In 2014, McCreary Centre Society conducted a survey of homeless and street-involved youth with almost 700 young people aged 12–19. The survey took place in 13 communities across British Columbia (Abbotsford/Mission, Burnaby, Chilliwack, Kamloops, Kelowna, Nanaimo, Nelson, North Shore, Prince George, Prince Rupert, Surrey, Vancouver, and Victoria).

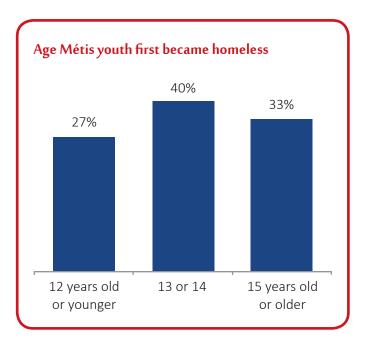
This fact sheet profiles the health picture of the 12% of survey respondents who self-identified as Métis.

# **Background**

The most common reasons Métis youth gave for becoming homeless were not getting along with their parents (50%) and running away (40%).

Sexual minority youth and youth with government care experience are overrepresented among homeless populations and this was the case for Métis youth, as 30% identified as lesbian, gay, or bisexual. Also, 21% identified as Two Spirit, and a small percentage as transgender. Almost two thirds (65%) of Métis youth had been in foster care, a group home, or on a Youth Agreement.

Many homeless Métis youth had families who were struggling with challenges in their lives. For example, 52% had a family member who had been in government care, 47% had a family member who had been in a residential school, 65% had a family member who had a problem with alcohol or other substances, and 56% had a family member who had attempted or died by suicide.



### **Definitions**

**Métis:** The National Aboriginal Health Organization defines "Métis" as people with mixed First Nations and European ancestry. The Métis are recognized as one of the three Aboriginal Peoples in Canada, alongside the First Nations and Inuit.

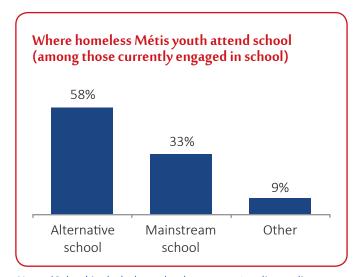
**Homeless and street-involved:** Youth who did not have a home; were couch surfing or living on the street; were involved in a street lifestyle; or were living in unstable conditions such as a single-room occupancy apartment, a motel, or living in a house without adults.



### School and work

Three quarters of homeless Métis youth were currently attending school and half intended to continue their education beyond high school.

Around a quarter (26%) of homeless youth worked at a legal job, with males more likely to do so than females. Among those who worked, 39% were employed in excess of 20 hours a week.



Note: 'Other' included youth who were attending online classes or a college/university/trade program.

# **Technology use**

Virtually all youth used the Internet, most commonly to keep in touch with friends.

Homeless Métis youth who used the Internet to		
Keep in touch with friends	90%	
Keep in touch with family	60%	
Play games	60%	
Look for work	40%	
Access other information	34%	
Look for services	24%	
Search for health information	24%	
Access services	16%	
Access chat rooms	15%	
Arrange dates or find sex partners	10%	
Reach a helpline	10%	



## Health profile

Half of homeless and street-involved Métis youth rated their overall health as good or excellent, and a similar percentage (48%) rated their mental health this way.

Half of youth had seriously considered suicide in the past year, and a third had made an attempt. Females were more likely than males to consider or attempt suicide. Also, 77% of Métis youth had a close friend who had attempted or died by suicide.

Homeless youth were vulnerable to a number of health risks. For example, 43% had been seriously injured in the past year, 43% had experienced a concussion, and 23% had shared equipment such as needles or razors with other people.

Around half (49%) of Métis youth went to bed hungry at least sometimes, and 30% went to bed hungry at least once a week.

Nearly three quarters (74%) of youth reported having difficulties in getting to sleep, and only 27% got at least eight hours of sleep the night before the survey. Seventy-one percent of youth often or always felt safe where they had been sleeping in the past month.

#### Foregone health care

Twenty-nine percent of Métis youth had missed out on needed medical services in the past year. The most common reasons were thinking or hoping the problem would go away (44%) and not having transportation (39%). Also, one in ten did not have a carecard or BC Services Card.

Over a third (37%) of youth had forgone needed mental health services in the past year. The most common reasons were thinking or hoping the problem would go away (52%), being afraid of what they would be told (40%), and not knowing where to go (40%).

Where homeless Métis youth got health care		
Walk-in clinic	54%	
Family doctor	46%	
Emergency room	25%	
Nurse practitioner/street nurse	16%	
After-hours clinic	NR	
Did not get health care	15%	

NR: Not releasable due to risk of deductive disclosure.

"We need more food banks [or food] hampers."





#### Sexual health

Most homeless youth (79%) had ever had sexual intercourse, and the most common age for first doing so was 13 or 14 years old. Among youth who had ever had sex:

- 39% used a condom or other barrier the last time they had sex.
- 36% had been pregnant or gotten someone pregnant.
- 15% had ever had a sexually transmitted infection (STI).
- 42% used alcohol or other substances the last time they had sex.

Homeless Métis youth who had tried substances other than alcohol or marijuana		
Mushrooms	56%	
Ecstasy/MDMA	55%	
Cocaine	46%	
Hallucinogens	44%	
Prescription pills without a doctor's consent	38%	
Crystal meth	31%	
Amphetamines	30%	
Ketamine	27%	
Inhalants	22%	
Heroin	22%	
GHB	12%	
Steroids without a doctor's consent	7%	

Note: Males were more likely than females to have used amphetamines.

#### Substance use

The majority of Métis youth (78%) had smoked tobacco in the past month, and 59% were daily smokers. Youth most commonly smoked cigarettes (74%), electronic cigarettes (40%), or cigars or cigarillos (40%).

Most youth had used alcohol (88%) and marijuana (89%), and the majority had tried these substances before the age of 15. Among youth who had tried alcohol, 64% had drunk five or more drinks within a couple of hours in the past month, and 35% had done so on six or more days that month, with similar rates among females and males.

Youth had tried a variety of substances other than alcohol and marijuana, and 9% had injected an illegal drug.

Youth who used alcohol or other substances were asked their reasons for their most recent use. They most commonly wanted to have fun (71%), relieve stress (59%), or used because they felt down or sad (48%).

The majority (85%) experienced at least one negative consequence of their substance use in the past year including doing something they could not remember (56%), passing out (46%), and arguing with family members (44%). Fifteen percent had overdosed.

About a third (32%) of Métis youth had received alcohol or drug treatment services, including accessing detox and treatment centres. Thirteen percent had asked for and been refused drug treatment services.

"We need to raise awareness that not all homeless people are 'junkies' or 'deadbeats' and that most are trying to better themselves."

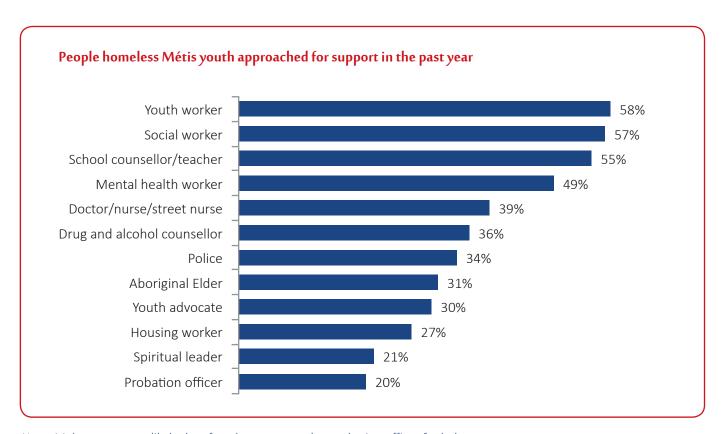
### **Accessing services**

Youth accessed a variety of services in their community and generally found them helpful. The most common were youth centres (62%); mental health support (59%); a safe house, shelter, or transitional housing (54%); youth clinics (53%); dental services (52%); job training or work experience (51%); and food banks (49%).

"I depend on my youth worker and mental health worker."

Other services accessed included life skills training (37%); safe and affordable housing (33%); street nurses (33%); soup kitchens (33%); alcohol and drug treatment, counselling, or detox (30%); a veterinarian (26%); affordable child care or babysitting (15%); a needle or pipe exchange (11%); and a supervised injection site (11%).

In addition to the services they accessed, Métis youth also approached a variety of specific professionals for support.



Note: Males were more likely than females to approach a probation officer for help.



#### Needed services and supports

Youth were asked about the services or programs they felt were needed in their community.

Youth were asked an open-ended question tapping what they would change in their community to help homeless or street-involved youth. Métis youth most commonly wrote about greater availability of shelters or safe houses, improving access to basic needs such as food or clothing, supporting access to community resources such as youth centres or extracurricular activities, and increasing awareness about homeless or street-involved youth.

"Be more [understanding] and gracious to their lives and current situations. Love them unconditionally."

"More programs towards youth activities, more open food banks [or] hampers."

"More safe houses, more open obvious help [and] less of a barrier between youth and adults."

"More shelters and more information so people know where they go to get the help they need."

Services or programs that homeless Métis youth needed their community	more of in
Safe house, shelter, or transitional housing	49%
Safe and affordable housing	45%
Youth clinic	45%
Youth centre	41%
Food bank	39%
Job training or work experience	37%
Life skills training program	35%
Mental health support	35%
Soup kitchen	33%
Alcohol and other drug treatment, counselling, detox	29%
Dental services	26%
Street nurses	26%
Affordable child care or babysitting	24%
Needle exchange or meth or crack pipe exchange	24%
Supervised injection site or Insite	22%
Veterinarian	22%

## Supportive relationships and connections

McCreary research has found that supportive relationships with adults and peers, and feeling connected to school, community, and culture are associated with positive health among even the most vulnerable youth (see *Ta Saantii: A profile of Métis youth health in BC* for a more detailed look at supporting Métis youth).

When asked who they could depend on, homeless Métis youth most commonly named family, friends, their romantic partner, and other community members including teachers, counsellors, and youth workers.

#### **Family**

Forty-two percent of homeless Métis youth had an adult in their family they could turn to for help. Also, 23% felt their family understood them, 28% felt their family paid attention to them, and 32% felt they had fun together.

"My family is always there for me."

#### **Peers**

Four out of five Métis youth had at least one friend who was homeless or street-involved and 93% had a friend who lived in stable housing. When youth needed help with a problem in the past year, 71% had sought help from a friend and 43% from a romantic partner.

"I like learning from my friends whom I consider family."

#### **Community**

Over a third (36%) of Métis youth felt quite a bit or very much like a part of their community. When asked what they liked best about their community, they most commonly wrote about the people, the resources, activities or services available, and about feeling safe there.

Six out of ten youth could identify an adult outside their family they could turn to for help, although 12% had neither an adult inside their family nor outside their family whom they could turn to.

"I depend on my Youth Co-ordinator Family."

#### **Cultural connectedness**

Nearly one in ten (9%) Métis youth spoke an Aboriginal language, and 44% indicated participating in traditional or cultural activities since becoming homeless.





### Plans for the future

Youth were asked where they saw themselves in five years. Two thirds of homeless Métis youth envisioned themselves in a job, about half (49%) in a home of their own, 34% as having a family of their own, and 29% expected to be in school.

Youth were asked an open-ended question about what they liked best about their life. Over half of Métis youth listed relationships with family or friends (52%), about a third (32%) identified personal achievements, and 22% indicated community involvement and hobbies. Some youth indicated they liked their independence.

"I like travelling."

"[I like] creating, learning new skills."

"[I like] my friends and step-mom and school."

"[I like] snowboarding, longboarding, dancing.
All my supportive friends."

## Summary

This fact sheet highlights the challenges faced by Métis youth who become homeless or street-involved, but also shows their resilliance and offers information about how we can support these youth in our communities.

Quotes from Métis youth who completed the survey are included throughout this fact sheet.

To view the full-length report of the Homeless and Street-involved Youth Survey results (Our youth, our communities: The health of homeless and street-involved youth in BC) and an in-depth report about the health of Métis youth in school (Ta Saantii: A profile of Métis youth health in BC) visit www.mcs.bc.ca.

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