ATTACHMENT 1

Evaluation of the Services at Pathways' Home Base Drop-In Centre

Kelly Cameron
Queen's University

Yvonne Racine
Dr. David Offord
Centre for Children At-Risk,
Hamilton Health Sciences

February, 2003

TABLE OF CONTENTS

EXECUTIVE SUMMARY

Assessment of the Services of Pathways Home Base Youth Drop-In Centre is an exploratory study to: a) determine the characteristics of youth using the Centre; b) determine the needs of the youth using the Centre; c) evaluate the current services being supplied by the Centre; and d) assess the gaps in service in the Centre.

Pathway's Home Base Youth Drop-In Centre is located in a storefront on a busy main road in the suburban town of Richmond Hill, Ontario, Canada. The participants in the study were all homeless or at risk of being homeless youth (N = 69, 13 – 24 years of age) who used the services in the Centre within a 4-month period. The participants were recruited from within the Centre and participated in a brief interview. As well, the attendance of youth using each of the services at the Centre was recorded on a daily basis. The youth interviews were conducted in a 'one-on-one' private setting with questions that focused on personal information about the youth, their family of origin, their living arrangements and lifestyle, and the services that they used while at the Centre.

The results of this study indicate that the youth at the Centre are significantly at-risk of becoming homeless or are currently homeless, and require a multi-service approach to meet their needs. Although a large portion of those interviewed stated that they were currently living with parents or guardians, they indicated background factors and / or behaviours that are consistently found within homeless youth. Youth at the Centre used a number of services and indicated that they had multiple areas in which they required support. The current services at Home Base are meeting these needs, but there are areas in which they could expand to better serve their clients.

Factors associated with homelessness or risk of becoming homeless:

Substance use and abuse

Alcohol use

- 91.3% of Home Base youth drank alcohol in the past 12 months, as compared to 65.6% of Ontario students and 93.0% of a Toronto street youth sample.
- 42.0% of Home Base youth drank at least weekly in the past 12 months, as compared to 11.2% of Ontario students and 47.0% of a Toronto street youth sample.
- 28.5% of Home Base youth indicated problematic alcohol use as compared to 5.0% of Ontario students and 46.0% of a Toronto street youth sample.

Other drug use

- 87.0% of Home Base youth used at least one illicit drug in the past 12 months, as compared to 33.5% of Ontario students and 93.0% of a Toronto street youth sample.
- 63.8% of Home Base youth used more than one drug in the past 12 months, with an average of 3.29 drugs used.
- 81.2% of Home Base youth used cannabis in the past 12 months, as compared to 29.8% of Ontario students and 92.0% of a Toronto street youth sample.
- 40.6% of Home Base youth used “Ecstasy” in the past 12 months, as compared to only 6.0% of Ontario students.
- 30.4% of Home Base youth used cocaine and/ or crack in the past 12 months.
- 22.1% of Home Base youth indicated problematic drug use as compared to 24.0% of a Toronto street youth sample.

Criminality

- 92.8% of Home Base youth had contact with the police in their lifetime.
- 75.4% of Home Base youth had been questioned by police in their lifetime.

- 62.3% of Home Base youth had been arrested or taken into custody in their lifetime.
- 46.4% of Home Base youth had been in jail, prison, or a juvenile correctional facility at least overnight in their lifetime.

Mental Health

- 58.0% of Home Base youth are at risk for developing depression.
- 10.1% of Home Base youth are at high risk of developing depression.
- 24.6% of Home Base youth have seriously thought about committing suicide in their lifetime.
- 20.3% of Home Base youth have attempted to commit suicide at least once in their lifetime.

Victimization

- 19.4% of Home Base youth reported 'frequently' seeing their parent(s) intoxicated on alcohol or drugs in their lifetime.
- 25.8% of Home Base youth (over 16) reported being physically abused in their lifetime.

Education

- 55.1% of Home Base youth were not attending school (traditional or alternative).
- 65% of Home Base youth had attained a Grade 10 or less level of education.
- 82.6% of Home Base youth had been suspended from school in their lifetime, with 44.9% having been suspended more than 3 times.
- 62.3% would like to eventually obtain post-secondary education.

Service Usage

- 55.1% of the youth surveyed had been using the services at Home Base for over a year.
- 63.8% of the youth indicated that they used the services at Home Base on, at least, a weekly basis.
- On average, youth reported previously using 4 of the services at Home Base.

- Respondents indicated that they had received help from Home Base most frequently with: food (85.5%), job search / placement (52.2%) and counselling (50.7%).
- Respondents indicated that the 3 most important elements of Home Base were:

    1) A place to stay off the streets (43.5%)

    2) Food (27.5%)

    3) Counselling (23.2%)
- Over the 4-month research period food, recreation, and counselling were the most frequently used services. Less than 3% of youth reported using only food or recreation exclusively, indicating that these services may act as 'draw' to use other services.
- Counselling was a frequently used service:

    a) 50.7 % of respondents indicated they had received counselling previously at Home Base;

    b) 31.9% indicated that they needed counselling support on the day of their survey interview;

    c) counselling was mentioned as the most important element of Home Base by 23.2% of participants and;

    d) was consistently the third most used service in the 4-month research period.

<u>Other Services</u>

- The majority of respondents indicated that they would like Home Base to offer more services. The top 3 requested services were:

    1) Extended hours (79.7%)

    2) A shelter in Richmond Hill (63.8%)

    3) Addictions counselling (62.3%)

Conclusion

- Home Base strengths are found in its multi-service approach facilitated by open counselling and approachable staff. The Centre is providing risk reducing services to a vulnerable and somewhat ‘invisible’ segment of York Region’s population.
- Home Base could extend its services to better serve its clients by providing a shelter in York Region and targeted interventions for specific risk behaviours exhibited by the youth they serve.

BACKGROUND

Homelessness in York Region

Homelessness has only recently been recognized as an issue within York Region. While larger urban centres, such as Toronto, have recognized the reality of homelessness within their municipalities and established agencies to alleviate and eradicate this condition, the regional municipality of York is just beginning to develop programs and procedures to deal with this issue. York Region is one of the fastest-growing municipalities in Ontario with a population of almost 730,000 in 2000, expected to grow to 1.28 million by 2026, and is typically characterised as young, affluent and educated. (From Awareness to Action, 2000) However, homelessness is a growing condition within the region.

In 1999, the first enumeration of the homeless in York Region was carried out in by Crosslinks Housing and Support Services. Through the observations of outreach workers, agency reports and shelter records, 496 individuals were determined to be homeless at that time. Most of these individuals were periodically homeless due to discharges from correctional or psychiatric facilities, unemployment, domestic violence and/or conflictual family situations. As well, the Crosslinks study (1999) stated that there was also an undetermined number of those who were under-housed or at-risk of homelessness who were staying in places which were not permanent or safe. This 'invisible' segment of the homeless population is very difficult to identify and enumerate because they are rarely seen sleeping on the street or in shelters and often stay with relatives or friends, or in overcrowded dwellings. This is also the category into which most homeless Canadians fall. (Street to Stability, 2001) Through the Crosslinks study, it was determined that a disproportionate number of York region's homeless are youth. Of the enumerated homeless individuals 54.4% were under 25 years of age (25.7% 14 and under, 28.7%, 15 - 25 years), compared to 37% of residents in that age group in York Region's general

population. (Crosslinks, 1999) It was recognized by York Region that support was needed for this vulnerable population.(Community Plan to Address Homelessness, 2001)

History of Pathways Home Base Drop-In Centre

Pathways Home Base Youth Drop-In Centre opened in June, 2000 in a small storefront space on a busy main street in Richmond Hill. It was established as a result of a call for proposals by York Region on projects to address the needs of the homeless within the region. Pathways for Children, Youth and Families of York Region, a non-profit charitable organization which operates three parent child resource centres, two residential programs for youth requiring care and shelter, and various programs for young parents and children, put forth a proposal to open a youth drop-in centre in Richmond Hill. Pathways based the need for this facility on the experiences of the youth within their group homes.

The main goals of the Centre are to:

- Provide an immediate, safe, secure and accessible environment for youth in crisis;
- Provide youth with the necessary skills and resources to enable them to function to the best of their potential;
- Reduce homelessness through early identification of issues by outreach workers who are established in local high schools and on the street;
- Foster stronger links between young people and their community;
- Give young people the opportunity to take ownership in planning, organizing and participating in the development of their own plan of care and program planning;
- Successfully reintegrate young people into their family home where possible, and provide early stage family mediation by partnering with other agencies, specifically to provide longer term counselling needs; and

- Provide youth with the necessary skills to support themselves independently within their community and continue outreach support, where necessary, after they find suitable living accommodations.

The following services are provided in order to meet these goals.

Services at Home Base

Home Base Youth Drop-in Centre is a multi-service facility which addresses a number of needs common to homeless youth and youth at-risk of becoming homeless. The three main service areas of the Centre are a) basic needs, b) employment, and c) community resources. These supports are implemented through two primary methods: a) individual counselling and b) informal life skills .

Basic Needs

Home Base attempts to meet the basic needs of all individuals who utilize the Centre. By providing food, clothing and shelter, they attempt to help youth survive in their present situation, and believe that if these areas are addressed clients will be more able to work on other issues that relate to their being homeless, or their risk of becoming homeless. Obtaining basic needs, especially food, has been noted as a major concern for homeless and street-involved youth. (Antoniades & Tarasuk, 1998; Dachner & Tarasuk, 2002) Home Base provides free access to food and age-appropriate clothing for all clients. As well, it is considered a priority to make clients aware of the importance of shelter in their immediate circumstances, and help clients find permanent or temporary shelter depending on the client's financial resources at the time.

Employment

Many of the clients who use the services at Home Base are seeking employment. The Centre provides two services targeted at meeting this need; resumé writing and job search assistance.

In resumé writing assistance, the primary goal is to educate youth on how to write a resumé. Staff utilize different formats based on individuals and their employment history. A discussion on what the youths' goals and objectives are allows staff to assess the clients' needs. Staff support is at any level desired by the client; therefore it may require staff to first orient clients to the computer and its functions before developing a resumé. Home Base keeps all resumés on file for clients for future reference and clients have full use of a computer, photocopier and fax machine to complete and distribute resumés.

Job search assistance focuses on teaching clients the skills required for employment. Staff utilize the Internet, community resources, and local newspapers to help youth locate possible job opportunities. Youth choose jobs that meet their needs and make initial contact with the employer with staff's support and coaching. Coaching is often necessary, as the youth are not confident in initiating contact without first deciding on what questions they should ask a potential employer. Once employment is obtained, staff at the Centre begin to informally counsel youth on how to sustain employment. They also discuss sustainability through life skills groups and employment seminars. It is hoped that clients will eventually build self-confidence and leadership skills that will take them forward into the future as employable citizens.

Community Resources

Home Base provides support in three areas involving community resources. These are recreation, sexual health resources and referrals to outside agencies.

It has been recognized that recreation is an important part of adolescence. With that notion in mind, it has also been seen that if appropriate activities are not available to youth they will find other ways to entertain themselves. Often these activities may not be safe or healthy choices. Therefore, Home Base provides as much age-appropriate recreation as possible. Youth at the Centre may spend their time watching T.V, surfing the Internet, playing pool, ping-pong,

dominoes, board games, or outdoor basketball. Staff are continually working to build community relationships that will provide further recreation within the community (i.e., cost-free sports offered at a local community centre or church basement). It is believed that if youth have an opportunity to participate in community recreation, it may lead to a decrease in the recreational use of street drugs and alcohol.

It is recognized that the period of growth between adolescence and adulthood is a time of experimentation and learning about one's sexuality. Therefore, Home Base addresses sexuality on an individual and group level. Positive role-modeling is one component of their approach, since many youth develop self-esteem and healthy sexuality through the adult role models in their lives. For this reason staff focus on setting appropriate boundaries within the Centre. Home Base also works closely with the Public Health Department by having a nurse in the Centre 3 hours per week. The public health nurse addresses health questions about S.T.Ds, A.I.D.S, pregnancy, and other common medical conditions. Home Base also provides pregnancy tests and will refer clients to local medical clinics for S.T.D testing. Public Health also supplies the youth with contraceptives. It is believed that if youth have the information and resources available to them, they will make better choices regarding sexual health now and in the future.

Where staff at Home Base do not feel they have the expertise that is necessary to address a client need, they refer the youth to an appropriate resource within the community. These resources include: addiction services, public health / health clinics, local churches, legal aid , community and social services, and the board of education.

The services provided at Home Base are implemented in two primary ways individual counselling and informal life skills.

Methods of Implementation

Individual Counselling

Home Base is staffed with three full-time youth workers and one part-time youth worker. Staff is available to clients for individual counselling upon request. Most counselling within the Centre is done through informal conversation. Staff is prepared to discuss any issues that clients raise which contribute to homelessness, or that may put them at risk of becoming homeless. It is well understood that the root of homelessness is a result of many broader issues. (see Street to Stability, 2001; Caputo et al, 1997) Therefore, clients approach staff to talk about such issues as family breakdown, physical and sexual abuse, trouble with the law, addictions, peer relationships, pregnancy, self- esteem, religion, and personal growth.

Life Skills

A main focus at Home Base is to teach youth life skills that will enable them to become independent. These skills are often taught informally to individuals or groups through everyday activities and conversations within the Centre. Some areas covered include nutrition, anger management, self-esteem and problem solving. As well, a more structured life-skills program has been established within the Centre which youth can participate in every Friday afternoon. These groups have no formal membership and are open to anyone who chooses to be involved. Many of these groups are implemented in the way of a game or activity, in order to encourage clients to participate. An example of these groups is “Movie Night”.

“Movie Night” takes place every Friday afternoon at the drop-in center. Youth and staff sit together during this time and share in watching the movies of choice. The selections vary each week depending on suggestions from youth and staff. Another feature of movie night is that pizza is provided to help motivate youth to come out and participate in the program and also serves as dinner for many of the youth. Following the viewing of the movies, staff will often lead

youth in discussions about the film, and opinions concerning different aspects of the movie are shared. These discussion groups are excellent opportunities to hear opinions from youth and discuss different moral issues. Often the discussions surrounding the movies lead to debates on various topics.

EVALUATION

Funding of Evaluation

This evaluation is funded by the Supporting Communities Partnership Initiative (SCPI), a federal government initiative to reduce and prevent homelessness across Canada. Funds were distributed through the Regional Municipality of York who worked with a community committee to send out a call for proposals for any agencies working with the homeless in York Region. Pathway's Home Base Drop-In Centre was allocated a portion of these funds to complete the current evaluation.

Purpose of Evaluating the Services at Home Base

The aims of this study are: (1) to determine the type of youth using the Centre, (2) to assess the needs of the youth using the Centre, (3) to evaluate the current services being supplied by the Centre, and (4) to assess the gaps in service in the Centre.

Limited Canadian research has been conducted in the area of homeless youth. The few studies that have been completed tend to focus on one aspect associated with youth homelessness such as substance use or delinquency. (see Smart & Adlaf, 1991; McCarthy & Hagan, 1992) As well these studies have previously only been conducted in large urban centres such as Toronto or Vancouver (see Adlaf et al, 1996; McCarthy & Hagan, 1992) This study differs in that it is examining a variety of risk factors and associated features related to youth homelessness in a suburban population. Previous literature has determined that homeless youth are a heterogeneous group who come from a variety of backgrounds and are exposed to different risk factors which

predispose them to becoming involved in a street lifestyle (Caputo et al, 1997) A main purpose in evaluating the services at Home Base is to determine who the youth that use the Centre are and what needs they have that bring them to the Centre. This will be accomplished through inquiring about those factors that have been found to be associated with youth homelessness in the literature. The areas that will be covered are: level of homelessness, family background, victimization, substance use and abuse, mental health, criminality, education and employment.

Level of homelessness

One difficulty in this area of research is the lack of consensus in the definition of 'homelessness' (From Street to Stability, 2001). We used the United Nations definition of homelessness:

"Someone without access to shelter meeting the basic criteria considered essential for health, andhuman and social development. These criteria would include secure occupancy, protection against bad weather, and personal security, as well as access to sanitary facilities and potable water, education, work, and health services."

(United Nations, 1987)

Within this wider definition there are subcategories of homelessness which include:

- The chronically (long-term) homeless group includes people who live on the periphery of society and who often face problems of drug or alcohol abuse or mental illness.
- The cyclically (episodic) homeless group includes individuals who have lost their dwelling as a result of some change in their situation, such as loss of a job, a move, a prison term or a hospital stay. Those who must from time to time use safehouses or soup kitchens include victims of family violence, runaway youth, and persons who are unemployed or recently released from a detention centre or psychiatric institution.

- The temporarily (situational) homeless group includes those who are without accommodation for a relatively short period. Likely to be included in this category are persons who lose their home as a result of a disaster (fire, flood, war) and those whose economic and personal situation is altered by, for example, separation or loss of job.
- The at-risk homeless group includes those who are highly susceptible to becoming homeless due to economic, personal or familial situations.

(Parliamentary Research Paper, 1999)

It is predicted that most of the youth that use Home Base will be fall into the cyclically, temporarily, and at-risk of homelessness categories.

It has been seen in the literature that there are a number of paths which lead to youth being homeless.(Hier et al, 1990; Lindsey et al, 2000; Zide & Cherry, 1992) The three main categories are a) runaways, b) 'throwaways' and c) system youth. Runaways are defined as those who attributed their homeless status to an act of their own volition (Hier et al, 1990), whether running to excitement and adventure or running away from conflictual family situations (Zide & Cherry, 1992). Throwaways are those youth who report that they were encouraged to leave home whether due to family alienation stemming from trouble at school or with law enforcement, or the inability for families to support them financially (Zide & Cherry, 1992). System youth are those who were removed from their family of origin due to an unsafe home environment whose subsequent placements were unsuccessful, leading them to turn to the streets.(Maclean et al, 1999)

Family background

The most recent parent lived with, education level and financial status of the family of origin for participants will be examined. It has been seen in previous literature that poverty is a leading cause of homelessness (From Street to Stability, 2001). The seemingly affluent

demographics of Richmond Hill may at first suggests that this would not be a large contributor to the homelessness or risk of homelessness experienced by the youth at Home Base. However, there has been a large increase among those living in poverty within York Region, with the number of low-income families (as defined by Statistics Canada) increasing by 114% between 1991 and 1996, from 8.3% to 17.8% of the population. (From Awareness to Action, 2000)

Victimization

A main antecedent cited for youth homelessness is departure from a difficult home situation (Caputo et al, 1997). Parental substance use, physical and sexual abuse are consistently mentioned as reasons behind premature departure from home.(Caputo et al, 1997; Brannigan & Caputo, 1993; McCarthy & Hagan, 1992).

Substance use and abuse

Alcohol and drug use is consistently found to be part of the lifestyle of street- involved youth (Adlaf et al, 1996; Smart & Adlaf, 1991; Smart et al, 1994). In direct comparisons between homeless and mainstream youth, there is a substantial difference in substance use, with homeless youth using and abusing these substances more frequently than their counterparts. (Adlaf et al, 1996; Smart et al, 1994) The frequency of tobacco, alcohol and drug use and abuse among Home Base clients will be examined.

Mental Health

Mental health issues are relatively common among the homeless population. (Street to Stability, 2001) Depression has been found to be consistently more prevalent among street youth than their mainstream counterparts (Ayerst, 1999; Smart et al, 1994). Depressive symptomatology and suicide ideology among the Home Base participants will be examined.

Criminality

Involvement in the street lifestyle often involves participation in illegal activities. (Caputo et al, 1997; McCarthy & Hagan, 1991) These activities are often the result of attempts to acquire resources to meet the basic needs of homeless youth. (Caputo et al, 1997) Delinquency may also be a precipitating factor for youth homelessness since trouble with the law can result in youth being asked to leave their homes by their parents (Zide & Cherry, 1992).

Education & Employment

A consistent factor that has been reported within the literature of at-risk youth is their experiences within school (Caputo et al, 1997) Many street involved and homeless youth have reported negative experiences at school (Caputo et al, 1997).

Employment is often reported as a priority among the homeless population (Street to Stability, 2001) The difficulty in attaining and keeping a job without a permanent address is immense. We will examine the impact that unemployment has on the youth that use Home Base.

All these factors are examined to provide a profile of the youth who use Home Base and their service needs. As well, this study will evaluate how well the services provided at Home Base are meeting these needs and determine any gaps between the needs of clients and the services provided.

METHOD

Participants

The participants were all consecutive users of Home Base Drop-In Centre over a 4-month period (Sept - Dec, 2002). These youth were all homeless or at risk of being homeless. The only qualifications for participation in the study were that a) participants be between 13 – 24 years of age and b) that youth had to have been using the Centre for at least 2 weeks in order to properly be able to evaluate the services. Participants under 16 years of age were required to obtain written parental consent prior to participating in the study and completed a slightly different

survey than participants 16 years of age and older. One participant was outside of the age range, but was included because he was a frequent user of the services at Home Base. There was a high response rate (89.7%). The youth who refused to participate (n = 8) were mainly female (62.5%), young

(X = 17.9, S.D. = 1.13), and most often cited 'not having enough time' as their reason for not completing the survey (62.5%)

Instrumentation

Youth Interview

The interviews were conducted a semi-structured format consisting of 72 questions (16 and over questionnaire) or 69 questions (under 16 questionnaire), with most items having structured responses. The under-16 questionnaire was the same as the questionnaire for the older youth except it did not contain questions regarding victimization (i.e., abuse). Most of the questionnaire items were taken from previous research instruments to improve comparability and reliability. As well, a panel of front-line staff members and five Home Base clients evaluated the instrument for validity and comprehensibility. Many of the interview questions were in single item format, i.e., "Where have you slept during the last seven nights?", as well, three widely used psychometric scales were utilized in the questionnaire. These were the CAGE Scale (Mayfield et al, 1974), a 4-item screening index for alcohol abuse where 2 or more positive responses indicate an alcohol problem in the past 12 months; eight items from the Drug Abuse Screening Test (DAST; Skinner, 1982), an instrument for assessing the extent of problems related to drug misuse in the past 12 months; and the Centre for Epidemiological Studies Depression Scale (CESD; Radloff 1977), a 20-item self-report scale which measures depressive symptomatology in the general population over the past 7 days.

The questionnaire content covered 10 main areas.

a) Demographics: gender, age, education level, community of origin

b) Living arrangements

c) Family composition

d) Victimization (omitted in the under 16 interviews)

e) Substance use and abuse

f) Mental health : depression and suicide ideation

g) Criminality

h) Education and employment

i) Service utilization at Home Base Drop-in Centre

A copy of a 16-and-over interview is available in Appendix A of this report.

Service Usage

The usage of all service areas was recorded on a daily basis by front-line staff members under the supervision of the research assistant. Attendance and all of the main services provided at Home Base were recorded. These areas are as follows:

a) Daily attendance (number of youth)

b) New clients (number of first time youth)

c) Food consumption (number of meals eaten)

d) Employment :

Resumés, number of job opportunities generated by a job search , number of employer contacts, whether employment was attained, employment length (if terminated) and job advancement

e) Housing :

- Number of housing requests, establishment of housing criteria, housing search, whether housing was attained

f) Clothing

g) Recreation (number of youth engaged in activities)

h) Counselling (number of informal counselling sessions by staff members)

i) Referrals (number of referrals to other agencies)

Copies of the service usage data sheets are found in Appendix B of this report.

Sexual Health Resources

The use of the sexual health resources within the Centre was also recorded. On a weekly basis, the research assistant tracked the number of sexual health pamphlets and contraceptives that were removed from the Centre. The number of pregnancy tests that were conducted in the Centre were recorded on a daily basis by front-line staff members.

Methodology

The research assistant recruited participants from within the Centre through approaching individuals and posting signs on the premises. As the study went on individuals were made aware of the study through word of mouth from prior participants. After giving informed consent the youth participated in a brief interview with the research assistant. The interviews took place within a private area in the Centre on an individual basis. Participants were free to withdraw from the study at any time, and were aware that their participation or lack of participation would not affect their ability to use the services at Home Base. The interviews were conducted anonymously with youth only having to place their names on the consent forms which were kept separate from the interview sheets, which had only case numbers. Youth who completed the interview were given $5 cash compensation for their participation. The attendance records and service usage of the services at the Centre were recorded on a daily basis by front-line staff members and the research assistant. The weekly sexual health resources usage was recorded by the research assistant.

RESULTS

Table 1 : Demographics (N =69)

Gender				
	Male 62.3%	Female 37.7%		
Age				
	Under 16 8.7%	16 - 17 42.8%	18 - 20 30.4%	21 and over 18.7%
Community of Origin				
	Richmond Hill 73.9%	York Region 15.9%	GTA 8.7%	Other 1.4%
Main Activity				
	Working at a job 34.8%	Looking for work 11.6%	Going to school 29.0%	Other 24.6%

As seen in Table 1, the gender split in the current sample was similar to the male to female ratio found in other Canadian studies with homeless and street involved youth (Brannigan & Caputo, 1993; Smart & Adlaf, 1991; McCarthy & Hagan, 1992). The mean age of the participants in the current study was 18.06 years (S.D = 2.50) while in other comparable studies with the same age range the average was 19 years of age, or older (Smart & Adlaf, 1991; Brannigan & Caputo, 1993). The majority of respondents (n = 51) indicated their community of origin (the last place they lived in a permanent residence) as Richmond Hill, where the Centre is located. The main activity of participants over the past 12 months varied with the largest grouping (n = 24) indicating that they were working at a job.

Homelessness

When asked where they had slept during the last 7 nights, 52.2% of respondents indicated that they had spent all 7 days in a parent or guardian's home, 15.9% had spent all 7 nights in their own apartment/rented room, and 10.1% had spent all 7 nights at a friend's place. However, when more long-term measures of homelessness were used, 48.0% of respondents indicated that

they had been without a permanent residence for at least a few days in the past 12 months (range: a few days - most of the year). Furthermore, when asked “Have you ever slept outside at night when you left home?”, 46.4% of participants indicated that they had spent at least one night outside when they left home in their lifetime (range: 1 - 540 nights). When asked “How old were you when you first moved out or were asked to leave your parents/ guardians home?”, 72.5% indicated that they had left home at some point in their lives with ages ranging from 7 to 22 years at first departure (mean = 14.92 years, S.D. = 2.66). In Table 2, present living situations of the youth are examined. The largest group of youth indicated that they were still at home, but desired to move out and be independent soon (54.4%). The next largest group (16.2%) indicated “other” as their present living situation. (This group indicated that they were no longer at home due to factors such as police involvement, or choosing to live with a boyfriend/girlfriend) The third largest group 14.7% indicated that they were “Thrown out by their parents due to their behaviour”.

Table 2 : Present Living Situation (N = 68)

Live at home, but I want to move out and be independent soon.	54.4%
Parents threw me out because they could not deal with my behaviour	14.7%
Left home for adventure and excitement	4.4%
Parents could not bother to have me around and threw me out	4.4%
Live at home, but my life is really on the street, and will probably leave home eventually for the street.	2.9%
Left a bad home life	1.5%
Ran away from CAS or YOA facilities	1.5%
Other	16.2%

Family Background

Participants came from a variety of family structures (see Table 3). The majority of the youth interviewed lived with either their mother alone (22.1%), their mother and a friend/stepfather (22.1%), or with both biological parents (20.6%). The majority of respondents (57.9%) came from families where at least one parent had completed post-secondary education and rated their family financial situation as “about average” or higher (83.9%). These numbers are comparable with the demographics of Richmond Hill, but differ from what one would expect to find among a population of street-involved youth. However, as seen in previous studies this is a heterogeneous subject group, who are not easily compartmentalized (Caputo, 1996).

Table 3 : Family Background(N = 68*)

* One participant refused to answer any family related questions

Parent(s) / Guardian(s) that you currently or last lived with.	
Both biological parents	20.6%
Father alone	8.8%
Mother alone	22.1%
Father and friend/ stepmother	7.4%
Mother and friend/stepfather	22.1%
Grandparent(s)	2.9%
Guardian(s)	4.4%
Foster parent(s)	4.4%
Other relatives	2.9%
Other	4.4%
Parents level of Education	
At least one parent completed post-secondary education	57.9%
At least one parent did not complete high school	34.7%
Family Financial Situation	
Well-above average	10.3%
Somewhat above average	16.2%
About average	57.4%
Somewhat below average	7.4%
Well below average	8.8%
Description of how things are/were in your home when you lived at home	
Very good	7.4%
Fairly good	48.5%
Somewhat poor	30.9%
Very poor	13.2%
Frequency of Parental Intoxication (n = 62)**	
Frequently	19.4%
Sometimes	16.1%
Once or twice	17.7%
Never	46.8%

** Participants under 16 were not asked this question accounting for the smaller sample

Participants' descriptions of their prior or current home life were almost evenly split between negative and positive descriptors. Just over half of respondents (55.9%) indicated that

their home life was “very” or “fairly” good, while the remaining 44.1% indicated a “somewhat” or “very” poor situation at home. The majority of respondents (53.2%) indicated that they had seen their parent(s) intoxicated on alcohol or drugs at least once, and 19.4% of the youth indicated that this occurred “frequently”.

Victimization

Table 4 : Abuse

Were you ever afraid of being hit at home?	Total (N = 62)	Males (N = 38)	Females (N=24)
Yes	21.0%	10.5%	37.5%
No	79.0%	89.5%	62.5%

Have you ever had marks on your body from being physically abused?	Total (N = 62)	Males (N = 38)	Females (N = 24)
Yes	25.8%	26.3%	25.0%
No	74.2%	73.7%	75.0%

Have you ever been sexually abused?	Total (N = 62)	Males (N = 38)	Females (N = 24)
Yes	4.9%	2.6%	12.5%
No	95.1%	97.4%	87.5%

More than a quarter (25.8%) of those participants who were over 16 reported having marks on their body from being physically abused at some point in their lives. The ratio between males and females for this situation was similar, which was contrary to previous findings in which male participants consistently reported a higher level of physical abuse than female participants (MacMillan et al., 1997). In 1998, the number of substantiated physical abuse cases in Ontario was 8,000, while across Canada there were 46,745 investigations involving a concern of physical abuse (7.42 per 1000 children) in which 15,533 were substantiated (2.47 per 1000 children) (Trocme, 2000). All of the youth in the current study who reported being sexually abused also reported being physically abused during their lifetime. Physical abuse for both genders tended to

start early on in life with the mean age for males being 7.8 years (SD = 3.85) and 7.2 years (SD = 4.96) for females.

Substance Use and Abuse

Comparisons of frequencies for tobacco, alcohol and other drug use and abuse were conducted. The comparison groups consisted of i) Ontario Secondary school students who had completed the 2001 Ontario Student Drug Use Survey (OSDUS; Adlaf & Paglia, 2001) (N = 4211) and ii) a sample of Toronto street youth from a study by Smart & Adlaf (1991) which examined substance use and abuse among this population. We see in Table 5, that the findings among Home Base youth tended to mirror the findings among Toronto street youth and differed greatly from the Ontario students frequencies on all measures.

A large majority of Home Base youth reported smoking at least 1 to 2 cigarettes a day (range: 1 to 2 - over 20 cigarettes) in the past 12 months (94.2%) in comparison to less than a quarter (23.6%) of Ontario students. Home Base youth also reported a higher frequency of smoking with almost 1 in 5 reporting smoking more than 20 cigarettes a day in the past 12 months, while just over 1.0 % of Ontario students reported that frequent a level of use.

Alcohol use was also consistently higher among the Home Base sample with 91.3% reporting drinking within the past 12 months and 42.0 % reporting drinking at least once a week or more. This closely resembles the Toronto sample which reported 93.0% and 47.0% for these measures respectively. Both of these differ considerably from the Ontario students where the frequency for these questions were 65.6% and 11.2%, respectively.

Indicators of alcohol problems was also high among the Home Base population with 28.5% reporting 2 or more positive responses to the CAGE scale (Mayfield et al, 1974). Frequencies for this measure among the Toronto street sample and the Ontario students were 47.0% and 5.0%, respectively.

Drug use was also very high among the Home Base sample with 87.0% reporting that they had used an illicit drug at least once in the past 12 months, compared to only 33.5% of Ontario students. Cannabis was the most used drug (81.2%) with “Ecstasy” (40.6%) and cocaine / ‘crack’ (30.4%) also being used by a substantial portion of the population within the past 12 months. Usage among the Home Base sample was significantly higher than the frequencies among the Ontario students where usage was 29.8% for cannabis, 6.0% for “Ecstasy”, and 4.3% for cocaine and 2.0% for ‘crack’, respectively. The rates of use for Home Base youth were more similar to the Toronto street youth sample which reported 93.0% for cannabis, 64.0% for cocaine and 39.0% for crack (‘Ecstasy’ use was not recorded in this study). Most drug users in the Home Base sample reported using more than 1 drug in the last year
(63.8%) with the mean number of drugs used being 3.29 (SD = 2.68; range : 1 - 10).
Indicators of a drug problem were measured using the Total Problem Index (TPI; Smart & Adlaf, 1992) of the DAST, with positive responses for 4 or more items indicating a drug problem. The percentage of TPI scores at or above 4 were similar in the Home Base (22.1%) and Toronto street youth study (24.0%).

Table 5 : Substance Use and Abuse

	Studies		
	Home Base youth (n=69)	OSDUS students (n = 4211)	Toronto street youth (n = 145)
Cigarette Use			
Used in past 12 months	94.2%	23.6%	
Smoked more than 20 cigarettes a day	18.8%	1.1%	
Alcohol Use			
Drank in the past 12 months	91.3%	65.6%	93%
Drank once a week or more frequently	42.0%	11.2%	47.0%
Drank daily or almost daily	4.3%	less than .5%	6.0%
CAGE Questions			
Felt you should drink less	33.3%	8.9%	46.0%
Have been bothered by others about your drinking	22.2%	2.5%	34.0%
Felt bad or guilty because of your drinking	15.9%	6.6%	31.0%
Drank in the early morning	36.5%	4.1%**	35.0%
2+ CAGE	28.5%	5.0%	46.0%
Drug Use			
Used any illicit drug in the past 12 months	87.0%	33.5%	93%
Cannabis	81.2%	29.8%	92.0%
Ecstasy	40.6%	6.0%	
Cocaine / Crack	30.4% (either or both)	4.3% / 2.0%	64% / 39%
Total Problem Index (TPI)	22.1%		24%

** The OSDUS question read “Have you ever drank in the early morning to get rid of a hangover?”

Mental Health

Depression was measured using the Centre for Epidemiological Studies Depression Scale (CES-D scale; Radloff, 1977. The majority of the Home Base (58%) sample scored somewhere along the depressive symptom continuum (mild to severe), with 10.1% reporting scores indicative of high risk of depression. In Table 6, we see that a higher percentage of Home Base respondents experienced three areas of depressive symptomatology, in the previous seven days, when compared to the Ontario student counterparts. In crosstabulating the CES-D scores with whether youth had received professional counselling for emotional issues (outside of Home Base) within the past 12 months, it was found that only 29% of the youth scoring along the depression continuum had received counselling in the past year. Sucide ideation was also examined within the sample and yielded high results. Almost one quarter (24.6%) of participants stated that they had 'seriously thought about committing suicide' in their lifetime, and 20.3% reported attempting suicide at least once in their lifetime. These numbers are higher than those reported by Ontario students in the OSDUS in which 11.1% indicated that they had 'ever seriously considered attempting suicide', however this measure was only for the past 12 months.

Table 6: Depression

CES-D question*	Ontario students N = 4211	Home Base youth N = 69
How often have you felt sad?	14.5%	24.6%
How often have you felt lonely?	13.4%	20.2%
How often have you felt depressed?	10.3%	15.9%

*Percentage of participants who answered "often" or "always" to the question

Criminality

The majority of respondents indicated that they had had contact with the police (92.8%), over three-quarters (75.4%) of participants reported that they had been questioned but not picked up by police, while 62.3% of respondents reported being arrested or taken into custody, in their

lifetime. This percentage differs substantially from the general Canadian population in which only 4.1% (100 861 / 2.47 million) of youth were charged with offenses in the year 2000. (deSouza, 2002) The most frequently reported charge category in the Home Base sample was 'theft or shoplifting' (34.8%), followed by assault (27.5%) and then 'other' (24.9%). Within the 'other' charge category robbery (27.7%) was the most frequently reported charge. These numbers are considerably higher than those reported by students in the OSDUS who indicated that they had committed theft (19.7%) and assault (12.3%) within the past 12 months, and the number of students charged with these offenses is presumably lower than these self-reported frequencies. Almost half of the Home Base youth (46.4%)indicated that they had been in jail, prison or a juvenile correctional facility overnight in their lifetime.

Education and Employment

Over half of the sample (55.1%) indicated that they were not attending school (traditional or alternative programs) at the time of their interview, the remainder were attending part-time (5%) and full-time (37.7%) classes. When asked what their average letter grade was for the last year of school they attended, the vast majority of participants (95.6%) indicated that they had had a passing average (over 50%) with the largest respondent group (42.6%) indicating that they had a "B" (70 - 79%) average. These findings are similar to the Ontario student findings where less than 1% of respondents indicated that they had averages under 50% and the largest respondent group indicated that they had a "B" average (44.8%). Despite these similarities, the majority of Home Base respondents indicated that they had problems at school. More than 4 out of 5 respondents had been suspended from a school in their lifetime (82.6%) with the largest response group (44.9%) indicating that they had been suspended 'more than 3 times' in their lifetime (Range: never - > 3 times). Even with the current relatively low level of school

attendance most respondents indicated that they would like to eventually obtain either a college or university education (62.3%).

When questioned about their current occupation respondents were almost equally dispersed between working (full-time or part-time) (30.4%), studying (37.7%) and being unemployed (31.9%).

Home Base

As seen in Table 7, the majority of youth interviewed indicated that they had been using the services at Home Base for over a year (55.1%), the rest of the youth were relatively evenly distributed between the other categories. The majority of respondents indicated that they used the services at Home Base at least weekly (63.8%). There was no significant relationship found between the duration and frequency of use of Home Base services. The majority of respondents indicated that they learned about Home Base from friends (79.7%), which corresponded with 97.1% of the sample stating that they would recommend Home Base to a friend.

Table 7 : Patterns of Usage

How long have you been using the services at Home Base?	
About two weeks	13.0%
1 - 3 months	13.0%
3 - 6 months	5.8%
6 - 12 months	13.0%
Over a year	55.1%

How often do you use the services at Home Base?	
Almost every day	26.1%
Once or twice a week	37.7%
2 - 3 times a month	14.5%
Once a month	14.5%
2 - 3 times every 6 months	7.2%

Table 8 : Service Usage

Service Area	Need current support	Have received previous support at Home Base
Job search / placement	56.5%	52.2%
Resumé writing	42.0%	30.4%
Counselling	31.9%	50.7%
Food	31.9%	85.5%
Housing	20.3%	18.8%
Clothing	14.5%	24.6%
Health matters	13.0%	24.6%

As seen in Table 8, most respondents indicated that on the day of their interview they needed support in attaining a job with 56.5% requiring job search assistance and 42% requiring help with resumé writing. Support with food (31.9%) and counselling (31.9%) were also high on the needs of Home Base youth. The majority of youth (71.0%) indicated that they had received help from Home Base before with the top three support areas being food (85.5%), job search / placement (52.2%) and counselling (50.7%).

Table 9 : Most Important Element of Home Base

Element	Percentage
Place to stay off the streets	43.5%
Food	27.5%
Counselling	23.2%
Recreation	2.9%
Housing assistance	5.8%
Job search	7.2%
Life skills	1.4%
Clothing	1.4%
Helping kids	5.8%
Whole package	5.8%
Other	7.2%

When asked the open-ended question of “What is the most important thing that Home Base provides?”, respondents indicated that it being ‘a place to stay off the streets’ (43.5%), providing food (23.3%), and counselling (23.2%) were what they considered most important

(see Table 9). The consistent mention of counselling as being an important element in Home Base services is mirrored in the fact that 89.9% of respondents felt that staff related to them in a 'good' or 'excellent' way and that 92.8% felt listened to by Home Base staff members. As seen in Table 10, when respondents were asked what other services they would like Home Base to provide, extended hours (79.7%), a shelter in Richmond Hill (63.8%) and addictions counselling (62.3%) were the items most often mentioned. The majority of participants (62.3%) also reported that Home Base was the only service agency that they had used in the past three weeks, which would indicate its success at being a 'one stop shop' for youth.

Table 10 : Other Services at Home Base

Service	Percentage
Extended hours	79.7%
Shelter in Richmond Hill	63.8%
Addictions counselling	62.3%
On site school program	60.9%
Legal aid / assistance	55.1%
Health clinic	55.1%
Showers	39.1%
Nutrition counselling	34.8%

Service Usage: Monthly Statistics

When the daily use of services were examined the results reflected the self-reported usage of the respondents. Food, recreation and counselling were consistently the most frequently used services during the 4-month data collection period (see Appendix C)
The majority of Home Base participants used a variety of services ($X = 4.1$, $SD = 2.16$) and while food and recreation were the most frequently mentioned, less than 3% of respondents had used either of these services exclusively, while counselling was consistently the third most used service.

Use of sexual health resources was also relatively high. Contraceptives were taken more frequently than informational pamphlets regarding sexual health. Condoms (X = 52.7, SD = 41.9) were the most frequently removed sexual health resource. The popularity of this contraceptive may have been due to its visibility, as more than 300 brightly coloured condoms were placed in a large jar in a high traffic area of the Centre. In an effort to link sexual education to contraceptive use, the Centre has now partnered with the HIV/ AIDS committee of York Region whose representatives are available once a week in the Centre. Clients are able to obtain contraceptives, but must first answer a question regarding sexual health, therefore linking the education and resource components.

DISCUSSION

A large portion of the youth interviewed stated that they were currently living with parents or guardians, but they indicated background factors and / or behaviours that are consistently found within homeless and street-involved youth. Demographically, the youth at Home Base seemed typical of the affluent lifestyle of York Region with the majority of them indicating that at least one parent had obtained a post-secondary education and that their family's financial status was about average or above. However, these youth differ significantly from their 'mainstream' peers on a number of other factors. It cannot be determined in this study whether these factors were antecedents to homelessness or to being at risk of homelessness, or whether they arose during or as a result of homelessness or the risk of becoming homeless. These factors are as follows:

Substance use and abuse

Tobacco, alcohol and drug use and abuse among Home Base youth is substantially higher than their 'mainstream' peers. On every variable measured in this category, the Home Base sample indicated more problematic behaviours than their cohorts in the OSDUS study, and mirrored the frequencies of the Toronto street youth sample. This indicates that the Home Base participants are engaged in substance use at a level similar to homeless street youth in downtown Toronto. The majority of Home Base participants are also poly-drug users using, on average, three different drugs in the past 12 months. More than a fifth of the youth surveyed also indicated substance abuse problems. These results are similar to other studies (see Adlaf et al, 1996; Smart et al, 1994), in which direct comparisons between homeless and mainstream youth have indicated a higher frequency of substance use and abuse among the homeless samples. This high level of drug use could also be directly related to leaving home prematurely since the largest respondent group that left home in the current study were 'throwaways' due to their parents 'throwing them out because of their behaviour'. It can be assumed that a high level of drug use would be deemed inappropriate behaviour by most parents and could lead to youth being told to leave their family home. All these factors indicate that the majority of Home Base clients are at-risk based on their level of substance use and abuse.

Criminality

The majority of Home Base participants has been involved with the criminal justice system. With close to two-thirds of respondents indicating that they had been arrested or taken into custody, and almost half reporting that they had been in jail, prison or a juvenile correctional facility, it is clear that criminality is a significant characteristic in this population. These results confirm previous research which have indicated that participating in illegal activities is often part of the street lifestyle (Caputo et al., 1997; McCarthy & Hagan, 1991) Research by Zide & Cherry (1992) indicated that trouble with the law could result in parents

telling youth to leave their homes, and could be a factor in the proportion of “throwaways” in the Home Base sample.

Mental Health

A considerable amount of Home Base respondents are at-risk for depression and have a high level of suicide ideation. Over half of the youth interviewed had scores on the CES-D scale that placed them at risk for developing depression and, one in ten are at high risk. In examining just 3 questions indicative of depressive symptomology, more Home Base respondents indicated frequent experiences of these emotions than their ‘mainstream’ counterparts. The difference between Home Base youth and your ‘average’ Ontario student is again demonstrated by the fact that twice as many Home Base respondents had contemplated suicide in their lifetime as compared to their ‘mainstream’ peers (in the past 12 months). Mental illness is relatively frequent among homeless individuals, and depression, in particular, has been reported at significantly higher levels among street youth (see Hier et al, 1990; Smart et al, 1994; Ayerst, 1999) than ‘mainstream’ youth. This high level of mental health symptomology coupled with the low level of professional counselling reported by Home Base youth indicates that this is a high risk group.

Victimization

A substantial number of Home Base participants reported parental substance use and physical abuse. Despite the relative financial affluence reported by the majority of Home Base youth a high level of family dysfunction was present. Close to half of respondents indicated a poor situation in their family home, about one in five youth reported their parent(s) were frequently intoxicated in their lifetime, and over one quarter indicated that they had been physically abused in their lifetime, starting ,on average, at age 7. In other studies the most

commonly cited reason for youth leaving home is the family environment (see Caputo et al., 1997).

Education

The majority of Home Base participants had negative school experiences and left school prematurely. Over half of the respondents were not currently in an education program, over two thirds had less than a Grade 11 education, and 4 out of 5 had at least one suspension in their lifetime. Negative school experiences and a high level of 'dropping out' are frequently mentioned in the literature on homeless youth and other at-risk youth (see Caputo et al., 1997) As well, not attending school could be a source of family conflict which could lead to youth leaving home prematurely.

Previous research has stated that homelessness is a result of a number of antecedents (see Street to Stability, 2001; Caputo et al., 1997, Awareness to Action, 2000). In particular it has been noted that homeless youth are a heterogeneous group who have been exposed to a variety of risk factors which has led them to the street (Caputo et al., 1997). Home Base youth display many of the documented factors associated with becoming and being homeless. With multiple risks, a multiple-service approach is required in order to meet the needs of these individuals. Home Base attempts to do this in its adage as a "one stop shop for teens."

Home Base Service Usage: How are needs being met?

The multiple service approach at Home Base is necessary in a population with multiple risk behaviours. On average, respondents indicated that they used about four of the services provided at Home Base. Although food and recreation were the most frequently used services over the 4-month research period, less than 3% of respondents indicated that they had used either of these services exclusively in the time that they had been using Home Base. This would

indicate that although the food and recreation facilities are well used, they perhaps serve to draw clients into the Centre where they find other services to meet their needs.

The frequency of service use impact on some of the factors presented by the youth. The fact that more than half of the respondents came into Home Base at least weekly, and that over 43.0% reported that the most important element of the Centre was that it was 'a place to stay off the streets' indicates that these youth are looking for an environment where they can not only receive assistance, but also somewhere to stay 'out of trouble'. Substance use is prohibited at Home Base, therefore a youth's presence at the Centre ensures that they will not be using alcohol or drugs during that time. As well, it has been reported that most youth crime occurs during the unsupervised after-school hours between 2 to 6pm (Centre for Research on Youth At Risk, 2003). Home Base is open between 1-8pm (Sat. - Thurs.) and 1-7pm (Fri.), therefore offering youth an alternative to being elsewhere engaging in criminal activities.

The frequent use of food at the Centre may also impact on the criminality of the youth. Previous research has indicated that theft among street youth was often in direct response to food deprivation (McCarthy & Hagan, 1992). Theft was also the most frequently reported crime with which Home Base respondents were charged. The availability of free food, could mean that youth experiencing food deprivation would no longer find it necessary to commit theft to meet this need.

The Home Base service which impacts most directly on the risk factors of the youth is counselling. The counselling provided at Home Base is informal and broad based. Youth are encouraged to talk about any subject with the front-line staff. Many youth use this service, as more than half of respondents indicated they had received counselling previously at Home Base; almost a third indicated that they needed counselling support on the day of their interview; counselling was often mentioned as the most important element of Home Base; and

was consistently the third most used service in the 4-month research period. The frequent use of this service is facilitated by the relationships that clients form with staff. Almost all respondents (95.5%) indicated that they felt listened to by staff and that staff related to them in a ‘good’ or ‘excellent’ way (89.9%). Counselling is an essential element when serving youth at risk of homelessness. According to Caputo et al. (1997) when former street youth were asked what if anything could have prevented them from adopting the street lifestyle, counselling for personal problems and family counselling were the most frequently mentioned aides. The possibility for youth to talk to Home Base staff about their substance use, criminality, emotional health, victimization, and education offers a direct avenue to impact those areas that make youth most vulnerable to homelessness.

Future Initiatives

Home Base Drop-In Centre would benefit from continuing to build on its strengths as a multiple service agency which focuses on the needs of the individual.

One area that Home Base could expand into is the provision of a youth shelter in Richmond Hill. It is evident from the fact that over 70% of Home Base youth have left home during their lifetime and that almost half of them have spent at least one night sleeping on the street, that there is a need for such a facility. The existence of a shelter would meet the top two requested future services of participants; extended hours and a shelter in Richmond Hill. The provision of a shelter would also expand on Home Base’s goal to provide an immediate, safe, secure and accessible environment for youth in crisis.

Targeted interventions for the risk areas presented by youth is another area into which Home Base could expand. The provision of counselling that focuses on the areas indicated as potential risk factors, within the Home Base environment, could serve to reduce the risk of homelessness among clients. This need is indicated by the youth themselves in that the majority

stated that addictions counselling, legal aid, and an on-site school program were services that they would like Home Base to provide, all of which would address important deficits in homeless youth. The addition of these services would also strengthen the goal of the Centre to provide youth with the necessary skills and resources to enable them to function to the best of their potential.

Conclusion

Home Base Drop-In Centre is serving the needs of a population experiencing some degree of homelessness. By providing a multi-service approach through open counselling and approachable staff, the Centre is providing services and help to a vulnerable population and somewhat ‘invisible’ segment of York Region’s population.

REFERENCES

Adlaf, E.M., & Paglia, A. (2001) *Drug Use Among Ontario Students 1977-2001: Findings from the OSDUS.* CAMH Research Document Series No. 10.

Adlaf, E.M., Zdanowicz, Y.M., & Smart, R.G., (1996) Alcohol and other drug use among street-involved youth in Toronto. *Addictions Research,* 4, 11 - 24.

Antoniades, M., & Tarasuk, V. (1998) A survey of food problems experienced by Toronto street youth. *Canadian Journal of Public Health,* 89, 371-375

Ayerst, S.L. (1999) Depression and stress in street youth. *Adolescence,* 34, 567-575.

Brannigan. A., & Caputo, T., (1993) *Studying Runaways and Street Youth in Canada: Conceptual and research design issues.* Solicitor General of Canada Publication.

Caputo, T., Weiler, R., & Anderson, J. (1997) *Street Lifestyle Study,* Health Canada.

Centre for Research on Youth At Risk. *Myths about youth crime in Canada: Fact sheet.* Retrieved from the Web 1/29/03. http: //www.stthomasu.ca/research/youth/risk.htm.

Dachner, N., & Tarasuk, B. (2002) Homeless "squeegee kids" : Food insecurity and daily survival. *Social Science and Medicine,* 54, 1039-1049

deSouza, P. (2002) Youth court statistics, 2000/01. *Juristat: Canadian Centre for Justice Statistics,* 22, 1-13.

From Awareness to action: *Responding to homelessness in York region*. (2000) Report of the York Region Homelessness Task Force September 2000.York Region: Community Services and Housing Department.

From Street to Stability: A compilation of findings on the paths to homelessness and its prevention. (2001) Raising the Roof.

Heir, S.J., Korboot, P.J., & Schweitzer. (1990) Social adjustment and symptomatology in two types of homeless adolescents: Runaways and throwaways. *Adolescence,* 25, 761-771.

Lindsey, E.W., Kurtz, P.D., Jarvis, S., Williams, N.R., & Nackerud, L. (2000) How runaway and homeless youth navigate troubled waters: Personal strengths and resources. *Child and Adolescent Social Work Journal,* 17, 115- 140.

MacLean, M.G., Embry, L.E., and Cauce, A. (1999) Homeless adolescents' paths to separation from family: Comparison of family characteristics, psychological adjustment, and victimization. *Journal of Community Psychology,* 27, 179-187.

MacMillan, H., Fleming, J.E., Trocme, N., Boyle, M.H., Wong, M., Racine, Y., Beardslee, Offord, D.R. (1997) Prevalence of Child Physical and Sexual Abuse in the Community: Results from the Ontario Health Supplement. *JAMA*, 278, 131-135

Mayfield, D., McLeod, G., and Hall, P. (1974) The CAGE questionnaire: Validation of a new alcoholism screening instrument. *American Journal of Psychiatry*, 131, 1121 - 1123.

McCarthy, B., & Hagan, J. (1992) Mean Streets: The theoretical significance of situational delinquency among homeless youths. *American Journal of Sociology*, 98, 597-627.

Parliamentary Research Paper (1999)

Radloff, L.S., (1977) The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385 - 401.

Skinner, H., (1982) The drug abuse screening test. *Addictive Behaviors*, 7, 363-371.

Smart, R.G., & Adlaf, E.M., (1991) Substance use and problems among Toronto street youth. *British Journal of Addiction*, 86, 999 - 1010.

Trocme, N. (2001) Canadian Incidence Study of Reported Child Abuse and Neglect. Retrieved from the Web 1/16/03 http://www.canadachildwelfareresearch.org/publications/incidences.htm.

United Nations General Assembly of the International Year of Shelter for the Homeless (1987)

Zide, M., & Cherry, A. (1992) A typology of runaway youths: An empirically based definition. *Child and Adolescent Social Work Journal*, 9, 155 -168.

APPENDIX A

YOUTH QUESTIONNAIRE (16 AND OVER)

#_____

Assessment of the Services of Pathways Home Base Youth Drop-In Centre
Centre for Children At Risk
Hamilton Health Sciences

Youth Interview

The next few questions are about you and your background. All answers will be kept strictly confidential.

1) My gender is:

a) Male
b) Female
c) Transgendered

1) Date of Birth:

☐☐ ☐☐ ☐☐☐☐

Day Month Year

2) I have: (Please circle one)

a) Completed elementary school
b) Some high school
c) High school diploma
d) Some college
e) Completed college
f) Some university
g) Completed university
h) Certificate or diploma from another institution
i) On the job training (vocational school, apprenticeship)
j) Other (please specify) _____

4) Where is your community of origin (where you last lived in a permanent residence)? (Please circle one)

a) Richmond Hill
b) York Region
c) GTA (Greater Toronto Area)
d) Durham Region
e) Peel Region
f) Other (please specify)_____

The following questions are about your most recent living arrangements. All answers will be kept strictly confidential.

5) Where have you slept during the **LAST 7 NIGHTS**?

- Please circle a number for the number of nights you have spent in each place over the past 7 nights. The total number of nights should equal 7.
- Example: At a Friends' Place 3 nights
  At a Hostel/Shelter 4 nights
  Total 7 nights

Place	Number of Nights
At Home (with parents/guardians)	0 1 2 3 4 5 6 7
At My Own Apartment/ Room (rented)	0 1 2 3 4 5 6 7
In a Group Home	0 1 2 3 4 5 6 7
At a Correction Center	0 1 2 3 4 5 6 7
At a Friends' Place	0 1 2 3 4 5 6 7
At an Hostel /Emergency Shelter	0 1 2 3 4 5 6 7
In a Hotel or Motel Room	0 1 2 3 4 5 6 7
In a Car	0 1 2 3 4 5 6 7
On the street	0 1 2 3 4 5 6 7
Other	0 1 2 3 4 5 6 7

(Please specify: _____)

Total Nights = 7

6) Where do you plan to stay **TONIGHT**? (Please circle one)

a) At Home (with parents/guardians)
b) At My Own Apartment/ Room (rented)
c) In a Group Home
d) At a Correction Center
e) At a Friends' Place
f) At an Hostel /Emergency Shelter
g) In a Hotel or Motel Room
h) In a Car
i) On the street
j) I Don't Know
k) Other

(Please specify: _____)

7) Have you ever slept outside at night when you have left home?

a) yes
b) no

If **yes**, how many nights, on the most recent time ?_____

8) IN THE PAST 12 MONTHS, what is the longest you have been without a permanent residence: (Please circle one)

a) Never
b) A few days
c) A few weeks
d) A couple of months
e) More than 6 months
f) Most of the year

9) IN THE PAST 12 MONTHS, how many times have you been without a permanent residence? (Please circle one)

a) Never
b) Once
c) Twice
d) 3 – 5 times
e) 6 or more times

10) If you are **not** living with parents/guardian, what age were you when you first moved out or where asked to leave?

_____Years Old

11) How many times have you left home in your lifetime?

_____times

12) Which one of the following describes the way you see your present situation? (Please circle one)

a) I am someone who left a bad home life.
b) I am someone who left home because I like adventure and excitement
c) I am someone whose parents threw me out because they could not deal with my behaviour
d) I am someone whose parents couldn't be bothered to have me around, and threw me out.
e) I am someone who ran away from CAS or YOA facilities
f) I still live at home, but my life is really on the street, and I will probably leave home eventually for the street **go to question 14**
g) I still live at home, but I want to move out and be independent soon **go to question 14**
h) Other (please specify) _____

13) How much would you like to move back home now?
1 meaning, **" I really want to go home badly"** and **10** meaning " **I never want to go home"**

Please circle where would you put yourself?

1 2 3 4 5 6 7 8 9 10

The following questions are about your family. All answers will be kept strictly confidential.

14) Which of the following best describes the parent (s) you **currently or last lived with**? (Please circle one)
a) Both biological parents
b) Father alone
c) Mother alone
d) Father and friend / Stepmother
e) Mother and friend/ Stepfather
f) Grandparent (s)
g) Guardians
h) Foster parents
i) Other relatives
j) Other (please specify: _____)

15) Up to now, which woman spent the **most** time raising you: (Please circle one)
a) Birth/biological mother
b) Adoptive mother
c) Stepmother
d) Foster mother
e) Grandmother
f) Other female relative
g) No mother/female caregiver **go to question 17**
h) Other (Please specify: _____)

16) How far did she go in school: (Please circle one)
a) Some high school
b) High school diploma
c) Some college
d) Completed college
e) Some university
f) Completed university
g) Certificate or diploma from another institution
h) On the job training
i) Other (please specify:_____)
j) I don't know

17) Up to now, which man spent the **most** time raising you: (Please circle one)
a) Birth/biological father
b) Adoptive father

c) Stepfather
d) Foster father
e) Grandfather
f) Other male relative
g) No father/ male caregiver **go to question 19**
h) Other (Please specify: _____)

18) How far did he go in school: (Please circle one)
a) Some high school
b) High school diploma
c) Some college
d) Completed college
e) Some university
f) Completed university
g) Certificate or diploma from another institution
h) On the job training
i) Other (please specify:_____)
j) I don't know

19) How would you describe your family's **financial** situation when you were at home? (Please circle one)

a) Well-above average
b) Somewhat above average
c) About average
d) Somewhat below average
e) Well below average

20) Which of the following best describes how things are / were in your home when you lived at home? (Please circle one)

a) Very good – everyone got along with everyone else
b) Fairly good – problems from time to time but nothing serious
c) Somewhat poor – there were some serious problems which needed attention
d) Very poor – there were many serious problems
e) Other (please specify:_____)

Go to Self Report on Family

#_____

Self-Report on Family

These are some more personal questions about your family life. All answers will be kept strictly confidential.

21) While living at home, did / do you ever see your parent(s) drunk on alcohol or high on drugs? (Please circle one)
a) Frequently
b) Sometimes
c) Once or twice
d) Never

22) Were you ever afraid of being hit at home? (Please circle one)

a) Yes
b) No

23) Have you ever had marks on your body from being physically abused? (Please circle one)

a) Yes ⇒ **GO TO QUESTION 24**
b) No ⇒ **GO TO QUESTION 25**

24) If you have been physically abused at what age did the abuse start?
_____Years Old

25) Have you ever been sexually abused (forced to have sex when you did not want to)? (Please circle one)

a) Yes ⇒ **GO TO QUESTION 26**
b) No ⇒ **PLEASE HAND IN THIS SELF REPORT**

26) If you have been sexually abused at what age did the abuse start?
_____Years Old

End of Self Report.

Please let the interviewer know that you have completed this self-report.

The next few questions are about alcohol and drug use. All answers will be kept strictly confidential.

27) In the **LAST 12 MONTHS** how often did you smoke cigarettes?

a) Tried one cigarette
b) Less than 1 cigarette a day
c) 1 or 2 cigarettes a day
d) 3 to 5 cigarettes a day
e) 6 to 10 cigarettes a day
f) 11 to 15 cigarettes a day
g) 16 to 20 cigarettes a day
h) More than 20 cigarettes a day
i) Smoked but not in the last 12 months
j) Never smoked cigarettes in lifetime

28) In the **LAST 12 MONTHS**, how often have you used alcohol?

a) Drank only at special events (for example, Christmas or at weddings)
b) Had a sip of alcohol to see what it is like
c) Once a month or less often
d) Two or three times a month
e) Once a week
f) Two or three times a week
g) Four or five times a week
h) Almost every day – six or seven times a week
i) Drank, but not in the last 12 months **go to question 33**
j) Never drunk alcohol in lifetime **go to question 35**

31) In regards to your alcohol use, **IN THE PAST 12 MONTHS** have you:

a)	Felt you should drink less	Yes	No
b)	Ever drank in the early morning	Yes	No
c)	Been bothered by others regarding your drinking	Yes	No
d)	Felt bad or guilty because of drinking	Yes	No
e)	Ever thought you had an alcohol problem	Yes	No
f)	Ever been in the hospital because of drinking	Yes	No
g)	Ever had medical attention because of drinking	Yes	No
h)	Attended a alcohol detoxification centre (“rehab”)	Yes	No

32) IN THE PAST 12 MONTHS, how much have you done impulsive things, because of your drinking, that you later wished you hadn't done? (Please circle one)

a) A Lot
b) Some
c) A Little
d) Not at all
e) I don't know

33) Were there times in your life when you were often buzzed or drunk in situations where you could get hurt, for example when riding a bicycle, driving, playing sports, operating a machine, or anything else? (Please circle one)

a) Yes
b) No
c) I don't know

34) Were you arrested or stopped by the police because of drunk driving or drunk behaviour **more than once**? (Please circle one)

a) Yes
b) No
c) I don't know

35) IN THE PAST 12 MONTHS, have you used: (Circle yes or no for each substance)

a)	I have never used drugs in my lifetime	**go to question 37**	
b)	I have used drugs, but not in the past 12 months	**go to question 37**	
c)	Cannabis (marijuana, pot, ganja, hash, hash oil)	Yes	No
d)	Inhalants ("huffing": aerosol, paint, gasoline, glue…)	Yes	No
e)	LSD (acid)	Yes	No
f)	PCP ("Angel Dust", "Dust", "Horse Tranquilizer")	Yes	No
g)	Other Hallucinogens (Magic mushrooms, Mescaline, Psilocybin)	Yes	No
h)	Methamphetamines (speed, crank, crystal meth)	Yes	No
i)	Ecstasy (E, X, MDM, M&M)	Yes	No
j)	Cocaine ("coke", "crack", "snow", "blow", "snort")	Yes	No
k)	Barbiturates (Seconal, Amytal)	Yes	No
l)	Tranquilizers (Valium,"blues", "yellow jackets", "reds")	Yes	No
m)	Heroin ("horse", "H")	Yes	No
n)	Adrenochromes ("wagon wheels")	Yes	No
o)	Ritalin (not prescribed to you)	Yes	No
p)	Ketamine (K, Ket, Special K, Vitamin K)	Yes	No
q)	Other (please specify) _____		

36) In regards to your drug use, **IN THE PAST 12 MONTHS** have you:
(Circle yes or no for each statement)

a)	Felt concerned about your drug use	Yes	No
b)	Desired to use less	Yes	No
c)	Been unable to stop using when you wanted to	Yes	No
d)	Had blackouts or flashbacks	Yes	No
e)	Sought help for your drug use	Yes	No
f)	Had medical problems because of your drug use	Yes	No
g)	Received medical attention	Yes	No
h)	Had a drug-related arrest	Yes	No
i)	Attended a drug detoxification centre (“rehab”)	Yes	No

The next few questions are about your physical, mental and emotional health. All answers will be kept strictly confidential.

37) IN THE LAST 12 MONTHS, how many times have you seen a doctor about your physical health or for a check-up? _____

38) IN THE LAST 12 MONTHS, how often have you seen a doctor, nurse or counselor about your emotional or mental health?_____

39) IN THE LAST 12 MONTHS, how many visits to the emergency room have you made?
_____

40) During the past 12 months have you had any professional counselling for:
(Circle yes or no for each statement)

a)	Substance abuse	Yes	No
b)	Emotional issues	Yes	No
(Not at Home Base)			
c)	Job finding	Yes	No
d)	Other	Yes	No

(please specify:_____)

Go to Self Report on Health

#_____

Self-Report on Health

These are more personal questions about your physical, mental and emotional health. All answers will be kept strictly confidential.

41) The following statements describe some of the ways people feel at different times. Please circle the number which best describes how often you felt or behaved this way **DURING THE PAST WEEK.**

	Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1-2 Days)	Occasionally or a Moderate Amount of Time (3-4Days)	Most or all of the Time (5-7 Days)
a) I was bothered by things that usually don't bother me	1	2	3	4
b) I did not feel like eating; my appetite was poor	1	2	3	4
c) I felt that I could not shake off the "blues" even with help from my family or friends	1	2	3	4
d) I felt that I was just as good as other people	1	2	3	4
e) I had trouble keeping my mind on what I was doing.	1	2	3	4
f) I felt depressed	1	2	3	4
g) I felt that everything I did was an effort	1	2	3	4
h) I felt hopeful about the future	1	2	3	4
i) I thought my life had been a failure	1	2	3	4
j) I felt fearful	1	2	3	4
k) My sleep was restless	1	2	3	4
l) I was happy	1	2	3	4
m) I talked less than usual	1	2	3	4
n) I felt lonely	1	2	3	4
o) People were unfriendly	1	2	3	4
p) I enjoyed life	1	2	3	4
q) I had crying spells	1	2	3	4
r) I felt sad	1	2	3	4
s) I felt that people dislike me	1	2	3	4
t) I could not "get going"	1	2	3	4

42) Have you ever seriously thought about committing suicide? (Please circle one)
a) Yes
b) No

43) Have you ever made a plan for committing suicide? (Please circle one)
a) Yes
b) No

44) Have you ever attempted suicide in your lifetime? (Please circle one)
a) Yes ⇒ **GO TO QUESTION 45**
b) No ⇒ **End of Self Report.**
Please let the interviewer know that you are finished

45) When did your last attempt occur? (Please circle one)
a) Within the past week
b) Within the past month
c) Within the past 6 months
d) Within the past year
e) Within the past 18 months
f) Over 2 years ago

46) If you have ever attempted suicide how often have you used drugs or alcohol during your suicide attempts? (Please circle one)

a) During all your attempts
b) During some attempts
c) I have never used drugs or alcohol during my suicide attempts

End of Self Report.
Please let the interviewer know that you are finished.

The next few questions are about your involvement with the criminal justice system. All answers will be kept strictly confidential.

47) Have you ever had contact (good or bad) with the police? (Please circle one)
a) Yes
b) No **go to question 50**

48) What kind of contact have you had with the police? (Circle all that apply)
a) Was questioned but not picked up
b) Arrested or taken into custody **go to question 49**
c) Was helped by police
d) Other (please specify: _____)

49) If you were you arrested, what were you arrested in connection with? (Circle all that apply)
a) Never arrested
b) Drugs
c) Theft or shoplifting
d) Assault
e) Drunk driving or behaviour
f) Prostitution or pimping
g) Other (please specify:_____)

50) Have you ever been in jail, prison, or a juvenile correction facility over night?
a) Yes
b) No

The next few questions are about your education. All answers will be kept strictly confidential.

51) Are you currently attending school?
a) Yes, full-time
b) Yes, part-time
c) No

52) What was your average letter mark in your last year of school? (i.e.B, D, etc.)

_____

53) What was the last grade you completed? (ie. 7, 10, etc .)

_____

54) Did you have any of the following problems at school?

(Circle yes or no for each statement)

Get into fights	Yes	No
Discipline problems	Yes	No
Didn't like my teachers	Yes	No
Used bad language	Yes	No
Failed classes	Yes	No
Didn't do homework	Yes	No
Didn't pay attention	Yes	No
Skipping/attendance	Yes	No
Other	Yes	No

(Please specify: _____)

55) Have you ever been suspended from a school? (Please circle one)
a) never
b) once
c) twice
d) 3 times
e) more than 3 times

56) How much schooling would you like to get eventually? (Please circle one)
a) no more than I've already got
b) more high school
c) high school diploma
d) on the job apprenticeship
e) vocational school
f) college or university

The next few questions are about your recent employment.

57) Please circle the statement which best describes your current occupation:
a) Working full-time for pay
b) Working part-time for pay
c) Not working for pay : unemployed
d) Not working for pay : disabled; unable to work
e) Student (including vocational school, apprenticeship, etc.…)

58) If you are working, about how many hours a week do you work? _____

59) What was your main activity (what you spent the most time on in most days) in the last 12 months? (Please circle one):

1) Working at a job
2) Looking for work
3) Going to school
4) Other (please specify) _____

60) Have you started a full or part-time job since you left home?
a) Yes
b) No

The next few questions are about your involvement with Home Base Drop In Centre.

61) About how long have you been using the services at Home Base: (Please circle one)
a) About 2 weeks
b) 1-3 months
c) 3-6 months
d) 6-12 months
e) over a year

62) About how often do you use the services at Home Base: (Please circle one)
a) Almost every day
b) Once or twice a week
c) 2-3 times a month
d) Once a month
e) 2-3 times every 6 months

63) How did you learn about Home Base: (Please circle one)
a) Friend(s)
b) Advertising (pamphlets, posters, etc.)
c) Word of mouth,
d) Outreach Worker
e) Youth Worker
f) School
g) Just walking by
h) Probation
i) Parent/guardian
j) Other (please specify: _____)

64) In what areas do feel you need support? (Circle all that apply)
a) Housing
b) Food

c) Clothing
d) Resumé writing
e) Job search / job placement
f) Health matters
g) Talking to staff/getting advice
h) Legal aid / advice
i) Other (please specify: _____)

65) Have you received help from Home Base before: (Please circle one)
a) Yes
b) No

66) Please comment of the way the staff relates to you: (Please circle one)
a) Poor
b) Fair
c) Good
d) Excellent

67) Do you feel listened to by the staff at Home Base?
a) Yes
b) No

68) What services have you used at Home Base? (Circle all that apply)
a) Housing assistance
b) Food
c) Clothing
d) Resumé writing
e) Job search
f) Health services and products (i.e. nurse, contraceptives, etc.)
g) Recreation (i.e. TV, basketball, board games, etc.)
h) Referrals to other services
i) Talking to staff / Getting advice
j) Life skills groups

69) In your opinion, what is the most important thing that Home Base provides?

70) Do you feel safe at Home Base?
a) Yes
b) No

71) Would you recommend Home Base to a friend?
a) Yes
b) No

72) What other services would you like Home Base to provide? (Circle all that apply)
a) Showers
b) Health clinic
c) School program on site
d) Extended hours
e) Shelter in Richmond Hill
f) Nutrition counselling
g) Addictions counselling
h) Legal aid / assistance
i) Other (please specify: _____)

73) In the **PAST 3 WEEKS** how many different service agencies (shelters, drop-ins, food banks, legal aid) have you used: (Please circle one)
a) 1
b) 2-4
c) 4-6
d) more than 6

APPENDIX B

SERVICE USAGE DATA COLLECTION SHEETS

Date: _____

Stats Sheet

Services

Meals	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
Snacks	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
	21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40
Clothing	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Housing **(See Housing checklist)**	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Job Search **(See Job Search checklist)**	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Resumés	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Recreation	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Referrals	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Counselling	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Life Skills	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Date: _____

Housing Checklist

Housing Request = Client requests staff assistance to find housing (shelter, apartment…)
Housing Criteria = Client establishes criteria for housing (i.e. location, type of housing)
Housing Search = Client actively searches for housing (i.e. call landlords, call shelter)
Found Housing = Client has successfully attained temporary/permanent housing

Client	Housing Request	Housing Criteria	Housing Search	Attained Housing
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐
_____	☐	☐	☐	☐

Date: _____

Job Search

Job Opportunities = **Number** of job opportunities generated by the client's search (ie ads, temporary agencies)
Employer Contacts = **Number** of employer contacts made by client (ie calls, interviews)
Attained Employment = Client attained temporary, part-time, or full-time employment
Employment Termination = Client was terminated from or quit job position
Length of Employment = How long the client held the position (ie 2 weeks)
Job Advancement = Client was promoted or received a raise in his/her job position

Client	# Job Ops	# Employer Contacts	Attained Employment	Employment Termination	Length of Employment	Advancement
_____	☐	☐	☐	☐	_____	☐
_____	☐	☐	☐	☐	_____	☐
_____	☐	☐	☐	☐	_____	☐
_____	☐	☐	☐	☐	_____	☐
_____	☐	☐	☐	☐	_____	☐
_____	☐	☐	☐	☐	_____	☐

APPENDIX C

MONTHLY STATISTICS

September (5th - 30th)

Variable	Mean	Daily Range	Total
Number of youth	16.6	8 - 28	414*
Number of first time youth	1.0	0 - 7	25
Number of meals	10.6	0 - 36	226
Number of resumés	0.6	0 - 3	16
Number of job opportunities	1.2	0 - 11	29
Number of job contacts	**	0 - 1	2
Number of youth that attained employment	**	0 - 1	2
Number of youth that had their employment terminated	**	0	0
Number of youth with advances in employment	**	0	0
Number of housing requests	0.3	0 - 2	7
Number of youth establishing housing criteria	0.2	0 - 2	6
Number of housing searches	0.6	0 - 9	16
Number of youth that attained housing	0.4	0 - 9	10
Number of youth involved in life skills	1.5	0 - 5	37
Number of counselling sessions	2.2	0 - 8	56
Clothing	**	0 - 1	2
Number of youth involved in recreation	5.9	0 - 12	148
Referrals to other agencies	0.4	0 - 2	10

* Number of youth visits
** Less than .1

October (full month)

Variable	Mean	Daily Range	Total
Number of youth	16.1	4 - 28	484
Number of first time youth	1.4	0 - 6	42
Number of meals	10.8	0 - 32	314
Number of resumés	0.2	0 - 1	7
Number of job opportunities	0.4	0 - 5	13
Number of job contacts	0.4	0 - 5	12
Number of youth that attained employment	**	0	0
Number of youth that had their employment terminated	**	0 - 2	2
Number of youth with advances in employment	0.1	0 - 1	1
Number of housing requests	**	0 - 2	9
Number of youth establishing housing criteria	0.1	0 - 1	3
Number of housing searches	0.1	0 - 1	4
Number of youth that attained housing	**	0 - 1	1
Number of youth involved in life skills	1.0	0 - 8	29
Number of counselling sessions	3.5	0 - 11	101
Clothing	**	0 - 7	21
Number of youth involved in recreation	0.5	0 - 14	125
Referrals to other agencies	0	0 - 4	14

* Number of youth visits
** Less than 0.1

November (full month)

Variable	Mean	Daily Range	Total
Number of youth	20.2	10 - 31	608
Number of first time youth	0.7	0 - 3	22
Number of meals	12.7	2 - 27	380
Number of resumés	0.3	0 - 2	9
Number of job opportunities	5.1	0 - 66	152
Number of job contacts	0.6	0 - 13	19
Number of youth that attained employment	**	0 - 1	1
Number of youth that had their employment terminated	**	0 - 1	2
Number of youth with advances in employment	**	0	0
Number of housing requests	0.2	0 - 1	5
Number of youth establishing housing criteria	0.1	0 - 1	4
Number of housing searches	0.1	0 - 1	3
Number of youth that attained housing	**	0	0
Number of youth involved in life skills	1.6	0 - 9	47
Number of counselling sessions	3.4	0 - 8	101
Clothing	2.6	0 - 31	79
Number of youth involved in recreation	8.0	0 - 22	240
Referrals to other agencies	0.4	0 - 3	11

* Number of youth visits
** Less than 0.1

December (1st to 20th)

Variable	Mean	Daily Range	Total
Number of youth	17.6	11 - 17	352
Number of first time youth	0.7	0 - 2	14
Number of meals	9.6	2 - 27	191
Number of resumés	.1	0 - 1	1
Number of job opportunities	2.8	0 - 50	56
Number of job contacts	**	0	0
Number of youth that attained employment	**	0	0
Number of youth that had their employment terminated	**	0	0
Number of youth with advances in employment	**	0	0
Number of housing requests	0.2	0 - 2	4
Number of youth establishing housing criteria	0.2	0 - 2	4
Number of housing searches	0.1	0 - 1	2
Number of youth that attained housing	**	0	0
Number of youth involved in life skills	2.4	0 - 11	48
Number of counselling sessions	3.1	0 - 9	61
Clothing	2.4	0 - 16	47
Number of youth involved in recreation	8.0	2 - 13	159
Referrals to other agencies	**	0	1

* Number of youth visits
** Less than 0.1

Grand Totals for 4-month period

Variable	Total
Number of youth (visits)	1858
Number of first time youth	103
Number of meals	1151
Number of resumés	33
Number of job opportunities	250
Number of job contacts	33
Number of youth that attained employment	3
Number of youth that had their employment terminated	4
Number of youth with advances in employment	1
Number of housing requests	25
Number of youth establishing housing criteria	17
Number of housing searches	25
Number of youth that attained housing	11
Number of youth involved in life skills	161
Number of counselling sessions	316
Clothing	149
Number of youth involved in recreation	672
Referrals to other agencies	36