Youth Homelessness: A Societal Issue in Need of Support, Advocacy and Combat

Paige Coutlee

T00566136

Thompson Rivers University

NURS 3500

Tanya Sanders

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Youth homelessness is unceasingly prevalent and is identified as a serious socioeconomic concern that displays persistent growth (Kulik et al., 2011). Research on the lived experiences of homeless youth and adolescents 10-25 years of age revealed that being homeless is associated with a variety of health inequities, including shorter life expectancy and increased need for healthcare services (Stafford & Wood, 2017). At such a crucial stage in life where development and life experience are so impactful to one's transition to adulthood, youth are vulnerable to altered experiences characterized by inadequate housing, minimal income, minimal social support and lack of education (Kulik et al., 2011; Stafford & Wood, 2017; Viner et al., 2012).

As Keevers and Rambaldini-Gooding (2020) explain, health is influenced by numerous personal, familiar and societal social factors, which at this stage of development, can lead to new health behaviors, social skills and personal growth (Stafford & Wood, 2017; Viner et al., 2012). Social determinants of health (SDOH) and health inequities found in homeless youth populations are tightly connected in a multidirectional relationship (Stafford et al., 2017). While homelessness itself is a contributing factor to health concerns, it is also argued that health issues experienced by homeless individuals can be exacerbated by SDOH such as adverse childhood experiences, unemployment, poverty and lack of social support (Keevers & Rambaldini-Gooding, 2020; Kidd et al., 2019; Kulik et al., 2011; Stafford & Wood, 2017). It is essential that homelessness is perceived as both a health and social issue in order to adequately improve health outcomes for this population (Stafford & Wood, 2017).

Social Determinants of Health Linked to Homelessness

SDOH can be defined as settings in which people are born, grow, live, work and age which are shaped by social conditions, community environments and societal norms (Viner et al., 2012). SDOH are also impacted by structural factors such as the distribution of money, power and resources at international, national and local levels as well as access to education, employment opportunities, access

to health care services and housing (Viner et al., 2012). According to Stafford and Wood (2017), SDOH in the homelessness population are often first impacted by adverse childhood experiences, development, trauma, poor education, lack of social supports, unstable or unhealthy relationships and unemployment. It is often the combination of multiple negative or challenging life experiences on top of instable social environments which leads to youth homelessness (Stafford & Wood, 2017).

SDOH: Race, Ethnicity & Gender

Specific demographics such as youth who self-identify as male, Indigenous and Black youth, and individuals who identify themselves as part of the LGBTQ2+ community prove to be at increased risk for homelessness (Kidd et al., 2019; Morton et al., 2018; Stafford & Wood, 2017). According to Kidd et al. (2019), Indigenous youth face greater adversity in all SDOH due to the effects of colonization which has impacted the spiritual, emotional and physical wellbeing for generations of lineage. Kidd et al. (2019) states that Indigenous homelessness is a result of dismantled Indigenous relationships produced by colonialism such as loss of culture, residential schools, traditional land displacement, disconnection from identity and linguicide. Due to the impacts of intergenerational trauma, one could argue that Indigenous youth experience a form of cultural, communal and spiritual homelessness in their day to day lives before even taking their physical environment into account (Kidd et al., 2019), therefore it is pivotal to consider personal narratives and history when inquiring about Aboriginal youth and homelessness.

SDOH: Social Environment/Social Networks

Youth homelessness is often a result of social dysfunction in family, peer, economic and relational domains (Stafford & Wood, 2017). Having strong social environments/support networks has revealed to be a significant protective factor in preventing homelessness and promoting positive health outcomes (Viner et al., 2012). The way that parents, peers and role models behave influence youth behaviors and overall health, thus, it is important for youth to have strong, positive supports for successful development and to gain a sense of belonging. As stated by Keevers and Rambaldini-Gooding

(2020), integral components of youth development are feeling cared for, respected and included. Given this, it can be inferred that promoting healthy relationships, empowerment, and connectedness is paramount in preventing and addressing youth homelessness.

SDOH: Physical Environment related to Accessing Healthcare Services

Homeless youth may live on the streets, in emergency shelters, stay with friends or family or temporarily rent living spaces, although it is generally a combination of these temporary locations over a given period of time (Kulik et al., 2011). Homeless youth carry an immense weight of emotional and psychological struggles that impact their health, wellbeing and behavior (Kulik et al., 2011; Morton et al., 2018). Many youth members have been forced to drop out of education at an early age which can result in deficiency in skills, knowledge and training, as well as learning disabilities, low self-esteem, illiteracy and innumeracy (Kulik et al., 2011; Morton et al., 2018). This lack of education and insight can lead difficulty finding employment and can also lead to diminished ability to make good decisions (Kulik et al., 2011). Poor judgment and decision-making skills can present as illness or injury which homeless youth are already predisposed to due to lack of shelter and minimal opportunities for practicing proper hygiene (Kulik et al., 2011). Even with increased risk for infection, injury and disease, homeless youth remain less likely to access healthcare services due to inability to access services or choosing to spend their limited resources on shelter or food before medical care (Stafford & Wood, 2017). Inattention to medical concerns can increase risk for late diagnosis of a disease, postponed treatments/interventions and poor control of manageable and preventable conditions, which can lead to increased morbidity.

Lack of Preventative and Holistic Policy Supporting Homeless Youth

While policies are in place to address emergent situations for homeless youth, there are gaps in policies which serve to prevent homelessness altogether and a lack of policy providing youth with a sense of support, autonomy, belonging and hope (Keevers & Rambaldini-Gooding, 2020). Policies which invest in upstream prevention strategies aimed at reducing risk factors for youth homelessness should

be effective in helping to prevent youth from becoming homeless in the first place. Kulik et al. (2011) recommend policies supporting counselling for high-conflict families which include providing parenting skills and programs to promote mental health which may be a resolution for decreasing family conflict and promoting family functioning. Rather than sole investments in emergent, temporary services for homeless youth, there must be a preventative levelled approach in order for policy to benefit this population (Morton et al., 2018; Stafford & Wood, 2017; Viner et al., 2012).

A holistic way of addressing youth homelessness using a response-based approach versus prevention would be implementing a policy which ensures easily accessible education and training opportunities for marginalized youth to empower themselves, achieve goals and obtain a sense of purpose while also overcoming poverty (Kulik et al., 2011). Keevers and Rambaldini-Gooding (2020) suggest a policy is needed which provides youth with funding while they obtain their education until they have secured a job sufficient to support themselves. Additionally, challenging policy requirements which prioritize rapid, temporary re-housing and short-term social support is a change that is needed when responding to homeless youth (Keevers and Rambaldini-Gooding, 2020). Evidence supports that long-term, holistic and therapeutic care benefit this population most, thus, stable environments are necessary in supporting successful transitions into adulthood (Keevers and Rambaldini-Gooding, 2020).

Population Health Promotion Model:

The population health promotion model (PHPM) is a tool which promotes actions to improve health by analyzing the relationship between an action strategy outlined by the Ottawa Charter, the level of action that is required and the SDOH needing to be addressed (Lind & Baptiste, 2020).

Strengthening Community Action at a Structural/Systemic Level: Social Environment

A key principle of strengthening community action is viewing the community as a partner in envisioning and implementing change. In order to address gaps in policy for homeless youth, it is imperative that youth participate in policy and program development. As Keevers and Rambaldini-

Gooding (2020) explain, participation and promoting autonomy by using lived experiences to critically analyze and help develop solutions to address power and structural issues will promote empowerment within this population. By collaboratively establishing goals and objectives using a strength-based approach and creating a diverse relationship of trust, support and respect, homeless youth will facilitate a sense of control and agency in their lives (Keevers & Rambaldini-Gooding, 2020).

Trust is the foundation for ongoing, stable relationships between youth and their supports. By including the perspectives and recommendations of homeless youth in the creation of policies and programs which impact them, it can be hypothesized that a certain level of trust will be established between this population and interventions in place to support them. When youth become actively involved in policy making and health and community development, they can provide input on where they have experienced systemic gaps such as in promoting a sense of belonging, encouraging autonomy and providing therapeutically integrated care (Kulik et al., 2011; Viner et al., 2012).

Conclusion

Homeless youth face many challenges which are detrimental to maintaining their health, development and overall wellbeing. SDOH correspond strongly to the successful transition from youth to adulthood, therefore decimation of barriers in the homeless youth population is critical to ensure positive health outcomes (Viner et al., 2012). These barriers include difficulties finding stable shelter, challenges staying in school, earning little to no income, and a lack of supportive environments. Some demographic groups prove to be at increased risk for homelessness, therefore these population groups need specific attention in public policy development and support interventions must ensure that they have equitable access to resources and basic standards of living. As Viner et al. (2012) suggests, promoting safe and supportive relationships and safe and supportive environments is essential in allowing homeless youth to develop to their full potential.

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