



YOUTH HOMELESSNESS IN THE CAPE BRETON REGIONAL MUNICIPALITY

Community Plan

A project of Cape Breton Community Housing Association (CBCHA) in partnership with the Cape Breton Association of Youth Housing and Programs Initiative and the Affordable Housing and Homelessness Working Group

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Core Organizations:

- Cape Breton Community Housing Association
- Pathways to Employment
- Nova Scotia Health Authority – Eastern Zone - Public Health

Working Groups:

- Affordable Housing and Homelessness Working Group
- Cape Breton Association of Youth Housing and Programs Initiative
- First Nations Homelessness Working Group

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Executive Summary

Youth homelessness has emerged as a pressing issue in the Cape Breton Regional Municipality (CBRM). Local homeless counts were completed in the region in 2016 and repeated in 2018. These included a 1-day Point in Time Count led by Cape Breton Community Housing Association (CBCHA) and a 1-month Service Based Count led by the Nova Scotia Health Authority – Public Health – Eastern Zone. 19% of individuals experiencing homelessness in the CBRM are under the age of 25 (CBRM Point in Time Count and Registry Week Report, 2018), which is on par with the national rate (Gaetz, Dej, Richter & Redman, 2016). The local homelessness rate has decreased, yet there has been a 4% increase in the prevalence of homelessness among youth ages 16-29, resulting in 117 youth experiencing homelessness (Roy & Bickerton, 2018, in progress).

The stereotypical picture of homelessness is often not the reality. A person can be homeless in a wide range of situations, such as unsheltered/absolutely homeless, emergency sheltered, provisionally/temporarily accommodated, and at risk/precariously housed (Gaetz et al., 2012). These conditions were considered in the local homeless counts. Anyone can become homeless. However, research shows that there are high rates of homelessness in Canada among LGBTQ2S youth, Indigenous youth, youth who have experienced trauma and abuse, and youth who have had involvement with child welfare services (Gaetz, O'Grady, Kidd & Schwan, 2016). Homeless youth may face additional problems in wellbeing, such as unemployment, mental health issues, and an increased risk of victimization.

There are several strong programs and initiatives in place to address community needs and help vulnerable populations in the CBRM. However, there is a lack of a coordinated approach to specifically address youth homelessness, and a lack of youth-focused housing programs. Many programs and services are underfunded and time-limited, making it difficult to plan for long-term development. Youth homelessness is a unique issue due to various factors and therefore has its own definition and requires different strategies (Canadian Observatory on Homelessness [COH], 2016). There is an emphasis in the literature on preventing youth homelessness through an integrated systems approach (Gaetz, 2014b; Gaetz, O'Grady, Kidd & Schwan, 2016; Turner, 2016). Steps to address this issue can include initiatives like Housing First for Youth (Gaetz, 2017), and Coordinated Access to streamline services for people experiencing homelessness (Canadian Alliance to End Homelessness [CAEH], 2018a).

The Youth Homelessness Plan is a project of CBCHA, in collaboration with the Cape Breton Association of Youth Housing and Programs Initiative, and Affordable Housing and Homelessness Working Group. A Way Home Canada and the Canadian Observatory on Homelessness were consulted for guidance and resources. Local consultations took place with 22 youth and over 60 service providers. The majority of

the youth participants had lived experience of homelessness. Local consultations revealed information consistent with concepts found across research:

- **Factors leading to youth homelessness can include:** lack of affordable housing, financial barriers, lack of employment, family conflict, mental health and addiction issues, gaps in transition support
- **Once a young person experiences homelessness, they can face additional barriers to moving forward:** lack of a permanent address and identification/documents, limited independent living skills, difficulty finding rental housing, difficulty meeting daily needs, barriers to transportation, barriers to education, limited access to basic healthcare

Feedback from consultations showed a need for youth homelessness prevention in the CBRM. The “A Way Home: Youth Homelessness Community Planning Toolkit” (Turner, 2016) recommends setting priorities around prevention, systems planning, housing and supports, and leadership. The local youth plan strategies are organized within this type of framework to demonstrate how prevention can be applied in the CBRM.

Vision: Youth homelessness in the CBRM will be reduced and prevented.

Mission: To enhance access to coordinated, adequate, and appropriate services and supports for youth at risk of or experiencing homelessness. To provide transition planning to help youth exiting homelessness to live an independent life.

3-Year Goal: To decrease youth homelessness (age 16-24) in the CBRM through intervention efforts, and prevent new experiences of homelessness by 2021.

A **Strategic Plan** has been drafted by the working groups to address four related priority areas, shown in Figure 1.



Figure 1. Youth Homelessness Plan strategic priorities.

Background: Youth Homelessness

Youth Homelessness in Canada

Homelessness in Canada is defined as:

“the situation of an individual, family or community without stable, safe, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household’s financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.” (Gaetz et al., 2012)

More than half of the homeless population in Canada is made up of adults ages 25-49 (Gaetz, Dej, Richter & Redman, 2016). Unaccompanied youth ages 13-24 account for almost 19% but an additional 4% of youth age 16 and under are homeless due to family homelessness. The majority of families living in shelters are led by single mothers in their early 30s. Gaetz, Dej, Richter, and Redman (2016) point out that there is a stark overrepresentation of Indigenous people in the homeless population. Approximately one-third of shelter users are Indigenous.

Under the Canadian definition, homelessness includes a wide range of situations such as unsheltered/absolutely homeless, emergency sheltered, provisionally/temporarily accommodated, and at risk/precariously housed (Gaetz et al., 2012). Hidden homelessness is experienced by individuals who are provisionally accommodated or couch surfing. Individuals who are chronically homeless (long-term, often for years) or episodically homeless (multiple episodes over time) are estimated to comprise under 15% of the Canadian homeless population, however, they use over half of the homeless-serving resources (Gaetz, Gulliver & Richter, 2014). In the National Youth Homelessness Survey, 31.4% of youth surveyed were experiencing chronic homelessness (Gaetz, O’Grady, Kidd & Schwan, 2016).

A definition of Indigenous homelessness was developed by Thistle (2017) based on in-depth community consultations. He outlines 12 dimensions of homelessness expanding beyond being without shelter. The dimensions acknowledge unique circumstances impacting Indigenous homelessness, such as historic displacement, contemporary separation, cultural disintegration, and spiritual disconnection. Sauvé and others (2018) found in their consultation with youth in Ottawa that a number of First Nations, Inuit and Métis youth chose not to access services or were forced to make compromises in practicing their culture due to a lack of culturally appropriate services.

Youth homelessness is a unique experience with its own definition:

““Youth homelessness” refers to the situation and experience of young people between the ages of 13 and 24 who are living independently of parents and/or

caregivers, but do not have the means or ability to acquire a stable, safe or consistent residence.” (COH, 2016)

The National Youth Homelessness Survey (Gaetz, O’Grady, Kidd & Schwan, 2016) found that more than 40% of youth with experience of homelessness had first experienced it before they were 16 years old. Over 75% of youth involved in the survey had multiple experiences of homelessness. Over 63% of youth surveyed had experienced trauma and abuse as a child and 57.8% had some involvement with child welfare services.

LGBTQ2S and transgender youth were found to be more likely to become homeless due to conflict and abuse at home, and to leave home at a young age (Gaetz, O’Grady, Kidd & Schwan, 2016). Homeless youth were found to be at an increased risk of victimization; particularly women, transgender, and non-binary youth. There were higher rates reported of multiple episodes of homelessness among LGBTQ2S, transgender, non-binary, and Indigenous youth, all above 80%. These groups are also more likely to have had child welfare involvement. Youth leaving public systems, such as child welfare or corrections, may become homeless without adequate transition planning and support (French, Gaetz & Redman, 2017).

French and colleagues (2017) note that there are issues with mental health service coordination and lack of funding across Canada. Youth experiencing homelessness may have an increased risk of mental health issues, particularly due to the risk of violence on the streets, as discussed by Gaetz, O’Grady, Kidd and Schwan (2016). Over 85% of the youth they surveyed reported experiencing high distress. Almost 60% of youth surveyed reported being the victim of a violent crime, a rate 7-8 times higher than the national average. The study highlighted the severity of unemployment among youth experiencing homelessness, indicating a rate of 75.7%.

In Canada, there has been limited progress in decreasing youth homelessness and a tendency to react with a crisis response (e.g., shelter) (French et al., 2017). The first National Housing Strategy was released by the federal government in November 2017 (Government of Canada, 2018). One of the indicated goals is to reduce chronic homelessness in Canada by 50% over a decade. Evidence-based practices are to be emphasized as well as support for vulnerable groups. In June 2018, changes were announced to the strategy. Under a strategic element called Reaching Home, to be implemented in 2019, the federal government plans to double the support for Canadian communities to address homelessness (Employment and Social Development Canada, 2018b). Increased funding for Indigenous communities is also indicated.

Youth Homelessness in the Cape Breton Regional Municipality (CBRM)

According to the 2016 Census of Population, the CBRM has a population of 94,285 (Statistics Canada, 2017a). The unemployment rate is 17.4%. The region has seen a population decrease over time. As noted in the CBRM’s Vital Signs report:

“CBRM’s youth population is under threat, as seen through relatively high rates of youth unemployment, crime and out-migration. This requires our immediate attention to realize CBRM’s potential for community vitality and future development.”
(Community Foundation of Nova Scotia, 2013)

There are thousands of households in the CBRM experiencing ‘core housing need’ (Statistics Canada, 2017b), which is a situation where the household’s “housing falls below at least one of the adequacy, affordability or suitability standards and it would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)” (Statistics Canada, 2017c). The 2017 Report Card on Child and Family Poverty in Nova Scotia compares census data in explaining that Nova Scotia’s child poverty rate (over 20%) is the highest among Atlantic provinces (Frank & Saulnier, 2017). 31.9% of children in Cape Breton live in poverty (highest rate in the province) compared with 18.7% in Halifax (lowest rate in the province). First Nation and African Nova Scotian communities are impacted by high poverty rates, with the highest rate of 72.7% in Eskasoni First Nation located in the CBRM.

While poverty has been a topic in the province for years, there was limited available information about the state of homelessness in the CBRM until 2016. Since that time, homelessness research and program development have expanded due to community partnerships and collaborative efforts. A strengthened Affordable Housing and Homelessness Working Group (AHHWG) has been formed.

A study of rental housing stock completed from 2015 to 2016 indicates that much of the rental housing in the CBRM is targeted toward seniors or families (Leviten-Reid & Horel, 2016). The results highlight that for individuals receiving income assistance, the maximum shelter allowance (\$535/month; see Nova Scotia Department of Community Services, 2013) is not sufficient for them to access most rental vacancies in the CBRM. Only 10% are in their price range and fewer are vacant.

Single non-seniors have a significant need for housing support and have limited options in the CBRM (Leviten-Reid & Horel, 2016). The 2016 Homeless Count Committee (2016) summarized common causes of homelessness in the CBRM: poverty, family breakdown, and addiction and substance abuse. Couch surfing or other forms of hidden homelessness are prevalent. Youth have few options and there is no youth emergency shelter.

Homeless counts were completed in the CBRM in 2016 and 2018. They enumerated homelessness based on a wide range of situations from absolute homelessness (sheltered and unsheltered) to provisionally accommodated (transitionally housed, staying in institutional care, or staying at someone else’s place). The findings reveal the hidden issue of homelessness in the CBRM. The region has a relatively low population

size yet the rate of youth homelessness is comparable to the national rate. Key findings from the homeless counts are summarized:

Point in Time Count (led by CBCHA): This study was conducted over a 12-hour period in the CBRM. In 2016, 137 people in the CBRM were experiencing homelessness, and 19% were individuals up to age 24 (2016 Homeless Count Committee, 2016). First Nation individuals were overrepresented in the local data. When the study was repeated in 2018, the total homeless count decreased to 115, and the prevalence of individuals up to age 24 stayed at 19% (CBRM Point in Time Count and Registry Week Report, 2018). During the 2018 Point in Time Count, a By Name List was launched to start maintaining a list of individuals in the community who are experiencing homelessness and seeking housing. Registry Week took place after the Point in Time Count, through a series of community events. These initiatives are part of the 20,000 Homes Campaign through the CAEH (2018b).

Service Based Count (led by Nova Scotia Health Authority (NSHA) – Public Health – Eastern Zone): This approach to enumerating homelessness was conducted over a 1-month period in 2016. The study involved service providers reporting on the number of clients experiencing homelessness, whom they interacted with during that month. Compared to the Point in Time count, this approach identified a higher number of individuals experiencing homelessness in the CBRM (304), 38% under age 30 (Bickerton & Oake, 2017). This approach provided a broader picture of homelessness in the municipality but still likely an underestimation. The results point to the issue of hidden homelessness, as there are individuals in the community who may not be visibly homeless but are either homeless or precariously housed. 284 individuals in total were found to be experiencing homelessness when the study was repeated in 2018 (Roy & Bickerton, 2018, in progress). The prevalence of youth ages 16-29 increased by 4%.

National Practice Research

Across the homelessness research, there is a strong emphasis on housing as a human right and the need for a prevention focus. Working upstream and adopting a coordinated systems approach are recommended (Gaetz, 2014b; Gaetz, O’Grady, Kidd & Schwan, 2016; Turner, 2016). French et al. (2017) suggest prevention strategies such as early intervention, shelter diversion through community-based host homes, and improved transition support from systems such as child welfare, justice, and mental health.

Canadian Homelessness Research Network (2013b) summarizes the difference between best, promising, and emerging practices, explaining that an intervention must meet a certain standard in order to be called a best practice. It must be consistently proven effective using rigorous research across multiple studies. Using a hierarchy of evidence, tools such as systematic reviews and randomized control trials are considered best practices while case studies, for example, can be considered promising

but not best practices. French and others (2017) say that Housing First (HF) can be called a best practice.

As discussed by Goering and team (2014), HF is an intervention model providing immediate housing and supports with no preconditions, to individuals experiencing homelessness and mental health issues. It started in New York City through Pathways to Housing. The outcomes of the “At Home/Chez Soi” study on HF suggest that it ends homelessness, provides additional quality of life benefits, saves money, and can be implemented across a variety of settings (Goering et al., 2014). There are multiple examples of the effectiveness of the HF model across Canada, such as through the 7 Cities on Housing and Homelessness project (n.d.) in Alberta.

Housing First for Youth (HF4Y)

Kozloff and colleagues (2016) studied the impact of HF on youth experiencing homelessness and mental illness, and found that it is effective in promoting housing stability. However, modifications to the model were recommended in order to better serve needs of young people. In recent years, a youth-specific HF model was developed (Gaetz, 2014a) and updated (Gaetz, 2017).

As discussed by Gaetz (2017) in the updated HF4Y program model guide, “Housing First for Youth (HF4Y) is a rights-based intervention for young people (aged 13-24) who experience homelessness, or who are at risk.” It is intended to support youth with the transition to adulthood beyond simply providing housing supports. As with HF, HF4Y acknowledges housing as a human right and aims to provide housing as a first step in supporting the individual. However, HF4Y is distinct from HF as it recognizes that youth homelessness has different causes and therefore requires a different response. The HF4Y core principles are:

- “1. A right to housing with no preconditions
2. Youth choice, youth voice and self-determination
3. Positive youth development and wellness orientation
4. Individualized, client-driven supports with no time limits
5. Social inclusion and community integration” (Gaetz, 2017)

Under HF4Y, there are different “models of accommodation” such as crisis housing, returning home, supportive housing, transitional housing, or independent living (Gaetz, 2017). There can be a wide range of length of stay depending on the person’s needs. Supports provided to youth under the model can include healthcare, income/education, life skills, etc. Some communities may have HF4Y programs specifically designed to address the needs and/or promote prevention of homelessness among subpopulations such as Indigenous youth, youth transitioning from care or leaving corrections.

Some key examples of HF4Y are the Infinity Project and Home Fire in Calgary (Gaetz, 2017). The Infinity Project provides permanent housing to youth ages 16-24 as

well as support to maintain their independence (Canadian Homelessness Research Network, 2013a). The project has helped youth keep their housing, develop stable income, and increase access to resources. Home Fire has been effective in using cultural engagement to support Indigenous youth (Gaetz, 2017).

Transitional Housing

Gaetz and Scott (2012) reviewed background literature in considering how the Foyer transitional housing model (originating in the United Kingdom) can be applied in Canada. According to The Foyer Federation website (n.d.), “Foyers provide a safe place for young people to live, learn and make the transition to independent adulthood”. The program works with youth between 16-25 and focuses on helping them to develop skills and improve their situation.

Foyer programs often include individualized supports, goal planning, encouragement to complete education, and life skills (Gaetz & Scott, 2012). Youth can stay for a longer period of time (over a year) and can practice money management by paying an income-based program fee. A residence is usually staffed 24/7. The Foyer model does not need to exist in a single space and can blend with models like HF by providing scattered site residences.

The Hub and Spoke model combines centralized and scattered approaches and can include infrastructure such as a central facility plus scattered residences as part of the same program (Gaetz & Scott, 2012). The intake process into a Foyer should look at client readiness for the program as well as program capacity to meet the person’s individual needs. To help reduce gaps for youth leaving systems such as child welfare and justice, a referral process can be implemented to connect them to the Foyer.

Internationally, there are multiple strong examples of implementation of the Foyer model. One such example is the Foyer Aberdeen (n.d.) in Scotland, which is a program working with a wide range of individuals, including youth. Their work has helped to improve education, skills, health, and confidence. Gaetz and Scott (2012) highlight this example as a case study due to the program’s focus on prevention, wide range of services that empower youth, as well as social enterprise.

In Canada, a promising example of transitional housing is the scattered site model through Covenant House in Toronto and Vancouver (Canadian Observatory on Homelessness/Homeless Hub, 2015). This is based on the Hub and Spoke model. Housing Workers help youth transition from crisis programming to community-based apartments, working with landlords and emphasizing youth choice in housing.

Collaboration, Coordinated Access and Prioritization

French and colleagues (2017) talk about how a lack of a coordinated approach contributes to risk of homelessness as well as prolonged experiences. They advocate for youth-tailored interventions, transformation and integration of public systems, and

community commitment and organization around youth homelessness. There are examples across Canada of strong collaborative work.

The United Way Kingston, Frontenac, Lennox and Addington (2018) has found success in using a Collective Impact model of collaboration. This model has helped them over the years to gather diverse stakeholders in working toward common goals. In the last several years, the organization has created and implemented a youth homelessness plan. They have opened a youth hub, developed a youth employment strategy, expanded services offered through an emergency shelter, as well as created transitional housing spaces. They continue to work with stakeholders on system mapping and addressing service gaps.

Community and school-based interventions can provide opportunities for collaboration on youth homelessness. The RAFT/Youth Reconnect program in Ontario has helped young people who are at-risk find housing and attend school (Niagara Resource Service for Youth, 2014). The program utilizes a collaborative approach involving stakeholders from areas such as school, community, and justice, to reconnect a young person to their community. The program has been effective in helping clients stay in school.

Under the new Reaching Home strategy in Canada, Coordinated Access (CA) is introduced as a way to “help communities shift toward a more coordinated and systems-based approach to addressing homelessness” (Employment and Social Development Canada, 2018a). The CAEH (2018a) describes CA as a way to streamline service access for people experiencing homelessness. This involves standardized intake and assessment, information-sharing, and consistent prioritization and referral methods. Assessment should consider a person’s strengths and needs, and prioritization should be based on acuity. CAEH (2018a) also indicates that local service mapping is recommended to guide referral processes.

Centralized intake can refer to a single process or entry point to access needed services (Gardner, Ochoa, Alspaugh & Matthews, 2010). It includes access to information, assistance, screening, assessment, referrals, and can provide decisions around eligibility and admission to a program. It can address housing needs and also provide other services such as counselling. The model can be implemented using single-site, multi-site, or phone service, like 211 (Gardner et al., 2010). Centralized intake can benefit clients by simplifying the process of obtaining the right services and can also improve efficiency and collaboration for service providers.

National efforts to measure homelessness have improved over time, including tools such as Homeless Individuals and Families Information System (HIFIS), the National Shelter Survey, and Point in Time homelessness counts (Gaetz, DeJ, Richter & Redman, 2016). However, homeless-serving organizations across Canada are collecting and using data in different ways, and there is an emphasis on quantitative

outcomes, as discussed by French and others (2017). They suggest that data collection and use should be simplified across Canada and include qualitative measures to further demonstrate outcomes.

There are several assessment tools for clients experiencing homelessness, however, not all are suitable for youth. The Youth Assessment Prioritization (YAP) tool is a recommended strengths-based assessment tool to help service providers make decisions about prioritization (see WalRhon, 2017).

Local Services, Supports, and Practices

Shelter and Housing

The federal government provides support for various local homelessness and housing initiatives through the Homelessness Partnering Strategy (HPS). The Community Action on Homelessness oversees a local advisory board under the HPS funding structure. The provincial government provides housing support through local agencies as well as income and/or employment assistance to eligible individuals. Key programs and initiatives in the municipality are discussed below.

Cape Breton Transition House operates a shelter in Sydney for women and children, 24-hour crisis lines, and a range of programs such as outreach, counselling, childcare, and information/education (Transition House Association of Nova Scotia, 2017). In addition to the shelter, the organization provides second stage housing in Sydney and Glace Bay. Every Woman's Centre provides services to women in the CBRM, including the Almost Home shelter, as well as outreach, help to find housing, and learning opportunities through the HERS Project.

CBCHA runs a homeless shelter located in Sydney, which operated as a men's shelter until December 2018. Expanded services are offered to men and women, and a new shelter location is anticipated in 2019. There is capacity for youth to access some of the shelter beds. CBCHA provides housing programs including HF, HF4Y, Housing Support Worker (HSW), Outreach, and Youth Trustee programs, including the delivery of rent supplements. In partnership with CBCHA's HF4Y program, Pathways to Employment delivered a Youth CREW (Creative Rewarding Education and Work) training and employment intervention in 2017-18. See Appendix 1 for program information.

CBCHA's homelessness programs are a branch of the organization, which is otherwise focused on providing residential and rehabilitative support to people with mental health issues, as reflected in their mission statement (CBCHA, 2018). The HF4Y, HSW, Youth Trustee, and CREW programs accessed by youth are operated with time-limited funding, which hinders long-term planning. The resources are also insufficient to fully address the needs of the number of homeless and at risk youth in the CBRM.

Supported Housing for Individuals with Mental Illness (SHIMI) provides housing and a range of supports to individuals with mental health issues. This program provides scattered housing integrated into local communities. As of 2018, 39 units are provided in the CBRM through community collaborations including organizations such as New Dawn Enterprises, Pathways to Employment, and NSHA. More information can be found online via New Dawn Enterprises (n.d.).

There is local housing support for individuals involved in the justice system. Under the Elizabeth Fry Society of Cape Breton, housing is provided through a community-based program to women on conditional release or experiencing a period of transition (Elizabeth Fry Society of Cape Breton, 2016). Howard House of Cape Breton provides housing and transitional support to adults involved in the justice system (Atlantic Halfway House Association, 2018).

Health, Education, and Community Supports

Healthcare wait times and access to a family physician are issues in the local region. To respond to various healthcare needs of vulnerable populations, Bickerton, Dechman, McKay, and Porter (2017) discuss the need for street outreach/health services in the CBRM. They look to Mobile Outreach Street Health (MOSH) (n.d.) in Halifax as a potential model. This is one method that could be used to reach out to individuals experiencing homelessness in the local area.

Collaboration through the NSHA, the school system, and community has expanded in recent years. An example of this is SchoolsPlus, which is an integrated service delivery program provided at various sites throughout the province, including participating schools within the Cape Breton-Victoria Regional Centre for Education (Nova Scotia Department of Education and Early Childhood Development, 2018). The program includes community outreach and facilitation support, and promotes a wide range of programs such as mentoring, parenting support, recreation, and health services. Some sites have clinical mental health supports. CaperBase (n.d.) provides interdisciplinary supports through a range of programs. This includes Access 808, which is a community hub located in Sydney. The site offers resources, information, referrals, counselling, life skill development, and access to laundry, shower, and emergency food and clothing, for youth up to age 24.

There are a wide range of community supports in the CBRM. While an exhaustive list is not presented here, these supports include family resources and counselling, career/employment counselling, community-based mental health programs, addiction recovery centres, restorative justice programs, and recreation programs. Food banks and donation centres are located across the CBRM. There are some community-based programs specifically targeted toward youth, LGBTQ2S youth, newcomers, and First Nations communities in the CBRM.

Current Status Quo

The CBRM has several strong programs and initiatives in place to address community needs and help vulnerable populations. Existing organizations and supports may work really well to meet the particular needs of an individual at a given time. Multiple types of housing programs exist in the region. There is collaboration in service planning through some initiatives. However, there is a lack of a coordinated approach to specifically address youth homelessness, and a lack of youth-focused housing programs.

Most housing and shelter supports are located in Sydney and primarily serve the adult population. There is no centralized shelter referral process nor is there a designated youth homeless shelter in the CBRM. Local organizations provide housing help to meet a wide range of needs, although addressing youth homelessness is not the primary mandate. Many programs and services are underfunded and time-limited, making it difficult to plan for long-term development.

Gaetz and Scott (2012) talk about how age and developmental stage impact the experience of homelessness. Across teenage and early adult years, experiences can vary widely. Also, youth in the range of age 16-24 may have access to some adult-serving community programs in the CBRM, but this does not necessarily translate to their needs being met based on their unique circumstances. Broadly, this demographic is being absorbed into the adult-serving homelessness and housing system. There are additional program gaps for youth ages 16-18 who may not be eligible for adult programs.

To prevent youth from “falling through the cracks” and to promote their long-term optimal success, the distinction must be made locally between a person meeting basic program eligibility requirements and the program being the right fit for their needs. The key is for youth in the CBRM to have the right place to go and to have confidence that they can depend on continued service.

Youth Plan Development

Rationale for a Youth-Focused Plan

Youth homelessness is a unique issue due to various factors and thus has its own definition and strategies (COH, 2016). Youth who are homeless leave homes where they typically had dependent relationships. They may not yet have the skills to live independently, and are going through many developmental changes.

Young people tend to interact with services in a different way than adults, and they may avoid some supports due to fear of authority (COH, 2016). Service access may be disrupted or delayed depending on the age of majority in the area in which the young

person lives. The transition to adulthood is impacted by the change or loss of natural supports in the young person's life.

We cannot assume that successful programs for adults will have the same impact on youth, and instead need to create youth-specific solutions (e.g., as is the case with HF and HF4Y) (Gaetz, 2017). Considering the lack of youth-specific homelessness and housing supports in the CBRM, there is a clear need for a response tailored to the needs of youth.

Planning Team and Process

CBCHA is the backbone organization for the youth plan coordination and employed the Youth Homelessness Plan Coordinator. The plan development took place along with the HF4Y and CREW pilot. The Coordinator attended regularly scheduled team meetings with program staff.

The AHHWG provided ongoing input for the development of the youth plan. They are also working with CBCHA to oversee the development of a separate but complementary Affordable Housing strategy. The Coordinator also engaged with the Cape Breton Association of Youth Housing and Programs Initiative (CBAYHPI) and First Nations Homelessness Working Group. Through these associations, the Coordinator established working relationships which continue to be key to partnership-building and planning.

The Youth Homelessness Plan was initiated to take action to help youth ages 16-24 who are at risk of or experiencing homelessness. Phase I of the youth plan consisted of making recommendations, and was informed by background research and feedback from youth and service provider consultations. Phase II is the result of working group consultation on strategy and action plan development. The youth plan is intended to be a living document that can be modified over time based on community needs.

During plan development, the Coordinator consulted with A Way Home Canada and the Canadian Observatory on Homelessness. Homeless Hub resources were instrumental in the background research as well as the planning of consultations. In particular, "A Way Home: Youth Homelessness Community Planning Toolkit" (Turner, 2016) was used as a guide for the local plan development process.

Local Consultations Influencing Plan Development

Youth Consultations

Youth were consulted locally between May and June 2018. The Coordinator worked with community organizations in Sydney, Sydney Mines, and Glace Bay to conduct five youth focus groups with 22 participants in total. The sessions took place at the community organizations and the youth were recruited by organization staff. Each session lasted approximately two hours and involved a semi-structured conversation

around how to address youth homelessness. Food, honoraria, and community resources were provided.

Demographic information was collected via an anonymous survey. 20 participants completed the survey. The majority of participants were between age 16-24 and the **average age was 20**. Three individuals between age 24-30 participated in the focus groups. There was representation from male, female, two-spirit, transgender, and genderqueer/non-conforming youth.

90% of focus group participants were living independently or with family or friends at the time of the focus group, but **75% had lived experience of homelessness**. Two people were currently homeless at the time of the focus groups. Of those who had reported experiencing homelessness either currently or in the past, there was a range of experience from a week to several years. Of those who had experienced homelessness for less than a year, the average time spent in homelessness ranged from 1 week to 6 months and the average was 2.5 months. Of those who had experienced homelessness for more than a year, the average time spent in homelessness ranged from 2 to 11 years and the average was almost 6 years. 65% of the participants were unemployed. Many of the participants had at least a high school diploma or equivalent, whether employed or unemployed.

The “What Would It Take?” national study on youth homelessness prevention (Schwan, Gaetz, French, Redman, Thistle & Dej, 2018) inspired the planning of youth focus groups in the local context, so that youth could talk about prevention and be involved in creating solutions to youth homelessness. Consultation with A Way Home Canada partners helped to guide this aspect of the local research.

Feedback from focus groups was summarized into key points and displayed on eight posters at community-based organizations connected to this work in the CBRM. Key points were organized into four areas based on what youth said is needed to address youth homelessness in the CBRM:

- Strong services, supports, and care
- Clear and accessible information for everyone
- Affordable, accessible housing for all youth
- Youth involvement in community work

The posters were created with the help of local youth. The goals of distributing the posters were to create awareness about youth homelessness and the youth plan, promote conversations in the community, and to create opportunities for youth to provide additional feedback.

Poster feedback showed a general agreement with youth input from the focus groups. Feedback about housing and mental health supports received particular

interest. An observation was that the posters did not specifically address First Nations homelessness.

Service Provider Consultations

Service providers were consulted in the CBRM between April and June 2018. The Coordinator spoke to 16 key informants through six interviews and one focus group. In June, a service provider consultation event was held with 54 attendees. The event involved multiple small group discussions over two hours to answer five questions about how to address youth homelessness in the CBRM.

Multiple roles and perspectives were incorporated, across education/training, health, housing, justice, community, and support services. Service providers involved in consultations encounter youth ages 16-24 in their work. While there may have been existing working relationships among attendees, they were encouraged to interact with people outside of their sector.

Core themes that emerged from service provider consultations were:

- Various complex factors contribute to youth homelessness in the CBRM; it is not simply a housing issue
- To address gaps in programming, we need resources and funding, and increased cross-sectoral collaboration
- Youth-focused shelter support is needed, but the emphasis should be on transitional housing and building capacity for independence
- Youth are at the center of this work and their involvement is essential to progress

A summary of the results from service provider consultation was shared with individuals and organizations involved, and working groups connected to the youth plan development. The goal of this was to promote further conversation among service providers, including those who could not attend consultation but are interested in the outcomes of this work.

Emerging Themes

Connections among youth and service provider feedback emerged as the consultation process continued, leading to a clearer understanding of the core ideas being shared. Youth were not specifically asked about the circumstances leading to their homelessness, but key issues were discussed across all consultations and suggested that homelessness is not simply a housing issue. Factors leading to youth homelessness in the CBRM were similar to those discussed across the literature. They were identified as:

- lack of affordable housing
- financial barriers
- lack of employment

- family conflict
- mental health and addiction issues
- gaps in transition support

Once a young person experiences homelessness, they face additional barriers to moving forward, identified as:

- lack of a permanent address and identification/documents
- limited independent living skills
- difficulty finding rental housing
- difficulty meeting daily needs
- barriers to transportation
- barriers to education
- limited access to basic healthcare

In general, youth and service providers agreed with the need for improved service provision, more shelter and housing for youth, and youth involvement. Where the following sections of the recommendations talk about “youth” or “service provider” feedback, they are in reference to key themes or ideas emerging from consultations. The feedback is not necessarily representative of all participants nor can it be considered representative of the general population.

Youth Plan Strategies

Introduction: Prevention Focus

Youth homelessness is defined in different ways across Canada and within programs. Through youth and service provider consultations, it was heard that service providers, community members, families, and youth have varying conceptualizations of what “homelessness” means. Service providers recognize that, at times, this stops youth from asking for help or the adults in their lives from recognizing the need for help. Youth said that there is a lot of stigma around homelessness which prevents people from asking for help.

Service providers observe signs of homelessness when interacting with clients, including a lack of a permanent address, giving a common address, carrying a large bag with belongings, etc. However, service providers often cannot move forward on their concerns without a disclosure of homelessness or rapport with the individual. Youth and service providers indicated that establishing a relationship is key to helping a young person at risk of or experiencing homelessness.

Through youth and service provider consultations, it was clear that many young people in the CBRM are affected by cycles of poverty, addiction, and family conflict. Many families and individuals receive income support, and youth and service providers both identified that the monthly benefit is not enough to cover housing and basic needs.

Youth and service providers also agreed that minimum wage is not high enough. Youth talked about how some health services are out of reach if you do not have a private health benefits plan (e.g., some dental services are inaccessible due to high cost). Consultations also suggested that food insecurity is an issue impacting local youth who are homeless and often continues when they are housed.

Through youth consultation, stories were told of families who have people staying with them for years because of a lack of housing. Many young people are couch surfing and do not have a permanent address. Youth indicated that more resources are needed so that youth are not returning to unsafe home environments. Some youth shared that their turning point happened and they received help with housing after experiencing incarceration or emergency medical care. Youth and service provider consultations clearly highlighted a need for **early intervention and prevention** so that youth do not become homeless in the first place, or are rapidly rehoused if they do experience homelessness.

The **cost of homelessness** gives more reason to prevent the issue from happening in the first place. Ongoing work to prevent and end youth homelessness in the CBRM can provide direct benefits to the youth who are at risk of or experiencing homelessness. This reason alone supports the need to go forward, from a human rights perspective. A rights-based approach is discussed in the literature (e.g., Canada Without Poverty, A Way Home Canada, The Canadian Observatory on Homelessness & FEANTSA (The European Federation of National Organisations Working with the Homeless), 2016). However, prevention efforts are also likely to provide a financial benefit.

Gaetz (2012) discusses the argument that it is cheaper to help people with housing and support than to provide an emergency response. He reviews extensive literature in discussing the high costs associated with shelter use, and health care and justice system involvement for people who are homeless. It is not cost-effective to respond on an emergency basis and the money could be redirected toward helping with housing. Gaetz (2012) compares costs of housing to emergency supports. In a study across Toronto, Vancouver, Montreal, and Halifax, it was found that emergency shelters cost between \$13,000 and \$42,000 per year compared to between \$5000 and \$8000 for affordable housing (Pomeroy, 2005).

Many people in Cape Breton struggle to afford housing. The maximum shelter allowance for a single person in Nova Scotia is \$535/month (Nova Scotia Department of Community Services, 2013). The average shelter cost for renter households in the CBRM is \$743/month (Statistics Canada, 2017a). It costs more to incarcerate a person for a day in Nova Scotia than it would cost to cover the monthly shortfall between income assistance and average housing costs. In 2016-17, it cost an average of \$245/day for an adult to stay in custody in the province (Nova Scotia Department of Justice, 2017).

Across Canada, there are examples of programs that demonstrate cost-effectiveness in the area of homelessness prevention. The Infinity Project in Calgary has demonstrated that their HF4Y intervention saves money. In the first month of the program, youth were using an average of \$143.94/day worth of services, but during the first year of the project, the average cost decreased to \$38.81/day (Canadian Homelessness Research Network, 2013a). Winland, Gaetz, and Patton (2011) comment on the cost-effectiveness of Eva's Initiatives Family Reconnect Program in Ontario as it only uses a fraction of the cost of staying in a shelter, not accounting for other supports and services a young person might need if homeless.

Investments in youth homelessness prevention can lead to a reduction in chronic adult homelessness and the risk of reliance on benefits over time (French et al., 2017). The local youth plan may then indirectly help prevent today's youth from experiencing homelessness as adults. By focusing on early intervention and prevention, long-term change is possible.

The concept of ending homelessness through "functional zero" can be useful in local planning. "Functional zero" means that homelessness is prevented or is a rare and brief occurrence due to a systems response around the issue (Turner, Albanese & Pakeman, 2017). This is not in contrast to "absolute zero", which is where there is no experience of homelessness. Instead, the idea is that communities can work toward absolute zero and develop their local response in phases. Progress indicators can be set using guidance from the "functional zero" definition, based on the community's needs and ability to monitor data. The vision in this youth plan is set around responding to the current need and phasing in prevention efforts.

Multiple research reports and strategic frameworks promote a prevention approach to youth homelessness by expanding the focus beyond housing (such as Gaetz, 2014b; Gaetz, O'Grady, Kidd & Schwan, 2016; Schwan et al., 2018) and a "Roadmap" for youth homelessness prevention was released in late 2018 (Gaetz, Schwan, Redman, French & Dej, 2018). In "A Way Home: Youth Homelessness Community Planning Toolkit", Turner (2016) recommends setting priorities around prevention, systems planning, housing and supports, and leadership. The local youth plan strategies are organized within such a framework to demonstrate how prevention can be applied in CBRM. The Coordinator made recommendations based on the need for prevention, which was identified in local consultations. The recommendations were then used to develop strategies, through collaborative efforts of working groups.

Vision

Youth homelessness in the CBRM will be reduced and prevented.

Mission

To enhance access to coordinated, adequate, and appropriate services and supports for youth at risk of or experiencing homelessness. To provide transition planning to help youth exiting homelessness to live an independent life.

3-Year Goal

To decrease youth homelessness (age 16-24) in the CBRM through intervention efforts, and prevent new experiences of homelessness by 2021.

Intervention Targets:

- Reduce the total number of youth experiencing homelessness by 2021.
- Rapid rehousing: (a) Decrease the number of days spent in homelessness prior to initial placement, and (b) Decrease the number of days spent in homelessness during a re-entry to homelessness after initial placement.

Prevention Targets:

- Prevent at risk youth from experiencing homelessness.
- Decrease the number of re-entries into homelessness when there is imminent risk of housing loss (e.g., through eviction).

Measurements:

- Point in Time and Service Based Counts, By Name List, shelter and housing program data such as # youth housed, # days spent in homelessness prior to placement, # re-entries into homelessness including length of re-entry, # re-entries into homelessness avoided due to program intervention, # program interventions for at risk youth, # youth diverted from shelter.

Strategy: Leadership, Collaboration and Alignment

1. Enhance collaboration among key stakeholders, including youth.

Service providers identified that there is not enough government funding in the CBRM, and organizations are competing for what is available. They said that all levels of government need to work together to address homelessness, and specialized resources are needed (e.g., outreach, addiction support, emergency/crisis, education, recreation). Research supports the need for systems to work together. In a policy brief, French and others (2017) discuss youth homelessness as a “fusion” policy issue” as the responsibility to solve the problem shouldn’t be shouldered by a single program or department. Policy should involve various program areas such as health, housing, child welfare, education, justice, and so on. Sauvé and colleagues (2018) talk about how

youth homelessness is often created and sustained due to “points of failure” and that the issue involves multiple systems.

In the CBRM, we can look to our working groups as an entry point to strengthen leadership to prevent and end youth homelessness. While there are organizations that have played key roles in this work, the region truly needs a strong collaborative approach to keep the work going and to sustain successes. Developing stronger, more representative working groups is a step to advocating for policy change. Key people are needed at the table in order to make strong arguments. This is also an opportunity to collaborate on decision-making about funding requests.

Youth and service providers in the CBRM said that youth with lived experience should have more opportunities to be involved in addressing homelessness. There is a need for diverse perspectives in solving the problem and creating community awareness. Youth suggested using various types of media to promote awareness, such as art, painting, mural, video, and social media. Some suggested that visual works could be displayed in public spaces or events.

The involvement of individuals with lived experience of homelessness, including youth, is recommended as a priority when considering key players in implementing the youth plan. Ongoing youth engagement efforts are recommended. Collaboration should be planned so that it is meaningful for those involved.

2. Align youth plan activities with local Affordable Housing strategy and provincial homelessness and housing initiatives.

Affordable housing has emerged as a major issue in the CBRM and thus requires its own strategic plan. A project of such a nature would not be limited to the youth population. The work on affordable housing has been taking place independently of the youth plan development, and alignment is needed over time so that the strategies can complement and build on each other. Any directions set forth by the province will need to be accounted for in planning, thus it is crucial for ongoing communication to take place among working group representatives and provincial partners.

Strategy: Early Intervention and Prevention

1. Provide information to youth and adults who work with them, about housing and homelessness issues.

Youth and service provider consultation emphasized that increased awareness around youth homelessness is needed in the community and among youth, families, and service providers in order to promote prevention and early intervention of youth homelessness. Youth identified that homelessness is a hidden problem in the CBRM and more discussion and awareness are needed. We need to acknowledge that this is a problem. The whole community can play a role in addressing this and we need to be able to talk more openly about this in more spaces.

It was identified by service providers that information is needed for families, youth, service providers, and the broader community, about available services and how to navigate them. Youth explained that a person often needs an initial contact or link to get access to other resources. For example, some mental health supports require a physician referral. Youth indicated that seeking help can be difficult if a young person does not have accurate information, is anxious or discouraged, or afraid of retaliation if they are seeking protection from someone.

Service providers identified that parents may benefit from ongoing information through the school system – about parenting, mental health, etc. It was suggested that this be made available to all families rather than using a targeted approach. Youth identified that parents should be able to get information they need (e.g., financial) to help their children.

Youth indicated that they and their peers receive information from many sources, including online, people they know, and service providers. Youth involved in the focus groups recalled specific organizations and individuals who connected them to additional support to meet their needs. These include sources from the school system, income/employment assistance, shelter system, healthcare system, corrections, community organizations, friends or family, or looking online independently.

Youth and service providers agreed that youth may benefit from information about housing (e.g., included in high school curriculum), independent living, life skills (e.g., laundry, cooking, cleaning, hygiene), finances (e.g., budgeting, money management, taxes), rights and responsibilities particularly as a tenant, and mental health. More advertising is needed for available programs for youth, using methods that are easily accessible, such as posters or other visuals in the community. This is helpful for youth who do not have internet access.

Service providers indicated that the service sector may benefit from information on diversity and cultural differences, and early identification of at risk situations for youth. Any service provider can play a role in this, and examples were provided such as non-teaching staff who encounter students during the school day (e.g., bus driver, support staff). Through service provider consultations, there was an identified need for a more individualized approach to education for youth.

Service providers said that community members and employers may benefit from more awareness of issues impacting youth, so that there may be more support over time for renting to youth, hiring youth, and welcoming youth into businesses. Youth said that community organizations and businesses may be more welcoming to youth and not ask them to leave, if they had more information. Service providers suggested that an employer database and wage subsidies would help youth to gain employment.

2. Explore the role of family intervention programming in addressing youth homelessness.

Family conflict was identified in local consultations as a factor contributing to youth homelessness, with some key examples emerging from service provider consultations. Single-parent families may become homeless due to domestic violence or return to an abusive situation for fear of child welfare involvement and/or homelessness. Youth may leave home due to abuse and/or conflict at home. LGBTQ2S youth may leave home if their families are not accepting of their gender and/or sexual identity. Transphobia and homophobia in families often contributes to a young person leaving home, as found in research such as consultations by Sauvé and colleagues (2018).

Family intervention programs can play a role in addressing youth homelessness. Family issues are often a contributing factor to youth homelessness and there are not many programs that aim to specifically address family reconnection. Winland and others (2011) discuss this and examine the success of Eva's Initiatives Family Reconnect Program. The program is guided by a philosophy that family is essential and must be integrated into addressing youth homelessness. It helps youth reconnect with their family through supports such as counselling, mental health support, and client-centered case management.

While reconnecting with family is not possible or safe for all youth, Family Reconnect helps youth who want to address conflict and improve relationships (Winland et al., 2011). Program outcomes suggest that Family Reconnect helps youth and some family members reestablish contact and relationships, and identify and understand mental health issues. Plus, it also leads to an improvement in housing situation for many youth as they move back home or out on their own. In another example, the United Way Kingston, Frontenac, Lennox and Addington (2018) found that 75 out of 77 youth counselled by a Family Mediation Worker were able to go home.

More consultation in the CBRM is recommended to determine the perspectives of parents/guardians as well as the adults in the community who welcome youth into their homes. Consultations may also provide more insight into the issues faced by parents/guardians, so that a comprehensive plan can include ways to address their needs. Helping the family is a way to promote youth homelessness prevention, but more information is needed to determine what elements a family intervention program in the CBRM could include. During strategy development, working group members commented on the need to consider interventions at key access points with families such as birth, primary care system involvement, and starting school. To work toward this, a first step is to map the current programming available to families in the local area.

Strategy: System Planning and Organization

1. Design and implement a Coordinated Access system for the homeless serving system.

As discussed by CAEH (2018a), the development of a Coordinated Access (CA) system should include the following: (1) Establish an intake process, structure, and access points, (2) Agree on a common approach for assessment and prioritization, and (3) Design a referral system by completing service mapping.

Service providers in local consultations identified that they often work in silos and/or are focused on their respective mandates. They often rely on their own knowledge, experience, and professional and/or community connections to solve problems for clients. This is particularly true if there is not an existing or clear protocol on how to address housing for youth. Some organizations have a formal protocol and others do not.

Through service provider consultation, it was identified that relationship-building drives their work in many ways. Strong rapport can mean the difference between a youth disclosing or not disclosing that they are struggling. The extent of a service provider's knowledge about and relationship with a client impacts their decision-making. Some service roles have less of an opportunity to build rapport due to the brief nature of their interactions with a client and/or lack of a need for client to share their name or history.

Service providers indicate that high workload/caseload volume impacts client service. Youth shared in focus groups that they often do not receive clear directions or meet with their various workers in a collaborative setting. They said that programs need more staff, such as social workers. Service provider feedback echoed this and suggested that more front-line workers are needed to work specifically with youth.

There was agreement among service providers in consultations that more collaboration and teamwork is needed across programs and sectors, not exclusive to homelessness and housing programs. Clear communication is needed around Consent to Release Information processes, eligibility criteria, intake processes, and available resources. Organizations with different consent processes may not be working together due to reluctance to share information. HIFIS, where used, is not used consistently across organizations.

Service providers recommended a **community hub - one-stop-shop - with satellite sites in different locations**. They suggested that the implementation could be guided by the development of a Memorandum of Understanding among involved organizations, a communication strategy, and central resource database. It was suggested that youth could have a service navigator within a "circle of care" and that this could focus on the array of supports a young person needs, not only housing. This

initiative would also be a way to collaborate with families to help prevent separation or promote reunification, and to build on a youth's natural supports. Some homeless youth in the CBRM are also parents, so this work could be beneficial for them and their child.

A CA system in the CBRM could serve the purpose of coordinating homelessness and housing programs, including a more streamlined response to youth homelessness. The existing service gaps as well as housing program referral sources (see Appendix 1) can be used to guide the design of the CA system, and processes around service mapping and referral services. This could help achieve the service mapping step outlined by CAEH (2018a). Based on service gaps identified by youth and service providers in local consultations, a CA approach should engage with partners in mental health, education, and child welfare, be responsive to the needs of LGBTQ2S youth and Indigenous youth (e.g., through appropriate referrals), and provide housing support for people living throughout the CBRM (i.e., beyond Sydney area).

Service providers said that service gaps can be attributed to factors such as a lack of program resources and funding, and barriers to access at the program level due to eligibility criteria, a young person's age, lack of a permanent address and/or identification/documentation. Many services require a client to provide their address. Service providers spoke more about this issue than did youth, which may be a sign that youth without an address or ID don't end up accessing programs and were less likely to be aware of the focus groups.

An examination of existing service gaps is necessary to determine how to collaborate on youth homelessness. Service providers and youth identified service gaps in the following areas:

Mental health and addictions: Through service provider consultation, it was identified that youth may leave home due to their own mental health and addiction issues and/or family members/parents experiencing these issues. Youth often leave home or are asked to leave due to drug use. Youth and service providers both identified a need for mental health and addiction support that is easier and faster to access. There are long wait times for service, and gaps in outreach and emergency services. Youth and service providers said that we need more crisis support and longer service hours in the community.

CaperBase/Access 808 was mentioned in a positive light across youth and service provider consultations. Service providers identified that collaboration is happening within entities such as SchoolsPlus and mental health. Youth had a particular interest in the topic of mental health in the focus groups and when the posters were shared with the community. The point that received the most attention across all eight posters was that we need "Mental health support that is easier and faster to access".

Individualized education supports and early identification and intervention for youth with learning disabilities/cognitive impairments: Youth indicated that a good

education is needed to find a job that pays enough to cover their needs. Some youth spoke of barriers to education like missing school due to paid part-time work and/or family obligations. Service providers highlighted the need for an individualized approach to education for diverse learners as well as youth who cannot attend in the classroom.

Service providers see barriers to education particularly for youth who have learning challenges and need modifications to be successful. They identified a need for early intervention for youth with learning disabilities and cognitive issues, and more coordinated service provision due to concurrent diagnoses for youth. It was heard that we need to create more capacity to involve youth in the community, and provide support where needed for sustained involvement. This can include reducing training barriers for youth with learning disabilities and cognitive issues as well as supporting them to participate in community activities (e.g., youth engagement to address homelessness).

Service providers identified that outreach is available through some community entities and the school system, however, there are service gaps when the young person leaves school. Service provider consultation highlighted the need for more transition support. Research supports the need to help youth early in their education. Half of the youth participants in the National Youth Homelessness Survey reported being assessed in school for a learning disability (Gaetz, O'Grady, Kidd & Schwan, 2016). 83% of the youth surveyed had been bullied at school. More than half dropped out of school but most said they want to return.

Support for LGBTQ2S youth: Youth identified a need for more safe spaces for LGBTQ2S youth. Research shows that there are safety concerns among LGBTQ2S youth entering the shelter system, as the forms of oppression experienced at home may be evident there as well (Sauvé et. al, 2018). CBRM youth focus group participants shared that community spaces are not always welcoming or safe for transgender and/or queer youth. They can be subjected to violence, assault, and judgment based on their appearance. Youth said that we need safe spaces for all youth, including within the shelter system. Youth expressed concern that any space for a specified population could become a target for harassment, so this would need to be considered in planning. Youth also talked about the importance of using correct gender pronouns and the need for strong allies.

Support for Indigenous youth: Feedback from the community on the youth posters indicates that more cultural competency is needed for service providers. Service providers indicated that there are gaps in funding, and that culturally sensitive spaces are needed for Indigenous youth. Youth indicated that culture should be considered in planning events for youth. A CA system operating throughout the CBRM cannot adequately address Indigenous homelessness and is not intended as a solution to this issue. The applicability of any initiative in local First Nations communities is at the discretion of the communities, leaders, and citizens. However, steps can be taken to

ensure that a CA system in the CBRM can be responsive to youth who enter, regardless of their home community in the region. For example, in providing a referral.

Transition support for youth leaving home or exiting care: Youth and service providers identify that there are gaps in service when youth exit the child welfare system and/or when they reach the age of majority and are no longer a dependent. Some youth pointed out that our society assumes that young adults have a parent to help with finances, sign documents, and teach them skills, but that this is not the case for many young people. Research conducted in Ottawa (Sauvé et. al, 2018) resulted in a number of recommendations, such as initiating HF4Y at a young person’s first contact with an agency, and that facilities such as hospital, detention, and child welfare, adopt a protocol not to discharge youth into homelessness.

Service provision outside of the Sydney area: Youth and service providers agreed that the majority of rental housing and community-based services are located in Sydney. This results in limited service access. In addition, Sydney can be a triggering place for some youth due to their associations.

Public transportation: Youth said that they need to go to many places across the CBRM, usually Sydney, to meet their needs. Youth and service providers identified that the bus system is challenging to navigate due to limited service locations, hours of operation/route frequency, and cost. This impacts service access particularly for youth living outside of Sydney and in rural areas. Youth often don’t have access to a vehicle or an adult available to teach them how to drive. They may spend hours per day on the bus, and if they miss the bus, it impacts the rest of their day.

Recreational/social programming: Youth and service providers identified a need for more available and affordable recreational and community activities. Youth discussed the connection between boredom, lack of money, and young people becoming involved in drug-related crime. Social events need to be well-advertised. Youth talked positively about the Under One Umbrella service fair, which provides a wide range of supports at a single event. Both youth and service providers suggest that the event be held more than once per year.

Strategy: Housing and Supports

1. Create a crisis/emergency response to youth homelessness.

Based on local youth and service provider consultations, a recommendation is to develop an emergency response specific to youth homelessness. Service providers involved in consultations indicated that they often focus on managing immediate needs of their clients (e.g., “Do you have a safe place to stay this weekend?”) and then long-term problem solving. This is made challenging by a lack of options due to limited shelter space and affordable housing.

Across consultations, some youth shared that they do not view the existing shelters as safe for all youth, as they are focused on the adult population and are gender-specific. Youth indicated in local consultations that they would like to have the option to not stay in a shelter with adults, and instead to be in a space where there are supports targeted to their needs. Youth experiencing homelessness often have unique circumstances, and their situation requires a tailored response rather than applying the same supports that are available for adults experiencing homelessness (COH, 2016; Gaetz, 2017). Youth may not receive the support they need in a shelter designed for adults, and local feedback highlights the need for safe spaces for women, transgender, and non-binary youth. The existing shelter supports are located in Sydney which is inaccessible for many young people. It was also heard in consultations that a shelter dedicated to youth should be open 24/7. As CBCHA began providing expanded emergency shelter supports in late 2018, service utilization should be monitored closely to better understand the need for youth shelter supports and the number of beds.

Youth and service providers in local consultations agreed that it is essential for shelter and housing to have built-in supports to help youth move forward. Examples from consultations include:

- Mental health and addiction support
- Life skill development
- Peer support
- Help with school work
- Access to showers, hygiene products, and laundry

Cost is a barrier for youth to use community laundromats, and there are limited time slots for laundry at community organizations. Youth would like to see increased availability and flexibility of these services. Youth identified that it is hard for a person to have to go to several places to meet basic needs when they are already struggling.

2. Help youth transition to independent living.

Consultations highlighted that despite the need for an improved emergency response to youth homelessness, it is preferred that the focus is on long-term help. Also, it must be noted that the region does not have sufficient resources and funding to meet the unique needs of all youth who may be in need of emergency housing. For example, a co-ed youth shelter is not the ideal space for all youth, and there are some who may not feel comfortable accessing it. Therefore, the development of a shelter could be part of a coordinated effort but would not solve the problem.

We can consider this in the context of CBCHA homelessness programs. For example, the majority of men staying at the homeless shelter are adults over age 24. However, based on program data provided by CBCHA in July 2018, almost half of the HF and outreach referrals received in the previous 5 months were for male and female clients age 16-24 (See Appendix 1). This assessment may point to limited shelter

capacity but also shows the considerable need that youth in the CBRM have for help in finding and/or maintaining housing.

Phoenix Youth (2018) in Halifax, NS, provides a wide range of programs across the Halifax Regional Municipality to support youth. They operate a youth shelter and supportive housing programs for youth ages 16-24. Supportive housing is provided through two models: long-term residence or semi-independent living with live-in support workers. In addition, Phoenix operates multiple community centres to provide services such as outreach, employment help, and therapy (Phoenix Youth, 2018).

Choices for Youth in St. Johns, NL, is another example of an organization that provides support beyond the shelter system. According to their 2017-18 Annual Report (Choices for Youth, 2018), the organization served 1,519 youth and 118 individuals stayed in the shelter. There is support built into the shelter stay so that youth can plan for next steps and get what they need to do it, such as referrals and documentation. Choices for Youth provides a range of housing programs, family support, and works with a youth committee.

A systems approach where organizations collectively work toward preventing youth homelessness can be implemented using the HF4Y principles (see Gaetz, 2017). A Way Home Ottawa through the Alliance to End Homelessness Ottawa made priority recommendations for addressing youth homelessness in the city (see The Opportunity Project report by Bulthuis et al., 2016). The team based the recommendations on youth consultation and the HF4Y principles. This rest of this section is one example of how local youth and service provider feedback can be considered in the context of the HF4Y philosophy.

HF4Y Principle: “A right to housing with no preconditions” (Gaetz, 2017)

This principle focuses on recovery and harm reduction rather than sobriety or abstinence. Although, it also provides choice as some youth may prefer to live in a setting focused on abstinence. Supports are offered in HF4Y but are not a requirement for a young person to stay in the program and keep their housing. If housing is lost, workers will help youth find housing again.

Across local youth and service provider consultations, there was a focus on the need to help youth transition to independent living with supports to help them be successful. It was clear that youth need access to more housing options that are safe, affordable, and accessible to them at their age. If a person is evicted, it is challenging to find a new home in a timely manner. Youth and service providers identified that youth aren't able to find suitable accommodations due to financial barriers.

Youth said that people ages 16-18 have difficulty finding a landlord willing to rent to them. It is hard for a single person to afford housing on their own. Youth identified that there is stigma based on age and attachment to income support. Service provider

consultations also suggested that youth who have pets have a more difficult time finding shelter and housing. Youth often end up couch surfing in the CBRM. Service providers indicate that the place the young person is staying may not be safe, and they may not recognize the risk involved and/or are hesitant to report if they are the victim of a crime.

HF4Y Principle: “Youth choice, youth voice and self-determination” (Gaetz, 2017)

This principle advocates that youth are involved in designing and giving feedback on HF4Y and their supports. Youth have the ability to make choices within what is available in a HF4Y program. They also have accountability as they must meet with their caseworker regularly and contribute to rent costs if they have income.

Youth choice is important in housing, particularly so that there are safe spaces for women, transgender, and non-binary youth. A harm reduction approach is needed for some youth who use substances while others cope better in an abstinent environment. Across youth focus groups and poster feedback, there was similar interest in communal and independent living. Youth talked about ideas like having a separate room in a shared space, living independently in an apartment, and modern housing concepts like tiny homes. Service providers identified that transitional housing should be a priority to prepare youth for independent living.

Based on consultations, some suggested models for housing programs include:

- **HF4Y:** Expand program.
- **SHIMI:** Expand the model to include youth, providing semi-independent living with access to a Housing Support Worker.
- **Phoenix – Halifax:** Adopt their program locally.
- **Community host homes:** Involve the greater community by developing a database of people willing to take youth into their homes on short notice.

The idea of community host homes is supported by French et al. (2017) and can provide opportunities for respite while a young person can plan to move back home or find alternate housing. An evaluation of the SHIMI program in the CBRM found that supported housing had a positive impact on the housing experience and lives of research participants (Leviten-Reid, Johnson & Miller, 2013). Recommendations for improvement were also made in their report.

Elements of SHIMI, such as scattered site housing and provision of supports, are found in other types of housing models. Accommodating youth sub-populations can be easier when using scattered site, decentralized housing (Gaetz & Scott, 2012). There is no one-size-fits-all approach that will solve youth homelessness in the CBRM. Within the CBRM, a blend of HF4Y and the Foyer model could potentially meet the needs of youth who are not comfortable and/or do not feel safe in a congregate setting.

HF4Y Principle: “Positive youth development and wellness orientation” (Gaetz, 2017)

This principle recognizes that many youth experiencing homelessness have experienced trauma. The focus is on building positive assets and well-being, beyond providing housing and basic supports. In practice, those working with youth would use trauma-informed care, a strengths-based approach, and consider both risks and assets in the youth’s life.

Similar to the supports recommended during a shelter stay, built in supports are needed in housing to help youth move toward more independence. Youth identified that people in various positions of power have the ability to make decisions affecting their lives. They spoke clearly about the characteristics needed in service providers, especially if they are to build trust with a client. They should understand a young client’s diverse circumstances, withhold judgment, show that they care, and not give up. Youth have experienced situations where they felt misunderstood, dismissed, and judged, and these experiences have been barriers to progress. Youth also spoke fondly of specific adults in their lives, including service providers, who showed them respect and genuine concern.

Through youth consultation, discussion took place about how a young person’s behavior may be related to mental health issues, trauma, or a need to make connections on the street, but is often incorrectly attributed to their character. Participants spoke about the need for their situations to be understood and their decisions respected, such as how they spend money. Service providers alluded to the need for youth self-determination, as they acknowledge the importance of flexibility, non-judgment, and making room for youth to make decisions.

HF4Y Principle: “Individualized, client-driven supports with no time limits” (Gaetz, 2017)

This principle recognizes that youth will make progress at their own pace and their supports should be implemented with this in mind. Progress can be measured differently from one young person to the next. Some youth may need years of support.

Youth and service providers in local consultations agreed that individualized supports are needed as young people have diverse circumstances and needs. Youth talked about how self-advocacy can be very difficult for young people experiencing homelessness, especially if they experience anxiety. It is hard to reach out and ask for help, especially if you have been denied in the past.

Youth and service providers agreed that more youth-serving organizations are needed as well as longer hours of operation (including on the weekend). Interest was expressed in drop-in services that do not require an appointment or long-term commitment (e.g., accessing what they need without providing excess information).

Youth commented on the need for more programs without limits based on age or time in the program.

HF4Y Principle: “Social inclusion and community integration” (Gaetz, 2017)

This principle focuses on building community supports and involvement, reconnecting with family if desired, and building relationships with support persons.

Youth often hear about resources through word of mouth from their peers. Youth made suggestions in the local focus groups about how young people could help each other:

- Youth peer workers could join medical appointments so they feel less clinical
- Well-trained youth mentors could do things like hang out or go swimming; this should be a volunteer role and the person needs to be genuinely committed
- Live together and share expenses

Service providers commented on the need for mentorship programs, outreach, and peer support. Youth can help each other stay involved in the community and ask for help when needed. The Toronto HOP-C (Housing Outreach Program-Collaboration) pilot project is an example of integrated service delivery aimed at preventing re-entry into homelessness (Covenant House, 2017). It includes a peer support component and one of the special projects they completed was a youth street survival guide.

Service providers and youth in local consultations both identified a core issue that is also discussed across the literature: housing goals require tangible resources such as **adequate housing stock** and **money for housing costs**. Service providers and youth agreed that shelter and housing supports are needed across the CBRM, including rural areas. Youth pointed out the lack of available, affordable housing in Glace Bay, New Waterford, Sydney Mines, North Sydney, and on reserve.

Key suggestions from service providers regarding housing development and cost include:

- Repurposing old buildings, such as schools
- Ensuring safety measures, such as security doors and second floor dwellings where available
- Developing partnerships, such as between HF4Y and local landlords
- Provision of rent supplements attached to the youth and not the landlord

Lack of affordable housing contributes to the homelessness crisis (Gaetz et al., 2014). Challenges to implementing HF4Y include lack of affordable housing and ability of youth to earn an income to pay rent and living expenses (Gaetz, 2017). As youth expressed in local focus groups, these factors are a barrier to any type of housing.

Pankratz and Nelson (2017) studied the impacts of rent assistance on individuals accessing HF support with intensive case management in Waterloo Region, ON. They found that rent assistance helps improve housing stability, perception of housing quality, and psychosocial outcomes, such as quality of life.

A true HF4Y model must include rent assistance, and targets can be set based on the number of supplements available (Gaetz, 2017). To apply this in the CBRM, we can consider the number of rent supplements available to youth and project how many more are needed to reduce youth homelessness. Housing stability outcomes should be a focus instead of permanent housing (French et al., 2017). In the CBRM, we can use this logic to support the need for rent supplements to be attached to youth.

Plan Implementation and Monitoring

The Strategic Plan is detailed in Appendix 2. This will be used as a guiding reference document for the youth plan, to be modified over time with the development and expansion of progress indicators, assigned leaders, and timelines for specific activities. Potential obstacles that could arise in implementation may include community awareness, resources and funding. Approaching the Strategic Plan as a living document will help to navigate these potential issues, as the work can be modified to achieve mutual goals within a realistic timeframe.

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Appendices

Appendix 1. Cape Breton Community Housing Association Youth Housing Program Outcomes

Summary

Preliminary CBCCHA program data from early September 2018 indicate that youth program referrals for ages 16-24 are almost equally divided between males and females. More than half of the referrals came from shelters, mental health and addictions providers, and provincial government services. Other referrals originated from community-based organizations, school, justice, employer, family, friend, or self-referral. CBCCHA began receiving referrals from family and friends about six months after a HF4Y pilot began.

The HF4Y pilot project was implemented by CBCCHA from October 2017 – September 2018. Through the program, eligible youth had access to case management support with the frequency of home visits based on client acuity. Clients were assisted with a range of housing supports, such as housing search, placement, moving and setting up, transportation, referral and accompaniment to other services. The local HF4Y model primarily uses scattered site housing.

In February 2018, Youth HSW and Youth Trustee positions were introduced. The Youth HSW assists with a range of case management activities and provides outreach to clients who may not require intensive case management. The Youth Trustee assists clients with financial management. All clients receiving a rent supplement through the HSW program must also meet with the Youth Trustee. However, clients can access HSW Outreach or the Youth Trustee program without also receiving a rent supplement. Additional rent supplements are provided through the HF4Y program. As of September 30, 2018, there were 57 open client files, as illustrated in Table 1.

Table 1. Cape Breton Community Housing Association youth housing program statistics (October 1, 2017 – September 30, 2018).

	Housing First for Youth	Youth Housing Support Worker or Outreach	Youth Trustee
# referrals	77 referrals to shelter outreach, youth outreach, Housing First		
# file closures	20 closed, lost contact, moved out of area, declined support		
# clients served	22	50	15
# active clients as of September 30, 2018	19 (9 supplements)	27 (13 supplements)	13
Waitlist	11 clients currently going through contact, assessment, and are not assigned		

22 HF4Y clients served by three caseworkers results in an average of seven clients per caseworker. However, this is subject to fluctuations based on individual caseload and new client intakes. The majority of HF4Y intakes from the last year continue to be active clients, highlighting the longevity of a client-caseworker relationship and the need for program expansion to accommodate new intakes.

Data from the CBCCHA men's shelter indicates that 14% of those accessing the service from October 2017 – June 2018 were youth, and almost half of the HF and outreach referrals received from February – June 2018 were for youth.

HF4Y/CREW Pilot

15 CBCCHA HF4Y clients were enrolled in a training and employment intervention through Pathways to Employment (CREW) between January – September 2018. Clients participating in the pilot had support from their HF4Y caseworker as well as the CREW coordinator, and staff met weekly or biweekly during the pilot.

CREW:

Program outcomes reported by staff for the period January – October 2018:

- 15 participants started the program (12 in January 2018, three delayed entries)
- 11 participants completed Phase 1 of the program. The majority of participants:
 - Completed courses such as Food Handlers, First Aid/CPR, WHMIS/OHS, and Naloxone training
 - Showed an increase in self-determination, social, cognitive, and life skills, social connections, job readiness, and confidence entering the workforce
 - Engaged in personal wellness and are sustaining a stronger sense of wellbeing
 - Made a change in lifestyle to meet their educational/employment goals
 - Are working toward educational endeavors
- 10 direct staff interventions were implemented to help maintain six participants in the program
- Nine participants completed Phase 2 of the program
- Five participants are employed or engaged in school post-program

HF4Y:

Program outcomes reported by staff for the period October 2017 – September 2018:

- Of the 15 participants, four were housed entering the pilot program and 11 had an average of 21 days in homelessness prior to placement
- Across participants, there is a range of two to 12 months spent in housing during the pilot year
- There was one re-entry into homelessness lasting four weeks, and one program exit

- Several clients relocated or were at imminent risk of losing housing (e.g., due to eviction), but re-entry into homelessness was avoided due to caseworker assisting them to find alternate accommodations
- Across participants:
 - 55 connections to community supports made or maintained
 - 13 reunifications with family members/friends/social networks
 - 10 total reconnections with educational opportunities in addition to CREW training
 - Eight connections with employment opportunities

Appendix 2. Strategic Plan for Youth Homelessness in the Cape Breton Regional Municipality (CBRM)

Vision: Youth homelessness in the CBRM will be reduced and prevented.

Mission: To enhance access to coordinated, adequate, and appropriate services and supports for youth at risk of or experiencing homelessness. To provide transition planning to help youth exiting homelessness to live an independent life.

3-Year Goal: To decrease youth homelessness (age 16-24) in the CBRM through intervention efforts, and prevent new experiences of homelessness by 2021.

Measurements: Intervention and prevention targets created and measured using Point in Time and Service Based homeless counts, By Name List, shelter and housing program data

Table 2. Youth Plan Strategies, Activities, and Short-Term Outcomes.

	Strategies	Activities	Short-Term Outcomes
Leadership, Collaboration & Alignment	Enhance collaboration among key stakeholders, including youth	<ul style="list-style-type: none"> Involve relevant service providers in completing youth plan activities Form a youth committee to facilitate youth involvement in plan activities 	<ul style="list-style-type: none"> Working groups are committed to implementing youth plan activities Representatives from relevant program areas are involved in communication Youth engagement is considered at all stages of implementation
	Align youth plan activities with local Affordable Housing strategy and provincial homelessness and housing initiatives	<ul style="list-style-type: none"> Develop a local Affordable Housing strategy Maintain awareness of provincial homelessness and housing initiatives Adjust youth plan strategies and activities as needed 	<ul style="list-style-type: none"> There is consistent messaging in strategic documents There are ongoing opportunities for discussion among working groups (i.e., if youth plan implementation activities must be modified)
Early Intervention & Prevention	Provide information to youth and adults who work with them, about housing and homelessness issues	<ul style="list-style-type: none"> Develop resources that can be used to teach youth about housing and independent living skills Develop resources to help service providers identify youth homelessness and/or at risk situations 	<ul style="list-style-type: none"> Youth have increased basic understanding of the process of moving from home to independent living, and contacts for community-based services if they need help Service providers have increased awareness of actions to take if a young person is at risk of or experiencing homelessness
	Explore the role of family intervention programming in	<ul style="list-style-type: none"> Map existing family supports to determine coordination of referrals 	<ul style="list-style-type: none"> Working groups have an enhanced understanding of existing family supports

	Strategies	Activities	Short-Term Outcomes
System Planning & Organization	addressing youth homelessness	<ul style="list-style-type: none"> Identify service gaps and potential for further research 	<ul style="list-style-type: none"> Information is used to guide Coordinated Access system development
	Design and implement a Coordinated Access system for the homeless serving system (See CAEH.ca)	<ul style="list-style-type: none"> Develop a structure, training protocol, common approach for assessment and prioritization, and coordinated referral process Maintain and monitor a By Name List of individuals seeking permanent housing, including youth Determine protocol for data management, monitoring, and sharing 	<ul style="list-style-type: none"> There is increased collaboration among service providers and a coordinated process in place to assist youth experiencing or at risk of homelessness There is involvement from public systems and community groups, including outside of the Sydney area Referral processes are sensitive to the needs of LGBTQ2S youth and Indigenous youth Progress is measured and a review timeline is created and followed
Housing & Supports	Create a crisis/emergency response to youth homelessness	<ul style="list-style-type: none"> Establish a youth emergency response, with dedicated assistance built in to promote independence Monitor service utilization of current shelter supports to determine the need for youth shelter beds 	<ul style="list-style-type: none"> Youth will have a place to go that is targeted to their needs, if they are in need of emergency shelter Youth accessing emergency shelter will have immediate support to help plan next steps
	Help youth transition to independent living	<ul style="list-style-type: none"> Develop and expand youth-specific housing and support programs, including Housing First for Youth, Housing Support, Youth Trusteeship, and employment interventions Support youth to manage money and housing costs 	<ul style="list-style-type: none"> Youth will have: <ul style="list-style-type: none"> access to housing and supports that are appropriate for their needs input regarding their living situation (e.g., alone, with roommates, city/town) ongoing support to manage housing-related issues, stay connected to community supports, and engage in the workforce and/or career support Youth will be able to plan and complete more tasks on their own Youth will have increased financial literacy and the means to pay their rent and utilities on time