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Outcomes for Youth Living in Canada's First LGBTQ2S Transitional Housing Program

Alex Abramovich, MA, PhD^{a,b} and Lauren Kimura, MPH^c

^aInstitute for Mental Health Policy Research, Centre for Addiction and Mental Health, Toronto, Ontario, Canada; ^bDalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada;

^cCanadian Observatory on Homelessness, York University, Toronto, Ontario, Canada

ABSTRACT

This article offers descriptive and evaluative data for the first cohort of youth who lived in Canada's first transitional housing program for LGBTQ2S youth, operated by the YMCA of Greater Toronto. The purpose of this mixed-methods study was to report on how youth experienced living in an LGBTQ2S population-based housing program in relation to mental health, self-esteem, community participation and family connectedness, and how access to culturally competent services impact experiences of homelessness. The outcomes of this study are important for service providers, program managers, and policy-makers to review in order to better understand how LGBTQ2S youth experience population-based housing programs and whether or not they positively impact their transition to adulthood. Although this study took place in Toronto, Canada, it has broader relevance nationally and internationally, and can be used to build the evidence base to guide the improvement, development, and evaluation of future LGBTQ2S housing services for youth.

KEYWORDS

Homelessness; LGBTQ2S; youth; program evaluation; urban context; transitional housing; population-based housing; mental health; sexual orientation; gender identity

Introduction

Lesbian, gay, bisexual, transgender, queer, questioning, and two-spirit (LGBTQ2S) youth are overrepresented among the homeless youth population (Abramovich, 2012; Choi, Wilson, Shelton, & Gates, 2015; Durso & Gates, 2012; Josephson & Wright, 2000; Quintana, Rosenthal, & Krehely, 2010; Van Leeuwen et al., 2006) and are estimated to make up 20–40% of youth experiencing homelessness in North America (Choi et al., 2015; Durso & Gates, 2012). This proportion is at least three times greater than the percentage of LGBTQ2S youth that make up the general youth population (5–10%) (Crossley, 2015; Josephson & Wright, 2000; Quintana et al., 2010).

The Canadian definition of youth homelessness defines youth between the ages of 13 to 24 years (Gaetz, O'Grady, Kidd, & Schwan, 2016). A recent national youth homelessness survey of 1,103 respondents across Canada,

reported that 29.5% of youth experiencing homelessness self-identified as LGBTQ2S; 6% of the total sample identified specifically as transgender (trans), two-spirit, and non-binary (Gaetz et al., 2016). LGBTQ2S youth experiencing homelessness are especially vulnerable to mental health concerns and face increased risk of physical and sexual exploitation, substance use, suicide, and identity-based family rejection (Abramovich & Shelton, 2017; Cull, Platzer, & Balloch, 2006; Frederick, Ross, Bruno, & Erickson, 2011; Horn, Kosciw, & Russell, 2009; Quintana et al., 2010; Reck, 2009).

For many LGBTQ2S youth, homophobic and transphobic discrimination and violence occurring in the home, community, schools, and in private and public services can damage or inhibit their ability to experience a safe and healthy transition into adulthood (Abramovich & Shelton, 2017; Gaetz, 2017). Family conflict is the leading cause of youth homelessness (Cull et al., 2006; Gaetz, 2014; Hagan & McCarthy, 1997; Karabanow, 2004), while identity-based family rejection resulting from a young person's sexual orientation, gender identity or gender expression, is the most frequently cited reason that LGBTQ2S youth experience homelessness (Abramovich & Shelton, 2017; Choi et al., 2015; Cochran, Stewart, Ginzler, & Cauce, 2002). Furthermore, a large proportion of LGBTQ2S youth experiencing homelessness have histories of trauma, rooted in their involvement with the juvenile justice or foster care systems, family rejection, bullying, or street involvement (Berg, 2016).

Despite staggering overrepresentation in the homeless youth population, LGBTQ2S youth are often underrepresented in shelters and housing programs due to homophobia and transphobia perpetuated on multiple levels. The exclusion and invisibility of LGBTQ2S youth experiencing homelessness are maintained through institutional erasure in shelters and housing programs, including heteronormative and cisnormative policies and practices (Abramovich, 2016; Namaste, 2000). For example, gender-expansive, a term which describes a wide range of gender identities and expressions that broaden definitions of gender-normative identities and are neither "male" nor "female," including genderqueer, non-binary and gender fluid (Abramovich, 2016) and sexually diverse options are not regularly included on key forms, reports, administrative data, and the day-to-day operations of shelters and housing programs. Trans and gender-expansive youth are confronted with additional challenges in accessing shelters and housing programs as a consequence of their erasure (Abramovich, 2016). These settings often function with gender-segregated service models based on the assumption of a binary male-female dichotomy, and thus quite literally do not provide space for youth who fit outside cisnormative standards (Shelton, 2015).

Although LGBTQ2S youth homelessness has been acknowledged as an emergent crisis for over two decades (Abramovich, 2012; Josephson & Wright, 2000; O'Brien, Travers, & Bell, 1993), there continues to be a lack

of specialized responses to this issue in Canada, including few housing programs specifically geared toward this population of youth. Alberta is currently the only province in Canada with a provincial strategy to address LGBTQ2S youth homelessness (French, 2017). Specialized LGBTQ2S shelters and programs have found some support and success on the international stage (Ferguson & Maccio, 2015; Prock & Kennedy, 2017), yet few rigorous evaluations of such programs exist, and even fewer have been published in the academic literature (Nolan, 2006). Thus, there is currently a limited pool of evidence that programs and policymakers can turn to when developing inclusive services and policies.

This article offers descriptive and evaluative data for the first cohort of youth who lived in Canada's first LGBTQ2S youth transitional housing program, operated by the YMCA of Greater Toronto. The purpose of this study was to report on how youth experienced living in an LGBTQ2S population-based housing program in relation to mental health, self-esteem, community participation and family connectedness, and how access to culturally competent services impact experiences of homelessness. These outcomes are important for service providers, program managers and policymakers to review in order to better understand how LGBTQ2S youth experience population-based housing programs and whether or not they positively impact their transition to adulthood.

Program background

In February 2016, YMCA Sprott House opened as Canada's first transitional housing program designed specifically to meet the needs of LGBTQ2S youth. Jointly funded by the YMCA and the City of Toronto, the program is located in Toronto, Ontario, has a capacity of 25 beds, and serves youth between 16 to 24 years. YMCA Sprott House has operated at full capacity since opening and keeps their waitlist to a maximum of 10 spots in order to avoid excessive wait times for youth who are trying to secure housing. YMCA Sprott House aims to create a safe and affirming space for LGBTQ2S young people, while supporting residents toward increasing their independence and ability to find appropriate and affordable housing in the community.

During the first year of operation youth were provided with housing for up to one year (less a day); the timeframe has since been increased to two years in order to provide young people with a longer period to transition to independence, when necessary. While living at YMCA Sprott House, youth have access to a case manager, outreach counselor, and youth workers who are available to help them develop and achieve self-determined goals, as they prepare themselves for independent living. Youth are also expected to participate in house activities, such as house meetings and weekly meals. Eligibility for YMCA Sprott House is determined through an application

and interview process, after which, youth are prioritized based on their level of safety need (e.g., greater priority is given to youth living in unsafe conditions or situations).

The implementation of YMCA Sprott House provided a unique and important opportunity to evaluate the program and collect data on the experiences of LGBTQ2S youth living in a population-based housing program.

Method

A concurrent triangular mixed methods approach (Creswell, Plano Clark, Gutmann, & Hanson, 2003) was utilized to explore the experiences of the first cohort of young people living at YMCA Sprott House. Data were collected through quantitative surveys and in-depth one-on-one interviews lasting between 60 and 90 minutes in total duration. Youth participants completed surveys and were interviewed at two different points in time over the duration of up to one year, first when entering the program, and second when exiting the program. Data collection periods were staggered since youth entered and exited the program at different times throughout the year. The first round of youth interviews and surveys ($n = 13$) were completed between April and December 2016. Of the 13 youth who agreed to participate in an intake interview, nine youth (69%) participated in an exit interview. The second round of interviews and surveys were completed between September 2016 and February 2017.

Participants were provided with an honorarium of \$40 and two tickets for local public transportation at the end of each survey and interview (a total honorarium of \$80 and four tickets for local public transportation for participating in two interviews and completing two surveys). A semi-structured interview guide was used and interviews were audio-recorded and transcribed verbatim with the permission of each participant.

Ethical approval was obtained from the Center for Addiction and Mental Health (CAMH) Research Ethics Board.

Sample and recruitment

All youth residents ($n = 25$) living at YMCA Sprott House were invited to participate in the evaluation. YMCA Sprott House staff assisted with recruitment by providing all youth residents with a brief verbal description of the project, followed up by an in-house information session about the research study presented by the principal investigator. Interested residents were invited to participate in the study. Several program staff were interviewed as part of the evaluation; however, the current paper focuses on the experiences of youth.

Given the relatively small number of youths involved in this evaluation the survey data must be interpreted with caution. We note that some of the survey data could not be released due to the low sample size and risk of deductive disclosure.

Data collection

Measures

Youth interviews. Baseline interviews consisted of a variety of questions regarding each participant's lived experiences prior to moving into YMCA Sprrott House. Questions addressed a broad range of young people's experiences and issues, including access to and previous experiences at shelters, youth serving organizations, and health care services; family life; mental health; personal coping strategies; sense of community and belonging; and personal relationships. For example, some of the questions asked during baseline interviews included: "Did your gender identity or sexual orientation have anything to do with you becoming homeless or street-involved?" "Why do you want to live at Sprrott House?" and "Do you have any goals for your time at Sprrott House?"

Follow-up interviews utilized a similar framework as the baseline interview structure, however, the main areas of focus included the events and changes that took place since the participant's last interview: how living at YMCA Sprrott House impacted their lives, the most important lessons learned while living at YMCA Sprrott House, the ways in which they felt YMCA Sprrott House could improve, and the areas that staff needed more experience and competence. For example, questions included: "Why are you moving out of Sprrott House?" "What were some of the challenges you experienced over the last year?" and "Were you able to meet your goals?"

Youth surveys. Youth completed a set of standardized surveys (hardcopy) prior to each one-on-one interview. Participants were given the option to complete the survey on their own or with the support of the interviewer. The surveys took approximately 15–30 minutes to complete. Surveys included detailed descriptive data on demographics (age, ethno-racial background, sexual orientation, gender identity, living arrangements over the past month), as well as the following standardized quantitative measures regarding mental health, family connectedness, community participation, and well-being, all of which have been determined to be valid and reliable measures across a range of populations. Family connectedness, community participation, and quality of life was measured using a 14-item modified version of *Leaving Home: A National Survey* by the Canadian Observatory on Homelessness (Gaetz et al., 2016). Emotional distress, depression/anxiety, suicidality, and self-harm was measured using a 4-item modified version of

the *Trans Youth Health Survey* (Veale et al., 2015). Items are answered on a 5-point Likert scale with responses ranging from strongly disagree to strongly agree. Self-esteem was measured using the *Rosenberg Self-Esteem Scale* (Rosenberg, 1965), a 10-item scale that has been used reliably with youth experiencing homelessness (Cleverley & Kidd, 2011; Kidd & Shahar, 2008). The items (e.g., I am satisfied with myself) are answered on a 4-point scale with responses ranging from strongly disagree to strongly agree ($\alpha = 0.83$). Alcohol and drug use was measured using the 4-item CAGE-AID screening tool (Brown, Leonard, Saunders, & Papasouliotis, 1998) where two or more positive responses indicate an alcohol or drug problem in the past 12 months; this measure has been used previously with youth experiencing homelessness (Barczyk & Thompson, 2008).

Data analysis

This analysis draws on the surveys and interviews conducted with youth participants to examine youths' experiences of living in a population-based transitional housing program. Any information that could personally identify respondents was removed from the surveys and interview transcripts and replaced with pseudonyms to ensure confidentiality and protect participant safety. The qualitative data were coded and analyzed using an iterative thematic content approach (Patton, 1990). Data analysis involved identifying core themes, data patterns, and developing codes that helped explain the themes. The preliminary analysis involved open coding to generate a range of key themes that emerged from the data. These initial codes were then organized into provisional categories to build a coding frame divided into major themes and sub-themes.

Descriptive analysis of quantitative data assisted in providing a rounded picture of the youth participants, including analysis of subgroup differences (e.g., gender identity and sexual orientation) using frequency tables. Quantitative and qualitative data were collected and analyzed separately and then combined using a concurrent triangulation approach (Creswell et al., 2003).

Several steps were taken in order to enhance rigor in the analysis and establish the trustworthiness and credibility of the findings. First, the principal investigator began engaging with the data early on by writing out observations and the main themes that emerged each time data was collected. Second, in-depth and rich narratives were collected in the interview process and were coded line by line in each transcript. Third, qualitative and quantitative data analysis were carried out by the principal investigator as well as a research assistant, both of whom possess training in evaluation and mixed methods analysis; this allowed the corroboration of findings. Fourth, rigor was enhanced through two different types of triangulation; data

triangulation, by employing more than one method of data collection, and methodological triangulation, by combining different methodological approaches.

Results

A total of 13 youth participated in this study. Participants ranged in age from 17 to 24 years, with an average age of 21. At baseline, 11 of the 13 youth participants (84%) came from a racialized group, including three youth (23%) who identified as Black, and two youth (15%) who identified as Indigenous. Youth reported a wide range of sexual orientations and gender identities and were able to select more than one category to describe themselves (Table 1). Trans men were better represented than trans women, with four trans men (31%) versus one trans woman (8%). This reflects an underrepresentation of trans women living at YMCA Sprott House at the time of participant recruitment. Four youth (44%) described their gender identity differently on the exit survey than on the intake survey, while three youth participants (33%) used different labels to describe their sexual orientation. Comparison between intake and exit surveys suggest that these identities are subject to change over time and may constantly evolve as youth come to better know themselves. The majority of youth ($n = 8$, 62%) identified with sexual orientation labels such as bisexual, queer, asexual and/or pansexual, all of which do not depend on the nature of one's own gender identity or the gender identity of their potential partners. Approximately two youth (15%) identified as straight/heterosexual, while seven youth (54%) identified as gay or lesbian. Five youth (38%) selected only one sexual orientation label, whereas eight youth (62%) selected more than one.

Previous housing experiences

During initial interviews, youth were asked where they had lived immediately prior to moving into YMCA Sprott House: 10 out of the 13 residents (77%) had been living in an emergency shelter or transitional housing program, while the remaining three residents (23%) had been living with friends or family. All youth had experienced housing instability prior to moving into YMCA Sprott House; however, the severity to which it was experienced varied across participants. Upon intake, youth were asked to describe the number and range of places they had stayed in the previous month. While the majority of youth ($n = 8$, 62%) had been staying in one place, many ($n = 5$, 38%) had stayed in two to four different places. Youth frequently indicated that affordability, personal credit and/or finances were major barriers to finding and acquiring permanent housing. Racialized youth noted having encountered racial discrimination in the private housing market (e.g., landlords not replying to applications due to name-related racial bias).

Table 1. Gender identity and sexual orientation of youth participants.

Gender Identity	Youth	
	<i>n</i>	%
Man	5	38.5
Trans man	4	30.8
Woman	3	23.1
Cisgender	3	23.1
Transgender	2	15.4
Androgynous	2	15.4
Trans woman	1	7.7
Two-spirit	1	7.7
Genderqueer*	1	7.7
Genderfluid**	1	7.7
Non-binary	1	7.7
Intersex	1	7.7
Agender	1	7.7
Sexual Orientation	Youth	
	<i>n</i>	%
Gay	4	30.8
Lesbian	3	23.1
Pansexual***	3	23.1
Queer	2	15.4
Heterosexual/ Straight	2	15.4
Asexual	2	15.4
Bisexual	1	7.7
Demi-sexual****	1	7.7
Questioning	0	0

Participants were able to choose more than one category

**A self-identity category/term used to describe individuals who do not subscribe or conform to the gender binary, but identify as neither, both, or a combination of male and female.*

***Refers to a gender identity that varies and fluctuates over time. A person who identifies as gender fluid may have an identity that alternates between female, male and any other gender identity.*

****A person who is sexually, romantically and emotionally attracted to people of all gender identities and sexes.*

*****A person who does not experience sexual attraction unless they form an emotional connection.*

Youth who had spent time in the shelter system discussed instances of homophobia and transphobia enacted by other residents and staff members, as well as institutional homophobia and transphobia perpetuated by certain rules, policies and normalized behaviors and culture. Several youths stated that they avoided faith-based shelters altogether, while other youth reported avoiding the entire shelter system. One youth shared an example of how

institutional and cultural discrimination intersected to cause them discomfort in an emergency shelter funded by a faith-based organization:

It was weird because there were queer LGBT-identifiers there, but I still feel like we were being looked down on because of the staff that were religious, like their own beliefs. At the end of the day they have to help us, but you could feel that they didn't want to. (Nicky, 24 years old)

Youth reported institutional erasure manifesting in several ways, including frequently being misgendered by staff, not seeing their identities reflected on intake forms, as well as being subjected to more explicit forms of discrimination from staff and other residents. Trans youth spoke at length about previous experiences in shelters where they were assigned rooms and washrooms that did not correspond with their gender identity.

Employment

Upon intake, the majority of youth ($n = 11$, 85%) were unemployed but had intentions to find employment while at YMCA Sprott House. Several participants cited that experiencing homelessness was a main barrier to finding and keeping jobs. Aside from youth who were employed ($n = 2$, 15%), most participants ($n = 9$, 69%) reported that their main source of income came from Ontario Works (OW) or the Ontario Disability Support Program (ODSP), the two social assistance programs in Ontario. After living at YMCA Sprott House for one year, participant unemployment rates were slightly reduced.

Sense of safety

Youth participants described YMCA Sprott House as an incredibly important program that provided safety, connection, community, and stability to its residents. Youth were particularly appreciative of the “safe space” that YMCA Sprott House created, especially when compared to previous experiences in non-population-based housing programs:

Other programs I'd be really scared to go into because a lot of it's like male floor, female floor or 'this is a female house'. So, it's really nice that you don't have to pretend to be cis to go somewhere and you wouldn't get hurt if people outed you. It's definitely safer. (Adrian, 18 years old)

Living in an LGBTQ2S household helped normalize gender and sexually-diverse identities and provided a welcoming space for residents to explore their identities further. Many youths came across as more confident and empowered when discussing their gender and sexual identities during the second interview (e.g., more comfortable with language/terminology,

used different terms to describe their own identities). One participant recounted how YMCA Sprott House staff and residents helped ease their coming out process:

First, I went about starting to change my name, so then a lot of people just picked it up. They didn't ask me why I'm changing it or why I couldn't stick to my legal name. Even the staff were going 'You want us to call you [Marcus]?' I was like 'Yeah.' They were totally accepting it, so when I came out as trans to them, they were like 'Okay.' (Marcus, 19 years old)

Survey data indicated that youths' perception of safety had increased throughout their time at YMCA Sprott House. When asked how safe they felt in their daily lives, upon intake, 78% (n = 7) of youth answered positively (anywhere from "a moderate amount" to "extremely"), whereas 100% (n = 9) of youth answered positively when exiting the program (Figure 1).

Living in an affirming space was especially important for trans youth, who reported feeling a sense of belonging and acceptance that they had never felt in other housing settings. For many youth, YMCA Sprott House was the first place they were able to be themselves without having to fear for their safety. Additionally, participants noted feeling stable knowing that they would "actually have to do something wrong to get kicked out," in contrast to their experiences in other shelters. Survey data indicated that on average, participants were 11% more satisfied with their lives at the time of exit compared to when they entered the program.

Sense of community

YMCA Sprott House was described as a community where young people could connect with both peers and staff and relate to them based on shared lived experiences. Younger participants viewed older peers and staff as role models. Some participants even described YMCA Sprott House as a family:



Figure 1. Youth perceptions of safety.

There's a community in the house, it's almost like a family. We stick up for each other. It's like I moved out of my mom's house into a better home with family that understand me, with people that don't disrespect me or make me feel horrible for the person I am. (Alex, 22 years old)

Some participants, who described themselves as more introverted or independent, viewed YMCA Sprott House as a short-term place to stay. However, each youth participant reported being able to connect with someone they met while living at YMCA Sprott House. During the second interview, numerous participants spoke about moving into their own apartments with friends they made while living at YMCA Sprott House.

Participants especially enjoyed being part of a diverse household where they could share and learn about other experiences, cultures, and identities. Planned programming, such as Sunday night dinners and guest speakers, facilitated regular opportunities for youth and staff to interact. Youth also enjoyed special events that staff planned, such as a Pride barbeque and holiday dinners. Several youths reported wanting more opportunities to participate in group activities in the community, such as going to the park together or camping.

Family connectedness

Youth were asked questions regarding family connectedness and whether or not family connection was important to them. Minimal change was observed in youths' descriptions of family connectedness. Although two-thirds ($n = 6$) of youth reported being in regular contact (more than once a month) with a family member, several participants described similar and unchanged instances of denial and rejection coming from their parents. While the amount of contact youth had with family did not change between the two interviews, fewer youth thought family contact was important during the second interview ($n = 5$, 56%) compared to the first ($n = 7$, 78%). When youth expressed intentions to improve family relationships, numerous youth described wanting to become more stable and independent in other aspects of their life, such as completing school or securing employment, before focusing on family.

Mental health outcomes

Improved mental health

Numerous youth described an improved sense of wellbeing and mental health while living at YMCA Sprott House. This was due in part to youth feeling more stable, independent, and not having to fear that they would lose their housing. Youth emphasized that having opportunities to connect and

socialize with other residents and staff at YMCA Sprott House played a major role in improving their mental health. Several youth commented on how feeling comfortable and safe in the house allowed them easier access to group activities, such as playing basketball outside or attending workshops, rather than isolating themselves and getting “sucked into depression.” Stability and community participation were conducive to making holistic mental health improvements.

For my mental health now I’m in a good place, and I feel like—not necessarily that meds are a bad thing, but I don’t feel the constant need to take meds anymore like I used to. I can do breathing exercises when I have anxiety. I can try to join a sports group that’s for trans people and get some energy out so I’m not so stressed. There are things that I can do now that are in place, so I have the chance to really work on my mental health in a positive way and in a way that I don’t need a doctor to help with, which is really good. (Alex, 22 years old)

Youth felt more comfortable living as their true authentic selves at YMCA Sprott House, compared to other housing programs. Several trans youth discussed moving forward with their transition, both medically and socially, while living at YMCA Sprott House, leading to positive mental health outcomes. Youth described being able to talk about their gender identity with staff (e.g., questions regarding hormones and surgery, post-surgery support, etc.) as something that impacted their mental health positively as well.

Unmet mental health needs

Concurrently, a significant number of youth spoke about their mental health needs being unmet and described needing more mental health support than what was offered to them during their time at YMCA Sprott House. Youth benefitted from having the face-to-face support of frontline staff, however, many felt that their needs were greater than what staff were trained to provide. For example, some youth described incidents of poorly handled mental health crises.

I think that’s imperative that they have in-house based counseling. (F, 23 years old)

Over the course of the first year, changes were made to better accommodate youths’ mental health needs, such as trying to dedicate a case manager to mental health support and seeking out-of-house support from a mental health worker from a community agency. However, staff found that the needs of youth were beyond the capacity of one case manager, since they also had a number of other responsibilities to manage. Numerous youth reported feeling unable to connect with the mental health worker for a variety of reasons, including inaccessible hours/days, scheduling inconsistencies, and not being representative of marginalized identities. There was an overall consensus that it would be beneficial to have a variety of options for

mental health support, including more than one mental health worker, a psychiatrist, psychologist, and social worker scheduled on a regular basis.

Numerous youth reported the need for more life skills sessions focused on self-care to help them better self-manage their mental health. Importantly, several young people expressed the need for support that included and represented queer and trans BIPOCs (Black, Indigenous, and People of Color), as the full-time staff did not adequately represent the majority of residents, 84% (n = 11) of whom were racialized.

Mental health indicators

Self-esteem

Minor improvement was observed with regards to participant's self-esteem. On a self-esteem scale, youth were asked to indicate their level of agreement with several statements, such as "I feel I have a number of good qualities" or "I am able to do things as well as most other people." On average, youth exiting the program scored 9% higher on the self-esteem scale than youth entering the program.

Emotional & psychological distress

Emotional and psychological distress were measured with slightly different scales previously established for younger (14–18) and older (19–25) youth. On average, the younger group (n = 5) reported a past 30-day emotional distress rating (which included feeling sad, discouraged, worried, or stressed) of 2.55 on a scale of 0 to 3 (higher scores indicate greater emotional distress) at intake, though only two of these youths answered these questions in the second round. All youth in the younger group reported experiencing all of the four aforementioned feelings "enough to bother them" within the past 30 days.

Meanwhile, older youths' (n = 5) psychological distress, which included rating depressed and anxious feelings, improved slightly during their time at YMCA Spratt House. The percentage of youth who scored in the range deemed "likely to have a severe mental disorder" decreased from 22% (n = 2) at intake to 0% (n = 0) upon exit. According to this scale, only 40% (n = 2) of older youth were "likely to be well" at both intake and exit.

While relatively small differences can be detected with such low sample sizes (and must be approached with caution), it is clear that the vast majority of youth at YMCA Spratt House experienced poor mental health before and during their stay. Thus, the urgency for improving the level of mental health support in-house is highly evident.

Self-harm and suicide

Despite reported improvements in mental health during interviews, over half ($n = 5$, 56%) of youth participants disclosed having self-harmed at least once in the past 12 months, both at intake and exit. On a more encouraging note, two of the four youth who initially reported self-harming upwards of 20 times in the past 12 months had reduced this frequency significantly (1–5 times in the past 12 months) upon exiting the program. When asked if youth had seriously considered attempting suicide in the past 12 months, seven out of nine youth responded “yes” on their first survey; this number only decreased by one on the second survey. On both intake and exit surveys, more than half of the youth respondents had not attempted suicide within the past 12 months, and there was little change in the frequency of attempts among those who had.

The alarmingly high rates of self-harm and suicidality among youth contrasted with how infrequently suicidality had been explicitly brought up in youth interviews. Youth may have been reluctant to bring up their more intense mental health issues for a variety of reasons, including shame, pride, stigma, and/or fear of losing their housing.

Alcohol and drug use

Youth were asked to complete a short survey regarding alcohol and drug use. At intake, youth responses indicated 33% ($n = 3$) of youth had a clinically significant risk of having an alcohol or drug use problem, compared to 44% ($n = 4$) upon exit. Similar to issues of self-harm and suicidality, alcohol and drug use was rarely talked about in the interviews. Some participants had noted that YMCA Sprott House lacked clear harm reduction policies; in fact, residents were not allowed to use alcohol or drugs on-site. Staff indicated that program and resource constraints were barriers holding YMCA Sprott House from becoming a full-fledged harm reduction facility (i.e., having an on-site nurse), and thus they adopt a harm reduction “lens” instead.

Discussion

Even though there are numerous population-based housing programs for LGBTQ2S youth in the U.S., there continues to be a lack of rigorous evaluations of the outcomes and impact of these programs, making it challenging for new and old programs to operate from an evidence-based and evidence-informed approach. Literature regarding best practices and outcomes of transitional housing programs for youth is sparse, especially as it relates to LGBTQ2S youth. This, in addition to the small sample size of the current study, makes it difficult to reliably compare the results of this study to the outcomes of transitional housing programs for youth more broadly.

This study explored the experiences of the first cohort of young people living in Canada's first LGBTQ2S transitional housing program—YMCA Sprott House. The purpose of this evaluation was to better understand how LGBTQ2S youth experience population-based housing programs and whether or not they positively impact their transition to adulthood, and to further develop knowledge that can assist in the improvement of programs, interventions, and targeted responses, in order to meet the needs of LGBTQ2S youth experiencing homelessness. This study also investigated how specialized housing programs impact LGBTQ2S youths' mental health, well-being, self-esteem, community participation, family connectedness, and alcohol and drug use, and how access to culturally competent services impact experiences of homelessness. These fundamental indicators of mental health are often negatively impacted by homophobia, transphobia, and discrimination in the lives of LGBTQ2S youth, making it especially difficult for them to access services, secure employment and housing, and ultimately exit the streets.

The findings indicate that LGBTQ2S youth experienced a higher level of safety and that their perception of safety in their day-to-day lives had increased while living in a population-based housing program, compared to their previous experiences in non-population-based housing programs. It was found that living in a population-based housing program helped normalize gender and sexually-diverse identities for youth and made it easier for them to explore their identities and live as their true authentic selves, compared to their experiences in other housing programs. Youth reported that being able to talk about their gender identity with staff and being able to move forward with their gender transition, both medically and socially, while living at YMCA Sprott House, positively impacted their mental health. It is important to note that LGBTQ2S youth may create or choose their own families as a way to care for themselves and each other (Abramovich & Shelton, 2017). Research has found that the created/chosen families of LGBTQ2S individuals is often viewed as a stronger source of support than their families of origin (Connolly, 2005), which was evident in this study as well.

Numerous youth reported unmet mental health needs and the need for a more diverse mental health team (e.g., psychiatrist, psychologist, and social worker) to deliver ongoing mental health care and support on a regular basis. Due to the high rates of trauma and suicidality among LGBTQ2S youth experiencing homelessness, an LGBTQ2S competent trauma-informed approach should be integrated into all aspects of mental health support in youth housing programs (Ferguson & Maccio, 2015; Veale et al., 2015). Youth also spoke to the need for an intensive case management approach with a structured and formalized agenda, including regular appointments and check-ins. A client-centered model will help ensure that youths' needs are prioritized when setting case management goals.

Limitations and future directions

Given the relatively small number of youth involved in this evaluation, the survey data must be interpreted with caution. We note that some of the survey data could not be released due to the low sample sizes and risk of deductive disclosure. However, the qualitative interview data collected helped supplement the quantitative survey data to create a more robust picture of youths' experiences living in YMCA Sprott House. In addition, attrition bias is a concern due to the relatively large dropout of youth participants ($n = 4$, 30.7%), though follow-up was attempted with non-responders. More broadly, this report does not include the perspectives of youth living at Sprott House who chose not to participate or were not able to.

Future research should look beyond the short-term and immediate outcomes associated with living in a specialized housing program; limited data exists on the medium and long-term outcomes of youth who have exited transitional housing programs, regardless of their sexual orientation and gender identity.

Conclusion

Sprott overall is excellent. It's a great icon, it's a great landmark, it's a great idea, in which people in the queer community can look for help and inspiration.

(P, 24 years old)

As the first program of its kind in Canada, youth carried high expectations for YMCA Sprott House. Youth participants were generally grateful to be the first group to live in the program, yet some wished that it had been more developed during their stay. Over the course of the year, youth noted that many changes occurred as program administrators tried to figure out what worked and what did not; for this reason, the evaluation captured many of the program's growing pains. Therefore, ongoing evaluation of YMCA Sprott House is recommended in order to better understand how population-based housing programs impact LGBTQ2S youth and whether or not they lead to positive outcomes. Results from a continued evaluation of YMCA Sprott House will be critical for building an evidence base to guide the improvement, development, and evaluation of future LGBTQ2S housing services for youth, locally, nationally, and internationally.

Disclosure statement

No potential conflict of interest was reported by the authors.

References

- Abramovich, A. (2016). Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social Inclusion*, 4(4), 86–96. doi:10.17645/si.v4i4.669
- Abramovich, A., & Shelton, J. (Eds.). (2017). *Where am I going to go? Intersectional approaches to ending LGBTQ2S youth homelessness in Canada & the U.S.* Toronto, ON: Canadian Homelessness Research Network Press.
- Abramovich, I. A. (2012). No safe place to go: LGBTQ youth homelessness in Canada—Reviewing the literature. *Canadian Journal of Family and Youth*, 4(1), 29–51.
- Barczyk, A., & Thompson, S. (2008). Alcohol/drug dependency in homeless youth. *Alcoholism: Clinical and Experimental Research*, 32, 367A–367A. doi:10.1111/j.1530-0277.2008.00689_1.x
- Berg, R. (2016). A hidden crisis: The pipeline from foster care to homelessness for LGBTQ youth. *The Chronicle of Social Change*. Retrieved from <https://chronicleofsocialchange.org/child-welfare-2/hidden-crisis-pipeline-fostercare-homelessness-lgbtq-youth/21950>
- Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (1998). The prevalence and detection of substance use disorder among inpatients ages 18 to 49: An opportunity for prevention. *Preventive Medicine*, 27, 101–110. doi:10.1006/pmed.1997.0250
- Choi, S. K., Wilson, B. D. M., Shelton, J., & Gates, G. (2015). *Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness*. Los Angeles, CA: The Williams Institute with the True Colors Fund.
- Cleverley, K., & Kidd, S. A. (2011). Resilience and suicidality among homeless youth. *Journal of Adolescence*, 34(5), 1049–1054. doi:10.1016/j.adolescence.2010.11.003
- Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M. (2002). Challenges faced by homeless sexual minorities: Comparison of gay, lesbian, bisexual, and transgender homeless adolescents with their heterosexual counterparts. *American Journal of Public Health*, 92(5), 773–775. doi:10.2105/AJPH.92.5.773
- Connolly, C. (2005). A process of change: The intersection of the GLBT individual and their family of origin. *Journal of GLBT Family Studies*, 1(1), 5–20. doi:10.1300/J461v01n01_02
- Creswell, J. W., Plano Clark, V. L., Gutmann, M. L., & Hanson, W. E. (2003). Advances in mixed methods research designs. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 209–240). Thousand Oaks, CA: SAGE.
- Crossley, S. (2015). Come out come out wherever you are: A content analysis of homeless transgender youth in social service literature. *Portland State University McNair Scholars Online Journal*, 9, 2–14.
- Cull, M., Platzer, H., & Balloch, S. (2006). *Out on my own: Understanding the experiences and needs of homeless lesbian, gay, bisexual and transgender youth*. Brighton, UK: Health and Social Policy Research.
- Durso, L., & Gates, G. (2012). *Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual and transgender youth who are homeless or at risk of becoming homeless*. Los Angeles, CA: The Williams Institute with True Colors Fund and The Palette Fund.
- Ferguson, K. M., & Maccio, E. M. (2015). Promising programs for lesbian, gay, bisexual, transgender, and queer/questioning runaway and homeless youth. *Journal of Social Service Research*, 41(5), 659–683. doi:10.1080/01488376.2015.1058879
- Frederick, T. J., Ross, L. E., Bruno, T. L., & Erickson, P. G. (2011). Exploring gender and sexual minority status among street-involved youth. *Vulnerable Children and Youth Studies*, 6(2), 166–183. doi:10.1080/17450128.2011.564225
- French, D. (2017). A provincial response to LGBTQ2S youth homelessness. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go? Intersectional approaches to*

- ending LGBTQ2S youth homelessness in Canada & the U.S.* (pp. 321–333). Toronto, ON: Canadian Homelessness Research Network Press.
- Gaetz, S. (2014). *Coming of age: Reimagining the response to youth homelessness in Canada*. Toronto, ON: The Canadian Homelessness Research Network Press.
- Gaetz, S. (2017). Policy into practice: How government can play a role in supporting LGBTQ2S youth. In A. Abramovich & J. Shelton (Eds.), *Where am I going to go? Intersectional approaches to ending LGBTQ2S youth homelessness in Canada & the U.S.* (pp. 309–320). Toronto, ON: Canadian Homelessness Research Network Press.
- Gaetz, S., O'Grady, B., Kidd, S., & Schwan, K. (2016). *Without a home: The national youth homelessness survey*. Toronto, ON: The Canadian Homelessness Research Network Press.
- Hagan, J., & McCarthy, B. (1997). *Mean streets: Youth crime and homelessness*. Cambridge, UK: Cambridge University Press.
- Horn, S. S., Kosciw, J. G., & Russell, S. T. (2009). New research on lesbian, gay, bisexual, and transgender youth: Studying lives in context. *Journal of Youth and Adolescence*, 38(7), 863–866. doi:10.1007/s10964-009-9420-1
- Josephson, G., & Wright, A. (2000). *Ottawa GLBT wellness project: Literature review and survey instruments*. Retrieved from Pink Triangle Services website: <http://www.homelessshub.ca/Library/Literature-Review-and-Survey-Instruments-54233.aspx>
- Karabanow, J. (2004). *Being young and homeless: Understanding how youth enter and exit street life*. New York, NY: Peter Lang.
- Kidd, S., & Shahar, G. (2008). Resilience in homeless youth: The key role of self-esteem. *American Journal of Orthopsychiatry*, 78(2), 163–172. doi:10.1037/0002-9432.78.2.163
- Namaste, V. K. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. Chicago, IL: The University of Chicago Press.
- Nolan, T. C. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. *Child Welfare*, 85(2), 385–406.
- O'Brien, C. A., Travers, R., & Bell, L. (1993). *No safe bed: Lesbian, gay and bisexual youth in residential services*. Toronto, ON: Central Toronto Youth Services.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd ed.). Newbury Park, CA: Sage.
- Prock, K. A., & Kennedy, A. C. (2017). Federally-funded transitional living programs and services for LGBTQ-identified homeless youth: A profile in unmet need. *Children and Youth Services Review*, 83, 17–24. doi:10.1016/j.childyouth.2017.10.023
- Quintana, N. S., Rosenthal, J., & Krehely, J. (2010). *On the streets: The federal response to gay and transgender homeless youth*. Retrieved from <http://tinyurl.com/2fscp6z>
- Reck, J. (2009). Homeless gay and transgender youth of color in San Francisco: “No one likes the street kids” –Even in the Castro. *Journal of LGBT Youth*, 6, 223–242. doi:10.1080/19361650903013519
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Shelton, J. (2015). Transgender youth homelessness: Understanding programmatic barriers through the lens of cisgenderism. *Children and Youth Services Review*, 59, 10–18. doi:10.1016/j.childyouth.2015.10.006
- Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, D. N., Garcia, J. T., Hoffman, A., & Hopfer, C. J. (2006). Lesbian, gay, and bisexual homeless youth: An eight city public health perspective. *Child Welfare*, 85(2), 151–170.
- Veale, J., Saewyc, E., Frohard-Dourlent, H., Dobson, S., Clark, B.; the Canadian Trans Youth Health Survey Research Group. (2015). *Being safe, being me: Results of the Canadian trans youth health survey*. Vancouver: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia.