heard in order to develop appropriate care and services that will address their mental health needs at various stages of their young lives.

Throughout our ongoing research and work alongside youths we wondered and reflected upon the implications of our work. We see two key areas of implications, one is related to the fragmentation experienced by youth who experience homelessness and mental health issues, and the other one is the importance of attending to their experiences over time, in place, and in social contexts. The findings of this study suggest implications to policies and practices in provincially funded health care systems based on fragmented and disconnected relationships between at risk youths and health and social care providers.

This visual narrative inquiry listens to the voices of the youth and looks at their lives through their eyes. Throughout this inquiry, youth have been able to describe their lived experiences, challenges, and hopes for the future. Furthermore, they have been able to describe and share what has helped them in the past and what could potentially assist them in the future. During this visual narrative inquiry, youth were able to outline what types of services they see as important and most importantly “how” these services should be delivered. This information should be vital for services providers and policy makers in order to help these youth and put a hold on the cycle of risky behavior and homelessness within our city. These suggestions from the youth will be discussed in the results section of this report.

## **Approach**

Narrative inquiry is both a way of understanding experience and a methodology that is designed to understand people’s storied experiences as embedded within social, cultural, institutional, linguistic, and familial narratives. Narrative inquiry is relational and enables the formation of intensive relationships with each youth to hear how their stories unfolded in their lives. Narrative inquiry also positions people alongside one another, sharing stories of experiences, listening to, learning from, and inquiring into, how our lived and told stories help us to understand ourselves, places where we are/have been, and people and situations within past and present contexts. Narrative inquiry is attentive to experience over time, and in diverse places, beginning from, and unfolding through, relationships (Clandinin & Connelly, 2000).

Data collection methods were negotiated with participants as field texts (data) were created by participants and researchers to represent experiences. Diverse field texts have also been composed in order to inquire alongside selected key participants into the temporal unfolding of their lived and told stories of experiences. Using diverse forms of field texts enabled youth to actively document their unfolding lives so that the complex connections between their experiences in particular times and places can be more deeply understood. Moving from field to field text and from there to research texts are critical methods in narrative inquiry (Clandinin & Connelly, 2000). The field texts have been interpreted alongside participants from within the three dimensional narrative inquiry space (Clandinin & Caine, 2008), with particular attention to temporality, the personal and social contexts, and place. To build on a more participatory approach, the youth were given opportunities to engage with contemporary artistic representations of experiences, such as photography.

This research design enables the formation of intensive collaborative relationships with participants to hear how their stories of mental health issues have unfolded over their lives, beginning in early childhood. Through ongoing negotiations of trusting relationships between the researchers and participants, stories of their experiences have been heard.

We have been able to hear the youths' stories of mental health, to inquire into lives and to look for threads across storied experiences embedded within broader social, cultural and institutional contexts. Our intention has been to positively impact these experiences on a personal, social, and communal level. We have been able to learn directly from at risk and youth who have experienced homelessness. Narrative methods for this study consisted of writing field texts and through a collaborative process of interpretation and analysis research texts.

The youth in this study are all females between the ages of 11-22 years and are either homeless and/or live high-risk lifestyles within the city of Edmonton. Relationships with the youth have all been made during contact during a photography club run by the researchers and hosted at the agency iHuman. iHuman is a non-profit organization that works alongside high-risk youth with drug addiction and mental health issues through arts based programming and mentorship, crisis intervention, and life skills development. Six youths ranging in age from 11-22 years has been included in this visual narrative inquiry. The researchers have met individually with each youth at various times over several months to look at their photographs and discuss their lives and experiences. These conversations have all been recorded and transcribed, then reviewed with the participants to ensure they are given the opportunity to clarify and share their thoughts on the process. As such, youths are creative and contributing research participants, engaging in more than simply answering research questions or telling life stories.

## **Results**

There are many common threads that have been identified within the lives of the youth in our study that we would like to share. These include the many services that the youth have had contact with in their lives, the life situations and events that the youth have experienced, their feelings and emotions on what it is like to be homeless, as well as the youths' suggestions and recommendations for services they deem important for themselves and future generations. These results are very important to recognize for both individual services providers as well as policy makers, in order to decrease the prevalence of youth homelessness and high-risk behavior.

## **Services Used**

There is an extensive list of services that the youth have had contact with during their lives. As well, there are many commonalities and overlaps in services that the youth have utilized over the years. We believe it is important to look at these services and understand if they have been helpful or beneficial in any way according to the youth as it is their perceptions that are of value. If the youth feel that they have been listened to, provided trustworthy help and advice, and treated respectfully, the chances of them seeking further help or making a positive change is increased.

## **Life Situations**

During our conversations and reviews of the participants' photographs, the youth were able to share much about their past and current life experiences, their feelings and emotions, and thoughts of the future. These conversations provided us with a great deal of information and insight into the lives of at risk and/or youth who have experienced homelessness whom we grew to know. Our results support related literature on at risk and homeless youth as shared earlier in this report. The following outlines some of the areas of concern identified during the study.

## **Socioeconomic Status**

All of the youths come from families with low socioeconomic status where poverty, lack of adequate housing, unsafe communities, sufficient education, and poor nutrition have all been identified as concerns. Moreover, all of the youth were reared in single parent households where a father figure was either completely unavailable or unknown to the youth. On several occasions each youth was removed from their household as a child and placed under the custody of Child and Family Services where they lived in either a group home or foster home. Each of the youths in this visual narrative inquiry recall living somewhere other than home with their mother at various times during their lives. As stated previously in this report, lower socioeconomic status coupled with single parent households and family hardship, may lead to disruptive and delinquent behaviors in children and youth.

## **Home Instability**

All of the youth who participated in this visual narrative inquiry have been raised in households where uncertainty and conflict have been of concern. The instability of these households is in part related the lower socioeconomic status mentioned previously as well as to poor parenting and guidance of the youth. In all of the homes of the youths, there was inadequate parent-child communication and little to no supervision. In many of these youths' cases, the parents were busy coping with lack of sufficient income, mental health concerns, relationship or addiction issues themselves.

As mentioned previously in the socioeconomic status section of this report, each of the youths have been removed from their biological families at various points in the lives and placed under the custody of Children's Services. Each of these youth recall memories of living in either group homes or foster homes for varied lengths of time. The youth describe feelings of fear, loneliness, and confusion at being removed from their families and placed in these living situations.

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## Risks to Homeless Youth

The risks to homeless youth are numerous varying from threats to their physical health and mental health, their safety and security, and their potential for growth and a productive future. The following is a list of risks that were identified during our discussion with the youth and while inquiring into their photographs. Only some of the risks are listed below.

1. **Drug/Alcohol use:** Several youth in our study have used drugs and/or alcohol. The frequency and severity of use varies from daily use of methamphetamines and heroine to occasional binge use on weekends. One of the youth in our study has been “clean” for 8 months and has completed the treatment program at a Residential Treatment Centre. Furthermore, all of the youth report being exposed to drug and alcohol use by family members as they were growing up.
2. **Mental Health:** Homeless youth are at greater risk for developing mental health concerns due to their living situations, daily experiences, increased exposure to substance use, parental mental health concerns, and previous home life experiences. As shown in our study, several participants have received formal psychiatric diagnoses including: bipolar disorder, depression, suicide attempt, anxiety and psychosis. These youth have all been inpatients at tertiary care unit, and some have been inpatients in adult psychiatry as they were 18 years of age on admission. All of the youth report being witness to and/or recipients of violence, trauma, substance abuse, criminal activity and uncertainty. These factors have influenced their mental health tremendously and effect their decisions, relationships, motivation and learning on a day-to-day basis. As a result, many of these youth have had difficulty staying or succeeding in school, maintaining healthy relationships, and making positive choices. Mental health is the one factor that permeates into all aspects of these youths’ lives and effects their lifelong wellbeing.
3. **Legal System:** Several youth have had previous arrests due to varied illegal activities varying from assault, prostitution, breaking and entering, disorderly conduct and drug dealing. Of these youths, some have spent time in jail. One of these youths report that being incarcerated was one of the happiest times in her life as she felt safe, cared for, and secure in her surrounding. She recalls not wanting to leave when her sentence was completed and as a result contemplated another crime to increase her stay.
4. **Physical health:** All of the youth in our study are at risk for alterations in their physical health. The youth have been ill with various ailments including: scabies, sexually transmitted infections, respiratory illnesses and injuries resulting from assaults. Furthermore, some of the youths have given birth to several children. The children of these youths are all presently under the care of Children’s Services.

As part of this research study we asked the youths about their mental health treatment and support needs, past and present, and what would they like to see in a program for other youth who are in need. They were asked “if you could make a program for other kids like yourself what would it look like and what would make you stay and ask for help”? We have compiled a summary of the responses that the youth feel need to be incorporated into a program for at risk youth, or youth who experience homelessness in order to keep them safe, engaged, and thinking positively and productively about the future.

There are two types of programs that are needed for homeless and/or high-risk youth in Edmonton. The first program being a Drop-In Centre where the youth can engage in various activities to keep them busy, productive and off the streets. This centre should offer programs that can provide emotional outlets for the youth that are healthy such as painting, drawing, music, drama, photography, sports and exercise. Also, there needs to be a comfortable and safe place for the youth to just “hang out” that perhaps has a sofa, television, pool table or ping pong. Scheduling and formal programming for this centre needs to be looked at differently as setting huge expectations for these youth just will set them up for failure and an unwelcome experience. As well, it is service providers need to remember that although these are “at risk youth”, they are still youth and will make the same mistakes that others their age do. The youth in our study stated that what has helped them most is knowing that they will not be judged for their behavior, and when they need help it will be available. These youth need to be told “I will not judge you”, “you do not need to be afraid, I am here to help when you need it”, “I will stand up for you when you are down”, “I will help you learn how to cope”.

This centre needs to integrate all services within it so that they are readily available for youth when they need help. As a result, there is improved access to mental health, addictions services, STI clinic, parenting programs and basic medical care and referral. Furthermore, there needs to be a working relationship or partnership established between other youth serving agencies and Alberta Health Services to keep services seamless and accessible for the youth.

The second type of programming identified as a need from the youth, is a safe place to live and recover from trauma or life on the streets. It would be convenient if this residential facility be adjacent to the Drop In Centre so that they youth can access its services easily. The residence would also offer housing for youth parents who are in need of parenting support and learning to care for themselves and their children. This would look very similar to the Women in Need Growing Stronger [WINGS] model which is transition and supported housing for women with children who are coming out of an abusive relationship. In our view this model, may prevent future generations of high-risk youth, by supporting the parents before another crisis overtakes their lives. This type of programming would establish a network of support for the youth as well as a sense of community. In this way we are setting up the youth to succeed, as parenting can be challenging even to those with the best supports and financial resources.

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## Further Research

As we engaged with youth, many new questions and wonders were raised. These speak to our findings and implications, but also speak to the complexity of the lives of contemporary urban youths who are considered at risk, as well as to the complexity of engaging in meaningful practices with them. As we engaged with at risk youth, we became increasingly concerned with the importance of attending to experience over time, in place, and in social context. Part of this understanding grew out of our awareness as narrative inquirers to attend to lives as unfolding, as always in the midst. Some of our recommendations for future research include:

- Further research needs to involve an exploration with youth to find ways that might ease the transitions between services and make it more possible for youth to connect with relevant, responsive and meaningful care.
- We need to further explore questions around how we might create educative programs for health and social care practitioners that would allow them to interrupt at risk scripts and labels placed on youth.
- While we learned a great deal about the need for meaningful spaces on the communal landscapes for at risk youth, we need to continue to work alongside youth, to understand, in greater depth, how such spaces can be possible in diverse community settings, including schools. The youth struggled with learning to trust that they could share their experiences with others. This process takes time before the youth come to trust adults and to trust that spaces will continue to be there for them.
- While the youth have and further developed capacity in representing their experiences in arts-based representational forms, there is much more that needs to be understood about how this capacity can be recognized by larger communities, including care providers and within schools.
- Much more longitudinal research with at risk youth experiencing homelessness and mental health care needs is required in order to learn what the specific factors and influences, including health care policies and practices, as well as community and familial experiences are that contributed to their positive growth and potential; a focus on the hopes, dreams, and possibilities the youth carry is most important.



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