

# Our communities, our youth:

The health of homeless  
and street-involved  
youth in BC



McCreary Centre Society

YOUTH HEALTH • YOUTH RESEARCH • YOUTH ENGAGEMENT

# Our communities, our youth:

## The health of homeless and street-involved youth in BC

---

Copyright: McCreary Centre Society, 2015

ISBN: 978-1-895438-41-3

McCreary Centre Society  
3552 East Hastings Street  
Vancouver, BC, V5K 2A7



For enquiries, please email: [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca)



Follow us on Twitter @mccrearycentre

Founded in 1977, McCreary Centre Society is a non-governmental not-for-profit organization committed to improving the health of BC youth through research, evaluation, and youth engagement projects.



Copies of this report are available at: [www.mcs.bc.ca](http://www.mcs.bc.ca)

# Acknowledgments

## MCCREARY TEAM

Annie Smith	<b>EXECUTIVE DIRECTOR</b>
Elizabeth Saewyc	<b>RESEARCH DIRECTOR</b>
Maya Peled	<b>RESEARCH ASSOCIATE</b>
Colleen Poon	<b>RESEARCH ASSOCIATE</b>
Duncan Stewart	<b>BC AHS COORDINATOR/ RESEARCH ASSOCIATE</b>
Kate Kovaleva	<b>RESEARCH ASSISTANT</b>
Preeti Prasad	<b>RESEARCH ASSISTANT</b>
Brynn Warren	<b>RESEARCH ASSISTANT</b>
Annalise Zwack	<b>ADMINISTRATIVE ASSISTANT</b>
Alexandra Young	<b>REPORT LAYOUT</b>
Ryan Quitlong	<b>PHOTOGRAPHER</b>

Additional assistance provided by:

Olivia Szpakowski	<b>DOUGLAS COLLEGE PRACTICUM STUDENT</b>
-------------------	--

## THANKS TO...

Funding for this report was provided by the BC Ministry of Health and Vancouver Foundation.

Special thanks are due to the advisory committee for this project who helped guide and interpret the analyses for this report:

Renata Aebi	<b>ST LEONARD'S YOUTH &amp; FAMILY SERVICES</b>	Sonya Johnston	<b>PACIFIC COMMUNITY RESOURCES</b>
Marika Albert	<b>COMMUNITY SOCIAL PLANNING COUNCIL</b>	Rudy Kelly	<b>FRIENDSHIP HOUSE ASSOCIATION OF PRINCE RUPERT</b>
Steve Arnett	<b>NANAIMO YOUTH SERVICES ASSOCIATION</b>	Debbie Kraus	<b>CHILLIWACK COMMUNITY SERVICES</b>
Val Clement	<b>PACIFIC COMMUNITY RESOURCES</b>	Brenda Listoen	<b>OPTIONS COMMUNITY SERVICES SOCIETY</b>
Kerry Donnelly	<b>NELSON COMMUNITY SERVICES</b>	Heather Lynch	<b>DISTRICT OF NORTH VANCOUVER</b>
Michelle Fortin	<b>WATARI COUNSELLING &amp; SUPPORT SERVICES SOCIETY</b>	Annie Mauboules	<b>WATARI COUNSELLING &amp; SUPPORT SERVICES SOCIETY</b>
Sorina Gibson	<b>ABBOTSFORD COMMUNITY SERVICES</b>	Kali Olt-Sedgemore	<b>PRINCE GEORGE NATIVE FRIENDSHIP CENTRE</b>
Roland Gurney	<b>PRINCE GEORGE NATIVE FRIENDSHIP CENTRE</b>	Devika Ramkhelawan	<b>INTERIOR COMMUNITY SERVICES PACIFIC COMMUNITY RESOURCES</b>
		Sheila Rennie	
		Laurel Scott	
		Michelle Shaw	

## PROJECT PARTNERS

Renata Aebi	<b>ST LEONARD'S YOUTH &amp; FAMILY SERVICES</b>
Michelle Fortin	<b>WATARI COUNSELLING &amp; SUPPORT SERVICES SOCIETY</b>



**CITATION:** Smith, A., Stewart, D., Poon, C., Peled, M., Saewyc, E., and McCreary Centre Society. (2015). *Our communities, our youth: The health of homeless and street-involved youth in BC*. Vancouver, BC: McCreary Centre Society.

We are indebted to the community co-researchers who collected the data and also helped to craft the final report:

Tanya Cooper  
Allegra Costigan  
Terrick Crosby  
Kerry Donnelly  
Marjorie Edgington  
Shawnee Gaffney  
Brianne Gale  
Sorina Gibson  
Roland Gurney  
Kianna Holmgren

Meghan Ignatescuc  
Megan Joseph  
Omyma Kafi  
Sarah Kothlow  
Trista Lewis  
Brenda Listoen  
Cam Mackenzie  
Kristy Mallery  
Linda Milford  
Alexandra O'Donaghey

Kali Olt-Sedgemore  
Sydney Oremek  
Sandy Paul  
Vaughn Preninger  
Devika Ramkhelawan  
Sheila Rennie  
Renata Saat  
Dainya Watson  
Lee Wilson  
Lucy Woodman

## LEAD COMMUNITY AGENCIES

Abbotsford Community Services  
Chilliwack Community Services  
Community Social Planning Council  
District of North Vancouver  
Friendship House Association of Prince Rupert  
Interior Community Services  
Nanaimo Youth Services Association  
Nelson Community Services Centre  
Okanagan Boys and Girls Clubs  
Options Community Services Society  
Pacific Community Resources  
Prince George Native Friendship Centre  
St Leonard's Youth & Family Services  
Victoria Youth Empowerment Society  
Watari Counselling & Support Services Society

**ABBOTSFORD**  
**CHILLIWACK**  
**VICTORIA**  
**NORTH VANCOUVER**  
**PRINCE RUPERT**  
**KAMLOOPS**  
**NANAIMO**  
**NELSON**  
**KELOWNA**  
**SURREY**  
**SURREY**  
**PRINCE GEORGE**  
**BURNABY**  
**VICTORIA**  
**VANCOUVER**



Quotes from youth who completed the survey are included throughout this report. Where noted quotes from community co-researchers are also included.

**Finally, thank you to all the youth who took the time to answer the survey so thoughtfully and honestly.**

# Table of contents

Key findings	<b>8</b>
Background	<b>10</b>
Methodology	<b>11</b>
Youth's background	<b>14</b>
Housing & homelessness history	<b>19</b>
Health	<b>24</b>
Sleep	<b>29</b>
Mental health	<b>31</b>
Sexual behaviour	<b>37</b>
Substance use	<b>39</b>
Employment & other sources of income	<b>47</b>
School	<b>48</b>

Sports & leisure activities	<b>51</b>
Abuse & victimization	<b>53</b>
Police & Youth Justice involvement	<b>56</b>
Technology use	<b>57</b>
Supportive relationships	<b>58</b>
Community & neighbourhood	<b>61</b>
Access to services	<b>63</b>
Cause for optimism	<b>66</b>
Final thoughts	<b>68</b>
Resources	<b>69</b>
Appendix: Health disparities	<b>70</b>

# Key findings

Youth across British Columbia most commonly first became homeless or street-involved when they were 13 or 14 years old, although more than a quarter (28%) first became homeless at a younger age.

As in 2006, Aboriginal youth were over-represented among homeless and street-involved youth (53% of survey respondents). Other marginalized groups of youth who were over-represented in the results included sexual minority youth, youth with a mental health condition, and youth who had been through the government care system.

The most common reasons youth gave for becoming homeless or street-involved were not getting along with their parents and/or being kicked out of home. The rates of both of these increased from when the survey was last conducted, as did the percentage who left home because of violence or abuse within the home (15% in 2006 vs. 24% in 2014).

There were gender differences in the reasons youth became homeless. For example, females were more likely to have experienced violence or abuse at home (29% vs. 18% of males), whereas males were more likely to be homeless because they could not find a job (16% vs. 10% of females).

There were no improvements in rates of youth who experienced physical and/or sexual abuse between 2006 and 2014. When asked specifically if they had ever been sexually abused, 13% of males and 56% of females recognized that they had been. These rates were even higher when other types of sexual abuse, such as coerced sex, were taken into account which youth did not necessarily recognize as abuse.

Compared to 2006, youth were more likely to have stayed in a safe house or shelter (41% in 2014 vs. 34% in 2006), or to have couch surfed (50% vs. 37%), but were less likely to have stayed in a squat or abandoned building (19% vs. 31%).

Youth reported high incidences of family challenges including a family history of government care, mental health challenges, substance use problems, and among Aboriginal youth an intergenerational history of residential school placements. The percentage of youth reporting that both of their parents had a mental illness was five times higher than in 2006 (15% vs. 3%).

Mental health was an area of concern. For example, 68% of youth (62% of males vs. 72% of females) reported having at least one mental health condition, 42% had seriously considered suicide in the past year, and almost a third (31%) had attempted suicide.

Youth with mental health challenges were more likely to come in contact with the police. For example, 40% of youth with a mental health condition had been searched by police in the past year (compared to 31% without a mental health condition). Also youth with FASD were more likely to have been arrested (51% vs. 29% of those without the condition).

In the past year, 26% of youth missed out on needed medical care, and a third (26% of males vs. 38% of females) had not accessed needed mental health services. Youth who had stayed in the most precarious housing situations were more likely to report missing out on care.

There were some improvements in substance use in comparison to 2006, with more youth waiting until they

were 15 or older to try alcohol or marijuana, and decreases in the percentages who had used tobacco and other substances (including ecstasy, heroin, and crystal meth). Despite these improvements almost 1 in 10 youth (9%) had been refused substance use treatment.

Not all health risk behaviours improved. For example, the percentage of youth who used a condom or other barrier the last time they had sex decreased (43% vs. 61% in 2006, among youth who ever had intercourse).

More than half of youth (55%) reported having a pet. Caring for a pet was linked to youth being in school and not experimenting with a number of substances.

In the past month, over a third of males (35%) and 26% of females worked at a legal job, and 12% worked at least 21 hours a week. Also, 37% volunteered in their community since becoming homeless.

More than two thirds (68%) of youth were currently in school. Just over half of these youth (51%) planned to go into post-secondary education.

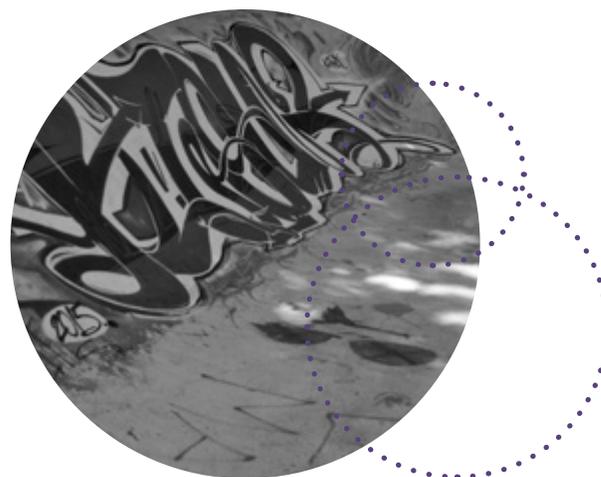
Among youth who were currently attending school, the majority felt connected to school. Youth who felt connected to school were more likely than their peers who did not feel this way to rate their mental health and current life circumstances as good or excellent.

Other protective factors were also identified. For example, youth who felt meaningfully engaged in the activities they took part in were less likely than those who did not feel this way to have self-harmed in the past year (39% vs. 51%) and to have experienced extreme stress or despair in the past month.

Youth who felt connected to their community were less likely than their peers to have missed out on accessing needed mental health care in the past year (20% vs. 39% who did not feel connected) and were more likely to rate their mental health as good or excellent (64% vs. 42%). Also, the more connected youth felt to their community, the more likely they were to feel that their current life circumstances were good or excellent.

After friends and family, youth approached a range of professionals for help, most commonly a youth worker. When youth found this experience helpful, there appeared to be benefits. For example, youth who found their alcohol and drug counsellor helpful were less likely to have used marijuana daily in the past month (30% vs. 52% who did not find the support helpful).

As in 2006, the most common services or programs youth reported needing more of in their community were safe and affordable housing, job training or work experience, safe houses, shelters or transitional housing, and youth centres.



# Background

Homeless and street-involved youth are among the most vulnerable populations in Canada and experience significant health inequities.

The 2014 *Homeless and Street-Involved Youth Survey* (HSIYS) captured information from youth living in 13 diverse communities across British Columbia between October 2014 and January 2015. A total of 689 youth (aged 12–19 years) participated, from which we collected 681 usable surveys.

This is the third time McCreary has conducted this survey. The results provide important information about risk and protective factors among BC youth who are homeless, precariously housed, or involved in a street lifestyle.

The 2014 HSIYS used the same methodology and was delivered at the same time of year (winter) as the previous HSIYSs. As in previous years, experiential youth were involved throughout the process, from survey development and delivery to interpretation of the findings.

Core questions from McCreary's 2013 school-based BC Adolescent Health Survey (BC AHS) were included on the 2014 HSIYS. Additional questions were asked about the unique experiences of youth who are homeless, and included items about risk and protective factors for homeless and street-involved youth.

Comparing data from the HSIYS with data collected through the 2013 BC AHS in the 13 participating communities allowed us to identify health inequalities among homeless and street-involved youth in comparison to youth in mainstream schools. (See Appendix for a comparative table.)

	2014	2006
Northern	116	148
Interior	94	150
Fraser	184	135
Vancouver Coastal	198	212
Vancouver Island	89	117
Total	<b>681</b>	<b>762</b>

# Methodology

The project was steered by an advisory committee that assisted in developing the survey and guiding data analyses. They also took responsibility for the recruitment and support of community co-researchers (one youth worker and one or more youth with experience of homelessness in each participating community).

The community co-researchers attended a comprehensive training session where they learned about community-engaged research and were trained to administer the survey. Using this previously successful method of data collection ensured that the project was sensitive to local needs and engaged otherwise hard-to-reach survey participants.



**I was really surprised that every youth we surveyed kept going right through to the back page [of the survey] and they took it seriously all the way through from the front page to the back.**

- COMMUNITY CO-RESEARCHER

Participation in the survey was voluntary and anonymous, and the implications of consenting to participate were fully explained prior to survey administration. Participants received a small honorarium for their participation.

## LIMITATIONS

Some communities experienced challenges accessing homeless youth, and therefore the survey findings may not be representative of all youth in that community. For example, in one community four other studies with homeless youth were being conducted at the same time, which led to a low response rate due to survey burden on youth and youth-serving agencies. In another community, youth-serving agencies reported a noticeable decrease in youth accessing their services following the BC teachers' strike which occurred in the fall of 2014.

Youth were told they could skip any questions they did not wish to answer. Questions about the following topics were answered by fewer than 80% of participants: Age they first became homeless, activity involvement before and after becoming homeless, police involvement, sexual exploitation, discrimination, reason for being homeless, community services, and the 2010 Olympic Games.

At a feedback session held with community co-researchers, it was noted that some youth had declined to participate in the survey because they did not identify as homeless or precariously housed, stating that they were couch surfing or staying in some form of temporary housing.



**I really think we missed some of the story. There are lots of youth in their early 20's who wanted to do the survey because they were homeless but we had to tell them they were too old.**

- COMMUNITY CO-RESEARCHER

## ABOUT THE STATS

All comparisons and associations included in this report are statistically significant at  $p < .05$ . This means there is up to a 5% likelihood that these results occurred by chance. Differences in tables or charts that are not statistically significant are noted.

When gender differences are reported, they include only youth who identified as male or female. This is because the number of youth who indicated other gender identities was too small to include as a separate category in those comparisons.

Trends over time which are reported compare all participating communities in 2014 with all participating communities in 2006. If there is a statistically significant difference when only communities which participated in both surveys are compared, this is noted in the text.

Participating communities		
	2014	2006
Abbotsford/Mission	Yes	Yes
Burnaby	Yes	No
Chilliwack	Yes	No
Kelowna	Yes	Yes
Kamloops	Yes	Yes
Nanaimo	Yes	Yes
Nelson	Yes	No
North Shore	Yes	No
Prince George	Yes	Yes
Prince Rupert	Yes	Yes
Surrey	Yes	Yes
Vancouver	Yes	Yes
Victoria	Yes	Yes



**As a youth worker this project was great to build connections with youth who we weren't connected with before.**

- COMMUNITY CO-RESEARCHER

Comparisons to the 2013 BC AHS are between the 13 communities which participated in the 2014 HSIYS and the 13 corresponding school districts.

## TERMINOLOGY USED IN THIS REPORT

**HOMELESS AND STREET-INVOLVED** is used to describe youth who did not have a home; were couch surfing or living on the street; were involved in street life; or were living in unstable conditions such as a single-room occupancy (SRO) apartment, a motel, or living in a home without adults.

**MOST PRECARIOUS HOUSING** describes staying in a hotel/motel/SRO/hostel, safe house/shelter, extreme weather shelter, transition house, squat/abandoned building, on the street, couch surfing, or in a tent or car.

**WENT TO BED HUNGRY** refers to youth who went to bed hungry because they or their parents did not have enough money for food.

**HEAVY SESSIONAL DRINKING** refers to drinking at least five alcoholic drinks within a couple of hours.

## KNOWLEDGE MOBILIZATION

The findings from this report will be shared widely with policy makers and service providers. The report is available to download from McCreary's website, as is a PowerPoint presentation of the results and three clay animation films sharing key messages from the report. The clay animations were created by youth community co-researchers involved in the project. They have also developed a workshop to share the results with youth (For more details see p.69).

When asked what people should do with the survey results, youth who were involved in this project as community co-researchers hoped the report would be used to:

- Improve the lives of youth, and particularly Aboriginal youth, at risk of homelessness or currently homeless
- Help raise awareness about youth homelessness and the challenges young people face
- Improve youth's knowledge of and access to services
- Ensure services can identify gaps and places they can improve
- Highlight what is working



**Let people know not all homeless youth use drugs or alcohol, and that the number who do is dropping.**



**I hope the results are used to educate people and advocate for change.**

# Youth's background

## AGE & GENDER

Youth who participated in the 2014 Homeless and Street-involved Youth Survey (HSIYS) ranged in age from 12 to 19, with the majority aged between 16 and 18 years old.

Half of youth identified as female; 47% as male; 2% as transgender; and the remainder specified another gender identity, such as gender fluid, genderless, or pan-gendered.

## FAMILY BACKGROUND

Over half of youth who completed the HSIYS identified as Aboriginal. The second most common family background was European, although the percentage of youth who identified as European decreased from 46% in 2006 to 40% in 2014.

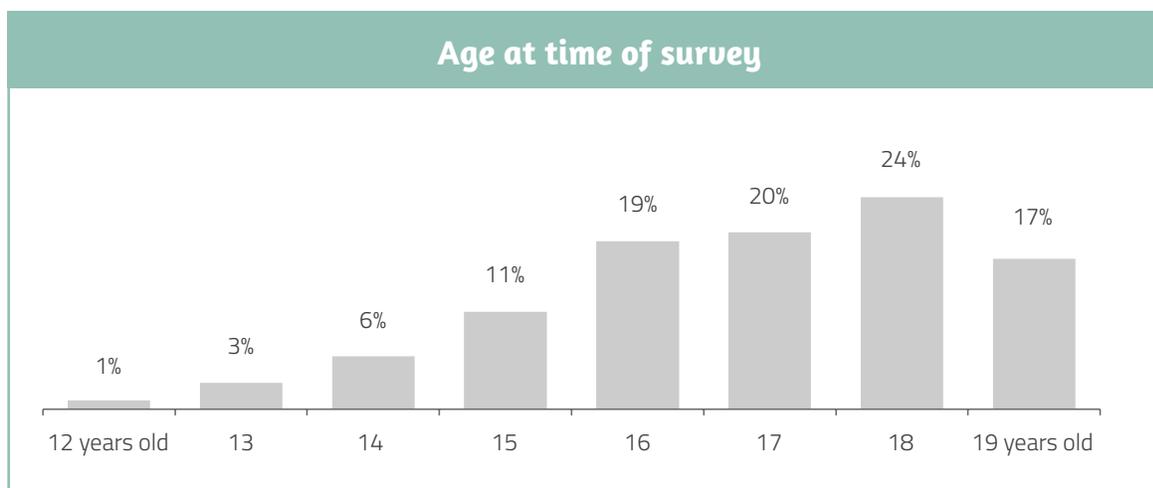
The majority of participants were born in Canada, and 91% had lived here all their lives. Youth were more likely to be born in Canada than youth who completed the BC AHS (94% vs. 79%).

Family background	2014 HSIYS	2013 BC AHS
Aboriginal	53%	7%
European	40%	48%
African	4%	3%
Latin/South/Central American	4%	4%
Southeast Asian	3%	9%
East Asian	2%	21%
Caribbean	2%	N/A
West Asian	2%	3%
South Asian	1%	13%
Australian/Pacific Islander	1%	2%
Other	4%	2%
Don't know	10%	6%

N/A: This option was not available in 2013 BC AHS.

Note: Youth could choose more than one family background.

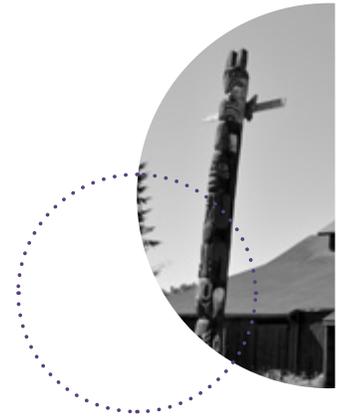
Note: The difference between 2014 HSIYS and 2013 BC AHS for having a West Asian background was not statistically significant.



Note: Percentages do not add up to 100% due to rounding.

6%

of youth were adopted (8% of males vs. 4% of females), and a further 3% were unsure if they were adopted.



## ABORIGINAL YOUTH

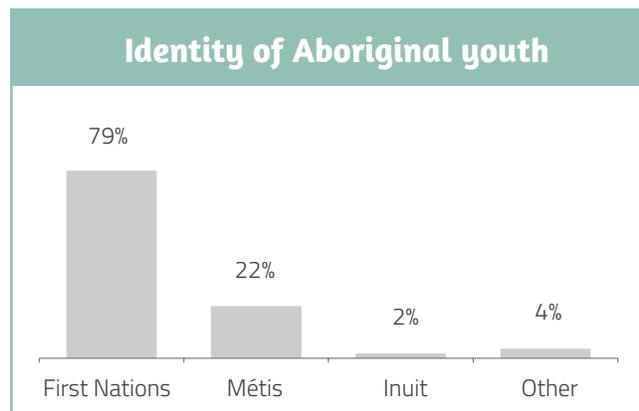
As in 2006, Aboriginal youth were over-represented among HSIYS respondents. Seven percent of youth who completed the BC AHS in the 13 communities that participated in the HSIYS identified as Aboriginal, compared to 53% in this survey. Forty percent of HSIYS participants identified exclusively as Aboriginal.

Forty-six percent of Aboriginal youth reported they had lived on a First Nations reserve at some point in their lives, including 5% who were currently living on a reserve full-time. Fifteen percent had been homeless on a reserve at some point.

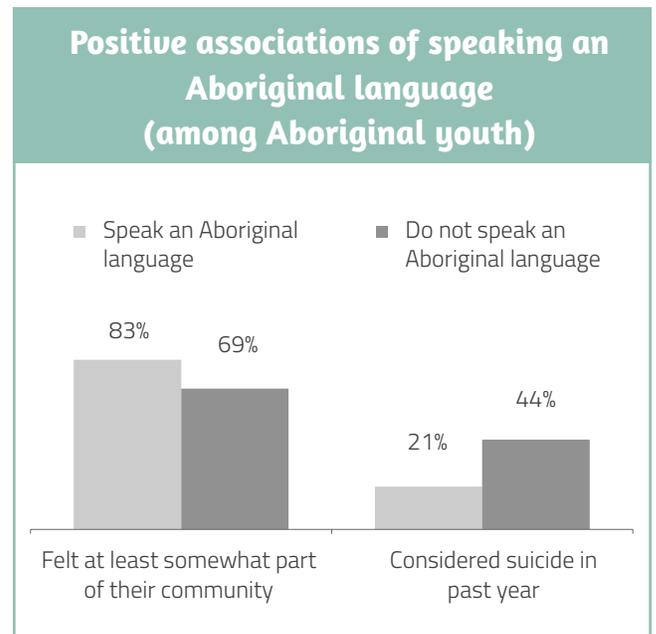
Eighteen percent of Aboriginal youth spoke an Aboriginal language. Speaking an Aboriginal language was associated with a reduced likelihood that youth would have experienced extreme stress in the past month or considered suicide in the past year. It was also linked to increased feelings of community connectedness.

Almost two thirds (64%) of Aboriginal youth reported having a family member who had been in a residential school. Among these youth, 23% had at least one parent who had been in residential school, 72% at least one grandparent, and 10% had both a parent and a grandparent who had been in residential school.

These percentages are high yet may still be an under-representation, as 19% of Aboriginal youth did not know if a member of their family had been in residential school.



Note: Youth could choose more than one response.



# 15%

of Aboriginal youth identified as Two Spirit.

## SEXUAL ORIENTATION

Youth who were homeless or street-involved were less likely to identify as straight than their peers who completed the BC AHS: 62% who completed the 2014 HSIYS identified as completely straight compared to 81% who completed the 2013 BC AHS.

Males were more likely than females to identify as completely straight (81% vs. 47%), whereas females were more likely to identify as mostly straight (13% vs. 2%) or bisexual (31% vs. 6%).

Sexual orientation	
Completely straight	62%
Mostly straight	7%
Bisexual	20%
Gay or lesbian	3%
Questioning	3%
Don't have attractions	5%

## GOVERNMENT CARE EXPERIENCE

Youth were asked if they had ever lived in the care of the government. Just over half (51%) had lived in a foster home or group home at some point in their lives, and 14% were currently in one of these placements.

A Youth Agreement is considered an alternative to government care which allows youth to live independently. Ten percent of males and 17% of females were currently on a Youth Agreement.

Some youth had lived in more than one type of government care and 8% had lived in a foster home, in a group home, and on a Youth Agreement.

When youth are held in a custody centre, they are also considered to be in the care of the government. More than one in five males (21%) and 14% of females had stayed in a custody centre at some point.

Youth were asked if any member of their family had been in government care. In total, 43% had at least one family member who had this experience, including 15% who reported that at least one of their parents had been in care.

Youth community co-researchers talked about the need to break the "foster care cycle" by better supporting former youth in care when they become parents in order to ensure their children are not taken into care.

Among youth who had stayed in a foster home, group home, or on a Youth Agreement, around half (51%) had a family member who had also been in government care. This included 19% whose parent(s) had been through the care system and 1% whose grandparents had. Additionally, almost a quarter (24%) did not know if anyone else in their family had been in care.

Among youth who had ever lived in a foster home or group home, those who also had parents or grandparents who had been in care were more likely to have had challenges at school, such as being suspended (78% vs. 63%) or excluded (63% vs. 37%) from school, than those in care without that family history.

## CHILDREN

Similar to results in 2006, 11% of male and female youth reported having a child or children of their own. Females were more than three times as likely as males to report that their child or children lived with them, whereas males were more likely to report that their child lived with a friend or relative (63% vs. 27% of females).

Who youth's child or children lived with (among those with children)	
Live with me	41%
Live with relatives or friends	41%
In a foster home	13%
Were adopted by someone else	11%

Note: Youth could choose more than one response.

Type of government care (or alternative to care)	Currently	In the past year	More than a year ago	Ever
Foster home	9%	11%	26%	45%
Group home	8%	9%	13%	30%
Youth Agreement	13%	6%	5%	24%
Custody centre	N/A	9%	9%	17%

Note: Youth could choose more than one response.  
N/A: Not applicable.



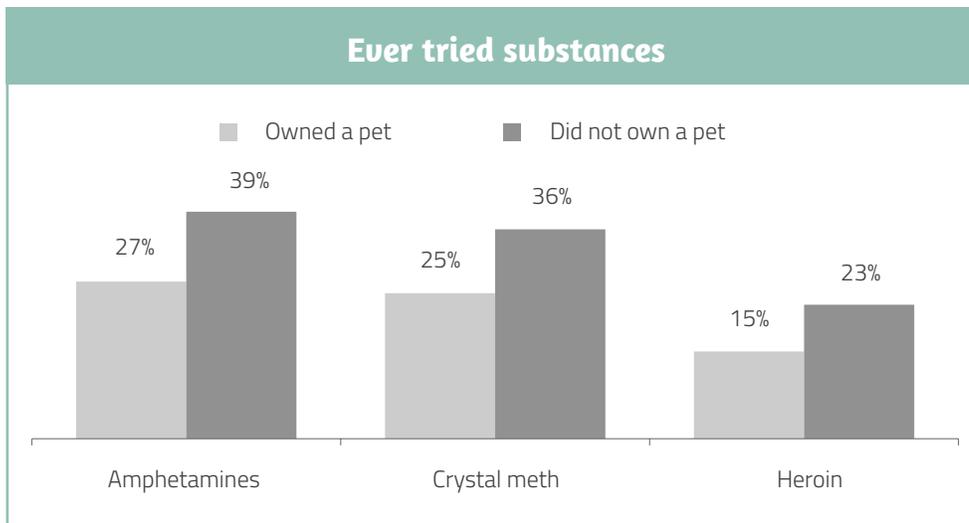
## PETS

More than half of youth (55%) reported having at least one pet. Among these youth, 56% had dogs, 58% had cats, and 14% had other pets such as fish, reptiles, rats, or rabbits.

Caring for a pet appeared to have some positive associations. For example, as in 2006, youth who had a pet were more likely than those without to be currently attending school and less likely to have experimented with a number of substances.



**My cat makes me happy.**



Community co-researchers met a number of youth survey participants who talked about their connections to their pets and how valuable that relationship was to them. They wanted to have the knowledge and resources to be able to support their pet to stay healthy.

# Housing & homelessness history

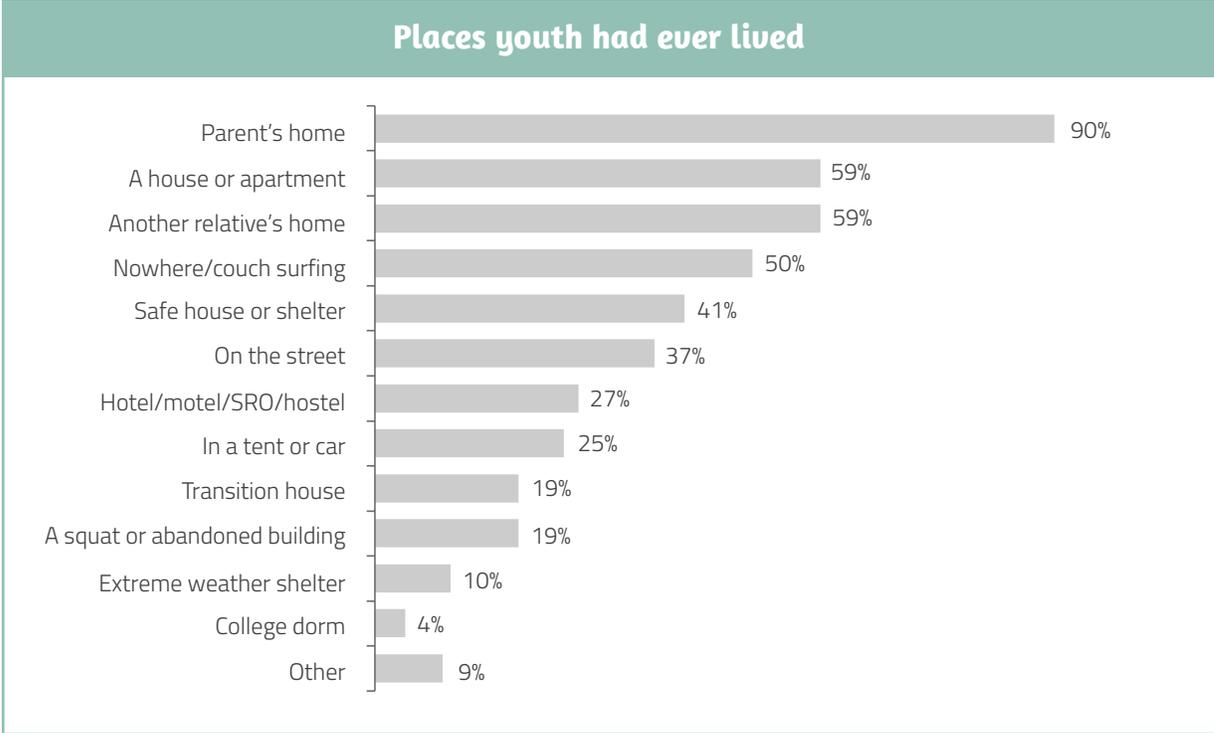
## HOUSING EXPERIENCES

When asked about their housing history, 9 out of 10 youth had lived with their parents at some point in their lives, and 71% had been street homeless or lived in the most precarious housing (i.e., stayed in a hotel/motel/SRO/hostel, safe house/shelter, extreme weather shelter, transition house, squat/abandoned building, on the street, in a tent or car, or couch surfed).

Compared to 2006, youth were more likely to have stayed in a safe house or shelter (41% in 2014 vs. 34% in 2006) or to have couch surfed (50% vs. 37%), but were less likely to have stayed in a squat or abandoned building (19% vs. 31%).

Most youth had a history of moving from one place to another, and 41% had stayed in five or more different living situations.

Sixty-seven percent of youth had ever run away from home (59% of males vs. 74% of females), and 62% had been kicked out. Youth most commonly reported first running away at 13 years old and first being kicked out at 14 years old. Among youth who had experienced both running away and being kicked out, 51% had run away first and 12% had been kicked out first.



Note: Among youth who responded "other" the most frequent location was a friend's house.  
 Note: Males were more likely than females to have stayed in an extreme weather shelter (13% vs. 7%) and females with their parents (93% vs. 87%), but there were no other gender differences.

On the day they took the survey, youth were most commonly staying at their parents' home (41%), a house or apartment (32%), a safe house or shelter (11%), another relative's home (9%), or couch surfing (7%). Males were more than twice as likely as females to be staying in a safe house or shelter (15% vs. 7%) or on the street (6% vs. 3%).

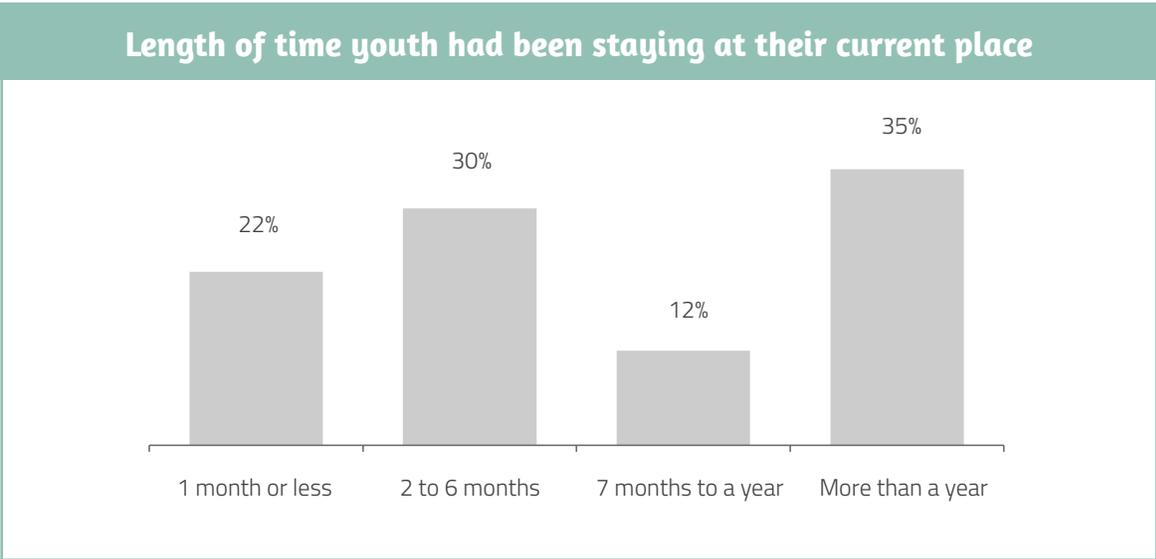
Most youth had been staying at their current place for less than a year. Males were more likely than females to have been at their current place for a month or less (27% vs. 18%).

When asked if they had moved back home since the first time they left, 63% (58% of males vs. 66% of females) had returned at least once. Among those who had moved back, 45% had done so at least three times.

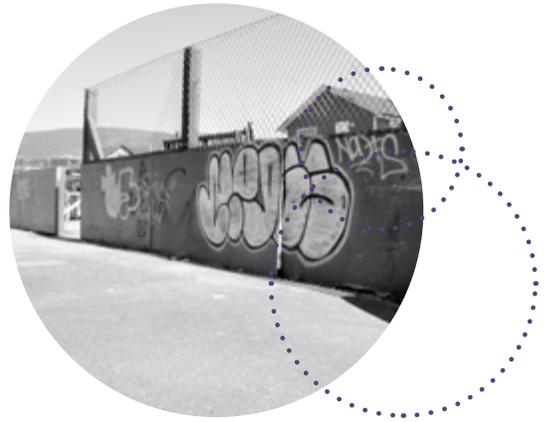
Youth were asked an open-ended question about what would have helped them to stay at home. Almost half of youth who responded (36% of males vs. 55% of females) felt that they would have needed a more stable home environment, while 12% indicated that more community resources would have helped, and 5% would have benefited from support around their substance use and mental health challenges. Twenty-three percent of males and 14% of females felt that there was nothing that would have helped them to stay at home.



**Getting the help and understanding I needed [would have helped me to stay at home].**



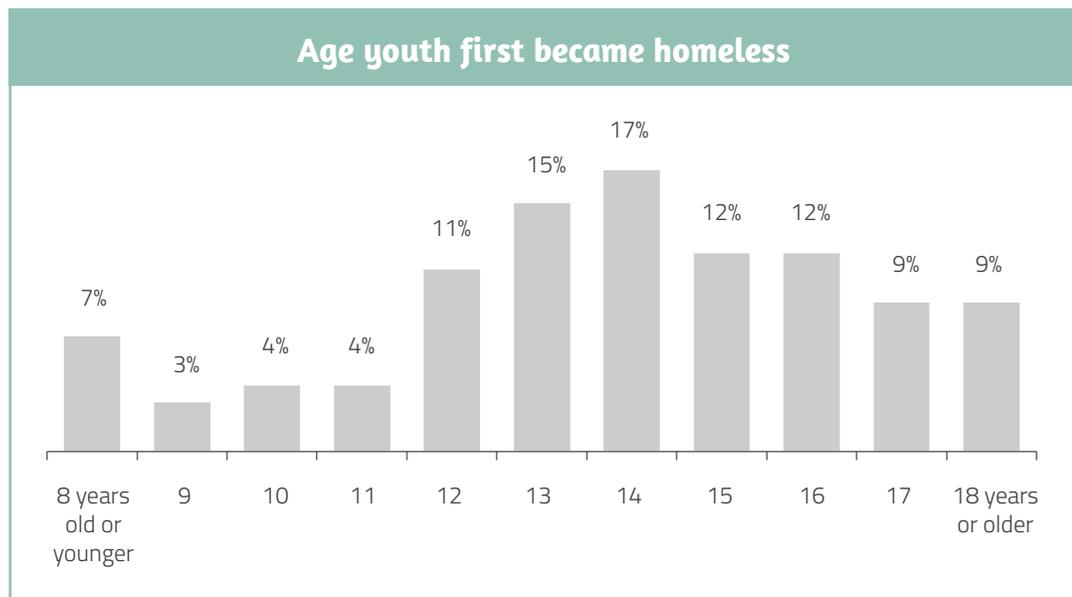
Note: Percentages do not add up to 100% due to rounding.



## HOMELESS EXPERIENCES

Youth most commonly first became homeless or street-involved when they were 13 or 14 years old, although more than a quarter (28%) first became homeless when they were 12 or younger.

Youth first became homeless at an older age than in 2006. For example, fewer youth first became homeless at 12 or younger (28% in 2014 vs. 41% in 2006), while 40% were 15 or older compared to 25% in 2006.



Note: Percentages do not add up to 100% due to rounding.

Youth community co-researchers were pleased to see that the age youth first left home was getting older, but hoped that lessons could be learned from this to ensure older youth and their families also receive the support they need to help them stay at home.



**My family was homeless and we found no support in the community at the time.**



## My mom is homeless but I need to stay with her.

In 2006, males were more likely than females to have first been homeless at 12 or younger (45% vs. 36% of females). This gender difference no longer existed in 2014, but males were now more likely to first be homeless at 15 or older (45% vs. 35% of females).

Youth were asked about their reasons for becoming homeless. The most common were not getting along with their parents and/or being kicked out of home.

Reasons for becoming homeless/street-involved	2006	2014	Change since 2006
I don't get along with my parents	29%	45%	↑
I was kicked out of home	22%	43%	↑
I ran away from home	23%	40%	↑
There was violence or abuse at home	15%	24%	↑
I feel accepted here	28%	21%	↓
My friends hang out on the streets	41%	20%	↓
I am addicted to alcohol or other drugs	20%	16%	--
I can't find a job	10%	14%	--
I can't find affordable housing	8%	12%	--
I didn't like my foster or group home	9%	9%	--
I can't get Income Assistance		7%	N/A
Conflict at home because of my sexual orientation	4%	6%	--
I am travelling	8%	6%	--
I lost my Youth Agreement		3%	N/A
Avoiding criminal charges	5%	3%	--
Other	10%	9%	--

Note: Youth could choose more than one response.

Note: Among youth who selected "other" the most common response was that their parents were unable to care for them. Other responses included their homes being destroyed by fire or other damage, choosing to leave home when a parent relapsed into substance use, and aging out of care.

Note: In the communities that participated in both surveys, there was an increase in youth who were homeless/street-involved because they could not find a job and no change in doing so because they felt accepted.

N/A: This response was not an option on the 2006 survey.

--: There was no statistically significant difference between survey years.

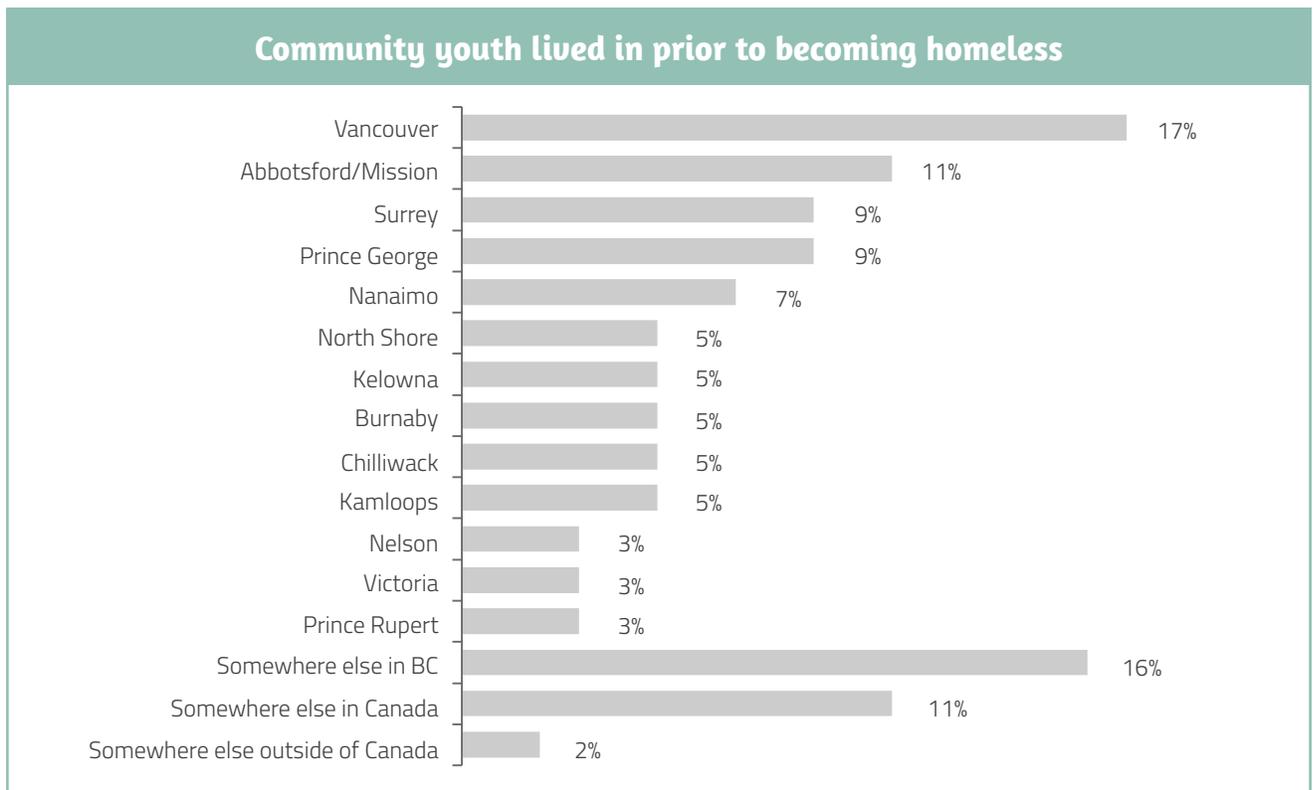
# 60%

of youth were still living in the community that they lived in before becoming homeless or street-involved.

Females were more likely than males to indicate being homeless because they ran away from home (48% vs. 32%), there was violence or abuse at home (29% vs. 18%), and as a result of substance use addictions (20% vs. 12%). Males were more likely than females to report being homeless because they could not find a job (16% vs. 10%).

More than a quarter (27%) of youth had been homeless in more than one community. Among these youth, 76% had been homeless in another BC community, 33% had been homeless somewhere else in Canada, and less than 1% had this experience outside Canada.

The percentage of females who were homeless because they ran away from home increased from 28% in 2006 to 48% in 2014.



Note: Youth could choose more than one response.

# Health

As in 2006, 56% of youth reported that their overall health was good or excellent. Males were more likely to rate their health as excellent (21% vs. 12% of females), while females were more likely to rate it as poor (11% vs. 6% of males).

Youth who went to bed hungry were less likely to rate their health as good or excellent (46% vs. 65% of those who did not go to bed hungry).

## HEALTH CONDITIONS

Twenty-eight percent of youth reported having at least one physical or medical health condition or disability, including 4% who had two different types of health conditions (e.g., both a long-term medical condition and a sensory disability), and 2% who had three or more types.

When asked about a number of specific conditions, 18% of youth reported having a learning disability, 10% had Fetal Alcohol Spectrum Disorder (FASD), and 4% had a seizure disorder.

Youth were asked about a range of health problems that could be associated with poor living conditions. In the past 30 days, 12% of youth reported they had infections (8% of males vs. 14% of females); 11% had rashes or other skin problems; 5% had frostbite; 3% had bed bugs; and 3% had scabies, fleas, or lice.

Youth who were currently staying on the street were more likely than those with any sort of shelter to be experiencing skin problems (36% vs. 10%) and frostbite (20% vs. 5%).



**I like how athletic I am, also how swift I can bounce back when I'm stuck physically or mentally.**

### Health conditions and disabilities

A long-term/chronic medical condition	20%
A sensory disability	8%
A severe allergy requiring an EpiPen	4%
A physical disability	3%
Other	2%

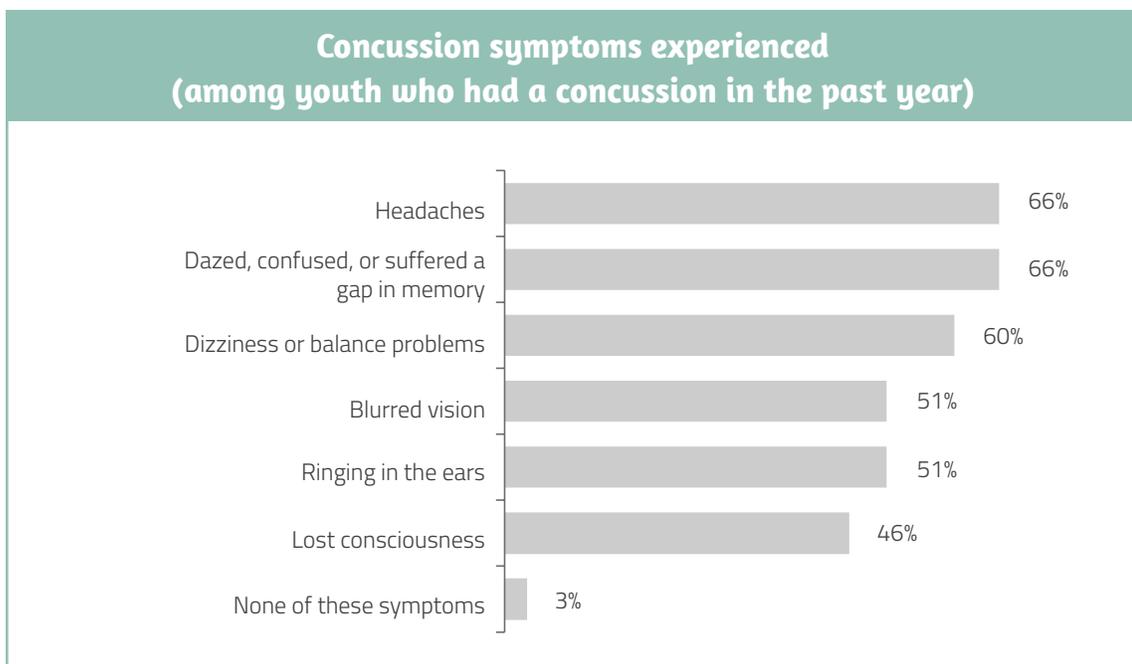
Note: Youth could choose more than one response.



## INJURIES

In the past year, 42% of male and female youth reported being injured seriously enough to require medical attention, including 11% who were seriously injured three or more times.

A third of male and female youth who completed the HSIYS had experienced a concussion in the past year.



Note: Youth could choose more than one response.

A **CONCUSSION** was defined in the survey as a head injury where youth lost consciousness, were dazed or confused, or suffered a gap in their memory.

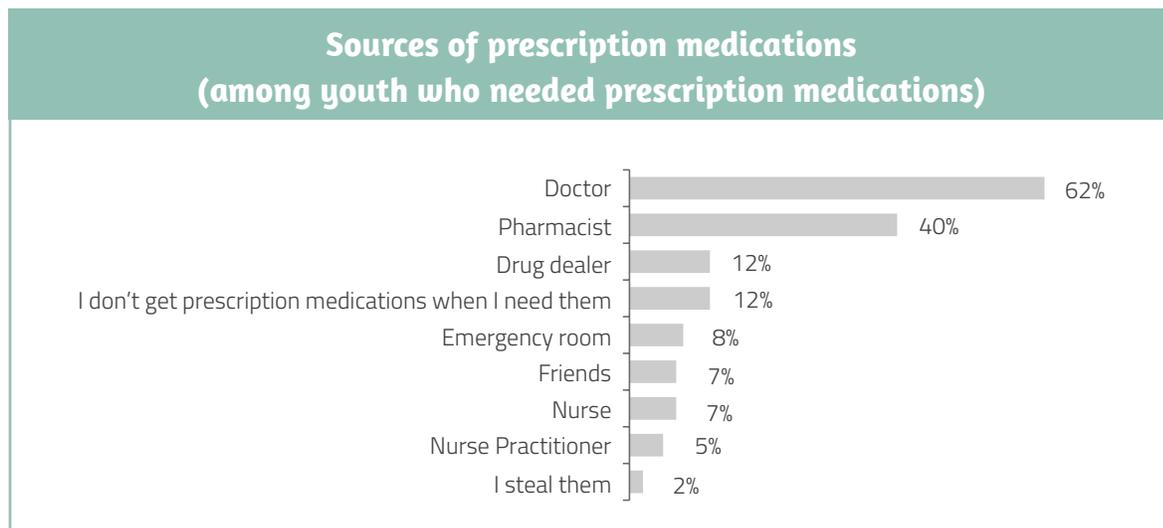
## ACCESS TO HEALTH CARE

Eighty-four percent of youth (77% of males vs. 90% of females) reported that they accessed health care. Females were more likely to get health care from nurses (8% vs. 3% of males) or from walk-in clinics (51% vs. 36%).

Sixteen percent of youth did not have a Care Card or BC ID/Service Card. More than a third of these youth (35%) reported that they did not access health care.

Where youth obtained health care	
Family doctor	54%
Walk-in clinic	45%
Emergency room	18%
Nurse Practitioner/Street Nurse	6%
After hours clinic	4%
Did not get health care	16%

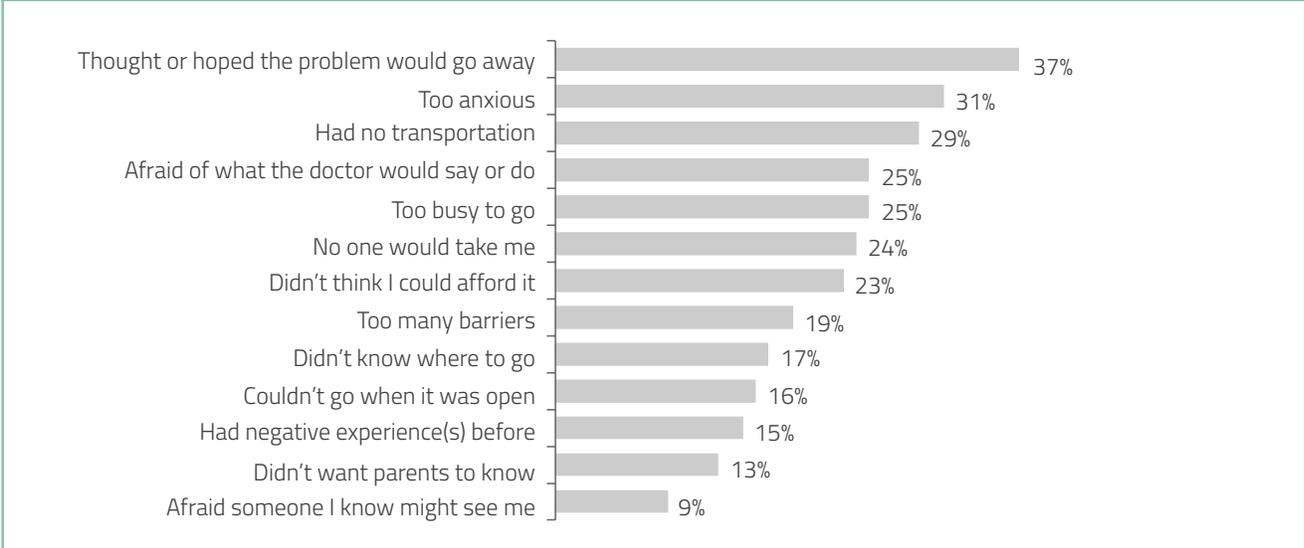
Note: Youth could choose more than one response.



Note: Youth could choose more than one response.



### Most common reasons youth did not access medical care (among those who needed care)



Note: Youth could choose more than one response.

Note: Females were more likely than males to report missing out on care because they were too anxious (41% vs. 20%) and because they did not want their parents to find out (19% vs. 6% of males).

Sixty-nine percent of youth (64% of males vs. 73% of females) reported that they needed prescription medications, although more than 1 in 10 of these young people did not get them.

Just over a quarter of youth (26%) reported they had missed out on needed medical care in the past 12 months. The most common reasons were thinking or hoping the problem would go away, being too anxious, and having no transportation.

Youth who had stayed in the most precarious situations were more likely to report missing out on care. For example, 40% who were staying on the streets did not access needed care in the past year compared to 18% of youth who had any sort of shelter.

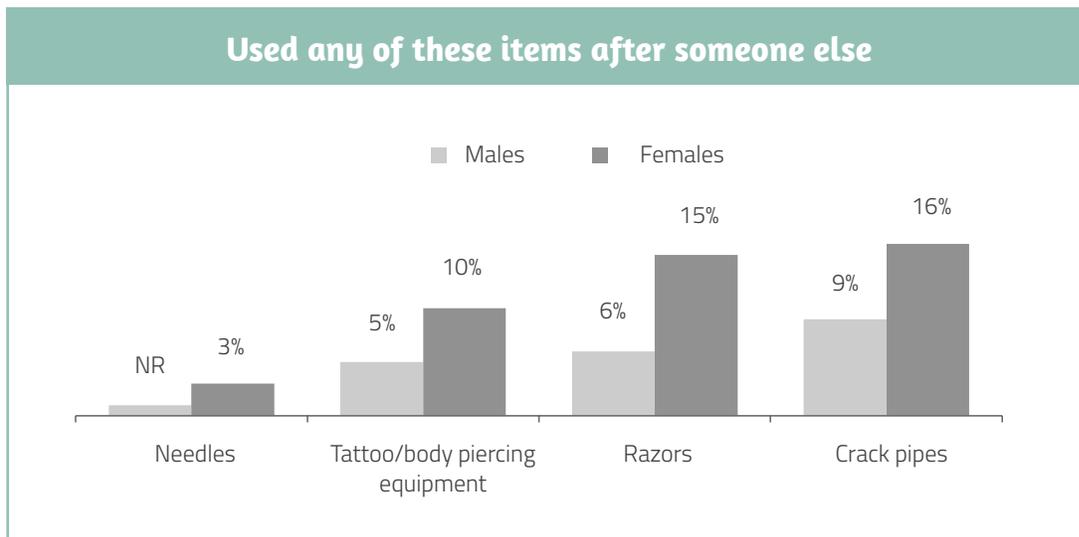
## DENTAL VISITS

The majority of youth (56%) had visited the dentist in the past 12 months, although 5% had never seen a dentist. Among youth who had been to the dentist, almost a third (32%) reported that their last visit had been for pain.

## SHARING EQUIPMENT

There are a number of risks associated with sharing equipment after someone else has used it. Thirteen percent of youth had used a crack pipe after someone else, 11% had shared razors, 8% had shared tattoo/body piercing equipment, and 3% had shared needles. Females were more than twice as likely as males to have used equipment after someone else had used it (30% vs. 15%).

Youth who had lived in the most precarious housing were more likely to have used needles or crack pipes after someone else had used them than youth in more stable housing situations. In addition, youth who rated their mental health as good or excellent were less likely to have shared this equipment than their peers with poorer mental health ratings.



Note: The difference between males and females for needles was not statistically significant.  
NR: The percentage was not releasable due to the risk of deductive disclosure.

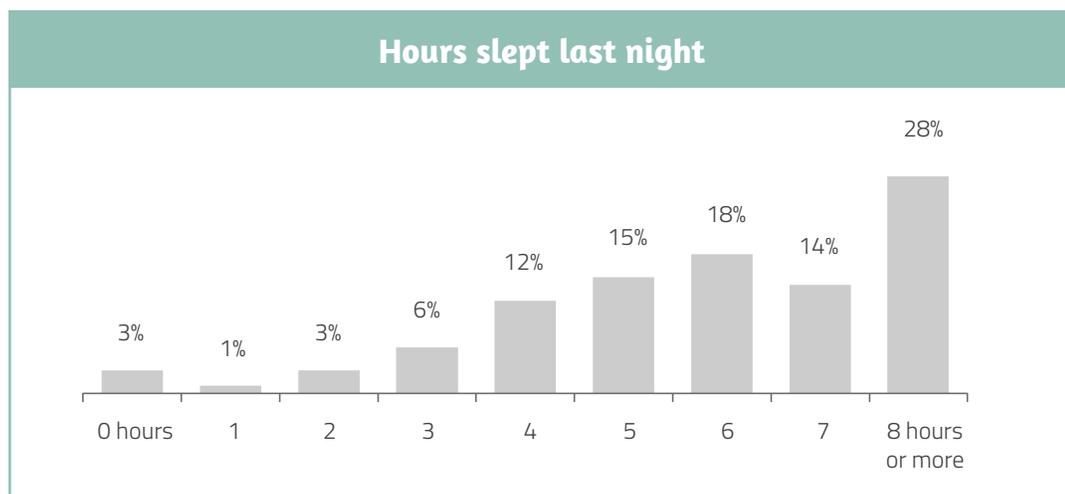
# Sleep

The National Sleep Foundation recommends that youth get 8.5 to 9.25 hours of sleep each night. Most male and female youth (72%) slept less than eight hours the night before completing the survey.

Getting eight or more hours of sleep was linked to health benefits. For example, youth who got this amount of sleep were more likely than those who slept fewer hours to rate their mental health and current life circumstances as good or excellent.

The majority of youth (59% of males vs. 76% of females) reported having difficulties getting to sleep in the past month, and 28% (20% of males vs. 36% of females) specifically reported having a sleep disorder.

Some youth were particularly at risk of not getting enough sleep. For example, youth who went to bed hungry were less likely to have slept for at least eight hours the night before taking the survey (23% vs. 33% who did not go to bed hungry).



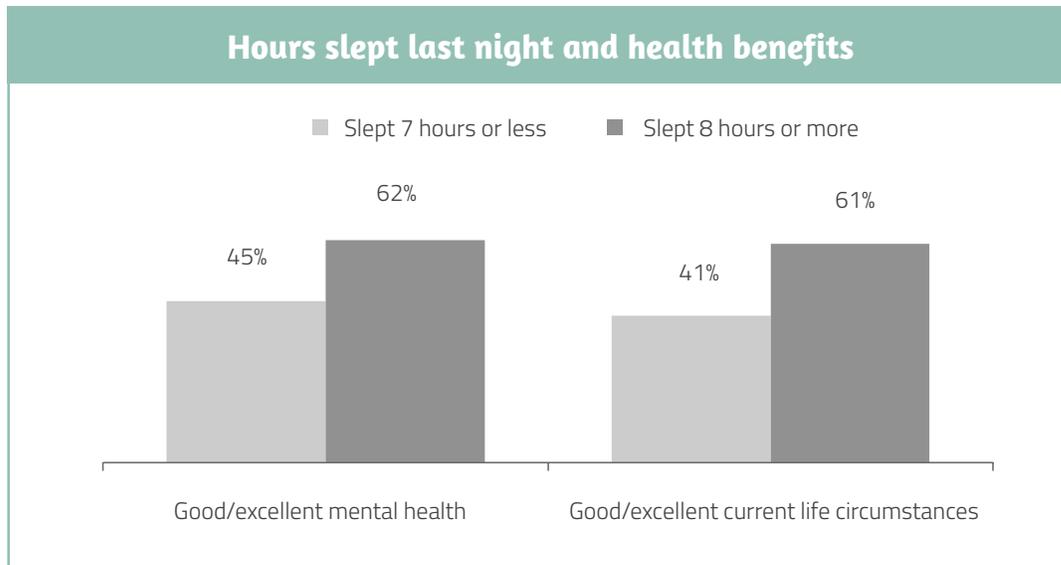


## I'm happy when I have a safe place to sleep.

In the past month, 74% of youth often or always felt safe where they were sleeping, while 8% rarely or never did. Youth who felt unsafe where they slept got less sleep than those who felt safe. For instance, 31% of youth who often or always felt safe where they slept got at least eight hours of sleep the previous night, compared to 19% among youth who felt safe less often.

Youth who felt safe where they were sleeping were more likely to rate their overall health and mental health as good or excellent, to feel positive about their current life circumstances, and to see themselves having a home of their own in the future.

Youth community co-researchers felt that it would be important for future research to ask young people what helps to make a place feel safe.



# Mental health

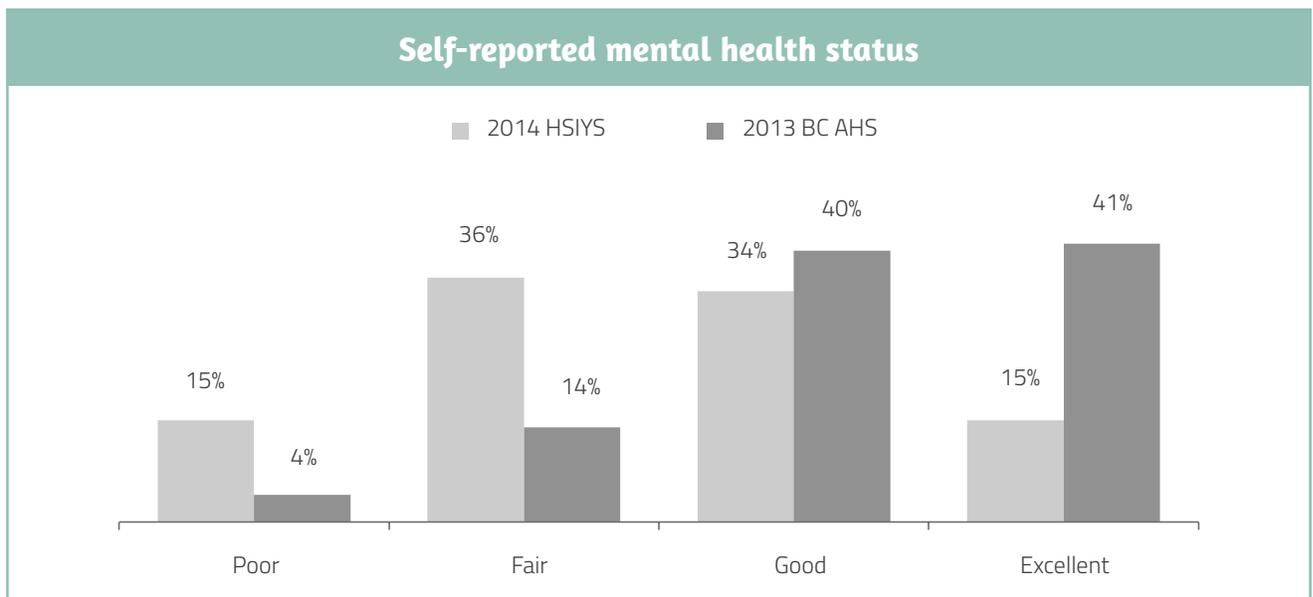
Just under half of homeless or street-involved youth rated their mental health as good or excellent (49%). Males were more likely than females to rate their mental health as excellent (23% vs. 10%), while females were more likely to rate it as poor (19% vs. 8%).

Youth in the most precarious housing were less likely to experience positive mental health than those in more stable conditions. For example, youth who had lived in a squat or abandoned building were less likely to rate their mental health as good or excellent (37% vs. 50% of those who had never lived there), as were youth who had lived on the street (42% vs. 52% who had never lived on the street).

Also, youth who went to bed hungry at least sometimes were less likely to report good or excellent mental health than those who did not go to bed hungry (40% vs. 58%).



**I like that I can adapt to my situation and thrive and be happy.**



Note: 2013 BC AHS percentages do not add up to 100% due to rounding.



## I had depression in the past.

### MENTAL HEALTH CONDITIONS

More than two thirds of youth (68%; 62% of males vs. 72% of females) reported having at least one specific mental health condition. Also, 24% reported having a behavioural condition (19% of males vs. 29% of females), and 26% indicated having problems with anger.

Youth most commonly reported having been told by a health professional that they had Depression (31% of males vs. 60% of females). Females were also more likely to have Chronic Anxiety Disorder or panic attacks (38% vs. 13% of males), Bipolar Disorder (20% vs. 7%), Post-Traumatic Stress Disorder (PTSD; 24% vs. 8%), and an eating disorder (28% vs. 9%). Males were more likely than females to report having Attention Deficit Hyperactivity Disorder (ADHD; 31% vs. 20%).

Compared to 2006, a greater percentage of youth reported having Depression (47% vs. 23% in 2006), Chronic Anxiety Disorder or panic attacks (27% vs. 10%), and Schizophrenia (6% vs. 4%). Increases among female youth were also seen in PTSD (24% in 2014 vs. 8% in 2006) and Bipolar Disorder (20% vs. 8%).

Mental health was an area that stood out for the youth community co-researchers as one where youth need the most support.



## My mom is mentally ill so I have to support her.

### FAMILY MENTAL HEALTH

Fifty-eight percent of youth reported that a family member had a mental illness (49% of males vs. 64% of females), including 30% whose mother had a mental illness, 22% whose father had one, and 15% for whom both parents had a mental illness.

The percentage of youth with a family member who had a mental illness was higher than in 2006 (58% vs. 36%), as was the percentage who reported that both parents had a mental illness (15% vs. 3%). Youth with a family history of mental illness were more likely to have a mental health condition themselves (79% vs. 53% of youth with no family history of mental illness).

Common mental health conditions	
Depression	47%
Chronic Anxiety Disorder or panic attacks	27%
Attention Deficit Hyperactivity Disorder (ADHD)	25%
Addiction problem	23%
Eating disorder	20%
Post-Traumatic Stress Disorder (PTSD)	17%
Bipolar Disorder	15%
Schizophrenia	6%

Note: 2% of youth reported having a condition not included among the list of options, such as Borderline Personality Disorder or Obsessive Compulsive Disorder.

## STRESS & DESPAIR

Most youth (88%) felt some level of stress in the past month, with 15% of males and 24% of females feeling so stressed that they could not work or deal with things.

Youth were also asked the extent to which they felt so sad, discouraged, or hopeless that they wondered if anything was worthwhile. More than 7 in 10 youth (72%) felt this way at least sometimes in the past month, with 1 in 10 reporting feeling so much despair that they could not function properly. Extreme despair was less common in 2014 than in 2006 (10% vs. 15%).

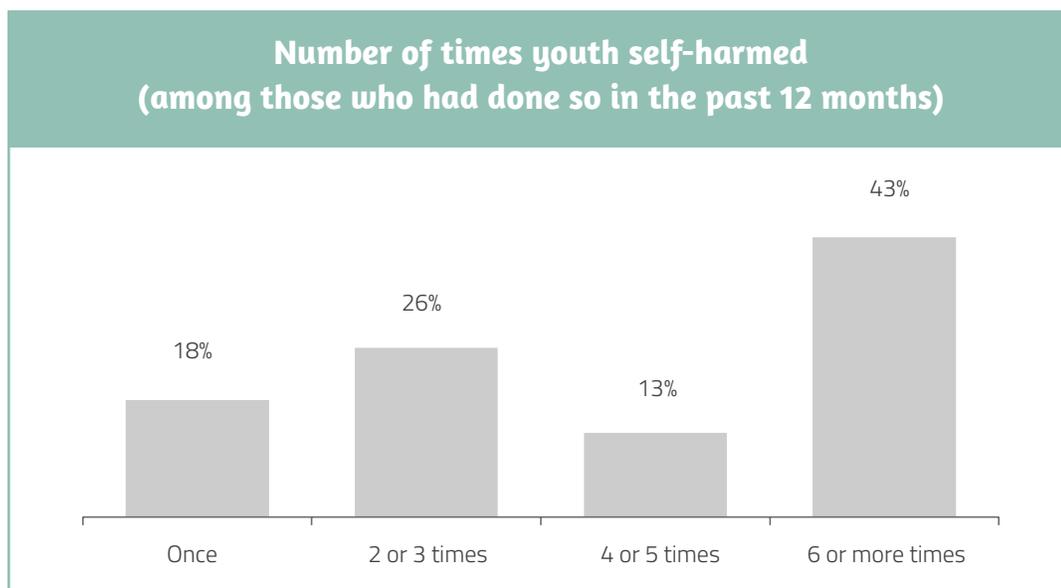
Youth community co-researchers talked about how stressful being homeless can be. There are not only worries about finding somewhere to stay but also about how safe a place might be, how safe the neighbourhood is, who else is staying there, how to pay for it, and how to hold on to it.

## SELF-HARM

Forty-five percent of youth (23% of males vs. 61% of females) cut or injured themselves on purpose without trying to kill themselves (self-harmed) in the past year. The percentage of males who had ever self-harmed was similar to 2006, while females were more likely to have done so (75% in 2014 vs. 55% in 2006).



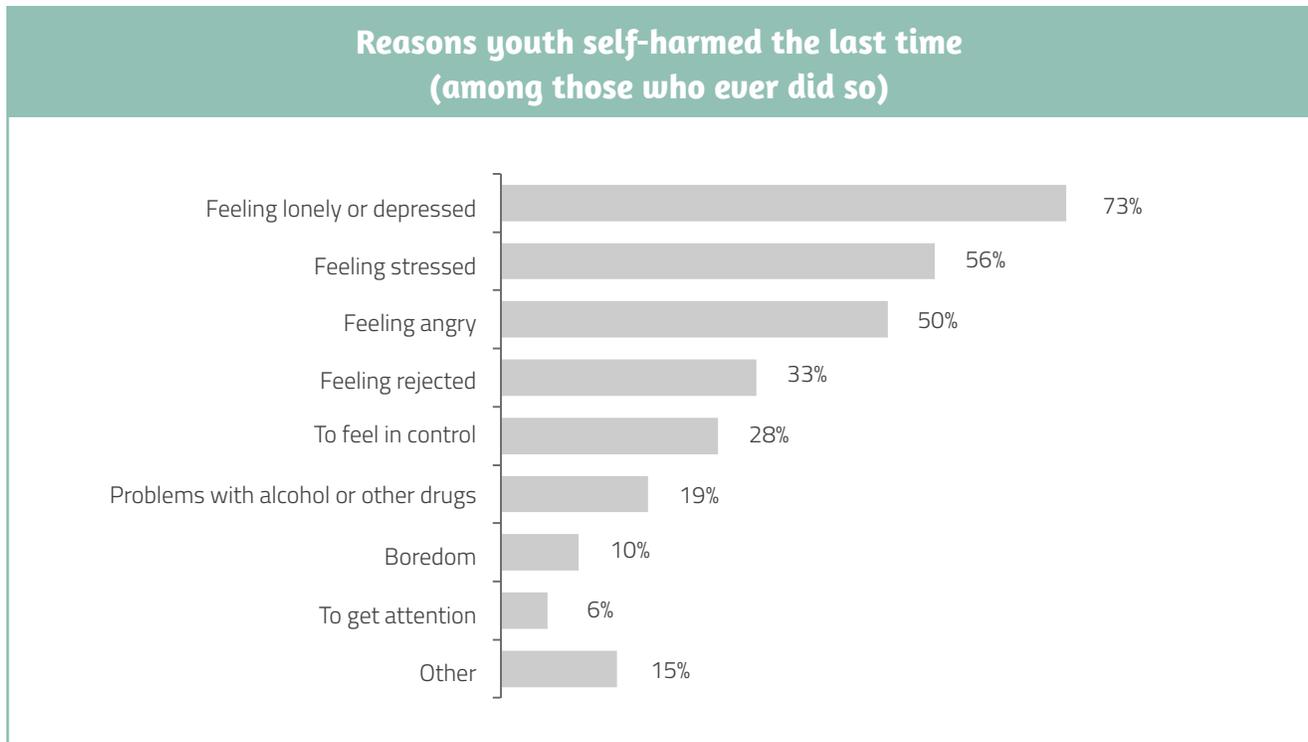
**[I self-harmed because] I was feeling broken, lost, confused, and just wanted to feel something.**



Youth who lived in the most precarious housing situations were more likely to have self-harmed. For example, 51% of youth who had stayed on the street had self-harmed in the past year (vs. 42% who had never lived on the street), as had 53% who had couch surfed (vs. 39% who had not couch surfed).

Youth most commonly reported that they most recently self-harmed because they felt lonely or depressed. Among youth who self-harmed, females were more likely to indicate self-harming because they felt lonely or depressed (80% vs. 53% of males), stressed (62% vs. 40%), or because they wanted to feel in control (34% vs. 12%).

There were some changes in the reasons youth self-harmed. In 2014, youth were more likely than in 2006 to indicate self-harming because they were lonely or depressed (73% vs. 51%) and less likely to report boredom as a reason (10% vs. 23%). Also, females in 2014 were more likely to report self-harming to feel in control (34% vs. 18% in 2006), and males were more likely to report stress as a reason (40% vs. 24% in 2006).



Note: Youth could choose more than one response.

## SUICIDALITY

Forty-two percent of homeless and street-involved youth had seriously considered suicide in the past year, and almost a third (31%) had attempted suicide. Females were more likely than males to have considered (51% vs. 30%) or attempted suicide (41% vs. 20%).

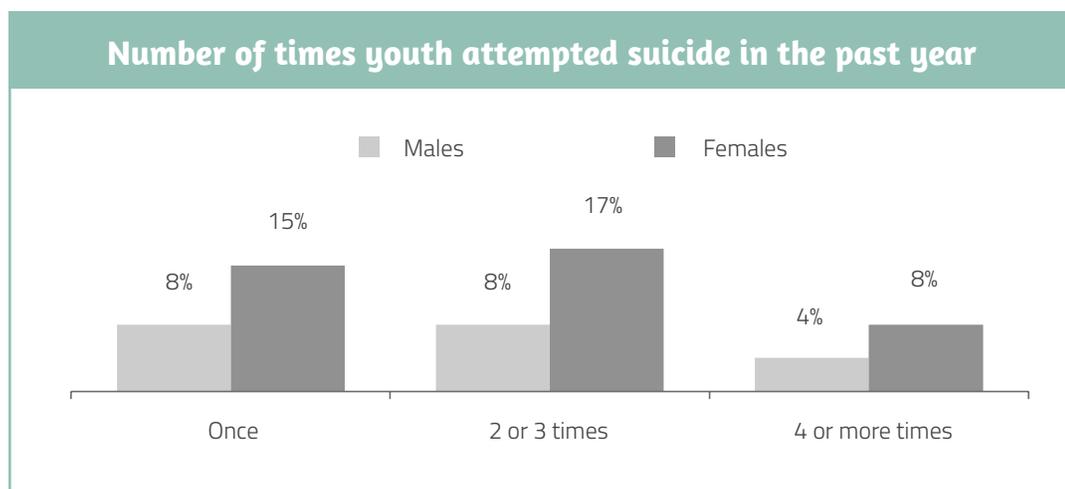
In comparison to 2006, female youth were more likely to have considered suicide (51% vs. 36% in 2006) and attempted suicide (41% vs. 30% in 2006). No such increases were seen for male youth. However, when only comparing communities that participated in both surveys, the rate of males considering and attempting suicide has also increased since 2006.

As with self-harm, youth who lived in the most precarious housing situations were more likely to have considered or attempted suicide in the past year than those in more stable situations. For example, 53% of youth who had lived on the street seriously considered suicide in the past

year, compared to 36% who had never lived on the street. Similarly, youth who had stayed in a squat were more likely than those who had not to have attempted suicide in the past year (43% vs. 28%).

Having a family member or friend attempt or commit suicide is a risk factor for someone making a suicide attempt. Forty-five percent of youth (38% of males vs. 52% of females) reported that someone in their family had ever attempted suicide, and 65% had a close friend who had done so. Youth were more than twice as likely to have attempted suicide themselves in the past year if they had a friend who had done so (40% vs. 16%).

Youth community co-researchers reported that a number of youth who completed the survey talked about losing friends on the street to suicide, and they were not surprised that almost two thirds of youth had lost a friend this way.





**I need to get a prescription for ADHD [medication] but I can't afford it.**

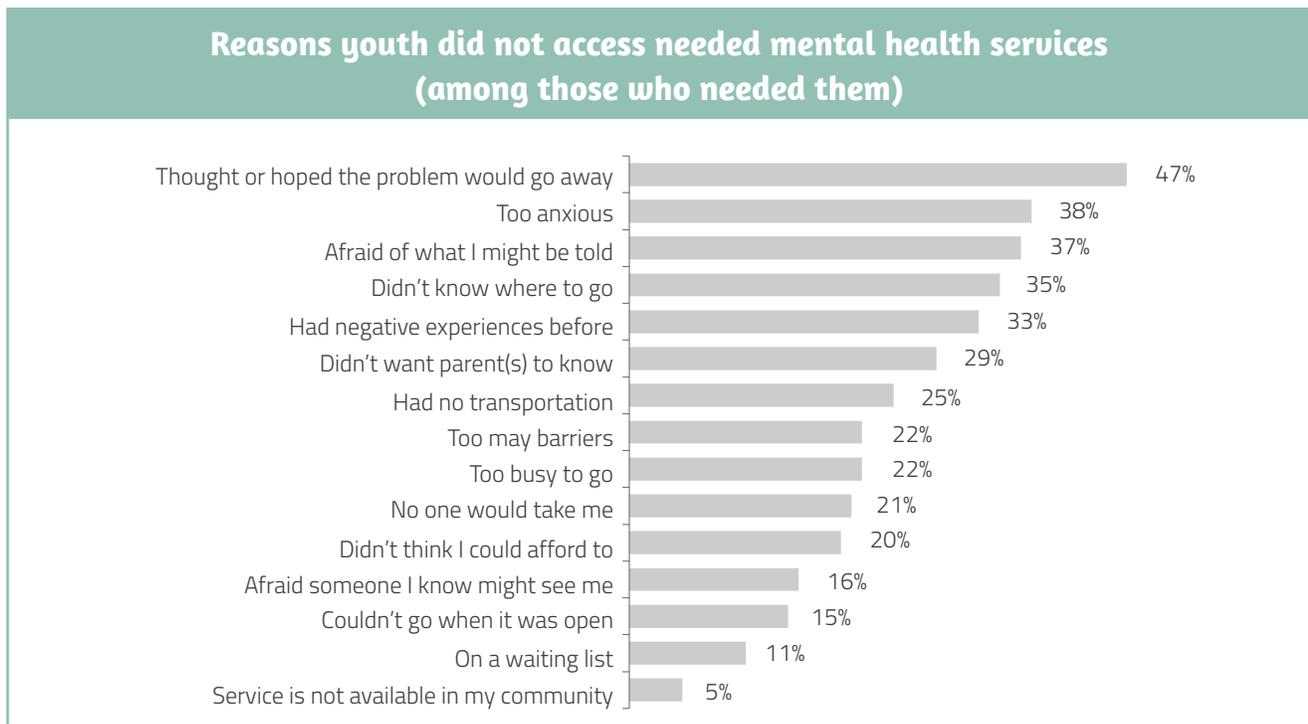
## FOREGONE MENTAL HEALTH SERVICES

A third of youth (26% of males vs. 38% of females) indicated that they had needed mental health services in the past year but did not access them. As with medical care, the most common reason for missing out on mental health care was thinking or hoping the problem would go away.

Youth who lived in the most precarious housing situations were more likely than their peers to report having missed out on care. For example, 40% of youth who had lived in a hotel/motel/SRO/hostel reported foregoing services in

the past year, compared to 31% who had not lived in one of these places. Similarly, 55% of those who had lived in a squat or abandoned building missed out on needed care (vs. 29% who had never lived in a squat).

Youth who had missed out on needed mental health services were more likely than those who had not missed out to report using alcohol and other substances to manage their mental health symptoms.



Note: Youth could choose more than one response.  
 Note: There were no gender differences for any of the reasons.

# Sexual behaviour

## ORAL SEX

Seventy-seven percent of youth reported ever having oral sex, which was unchanged from 2006. Among youth who had ever had oral sex, 31% used a condom or other barrier the last time they had this type of sex.

## INTERCOURSE (SEX OTHER THAN ORAL SEX OR MASTURBATION)

Eighty percent of male and female youth reported ever having sexual intercourse, and the most common age for first doing so was 13 or 14 years. Among youth who had ever had intercourse, 44% had six or more partners.

Forty-two percent of male and female youth who had ever had intercourse reported using alcohol or other drugs before the last time they had sex.

Forty-three percent of youth (50% of males vs. 38% of females) who had ever had intercourse reported that they or their partner used a condom or other barrier the last time they had sex. This rate was lower than in 2006 (61% in 2006).

In addition to being asked about condom use in general, youth were asked about any efforts they or their partner made to prevent pregnancy the last time they had intercourse.

Overall, 27% of youth (21% of males vs. 33% of females) reported that they had been pregnant or had been involved in a pregnancy, and 5% were unsure.

Twelve percent of youth (7% of males vs. 17% of females) had been told by a doctor or nurse that they had a sexually transmitted infection (STI).

## NON-CONSENSUAL SEX

Some youth participated in sexual activity against their will. For example, 19% reported that they had ever been forced to have sex by another youth and 18% by an adult. Females were almost four times as likely as males to have been forced to have sex when they did not want to (43% vs. 11%). These rates were consistent with youth's experiences in 2006.

### Efforts made by youth or their partner to prevent pregnancy the last time they had intercourse (among those who ever had intercourse)

	Overall	Males	Females
Condoms	44%	51%	38%
Withdrawal	27%	26%	28%
Birth control pills	24%	32%	17%
Depo Provera	9%	5%	11%
Other method prescribed by a doctor or nurse (e.g., IUD, birth control patch, birth control ring)	7%	NR	10%
Emergency contraception	6%	7%	5%
Not sure	5%	4%	6%
No effort made to prevent pregnancy	18%	16%	21%

Note: Youth could choose more than one response.

Note: The differences between males and females for withdrawal, emergency contraception, not being sure, and no effort to prevent pregnancy were not statistically significant.

Note: 9% of youth reported that the last time they had intercourse was with a same sex partner. Those youth were not included in this table.

NR: Not releasable due to risk of deductive disclosure.

# Substance use

Youth community co-researchers felt that it was important when reading this section to understand that most homeless youth who use substances do so as a release from their problems and as a way to attempt to manage stressful situations.

## TOBACCO USE

In their lifetime, 8 out of 10 youth had smoked at least one cigarette, which was lower than in 2006 (88%). Forty-four percent of youth in 2014 were daily smokers which was also lower than the rate in 2006 (52%).

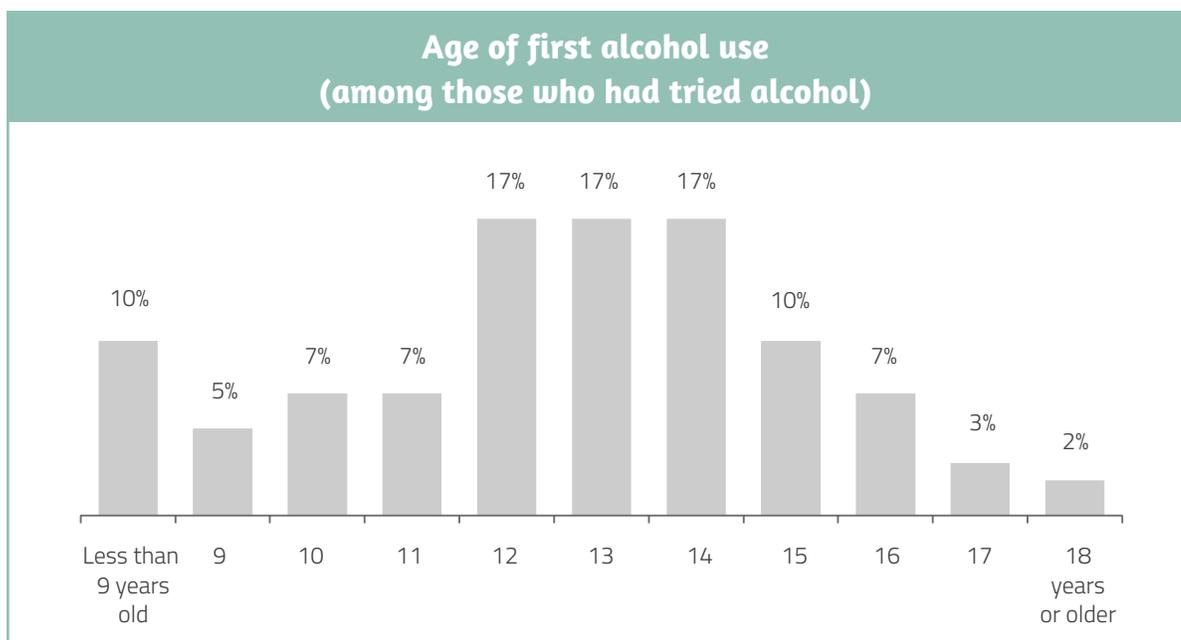
In the past month, male and female youth most frequently smoked cigarettes (71%), although 40% used electronic cigarettes with nicotine, 34% smoked cigars or cigarillos, 15% used a hookah, and 5% used chewing tobacco. Fifteen percent used a product to help them quit smoking.

## ALCOHOL USE

Eighty-three percent of youth who completed the 2014 HSIYS had ever tried alcohol. Compared to their peers in 2006, fewer young people reported having their first drink at age eight or younger (10% in 2014 vs. 18% in 2006), while the percentage who waited until they were 15 or older doubled (22% vs. 11% in 2006).

As in 2006, males were more likely than females to have had their first drink of alcohol at a very young age. For example, 14% of males first drank when they were less than 9 years old, compared to 6% of females.

Among youth who had tried alcohol, 26% had not had a drink in the past 30 days, while 25% drank on one or two days, and 3% drank on all 30 days.

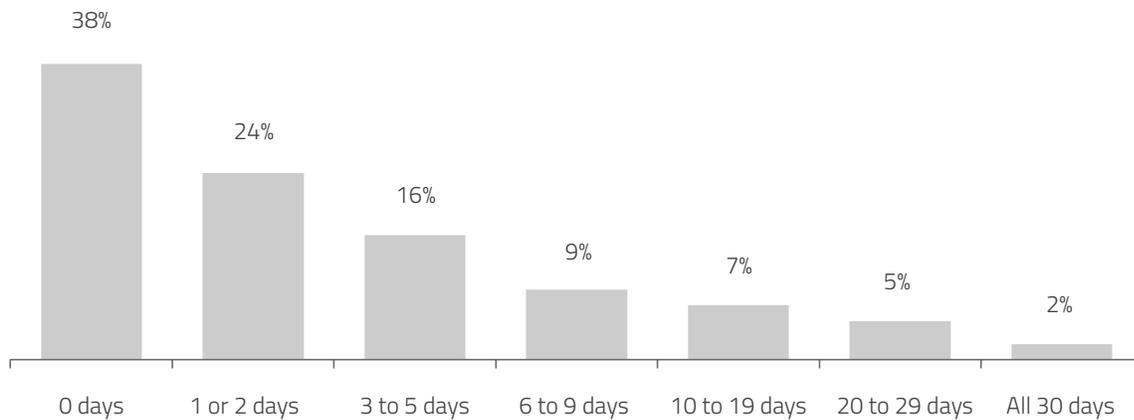


Note: Percentages do not add up to 100% due to rounding.



## I have gotten control of my drug use.

### Heavy sessional drinking in the past month (among youth who had tried alcohol)



Note: Heavy sessional drinking refers to youth who drank at least 5 or more alcoholic drinks within a couple of hours.  
Note: Percentages do not add up to 100% due to rounding.

## MARIJUANA USE

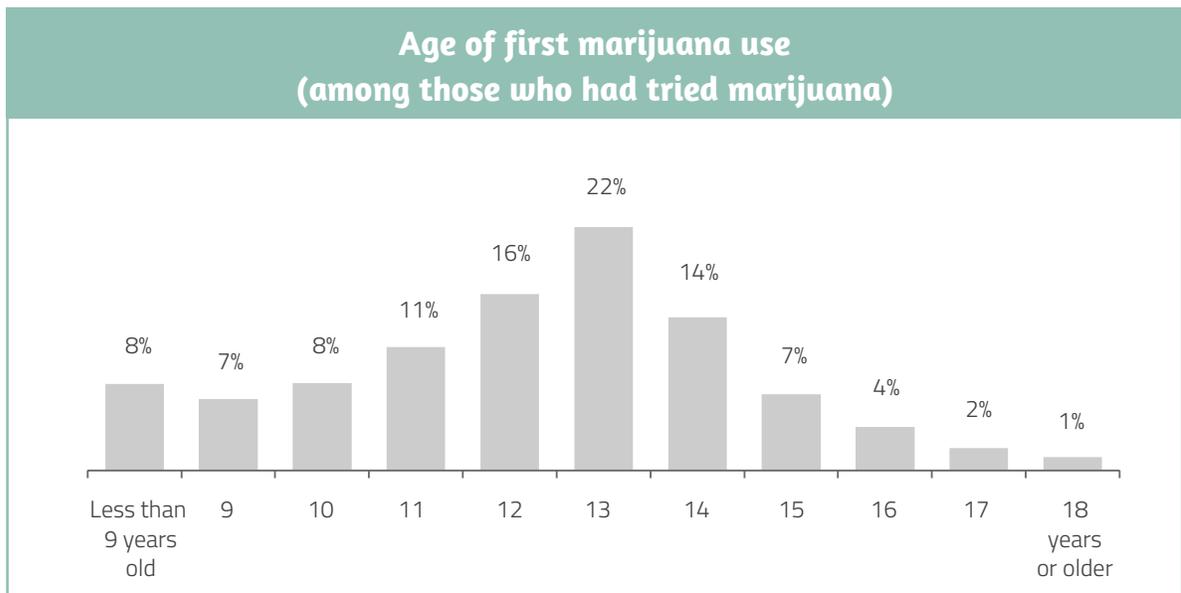
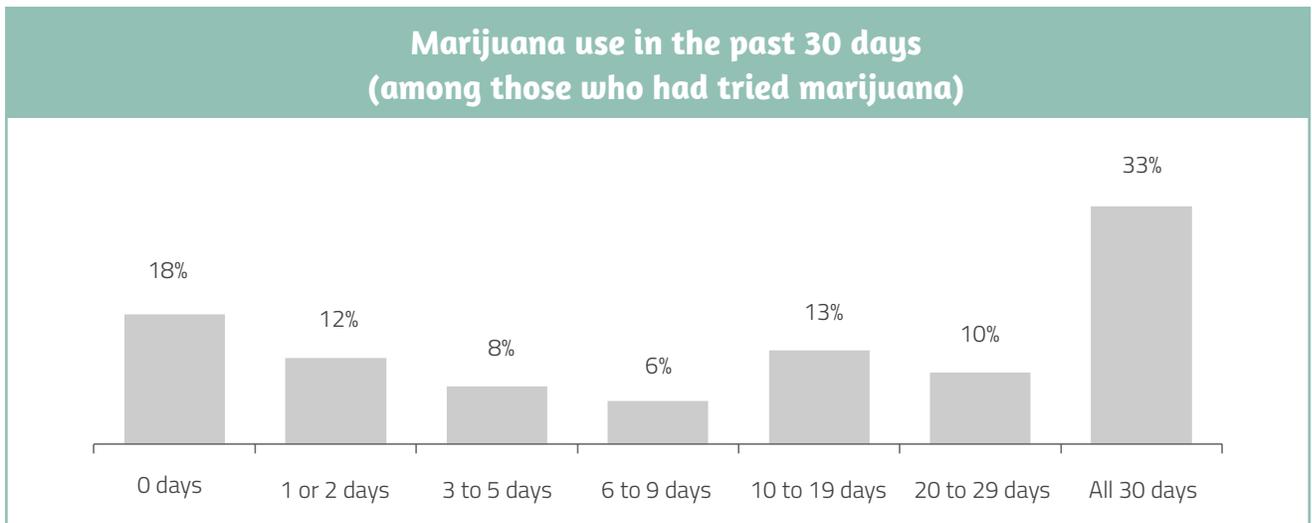
Eighty-four percent of youth had used marijuana at least once, and most had done so before their 15th birthday (86% of those who had tried it).

As with alcohol and reflecting the pattern seen in 2006, males were more likely than females to have tried marijuana before they were 9 years old (13% vs. 4%). Females were more likely than in 2006 to delay their first use until they were at least 17 years old.

Females were less likely than males to have used marijuana recently. Twenty-two percent of females who had tried marijuana reported that they had not used it in the past 30 days, compared to 13% of males, and 27% of females used it every day in the past month compared to 42% of males.

Among youth who had used marijuana, those who had used every day in the month before taking the survey were less likely to report good or excellent mental health (36% vs. 48% of those who used less or not at all during that time).

Thirty-six percent of youth (40% of males vs. 32% of females) had used marijuana the day before taking the survey, while 15% had used alcohol, and 11% had used both alcohol and marijuana that day.



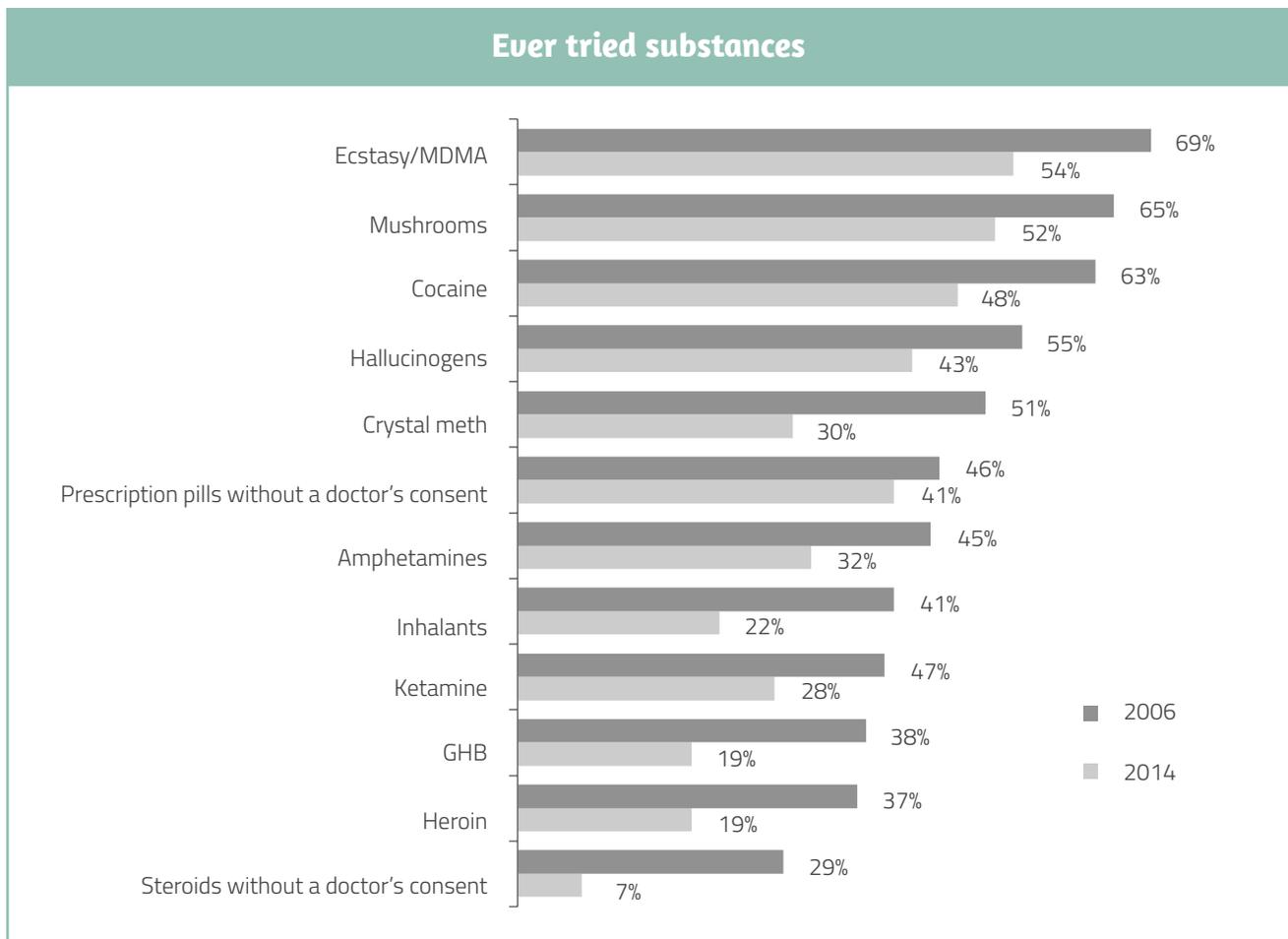
**10%** of youth reported injecting as a method of drug use.

## SUBSTANCES OTHER THAN ALCOHOL & MARIJUANA

Compared to youth surveyed in 2006, there were decreases in the percentages of homeless and street-involved youth in 2014 who had ever used substances other than alcohol or marijuana.

Youth who had tried substances other than alcohol or marijuana reported poorer mental health. For example,

youth who had used ecstasy were less likely to rate their mental health as good or excellent (41% vs. 56% of those who had never used ecstasy), and they were more likely to have considered (52% vs. 34%) or attempted (39% vs. 23%) suicide in the past year.



Note: There were no gender differences except males were more likely than females to have used steroids without a doctor's prescription (10% vs. 4%).



**[I use substances] for medicinal purposes.**

## REPORTED REASONS FOR USING

Youth were asked what prompted them to use substances the last time they had done so. Among youth who had ever used alcohol or other drugs, the most commonly reported reasons for doing so were to have fun (61% of males vs. 70% of females), because of stress (44% of males vs. 57% females), and because they felt down or sad (36% of males vs. 47% females).

Some youth may have been particularly likely to have used alcohol and other substances as a way to self-medicate. For example, those with a long-term or chronic medical condition were more likely to have used alcohol or other drugs to manage pain, and those with any health condition more commonly used substances to change the effects of another drug than those without a condition.

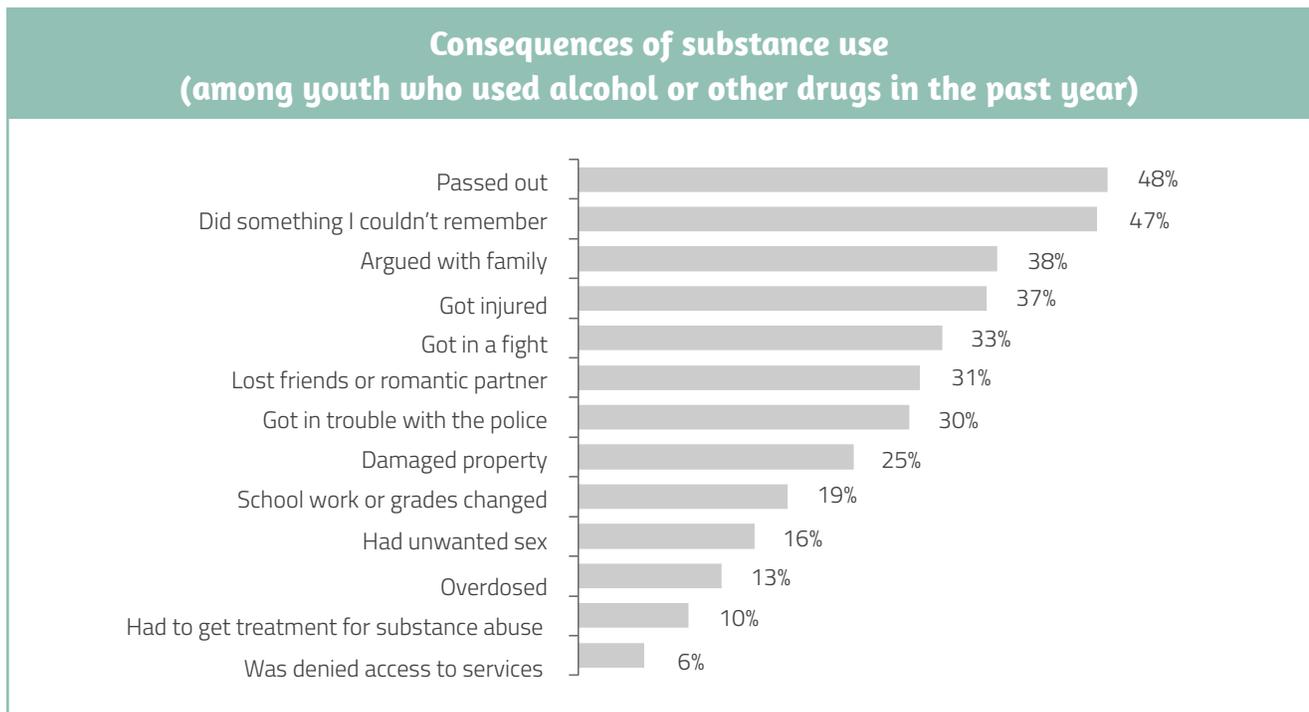
Reasons for using substances the last time (among youth who had ever used alcohol or other drugs)	
To have fun	65%
Because of stress	50%
Felt down or sad	43%
Friends were doing it	31%
To manage physical pain	24%
There was nothing else to do	24%
To experiment	21%
Because of an addiction	19%
To help focus	15%
To change the effects of another substance	9%
Pressured to do it or to fit in	6%
Did not mean to use	4%
Other	7%

Note: Among youth who wrote “other,” the most common reason was a form of self-medication.  
Note: Youth could choose more than one response.

## CONSEQUENCES OF SUBSTANCE USE

Among young people who used alcohol or other drugs in the past 12 months, 76% reported negative consequences as a result. The most common were passing out, being told they did something they could not remember, and arguing with family members.

Females were more likely than males to have argued with family members as a result of their substance use (44% vs. 31%), to have lost friends or broken up with a romantic partner (36% vs. 26%), or to have had sex when they did not want to (21% vs. 9%).



Note: Youth could choose more than one response.

## ACCESS TO SUBSTANCE USE SERVICES

Twenty-nine percent of male and female youth had accessed some form of treatment for their substance use, and 5% had accessed three or more different types of services. These services included detox (11%), outpatient treatment (10%), the hospital (9%), treatment centres (8%), outreach services (6%), and recovery homes (3%).

Almost 1 in 10 males and females (9%) had been refused substance use treatment. Five percent reported that the program they were trying to access was full, 4% had not met the program requirements, 2% were refused treatment because of their past experiences with the program, and a smaller percentage reported that the services were not available in their community.

Youth who had been unable to access needed drug treatment had lower rates of good or excellent mental health (32% vs. 50% of those who had not been refused access), and were more likely to report extreme stress in the past month (33% vs. 19%).

## FAMILY SUBSTANCE USE

Sixty-one percent of youth (68% of males vs. 54% of females) reported having a family member who had a problem with alcohol or other drugs. Among these youth, 49% reported their mother had a problem, and 47% had a father with a substance use problem.

Youth who had a family member with a substance use problem were more likely to report using a range of substances themselves, including cocaine (56% vs. 36% of those without a family history of substance use problems), amphetamines (40% vs. 21%), and heroin (24% vs. 12%). These youth were also more likely to have ever injected an illegal drug (13% vs. 6%).



**As long as my mom stays sober I'm so happy to be home.**



**[What makes me happy is] being with family & friends that DON'T do drugs because I quit.**

Youth whose family members had struggled with substance use were also more likely to have experienced a range of negative outcomes as a result of their own substance use and to have sought out drug treatment (38% vs. 17% of those without a family history of substance use challenges). They were also more likely to have stayed in a safe house or shelter (49% vs. 31% of those without that family history), or a squat or abandoned building (24% vs. 12%).

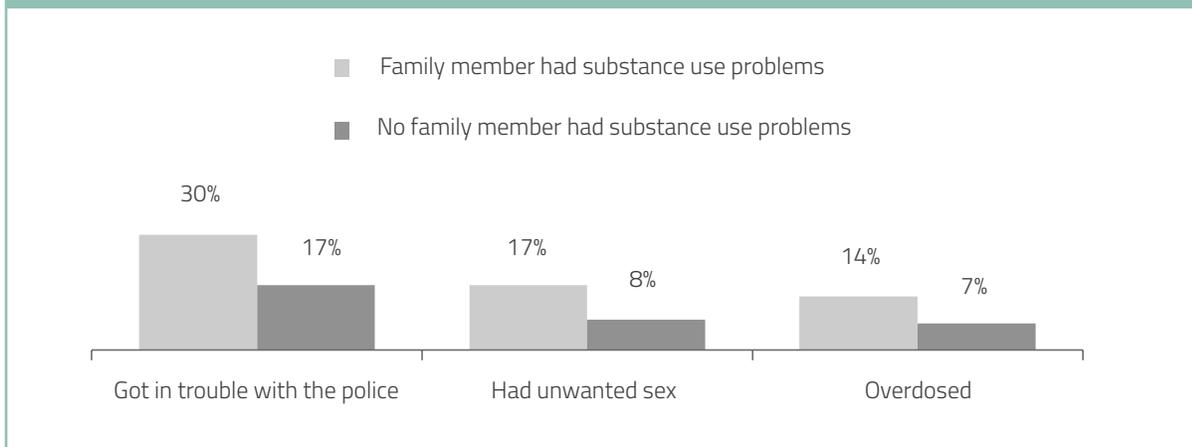
Youth with a family member with a substance use problem were less likely to report good or excellent mental health (38% vs. 66% without such a family history) and were more likely to have considered (53% vs. 27%) or attempted (39% vs. 18%) suicide in the past year.

## YOUTH WHO HAD NOT USED SUBSTANCES

Although substance use rates were high, 9% of youth had not tried any substances (including alcohol and marijuana), and 20% had tried alcohol or marijuana but nothing else.

Youth who had not used substances reported better mental health (84% vs. 44% who had used substances) and overall health (79% vs. 52%), and were more likely to report feeling their life circumstances were good or excellent (75% vs. 43%) and to see themselves in school in five years' time (38% vs. 24%).

### Consequences of substance use in the past year and family history (among youth who used alcohol or other drugs in the past year)



# Employment & other sources of income

## EMPLOYMENT

In the past month, over a third of males (35%) and 26% of females worked at a legal job, and 12% worked at least 21 hours a week.

Homeless and street-involved youth were as likely to be working at a legal job in 2014 as they were in 2006. However, when only the communities that took part in both survey years were considered, youth were less likely to have had a job than their peers eight years earlier.

Older youth were more likely than younger ones to be working, and youth who were currently in school were less likely to be working (26% who were in school vs. 41% who were not in school).

Housing tenure did not affect whether or not youth worked. However, youth who worked 21 or more hours per week were more likely to live in a house or apartment, compared to those who worked fewer hours or did not work (45% vs. 31%).

## OTHER SOURCES OF INCOME

Youth were asked about all their sources of income in the past month. They most commonly obtained money from family or from a legal job, although there was a discrepancy between how many youth reported working in the past month and how many had been paid for that work.



**[I'm happy to be] working and knowing I have a job that provides income no matter how little.**

### Sources of income in the past 30 days

Parents/family	40%
A legal job	22%
An illegal activity	17%
Youth Agreement/AYA	10%
Welfare/Income Assistance	9%
Panhandling	5%
Busking	4%
Sexual activity	3%
Binning/can collecting	3%
Underage Income Assistance	3%
Persons With Disabilities Assistance	3%
Continuing Care Order	2%
Other	5%
Did not obtain money	20%

Note: Youth could choose more than one response.

Note: Females were more likely than males to report obtaining money from parents or family (46% vs. 35%) and from busking (5% vs. 2%), whereas males were more likely to obtain money from an illegal activity (20% vs. 14% of females).

# School



## I'm going to school and going somewhere with it.

When the 2006 survey results were published, some people were surprised at the percentage (62%) of youth who were attending school despite their housing and other challenges. In 2014, 68% of youth were currently in school and 12% had graduated from high school. Although there was no change in the percentage of females attending school, the percentage of males attending school increased from 53% in 2006 to 64% in 2014.

Among those currently in school, over half (58%) were attending an alternative school; 35% were in a mainstream school; 4% were in college, university, or a trade school; and 2% were attending school online.

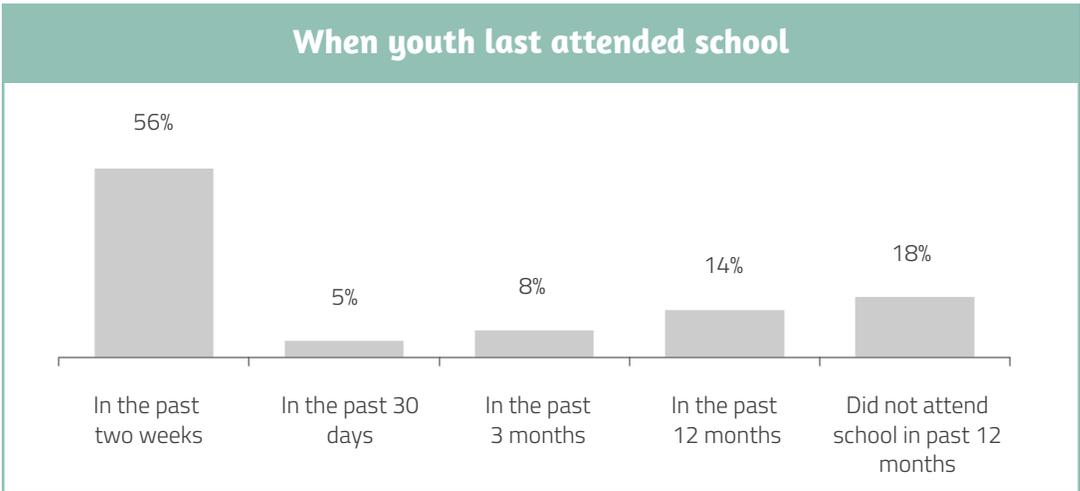
Youth's likelihood of attending school was associated with their current living situation. For example, youth who had been in their current living situation for at least seven months were more likely to be attending school than those who had been living in their current situation for less time (80% vs. 57%).

Also, those who were currently living on the street were less likely than those who had never lived in this situation to be attending school (29% vs. 76%), as were those who were currently couch surfing (53% vs. 77% of those who had never couch surfed).

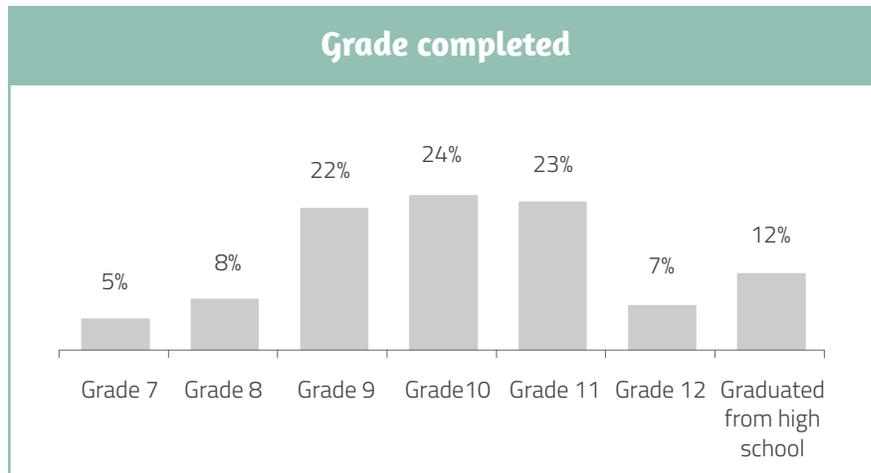
A total of 72% of males and 52% of females had ever been suspended from school, and 42% of males and 25% of females had been expelled.

Just over half of male and female youth (51%) planned to go into post-secondary education, while 17% planned to finish high school but not continue afterwards, 8% did not expect to finish high school, and 24% did not know what their school plans were or had not thought about it.

Youth who were currently living on the street were more likely than youth who had never lived in this situation to not know what their school plans were (29% vs. 9%). The same was true for youth who were currently couch surfing (25% vs. 8%).



Note: Percentages do not add up to 100% due to rounding.



Note: Percentages do not add up to 100% due to rounding.

## SCHOOL CONNECTEDNESS

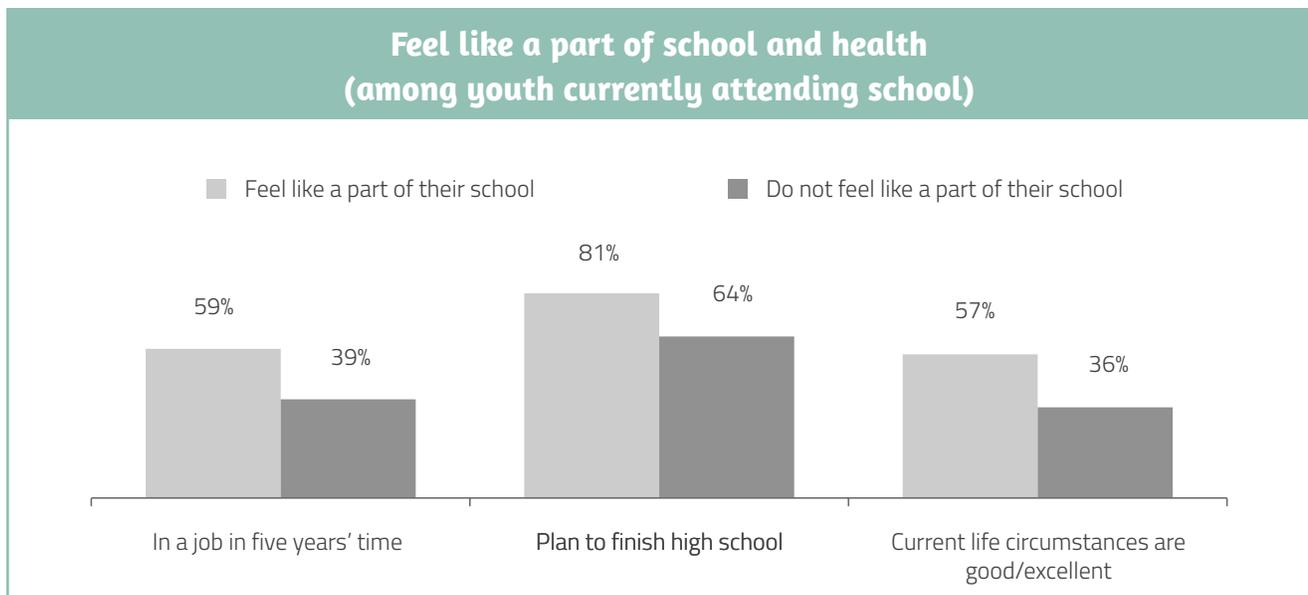
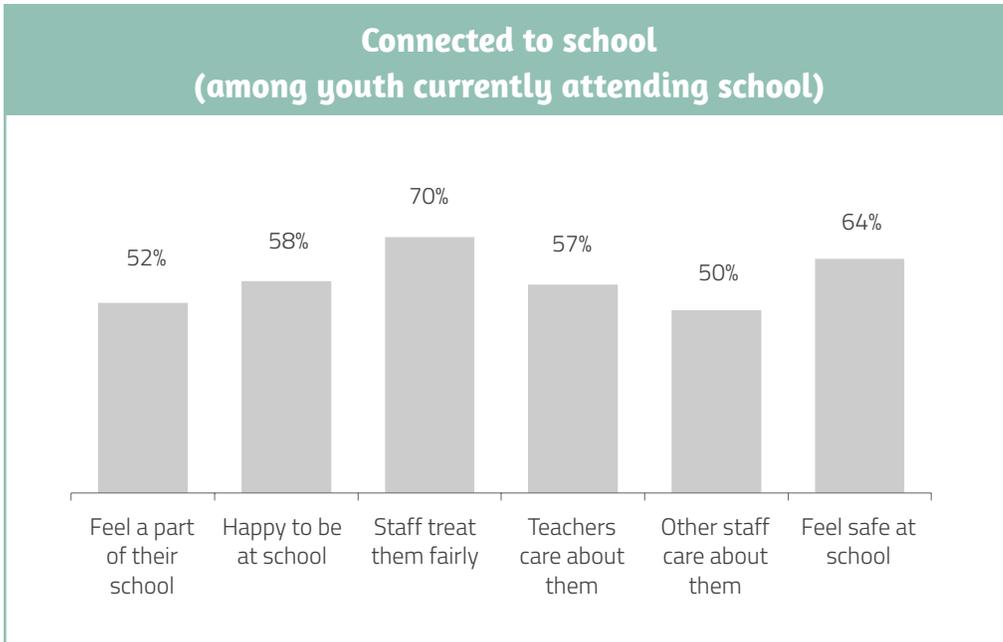
Among youth who were currently attending school, the majority felt connected to school. There were positive associations with being connected to school. For example, youth who felt like a part of their school and felt happy to be at school were more likely than their peers who did not feel this way to rate their mental health and current life circumstances as good or excellent.

Youth community co-researchers talked about the value of school connectedness for homeless youth who might have no other place where they can feel connected to caring adults and positive role models and have positive relationships with peers.

They also talked about the challenges that homeless youth experience to building school connectedness when they are victimized and discriminated against by peers within their school for being homeless.

**80%**

**of youth who had teachers who cared about them planned to finish high school or go to post-secondary compared to 60% who did not feel teachers cared.**



# Sports & leisure activities

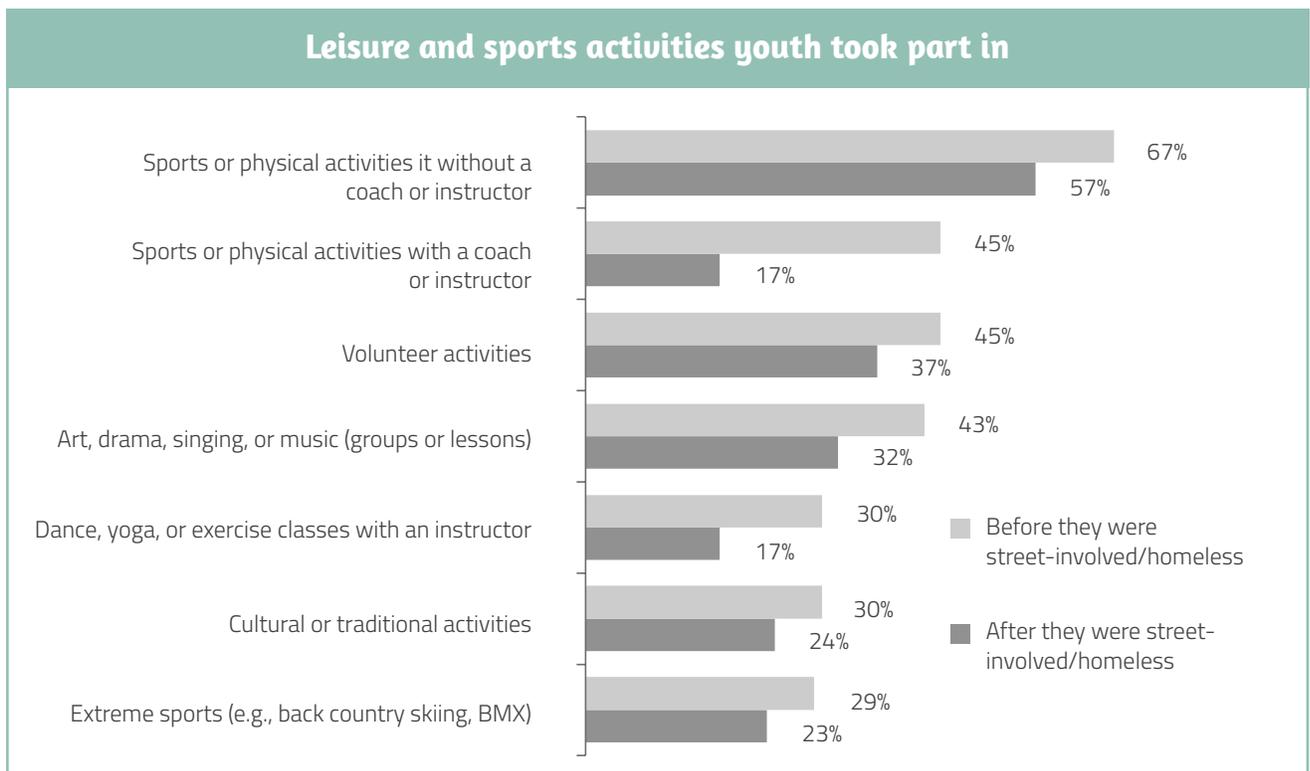
Youth reported being involved in a variety of sports and leisure activities before and after they were homeless or street-involved. The most common were informal sports or physical activities without a coach or instructor, such as skateboarding, hiking, or cycling.

There were positive associations for youth who engaged in activities. For example, youth who volunteered since becoming homeless or street-involved were more likely to see a positive future for themselves such as being in a job in five years' time (67% vs. 46% who did not volunteer), as well as in school, having a home of their own, and having a family.

Youth who participated in extreme sports (such as back country skiing or BMX) since becoming homeless were more likely to rate their mental health as good or excellent (58% vs. 46%); and those who took part in dance, yoga, or exercise classes were more likely to report their life circumstances as good or excellent (60% vs. 43% who did not participate in these activities).

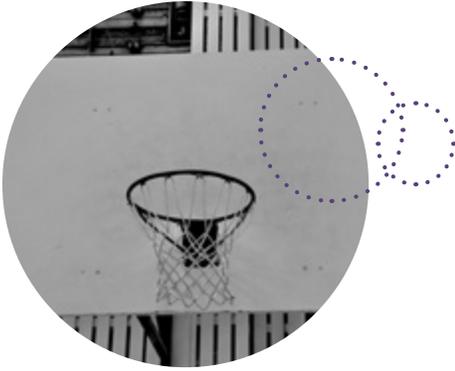


**I'm attending my barista program, school & volunteering now.**



Note: Youth could choose more than one response.

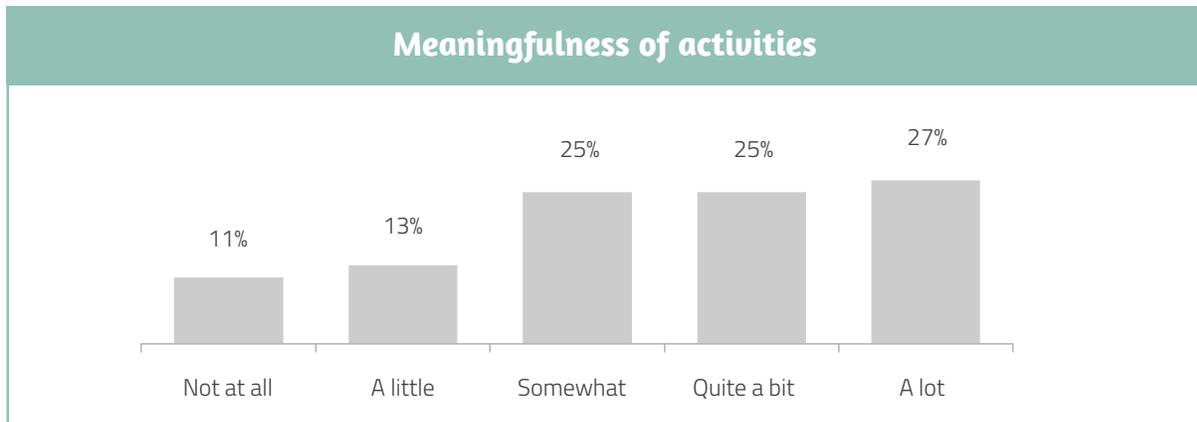
Note: The difference between before and after for cultural activities was not statistically significant.



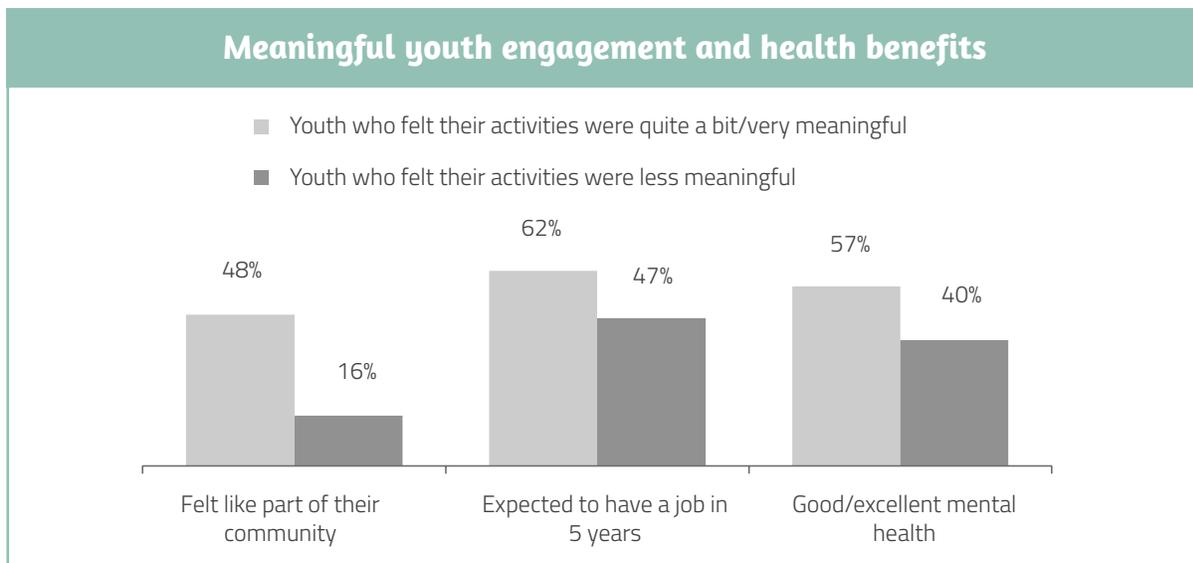
## ENGAGEMENT IN ACTIVITIES

Youth were asked not only about the activities they took part in, but also about how engaged they felt in these activities. Just over half (52%) reported that the activities they were involved in were at least quite a bit meaningful to them. Males were more likely than females to report that their activities were very meaningful to them (31% vs. 23%).

Feeling meaningfully involved in activities was linked to health benefits. For example, youth who felt meaningfully engaged were less likely than those who did not feel this way to have self-harmed in the past year (39% vs. 51%) and to have experienced extreme stress (17% vs. 25%) or despair (7% vs. 14%) in the past month.



Note: Percentages do not add up to 100% due to rounding.



# Abuse & victimization

## PHYSICAL & SEXUAL ABUSE

As in 2006, a little over half of males (53%) and two thirds of females (67%) reported having been physically abused. When asked specifically if they had ever been sexually abused, 37% of youth indicated this experience (13% of males vs. 56% of females). This was also unchanged for both males and females from 2006.

In addition to the 37% of students who reported that they had been sexually abused, another 4% had been forced into sex but did not report on the survey that they had been abused.

Sexual exploitation (the exchanging of sex for money, goods, or other forms of consideration) is also a form of abuse. When asked if they had traded sex in the past year, 10% reported they traded sex for drugs or alcohol (4% of males vs. 15% females), 8% for money (4% of males vs. 11% of females), 6% for a place to stay (4% of males vs. 8% of females), 4% for food, 4% for transportation (2% of males vs. 5% of females), 3% for clothing, and 3% for something else.

## WITNESSED ABUSE

Sixty-eight percent of youth (58% of males vs. 75% of females) reported witnessing someone in their family being abused. Youth who had witnessed family abuse were more likely to have been physically abused themselves (79% vs. 23% who did not witness abuse), and females were more likely to have been sexually abused themselves (65% vs. 27% of females who did not witness abuse).

Witnessing abuse was more common among youth who lived in the most precarious housing. For example, 76% of youth who had lived in a hotel/motel/SRO/hostel witnessed abuse, compared to 66% who had not lived in these situations. Similar results were found for youth who had lived on the street (81% vs. 61%).

**11%**

**of males and 43% of females had been forced into sexual activity against their will.**

## DISCRIMINATION

Two thirds of youth (57% of males vs. 70% of females) had experienced discrimination in the past year, including 41% who experienced at least three different types of discrimination.

Youth who had lived in the most precarious housing were more likely to report experiencing discrimination in the past year. For example, 80% of youth who had lived in a squat or abandoned building reported experiencing discrimination, compared to 62% who had not lived here.

Perceived reasons for being discriminated against in the past year	
Physical appearance	40%
Being seen as different	39%
Age	35%
Income or family income	29%
Being homeless or street-involved	26%
Race, ethnicity, or skin colour	21%
Gender/sex	19%
Sexual orientation (being or thought to be gay or lesbian)	15%
A disability	15%
Being on Income Assistance	10%

Note: Females were more likely than males to report being discriminated against because of their gender/sex (25% vs. 6%), physical appearance (45% vs. 33%), income or family income (34% vs. 22%), age (43% vs. 23%), and being seen as different (47% vs. 27%).

Some groups of youth were at risk for specific types of discrimination. For example, 45% of gay, lesbian, and bisexual youth had been discriminated against because of their sexual orientation.

## OTHER FORMS OF VICTIMIZATION

In the past year, 59% of youth (48% of males vs. 69% of females) had been socially excluded or ignored; 58% had been physically threatened; and 43% had been physically attacked or assaulted, including 15% who had been assaulted three or more times. More than a quarter (27%) had been excluded, threatened, and assaulted.

Youth in 2014 were more likely to report they were excluded in the past year than their peers in 2006 (59% vs. 46%), while the rates of being threatened or assaulted did not change.

As with discrimination, some youth were at greater risk. For example, gay, lesbian, and bisexual young people were more likely to have been victimized (excluded, threatened, or assaulted) in the past year (87% vs. 72% of straight youth), as were those with a physical health condition or disability and youth who had lived in a hotel/motel/SRO/hostel or on the street.

Youth who experienced any victimization were less likely to rate their overall health, mental health, and life circumstances as good or excellent and to report they slept for eight or more hours last night.

## PERPETRATORS OF VICTIMIZATION

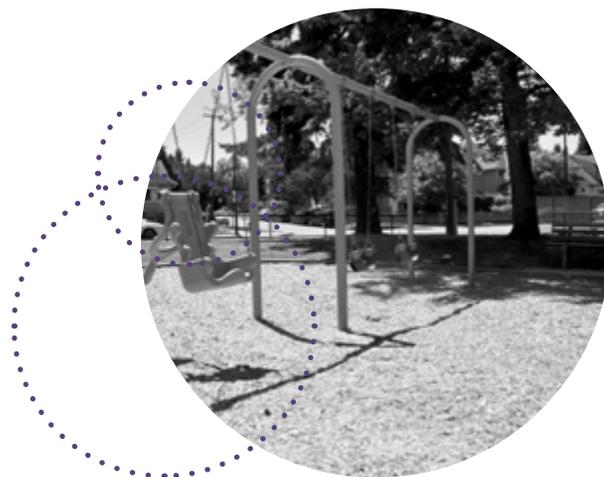
Half of youth admitted they had victimized someone in the past year. Youth who had been victimized themselves were more likely to victimize others (60% vs. 21% who had not themselves experienced victimization in the past year).

Youth who had experienced a particular type of victimization were more likely to perpetrate that same type of victimization. For example, 57% of youth who had been physically attacked or assaulted in the past year assaulted others, compared to 18% who had not been assaulted.

Thirty-six percent of male and female youth reported carrying a weapon (such as a gun, knife, or club) in the past month. This rate was higher among youth who had been physically abused (47% vs. 19% who had not experienced physical abuse) and sexually abused (44% vs. 32% of youth who had not experienced sexual abuse).

Youth who had lived in the most precarious housing were also more likely to have carried a weapon in the past month. For example, 50% who had lived in a hotel/motel/SRO/hostel carried a weapon (vs. 32% who had not lived there), as did 63% who had lived in a squat or an abandoned building (63% vs. 31%) or on the street (55% vs. 26%).

Youth who often or always felt safe where they slept in the past 30 days were half as likely to have carried a weapon as those who rarely or never felt safe (30% vs. 60%).



# Police & Youth Justice involvement

Over three quarters of youth had contact with the police in the past year (76%). They most commonly reported that the police looked up their name or ran a check on them (49%), asked them for identification (49%), searched them (36%), asked them to move on (34%), arrested them (32%), and/or gave them a ticket (19%). Youth also reported that they had been in contact with the police because they were the victim of a crime (23%), a witness to a crime (18%), and/or because the police helped them (17%).

Males were more likely than females to report that the police searched them (43% vs. 31%) and gave them a ticket (25% vs. 13%).

Youth who reported mental health challenges were more likely to come in contact with the police. For example, 81% of youth with poor or fair mental health had contact with police in the past year, compared to 70% of those with good or excellent mental health. Additionally, youth with a mental health condition were more likely to have been searched by police (40% vs. 31% without a mental health condition), and youth with FASD were more likely to have been arrested (51% vs. 29% without the condition).

Thirty-six percent of youth had ever been convicted of a crime (47% of males vs. 27% of females). Being convicted of a crime was more common among youth with FASD (62% vs. 33% without FASD) and youth with anger management problems (50% vs. 31% without these problems). Also, males with a learning disability (64% vs. 42% of males without the condition) and females with a behavioural condition (41% vs. 21% of females without such a condition) were more likely to be convicted of a crime.



**Someone called the police because I was crying in public and they wanted to make sure I was okay.**



**The police came because my mom and I were fighting.**

# Technology use

## INTERNET USE

Most youth (95%) reported they used the Internet, with males more likely to report they did not do so (7% vs. 3% of females).

Internet use was linked to youth’s circumstances. For example, youth who had missed out on needed medical care because they previously had a negative experience were more likely to report searching for health information online (74% vs. 38% who missed out on care for other reasons), as were youth who got their health care from services such as a walk-in clinic (44% vs. 20% who did not

use a walk-in clinic) or after-hours clinic (55% vs. 30%). Youth who were couch surfing were more likely to report using the Internet to access services (41% vs. 26% who were not couch surfing).

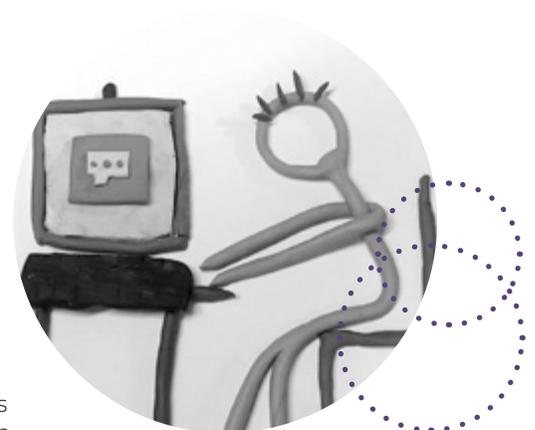


**Primarily I use the Internet for school and work related purposes.**

What youth used the Internet for	
To keep in touch with friends	86%
To keep in touch with family	56%
To play games	49%
To look for work	44%
To access information (other than health)	44%
To search for health information	30%
To look for services	26%
To access services	22%
To access chat rooms	12%
To reach a helpline	8%
To arrange dates or find sex partners	7%
Other	8%

Note: Youth could choose more than one response.

Note: Females were more likely to use the Internet to keep in touch with friends (91% vs. 81% of males) and family (62% vs. 51%), to search for health information (38% vs. 20%), and to reach a helpline (10% vs. 5%).



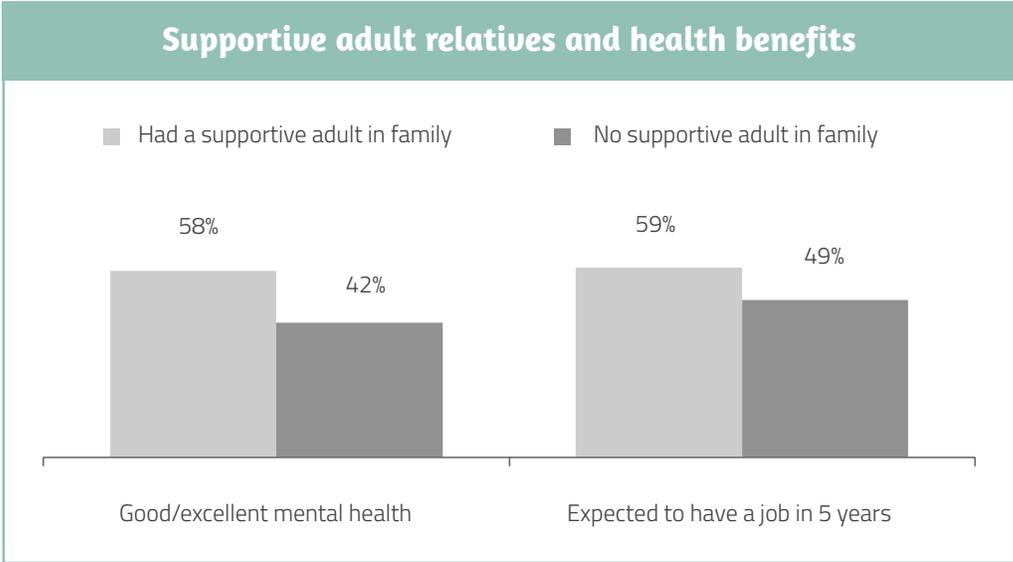
# Supportive relationships

## SUPPORTIVE FAMILY

Forty-three percent of youth had an adult in their family to whom they could turn if faced with a serious problem. Having such an adult in their lives was linked to better mental health and a more positive outlook for the future. For example, if youth had this family support, they were less likely to have experienced extreme stress in the past month (16% vs. 24%) and to have seriously considered suicide in the past year (30% vs. 51%). They were also more likely to see themselves in a job in five years and less likely to anticipate being in prison (2% vs. 6%), dead (5% vs. 12%), or on the street.

Twenty-three percent of youth felt their family understood them quite a bit or very much, 35% felt their family had fun together, and 34% felt their family paid attention to them.

Youth who felt more connected to their family were less likely to have been suspended or expelled from school, to have missed out on accessing services, or to have lived in the most precarious housing, and they were more likely to feel connected to their community.



**I love my life because I have a lot of people that care about me.**



## My friends listen and support me.

### SUPPORTIVE ADULTS OUTSIDE THE FAMILY

Youth community co-researchers felt it was important for adults to reach out and try to connect with homeless youth, as these young people are often too distrustful of adults to make the first move.

More than half of youth (55%) identified an adult outside their family whom they could turn to for support. Females were more likely than males to have such a supportive adult in their lives (60% vs. 47%).

Youth who felt they could turn to an adult outside their family were more likely to expect to continue their education beyond high school (57% vs. 45% of those who did not have this type of adult support).

Sixteen percent of youth felt they could turn to both an adult inside and outside their family. However, 23% of males and 14% of females had no such adults in their lives.

Youth who could turn to an adult for support were less likely than those who had no supportive adults to have missed out on accessing needed mental health services in the past year (31% vs. 44%).

### FRIENDS

Almost all youth (96%) reported having at least one friend. Most youth (72%) had at least one friend who was homeless or street-involved, and 18% reported having ten or more homeless or street-involved friends. Also, the majority of youth (93%) had at least one friend who was not homeless or street-involved. A little over half of males (53%) and 43% of females had ten or more such friends.

As seen in the BC AHS, having three or more friends was associated with health benefits. However, in this survey, it made a difference whether these friends were homeless or street-involved. Specifically, youth who completed the HSIYS who had three or more friends who were in stable housing were more likely than their peers with fewer of these friends to report good or excellent overall health (59% vs. 46%). They were also less likely to anticipate dropping out of high school (6% vs. 16% of those with fewer friends in stable housing) and more likely to expect to pursue post-secondary education (55% vs. 40%).

These positive relations were not seen among youth with three or more homeless or street-involved friends when compared to those with fewer of these friends. In fact, youth with fewer homeless or street-involved friends reported better health, including good or excellent ratings of their overall health (61% vs. 50% of those with three or more homeless friends) and current life circumstances (52% vs. 41%), and they were more likely to be currently attending school (75% vs. 59%).



**If people still believe they have people to turn to, it's less likely for them to turn to drugs/alcohol or keep it bottled up inside causing them to have anger issues or possibly suffer from depression.**

## HELP SEEKING

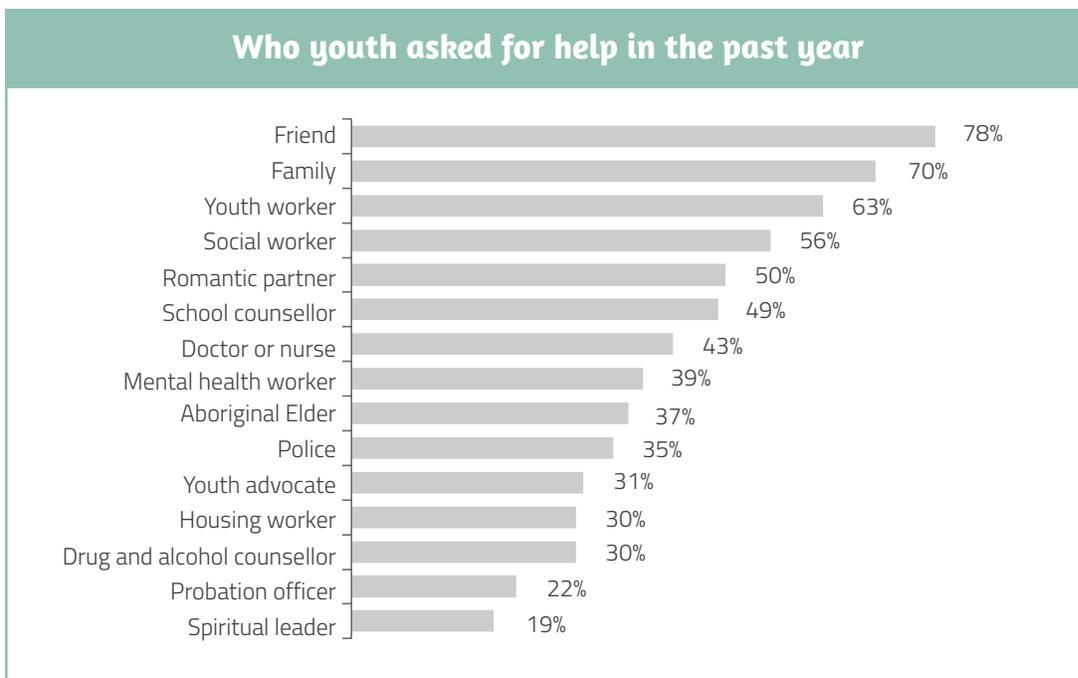
When they needed support, youth most commonly asked their friends (78%), family (70%), or youth workers (63%) for help.

Most youth found the people they approached for support to be helpful. The exception was youth who sought help from the police. Only 38% of those who asked the police for help found them to be helpful.

When youth found the people they approached for support to be helpful, there appeared to be benefits. For example, youth who found their probation officer helpful were less likely to have considered suicide in the past

year (32% vs. 57% of those who did not find them helpful), and youth who found an alcohol or drug counsellor helpful were less likely to have used marijuana daily in the past month (30% vs. 52% who did not find the support helpful).

Youth were asked an open-ended question about who they felt they could depend on. Most commonly youth reported that they could depend on their family (49%) and their friends or romantic partner (47%). One in five listed other people in their community such as youth workers or counsellors. Twenty-four percent depended only on themselves or on no one.



Note: The percentage for Aboriginal Elder was among Aboriginal youth.

Note: Females were more likely than males to have turned to a youth worker for help (66% vs. 58%), a mental health worker (44% vs. 33%), friend (82% vs. 73%), romantic partner (58% vs. 43%), and school counsellor (54% vs. 45%), whereas males more commonly accessed help from a probation officer (33% vs. 13% of females) or a spiritual leader (23% vs. 15%). Aboriginal males were more likely than females to turn to an Aboriginal Elder (44% vs. 31%).

# Community & neighbourhood

## NEIGHBOURHOOD SAFETY

Three quarters of male and female youth often or always felt safe in their neighbourhood in the daytime and 52% (58% of males vs. 49% of females) felt safe there at night. Youth who felt safe in their neighbourhood were more likely to also report feeling safe where they slept and to get more hours of sleep.

There was also a link between neighbourhood safety and mental health. For example, youth who felt safe in their neighbourhood at night were more likely than those who did not feel safe at night to rate their mental health

as good or excellent (56% vs. 42%) and to feel calm and at peace (37% vs. 12%). Also, youth who felt safe in their neighbourhood during the daytime were less likely to have experienced extreme despair in the past month (9% vs. 23% who did not feel safe).

Fifty-six percent of transit users (62% of males vs. 53% of females) often or always felt safe on transit. These youth were more likely to rate their mental health as good or excellent compared to those who did not feel safe on public transit.





**[What I like best about my community is] the wonderful people who help others. The woman from the food bank, my teachers, and people who see strangers needing help.**

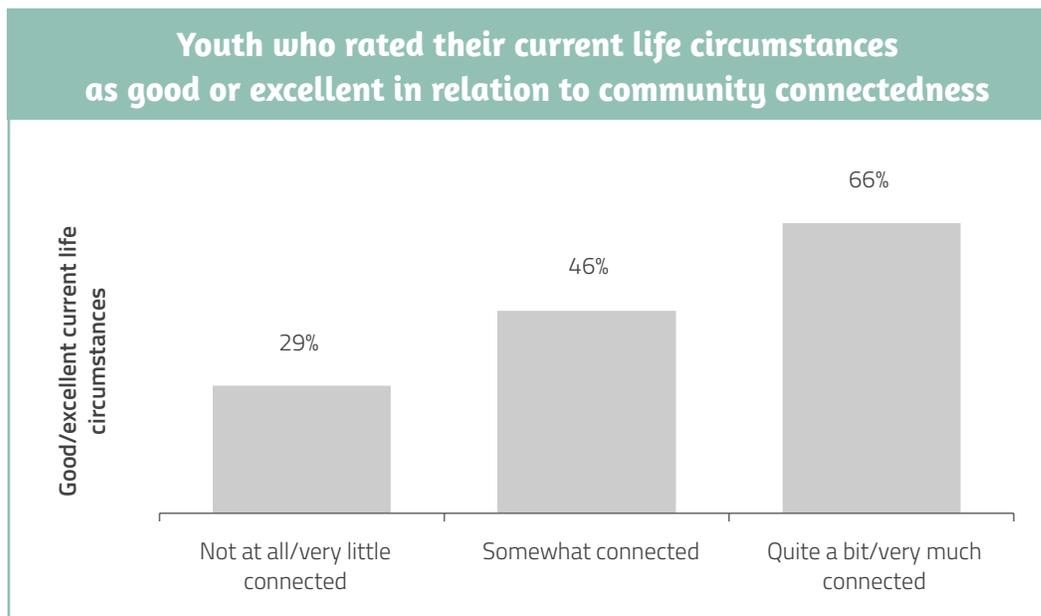
## COMMUNITY CONNECTEDNESS

Around a third of youth (32%) felt very much or quite a bit connected to their community. Regardless of the type of living situation youth were currently in, those who had been staying there for more than six months were more likely to feel connected to their community than those who had been there for a shorter amount of time (38% vs. 26%).

Youth who felt connected to their community were less likely than their peers to have missed out on accessing needed mental health care in the past year (20% vs. 39% who did not feel connected), and were more likely to rate their mental health as good or excellent (64% vs. 42%) and their current life circumstances this way.

Youth were asked an open-ended question about what they liked best about their community. Almost a quarter (24%) who responded did not like anything. However, others appreciated the people in their community whom they interacted with (22%), and valued the support they provided to one another. One youth commented, "We look out for each other if we're going through similar things."

Other youth appreciated the physical environment and activities within their community (18%), the cleanliness and sense of safety (15%), and the resources available to them (e.g., youth services, alternative schools; 13%).



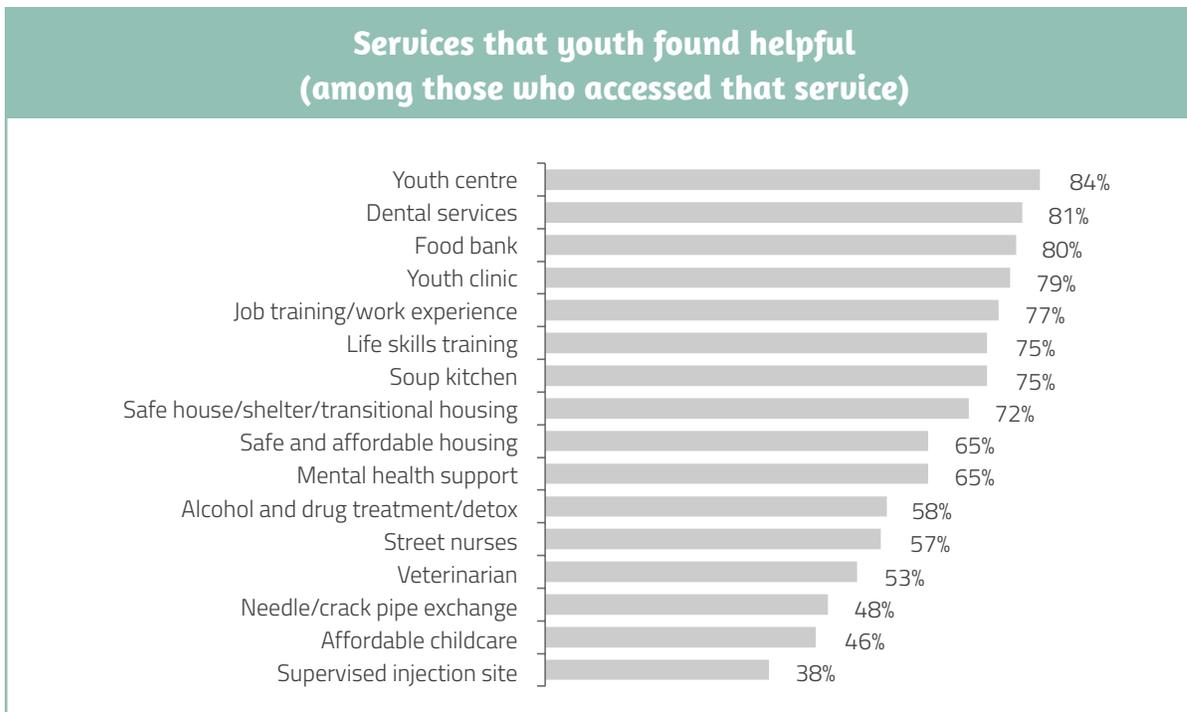
# Access to services

## SERVICES ACCESSED

Youth were asked about a range of services they might have accessed. Participants most commonly accessed youth centres (63%); a safe house, shelter, or transitional housing (54%); dental services (51%); job training (49%); youth clinics (49%); mental health support (48%); and food banks (47%). Other services youth accessed included life skills training (43%), a soup kitchen (38%), drug treatment or counselling (36%), and safe and affordable housing (36%). A smaller percentage accessed street nurses (29%) or a needle or pipe exchange (20%).

Males were more likely to have accessed life skills training programs (49% vs. 37% of females), while females more likely accessed a youth clinic (60% vs. 37% of males) or mental health support (53% vs. 41%).

Most youth found the services they accessed to be helpful; and at least 4 out of 5 youth who accessed food banks, dental services, and youth centres found them helpful.





Thirty-one percent of youth who had a child had accessed affordable childcare, and 57% found that service helpful. Similarly, 29% of youth who had a pet had accessed a veterinarian, and 55% found this helpful.

There were benefits to youth finding services helpful. For example, youth who found the job training services they accessed to be helpful were more likely to have worked during the past month (42% vs. 26% who had accessed these services but not found them helpful).

Among youth who completed the survey in Vancouver, a little over a third (34%) had accessed a supervised injection site, and more than half of these youth found that service helpful (58%).

Some youth reported that certain services were not available in their community. The most common were safe and affordable housing (9%), supervised injection sites (7%), needle/meth or crack pipe exchanges (7%), job training (6%), and life skills training (6%).

## SERVICES NEEDED

As in 2006, the most common services or programs youth reported needing more of in their community were safe and affordable housing; job training or work experience; safe houses, shelters, or transitional housing; and youth centres.



**My community needs an LGBT safe house.**



**We need easier access to food banks.**

Services or programs that youth needed more of in their community	
Job training or work experience	52%
Safe and affordable housing	52%
Safe house, shelter, or transitional housing	46%
Youth centre	39%
Youth clinic	37%
Life skills training program	36%
Food bank	36%
Mental health support	34%
Alcohol and other drug treatment, counselling, or detox	30%
Street nurses	25%
Soup kitchen	25%
Dental services	24%
Affordable childcare or babysitting	23%
Needle exchange or meth or crack pipe exchange	19%
Supervised injection site or Insite	17%
Veterinarian	13%

Note: Youth could choose more than one response.

Youth were asked an open-ended question about what they would change in their community to help homeless and street-involved youth. They most commonly felt there should be more affordable and safe housing options available to youth. Many mentioned the need for more youth shelters and safe houses. A number of youth also felt they should be given more support around accessing food and clothing.

“ **Create affordable and safe living spaces and more youth-friendly centres, clinics, shelters and food banks.**

“ **More safe houses are needed that allow couples to stay together. Sometimes we are all we have.**

“ **Sustainable form of housing for homeless people on the Downtown East Side.**

They also felt that homeless and street-involved youth should be given more emotional support and that more mental health counsellors, substance use counsellors, and social workers should be made available. Some also felt that young people's families should be offered more support to reduce the risk of youth becoming homeless in the first place.

“ **Help parents to make it easier to support their children.**

Youth identified the need for more youth centres, including 24-hour youth drop-ins, within their community. Greater access to free recreational activities was also suggested, so that youth could take part in healthy and personally meaningful activities, which in turn would help to reduce their substance use. Greater access to jobs and job training programs was also seen as important to support homeless and street-involved youth.

“ **More recreation is needed to give kids something to do other than drugs.**

“ **Training programs like Blade Runners are needed.**

In addition, young people identified the importance of fostering a greater sense of acceptance and understanding within the community.

“ **Raise awareness that not all homeless people are 'junkies' or 'dead-beats,' and that most are trying to better themselves.**

“ **We should all be more accepting and less judgmental of street kids.**

# Cause for optimism

Despite the many challenges and health disparities that have been noted throughout this report, homeless and street-involved youth remain remarkably resilient and hopeful.

Youth were asked to describe what they liked best about their life. Thirty-eight percent (29% of males vs. 46% of females) wrote about their family and friends, while a quarter were proud about their own personal achievements (e.g., managing their substance use, graduating from school, gaining employment), and 13% noted their involvement in community activities. A number of youth appreciated feeling independent yet supported at the same time.



**I finally am given the opportunity to have independence and a structured life style all in one.**

In answer to the question, “What makes you happy?”, 46% of males and 57% of females who responded wrote about the social relationships in their lives, and 23% of males and 35% of females specifically indicated that their family made them happy. One in five males noted that physical activity or sports made them happy, as did 9% of females. Other frequent responses were different recreational activities, food, community involvement, animals, and nature.



**My positive attitude makes everything a bit better.**





**I see myself doing lots of activities, travelling.**

## **FUTURE ASPIRATIONS**

When asked where they saw themselves in five years' time, youth most commonly felt that they would have a job (53%), a home of their own (40%), a family (24%), and be in school (24%). Much smaller percentages saw a bleaker future for themselves: 9% thought they would be dead, 5% thought they would be in prison, and 3% felt they would be on the street. Twenty-three percent of youth indicated not knowing what the future held for them.

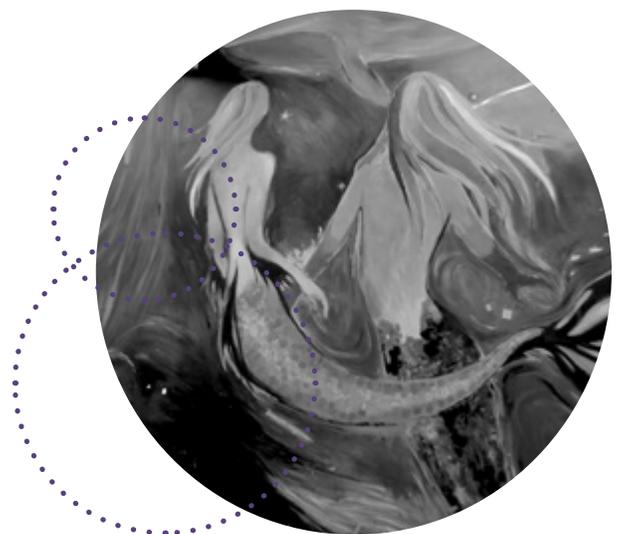
While male youth were more likely to see themselves in a job in the future (60% vs. 49% of females), females were more likely to see themselves in school (28% vs. 19% of males) or having a family (28% vs. 19%).



**I'm striving for future success.**



**I've realized that there is endless beauty in nature and the world around us. This is important to me because seeing a nice sunset or a pretty view is a guaranteed way to cheer myself up.**



# Final thoughts

The title for this report “Our communities, our youth” was chosen by the project advisory committee to reflect not only the fact that homeless youth are in every community and need our support, but also that these youth are contributing members of our society, many of whom volunteer their time to their school and community to make it a better place for everyone.

One of the major messages which the project advisory committee members and community co-researchers picked out from the data was the important role that school plays in the lives of homeless youth. The data showed that youth are vulnerable to victimization within the school environment. Yet when they feel connected to school and receive individualized support, they can be resilient to the challenges they face. It is hoped that this report will confirm what a vital role school personnel have in supporting vulnerable youth to engage in school life, and can be used to strengthen relationships between community service providers and schools, which can in turn help reduce the barriers youth face to accessing services and enable them to stay in school and be successful.

As in 2006, the results highlight the importance of youth workers to homeless youth, and the need to recognize and celebrate the success these caring individuals have in connecting with youth who often have very complex challenges in their lives. Many youth workers are employed by not-for-profits struggling to survive in the current economic climate, yet the services they provide consistently show the value of continuing to fund these positions.

The statistics show that many youth come from families who have struggled with mental health and substance use challenges across generations or who have expe-

rienced the intergenerational trauma of being raised in residential schools or government care. This emphasizes the need to support families early and differently to ensure children and youth can optimize their chances of a successful transition to adulthood.

Other findings also point to the need to support youth as they transition to adulthood, including the high percentage with a chronic health condition or disability. Further research is also needed which looks at the trajectory of homeless and street-involved youth when they pass their 19th birthday.

It has been eight years since we last conducted this survey and during that time the face of homelessness has changed with more youth accessing shelters and couch surfing, and family breakdown becoming a more common cause of youth homelessness. These findings show the need to survey youth regularly, and monitor the impact of changing social, political, and economic policies and practices.

This report gives us information which can help us to better understand and support youth in our communities who become homeless or street-involved. It is hoped that it will be used to effect change and ensure we take a trauma-informed approach to the young people we interact with in our lives.

# Resources



## IN-PERSON WORKSHOPS AND PRESENTATIONS

Youth researchers involved in this project have created an interactive workshop to share the results with other youth. The workshop is designed to act as a springboard for homeless and street-involved youth to devise and deliver projects which improve health in their community.



If you would like more details about how to bring a youth-led workshop to your community, please contact [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).



McCreary staff are also available to share the results of the study, in person or via webinar. To schedule a presentation, contact [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).

## ONLINE RESOURCES

Three short clay animation films made by youth researchers address the issues of connectedness, dealing with mental health challenges, and the cycle of foster care. These films are available to view on our YouTube channel, [www.youtube.com/mccrearycentre](http://www.youtube.com/mccrearycentre).

A copy of this report and an accompanying PowerPoint presentation are available to download at [www.mcs.bc.ca](http://www.mcs.bc.ca).

## YOUTH ACTION GRANTS

Grants of up to \$500 are available to youth aged 12–19 wishing to address youth health issues and improve youth health in their community.



To apply or for more details, contact [yag@mcs.bc.ca](mailto:yag@mcs.bc.ca).

## OTHER RESEARCH

The Homeless and Street-Involved Youth Survey is one of a number of surveys regularly administered by McCreary. To view survey results for surveys conducted with youth in mainstream public schools and youth in custody, visit [www.mcs.bc.ca](http://www.mcs.bc.ca).

## DATA ACCESS

We welcome enquiries from academic researchers and students with an interest in accessing the Homeless and Street-Involved Youth Survey data. We are also happy to receive requests for McCreary researchers to conduct additional analyses of the data.



To discuss a request, please email [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).



or call **604-291-1996**.

# Appendix: Health disparities

As part of this project, we compared the health picture of youth who completed the 2014 HSIYS with that of youth in the same 13 communities who completed the 2013 BC AHS. There were a number of significant differences. Some of these have already been highlighted in the main body of this report; others are exclusively recorded here.

Health Indicator	2014 HSIYS	2013 BC AHS
Good or excellent health	56%	87%
Slept for eight or more hours the previous night	28%	53%
Had a concussion in the past year	33%	15%
Had Fetal Alcohol Spectrum Disorder (FASD)	10%	<1%
<b>Mental health</b>		
Had Depression	47%	9%
Had Chronic Anxiety Disorder or panic attacks	27%	8%
Had Attention Deficit Hyperactivity Disorder (ADHD)	25%	5%
Had Post-Traumatic Stress Disorder (PTSD)	17%	1%
Experienced extreme stress in the past month	21%	9%
Experienced extreme despair in the past month	10%	7%

<b>Health Indicator</b>	<b>2014 HSIYS</b>	<b>2013 BC AHS</b>
Self-harmed in the past year	45%	15%
Considered suicide in the past year	42%	12%
Attempted suicide in the past year	31%	6%
<b>Sexual health</b>		
Ever had oral sex	77%	21%
Used a condom the last time had intercourse (among those who ever had intercourse)	43%	69%
<b>Substance use</b>		
Ever smoked tobacco	80%	19%
Ever drank alcohol	83%	42%
Ever used marijuana	84%	24%
Ever used any other drugs	72%	16%
<b>Abuse</b>		
Physically abused	61%	12%
Sexually abused	37%	6%
<b>Help seeking in the past year</b>		
Sought help from a friend	78%	74%
Sought help from a youth worker	63%	8%
Sought help from a school counsellor	49%	27%
Sought help from a social worker	56%	5%
Aboriginal youth who sought help from an Elder	37%	9%

