

# SEARCHING FOR A PLACE:

**The health and well-being of homeless  
and unstably housed youth in BC**

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**McCreary  
Centre Society**

**We gratefully acknowledge that the McCreary Centre Society is located on the ancestral, traditional, and unceded territory of the Coast Salish Peoples, including the territories of the xwməθkwəy̓ əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tseil-Waututh) Nations. We also acknowledge the ancestral and continuing connection to this land of the Métis Nation.**

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REPRESENTATIVE FOR  
CHILDREN AND YOUTH

## Community organizations

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Broadway Youth Resource Centre, Vancouver  
Change Makers' Education Society, Prince Rupert  
Chilliwack Community Services, Chilliwack  
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Freedom Quest Youth Services Society, Castlegar  
& Trail  
Frog Hollow Neighbourhood House, Vancouver  
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Lookout Housing and Health Society, Vancouver  
Mountainside Secondary School, North Vancouver  
Mission Community Services Society, Mission  
MY House, Mission  
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North Coast Transition Society, Prince Rupert  
Options Community Services Society, Surrey  
Prince George Native Friendship Centre,  
Prince George  
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St. Leonard's Youth and Family Services, Burnaby  
Sunshine Coast Community Services, Sechelt  
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Watari Counselling & Support Services Society,  
Vancouver  
WorkBC Centre, Kitimat

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# EXECUTIVE SUMMARY

This report includes data from two large-scale surveys conducted in 2023—the school-based population level BC Adolescent Health Survey (BC AHS) and the Homeless Youth Health and Wellness Survey (HYS).

Results from the BC AHS showed that 2% of youth aged 12–19 had experienced homelessness in the past year. Youth at greater risk of becoming homeless included those who identified as Indigenous, identified as a gender or sexual minority, had been through the care system, and/or had a health condition or disability. In comparison to their peers who had not experienced homelessness, these youth reported poorer mental and physical health, increased substance use, increased violence exposure, and limited support networks.

Over 800 BC youth aged 12–27 with experience of homelessness and housing instability participated in the HYS. Findings showed that youth most commonly first became homeless at age 16 or younger (70%). Also, most had been homeless on more than one occasion (77%) and had been homeless in excess of three months (60%).

The most common reasons youth became homeless included being kicked out of their home, not getting along with their parents, experiencing mental health challenges, and violence or abuse at home. The main barriers youth experienced to exiting homelessness included not being able to afford housing and a lack of support.

Most youth who had been homeless had experienced additional challenges to their health and well-being. These included 24% who had attempted suicide, 40% who had overdosed while using substances, 87% who had experienced bereavement (including 57% who had lost someone close to them due to an overdose), and 58% who went to bed hungry at least sometimes. Also, 71% of those who used substances other than alcohol and cannabis (such as heroin, fentanyl, and other opioids) did so alone.

Despite the challenges they experienced, most youth were either in school or planning to return to school, and around a third were working at a legal job. The majority were at least a little hopeful for their future (87%), could name something they were good at (71%), and could identify something that made them happy (83%).

Youth reported better health and well-being when they had supportive adults, peers, and services in their lives, and when they felt connected to their community and school (if at school). Connection to the land and their culture were also important protective factors for Indigenous youth.

Most youth appreciated the services they could access and the supports that were available in their community. Their suggestions for improvements included greater access to services in smaller communities; better advertising of what is available; and the need for more housing services for youth, including rent subsidies, grants for housing costs (e.g., pet damage deposit, assistance with paying bills), and greater availability of affordable housing options.



# INTRODUCTION

Since the early 1990s, McCreary Centre Society has been conducting a BC-wide population level health survey for youth in Grades 7–12, as well as a survey specific to youth experiencing homelessness and housing instability. In 2023, around 38,500 youth participated in the school-based survey (the BC Adolescent Health Survey; BC AHS), and over 800 participated in the survey for youth with housing challenges (the Homeless Youth Health and Wellness Survey; HYS). Both the BC AHS and HYS were available online and as paper copies, and took youth up to one hour to complete. Both surveys asked youth about their health and well-being, including their housing experiences.

The BC AHS data was collected by local public health nurses in 59 of BC's 60 school districts. Data for the HYS was collected by community co-researchers, including youth workers and youth with experience of homelessness. The HYS was conducted in partnership with community agencies across BC, and overseen by an advisory committee of experts in youth homelessness.

Direct comparisons between results of the 2023 HYS and previous versions of that survey have not been included, as the 2023 survey was extended from 13 communities to 36, and from a focus on youth aged 12–19 to include young people up to the age of 27. However, it is worth noting that many results reflect those of previous years, including the over-representation among homeless youth of those who identify as Indigenous, having government care experience, having a health condition or disability, and as a gender or sexual minority.

All comparisons and associations which are presented are statistically significant at  $p < .01$  for the BC AHS and at  $p < .05$  for the HYS. This means there is less than a 5% likelihood that any of the reported results occurred by chance. Differences in tables or charts that are not statistically significant are noted. For further details about the project methodology, please contact [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).

## DEFINITION OF HOMELESSNESS USED IN THE REPORT

'Homelessness' and 'unstable housing' are terms used in this report to incorporate the experiences of young people who did not have a home; were living in temporary accommodation; or living on the street, in a tent or car, in an abandoned building, or couch surfing. It also includes those living in an SRO or safe house/shelter; or who had recently experienced these living situations.

## ABOUT THE REPORT

In this report, results from the 2023 BC AHS are shared first, as they not only show the prevalence of homelessness for youth at the population level, but also demonstrate that housing instability can be linked to a range of negative health and well-being indicators. These results are followed by a more in-depth look at the health of youth with experience of homelessness and housing instability who completed the HYS.

## LIMITATIONS

This report may not be representative of the experiences of all homeless youth in BC, particularly those who chose to not participate in the study or whose current health challenges prevented them from participating.



# HOMELESSNESS AMONG STUDENTS WHO COMPLETED THE 2023 BC AHS

This chapter shares findings from 38,488 students aged 12-19. The data was collected from public schools in 59 of BC's 60 school districts in the spring of 2023. Quotes are included from youth who completed the BC AHS and had experienced homelessness.

***"We had to stay at a cheap motel for a month when we lost the house."***

***"I lived in my car, after the person I was originally staying with wasn't safe."***

***"My house burnt down so stayed at an Airbnb."***

Among students who completed the 2023 BC AHS, 2% reported they had experienced homelessness in the past 12 months. Those aged 16 or older were slightly more likely than younger students to have had this experience.

Among youth who had experienced homelessness in the past year, 64% had stayed with someone they knew when they were homeless, 19% had couch surfed, 18% had stayed on the street, and 8% had stayed in a shelter or emergency accommodation. One in 10 (10%) had stayed somewhere else while homeless, and these youth most commonly specified they had stayed in a hotel/Airbnb or in a vehicle (e.g., trailer, car, RV).

## YOUTH AT RISK OF HOMELESSNESS

Some students were at greater risk of experiencing homelessness in the past year. These included:

- 📍 Indigenous youth (4% experienced homelessness vs. 2% of non-Indigenous youth).
- 📍 Youth who came to Canada as a refugee (8% vs. 2% of youth born in Canada).
- 📍 Youth who identified as a gender or sexual minority (e.g., 9% of transgender youth vs. 2% of cisgender youth).
- 📍 Youth with a debilitating health condition or disability (5% with a condition which prevented them doing things other people could do vs. 1% without a health condition or disability).
- 📍 Youth who were parenting or had pregnancy experience (e.g., 21% who had been involved in a pregnancy vs. 2% who had not).
- 📍 Youth who had experienced sexual and/or physical abuse (6% vs. 1% who had never been abused).
- 📍 Youth with government care experience (13% vs. 1% who had never been in government care).

## EXPERIENCES ASSOCIATED WITH HOMELESSNESS

***“There are thousands of homeless kids like myself who left home but can’t get a Youth Agreement.”***

Youth who had been homeless in the past year were compared to those who had not had this experience to consider how homelessness might be associated with health and well-being; relationships and connections; and violence, harassment, and discrimination.

### ***Health and well-being***

***“I’ve been moved out since I was 15 and have been paying rent, groceries, prescription, basic needs. Had to leave school for a year so I could work to support myself.”***

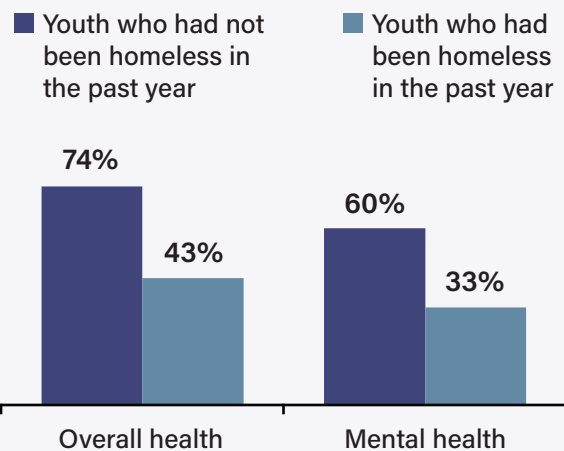
Experiencing homelessness was associated with a range of health and well-being challenges. For example, youth who had been homeless in the past 12 months were more likely to have:

- 📍 Gone to bed hungry often or always (14% vs. 1% of youth who had not been homeless in the past year).
- 📍 Felt lonely often or always (48% vs. 24%).
- 📍 Felt extreme despair in the past month (26% vs. 8%).
- 📍 Intentionally self-harmed (55% vs. 23%) and attempted suicide (32% vs. 5%) in the past year.

They were less likely to have:

- 📍 Eaten breakfast at least once in the past week (68% vs. 85% who had not been homeless in the past year).
- 📍 Reported positive overall health and mental health.

### **Youth who described their overall and mental health as good or excellent**



- 📍 Got at least eight hours of sleep the night before taking the survey (26% vs. 42%).
- 📍 Accessed the medical help they needed when they were sick or hurt (58% vs. 82%).
- 📍 Felt quite or very hopeful for their future (34% vs. 60%).

Youth who had experienced homelessness were also more likely to have used alcohol, cannabis, and other substances.

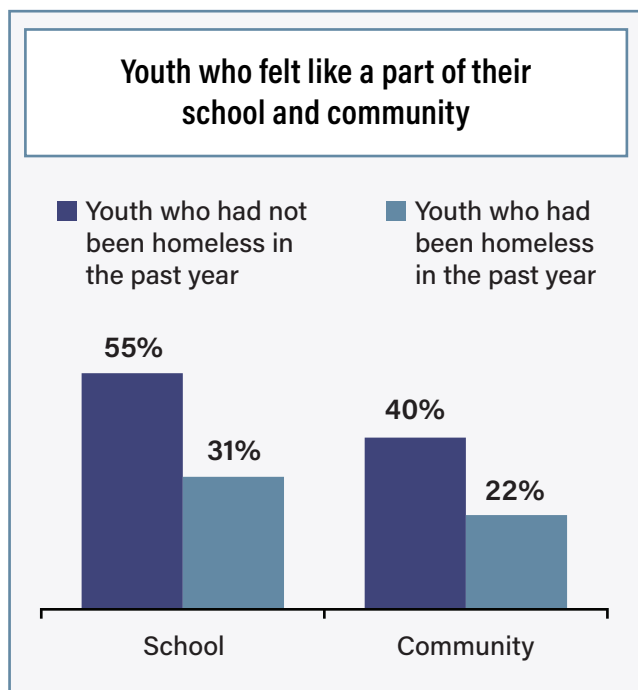
Lifetime rates of substance use		
Substance	Youth who had been homeless in the past year	Youth who had <u>not</u> been homeless in the past year
Alcohol	70%	38%
Vapes (vaping liquids)	61%	25%
Cannabis	55%	21%
Tobacco	50%	14%
Mushrooms	34%	6%
More of own prescription medication than prescribed	26%	5%
Other prescription pills without a doctor's consent	22%	4%
Hallucinogens other than mushrooms	21%	2%
Cocaine	18%	2%
Benzodiazepines without a doctor's consent	17%	2%
Ecstasy/MDMA	17%	1%
Inhalants	13%	2%
Heroin, fentanyl, or other opioids	13%	1%
Crystal meth	12%	1%
Amphetamines	11%	1%
Ketamine (Special K), GHB	11%	1%

## Relationships and connections

*“I don’t feel like I play a big part in my community. Maybe they would be better off without my help.”*

*“The discrimination section [of the survey] reminded me of how sometimes I don’t feel like I’m heard and my friends aren’t even listening to me.”*

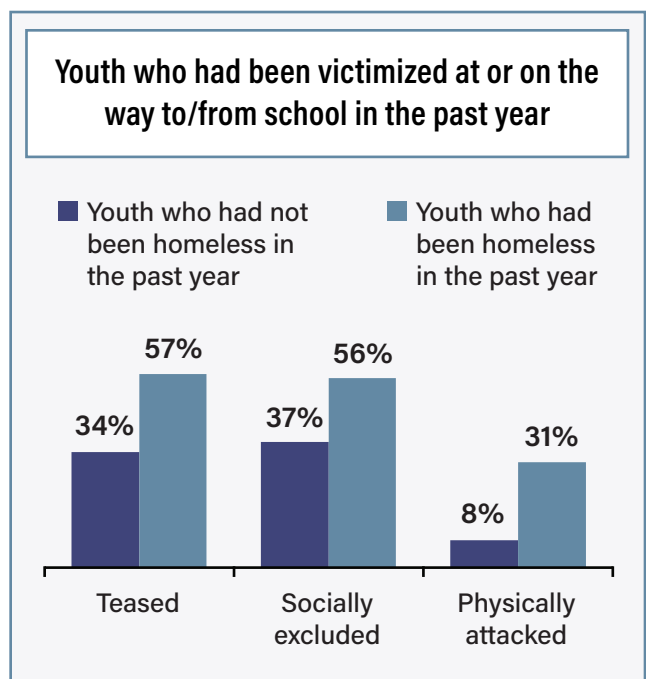
Experiencing homelessness also appeared to impact youth’s relationships and connections. For example, in comparison to their peers, youth who had recently been homeless were less likely to feel like a part of their school and community. They were also less likely to identify an adult in their community who cared about them (60% vs. 74%), and to have friends they could share their ups and downs with (63% vs. 75%).



## Violence, harassment, and discrimination

*“I pay lots of attention to my surroundings and the people I share information with as they could potentially set me up and rob me.”*

Students who had been homeless were more likely to have experienced violence, harassment, bullying, and discrimination. For example, 13% of those who had been homeless reported they had regularly been discriminated against in the past year, compared to 3% who had not experienced homelessness during that time period.



## SUMMARY

Results from the 2023 BC AHS showed that 2% of students aged 12–19 in schools across the province experienced homelessness in the past year. These youth appeared to be among the most vulnerable, including Indigenous youth, refugees, those with government care experience, youth with a debilitating health condition, and those who identified as a gender or sexual minority.

Youth with homelessness experience reported poorer mental health, increased substance use, and other health challenges. They also reported reduced support networks, and increased risk of violence and discrimination, in comparison to their peers.

This chapter considered the prevalence of recent homelessness in BC's Grade 7–12 population, identified some youth at greater risk of experiencing homelessness, and demonstrated the challenges experienced by youth who have been homeless in comparison to their more stably housed peers. The remainder of this report focuses on results from the HYS.

***“Set up something to guarantee ALL students have a place to stay.”***



# THE HEALTH AND WELL-BEING OF YOUTH WHO COMPLETED THE HYS

The remainder of the report focuses on youth aged 12–27 who identified as homeless, unstably housed, or at risk of homelessness on the 2023 Homeless Youth Health and Wellness Survey (HYS). Quotes from youth who completed the HYS are included throughout this section.

The health picture of Indigenous and non-Indigenous youth who completed the survey was generally similar. A brief look at some discrepancies, and at the role of connection to the land and culture in enhancing health and well-being for Indigenous youth, is on [pages 51 and 52](#).

## PROFILE OF YOUTH WHO COMPLETED THE SURVEY

A total of 838 young people took part in the survey. Over half (57%) were aged 18 or younger, including 36% who were 16 to 18. However, the sample also included youth as young as 12 and 13 years of age (5%).

At the time they took the survey, youth were most commonly staying in Vancouver (23%), Surrey (12%), and Abbotsford (10%). However, there was representation from all five regions of the province and from 36 diverse communities.

### Region youth were in when they completed the survey

Fraser	35%
Vancouver Coastal	26%
Vancouver Island	19%
Interior	11%
Northern	9%



The vast majority of youth (91%) were born in Canada, while 2% were refugees, 2% had arrived as international students, and the rest were permanent residents or Canadian citizens who had been born abroad. Among youth not born in Canada, 12% had lived in the country less than two years, 27% between two and five years, and 60% for six years or more.

Youth came from a range of backgrounds, including half who identified as Indigenous, and over a third as European. There were no family background differences between those aged 18 and younger compared to older youth, except older youth were more likely than younger ones to identify as Indigenous (54% vs. 47%).

Youth's backgrounds	
African	4%
Australian, Pacific Islander	1%
Caribbean	1%
East Asian	4%
European	38%
Indigenous	50%
Latin American, South American, Central American	5%
Middle Eastern	5%
South Asian	3%
Southeast Asian	4%

Note: Youth could mark all that applied.

Around two thirds of youth (68%) felt quite or very proud to be part of the background(s) they identified with, while 23% felt a little proud, and 9% did not feel any sense of cultural pride.

## THE IMPORTANCE OF CONNECTION: CULTURAL PRIDE

Youth who felt quite or very proud to be a part of their cultural background were more likely than those who did not feel as proud to report good or excellent mental health (33% vs. 18%), emotional health (31% vs. 20%), and spiritual health (51% vs. 38%).

### Gender identity and sexual orientation

Forty-five percent of youth identified as female, 44% as male, and the remaining 11% were non-binary (i.e., they did not identify as male or female or were not yet sure of their gender identity). Also, 9% identified as transgender.

A little under half of youth (46%) identified their sexual orientation as something other than straight. This included bisexual or pansexual (27%), mostly straight (7%), gay or lesbian (6%), and asexual (2%). Also, 3% indicated they were not yet sure of their sexual orientation, and 1% identified an orientation not included among the list of options.

### Pregnancy and children

***"My son makes me happy."***

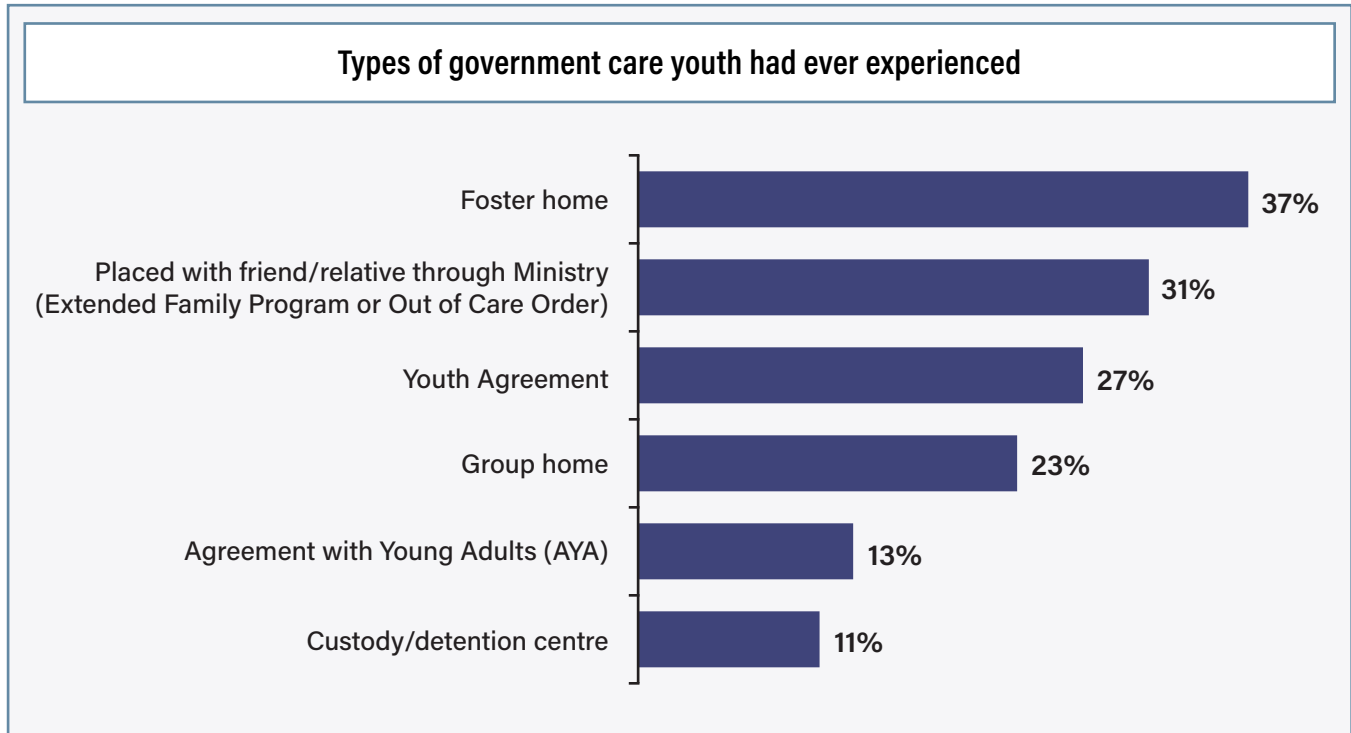
***"[I am most proud of] my baby, my relationship with myself and my boyfriend."***

Just over a quarter of youth (27%) had ever been pregnant or gotten someone pregnant (no gender differences), and another 6% were unsure if they had been involved in a pregnancy.

Around 1 in 10 youth (13%) had children. Those aged 19 or older were more likely than younger youth to have children (24% vs. 4%).

## Care experience

Most youth (61%) had experienced government care or an alternative to care at some point, including 31% who had care experience in the past year.



Note: Youth could mark all that applied.

Youth aged 18 or younger had a range of care experiences in the past year. For example, 33% had been in a foster home, 32% had been placed with a friend/relative through the Ministry of Children and Family Development, 22% had been on a Youth Agreement, 17% had stayed in a group home, and 7% had stayed in a custody centre.

Among youth aged 19 or older, 12% had been on an AYA (Agreement with Young Adults), and 4% had stayed in a custody/detention centre in the past year.

Nearly half of youth (49%) reported that a family member had been in government care (62% among youth with care experience). Around a third indicated their siblings had been in care, and around a quarter reported that their parents had been in care. Over a quarter of youth (27%) did not know if a relative had been in care.

Youth with family members who had been in government care	
Siblings	31%
Parents	24%
Grandparents	8%
Their child/children	2%
Other relatives	17%

Note: Youth could mark all that applied.



## Sources of income

***"I am proud of having my own income."***

The majority of youth (91%) had some form of income in the past month. They reported receiving money from government benefits (38%); their family (38%); a legal job (28%); friends (21%); an illegal activity (12%); panhandling, busking, binning/can collecting, squeegeeing (8%); an honorarium (6%); and/or sexual activity (4%). Also, 3% specified a source of income not among the list of options, such as doing odd jobs and selling personal items.

## LIVING EXPERIENCES

***"I am not allowed in shelters despite following all the rules ... We need shelters that can help those who have medical and/or mental health needs outside of regular shelter's scope."***

***"We need more shelters, where kids can feel more at home. Like a house."***

Youth had experienced a range of unstable living situations. For example, over half had ever couch surfed; and around 4 in 10 had stayed in a safe house/shelter, on the street, and/or in an SRO/hotel/motel/hostel at some point in their lives. The night before they completed the survey, 7% were staying on the street, 6% slept in a car or tent, and 3% were in a squat or abandoned building.



### Where youth had ever lived

Parent's home	86%
Other relative's home	65%
Couch surfing	55%
Alone or with roommates in a house or apartment	44%
Safe house/shelter	39%
On the street	38%
SRO/hotel/motel/hostel	36%
Tent/car	32%
Transition house	21%
Substance use/mental health treatment program	21%
Squat/abandoned building	19%
College dorm/college accommodation	8%

Note: Youth could mark all that applied.

Eighteen percent of youth had stayed at their current place for 1 month or less, while 17% had been there for 2 to 5 months, 20% for 6 months to 1 year, and 45% for more than a year.

Youth were asked if anyone had stayed with them the night before completing the survey. Thirty percent reported that nobody had stayed with them, while other youth reported their parent/guardian (35%); their partner/significant other (20%); their child (4%); a stranger (3%); and/or someone else (19%) had stayed with them the previous night.

### THE IMPORTANCE OF CONNECTION: PETS

More than 1 in 5 youth (22%) had a pet who stayed with them the night before completing the survey.

Those with a pet were more likely to often or always feel safe where they were sleeping compared to those without a pet (76% vs. 68%).



## Barriers to accessing housing

***“We need more housing for those who have pets and support pets.”***

***“We need more ease of access for rent assistance. The price of rent is the primary problem.”***

Youth were asked about any barriers they had experienced to accessing housing in the past year. Eighteen percent had not tried to access housing within that time frame. Among those who had tried, 83% had experienced barriers to finding housing. The most commonly reported barriers were not being able to afford housing and experiencing a lack of support.

### Barriers to accessing housing in the past year (among youth who had tried accessing housing)

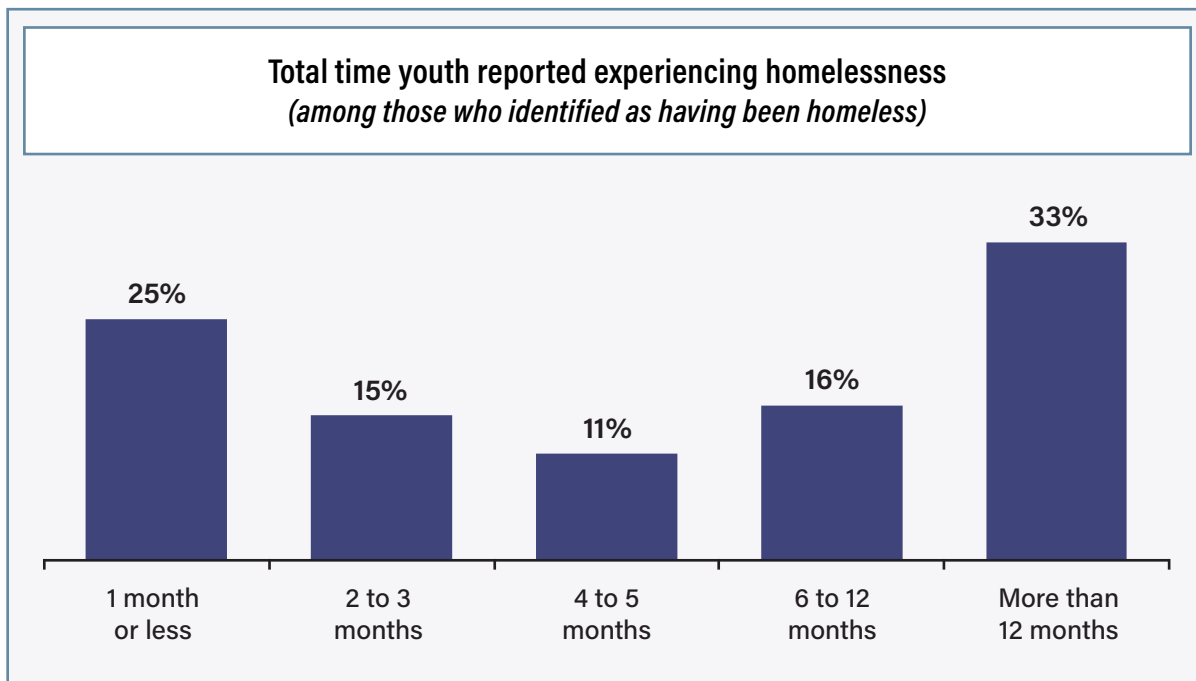
Couldn't afford it	52%
Lack of support	46%
A shortage of safe and affordable housing	43%
Mental health or substance use challenges	40%
Couldn't find housing in the community they wanted to live in	27%
Discrimination (based on looks, age, etc.)	22%
Couldn't find a roommate to live with	20%
Having a pet	20%
Didn't want to live with roommate(s)	20%
Being on social assistance	19%
Bad credit rating	13%
History of illegal activity	10%
Did not experience barriers to accessing housing in the past year	17%

Note: Youth could mark all that applied.

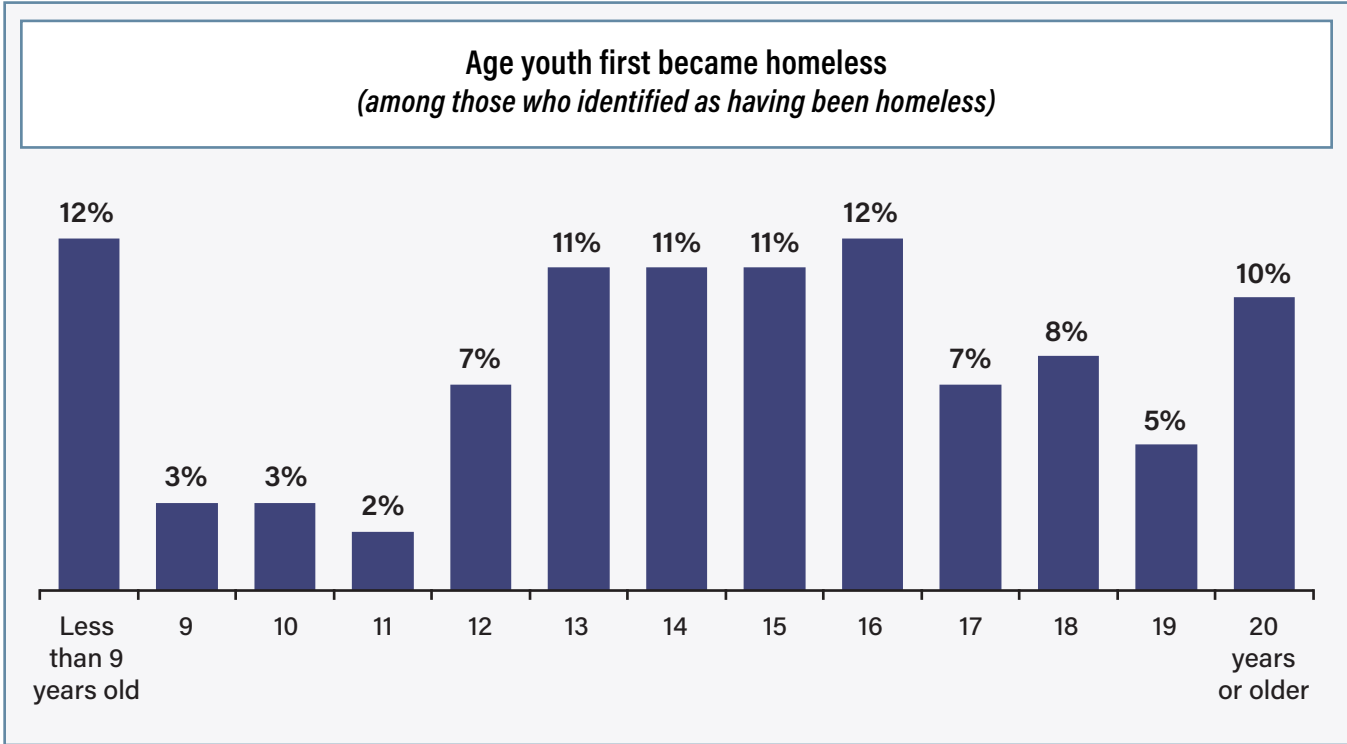
## Homelessness experiences

All youth who participated in the survey identified as having experienced housing instability. However, not all youth who would have been classified as homeless under even the narrowest of Canadian definitions identified as having been homeless. For example, 11% of those who were currently couch surfing, 6% of those who were staying in a tent or a car, and 3% of those who were staying on the street did not directly identify as having experienced homelessness.

Among youth who identified as having been homeless, around three quarters (77%) reported they had experienced homelessness more than once, including 57% who had been homeless three or more times. A third (33%) indicated they had been homeless for more than 12 months in total (46% of those aged 19 or older vs. 16% of younger youth).



Most youth (85%) reported first experiencing homelessness at age 18 or younger, including 70% who first experienced homelessness at 16 or younger. The majority (86%) first became homeless in BC, while 13% first became homeless somewhere else in Canada, and the remaining minority outside of Canada. Just over a quarter of youth (27%) had also been homeless in more than one community.



Note: Percentages do not add up to 100% due to rounding.



Youth commonly identified challenges relating to their home life as the reasons for their homelessness. These included getting kicked out of their home, not getting along with their parents/guardians, violence or abuse at home, and/or running away from home. Also, more than 4 in 10 youth identified mental health challenges as contributing to their homelessness.

Youth aged 18 or younger were more likely than older youth to identify running away from home (46% vs. 33%) and their family not having enough money (34% vs. 24%) as their reasons for becoming homeless. Those aged 19 or older were more likely than younger youth to identify other difficulties as contributing to their homelessness, such as challenges finding affordable housing (44% vs. 18%), substance use (35% vs. 23%), difficulties finding or keeping a job (26% vs. 7%), and losing or being unable to obtain government benefits (13% vs. 3%). Older youth were also more likely to report that they became homeless because they were travelling (8% vs. 3%).

<b>Reported reasons youth were homeless</b> <i>(among those who identified as having been homeless)</i>	
Kicked out of home	55%
Didn't get along with their parents/guardians	51%
Their mental health challenges	44%
Violence or abuse at home	43%
Ran away from home	39%
Couldn't find affordable housing	32%
Their substance use	29%
Family didn't have enough money	29%
To be with someone they knew (friend, partner, sibling, etc.)	20%
Couldn't find a job/lost their job	17%
Problems with their foster home or group home	15%
Conflict at home because of their gender/sexual orientation	13%
Lost or couldn't get government benefits	8%
Travelling	6%
To avoid criminal charges	4%

Note: Youth could mark all that applied.

## EDUCATION

***"I am getting myself through school financially & doing well academically."***

Overall, 57% of youth were currently attending school (83% of those aged 18 or younger vs. 24% aged 19 or older). Youth were in a range of education programs, including mainstream school (23% of those 18 or younger), alternative education programs (54% of those 18 or younger), and post-secondary (e.g., college, university, trades programs; 11% of those 19 or older). Four percent of youth indicated they were in another type of school program that was not among the list of options.

Most youth aged 18 or younger had attended school within the past month (76% vs. 15% of older youth). The majority of those 19 or older had last attended school more than a year ago (64% vs. 12% of younger youth).

Among those who were not currently in school, around two thirds (65%) reported having plans to return to school.

### ***School experiences***

***"[I am most proud of] how hard I've been working recently to finish my Grade 11!"***

***"[I am most proud of] surviving this long, graduating high school by the hair of my chin, entering college although I have not finished yet, getting sober!"***

***"I like being in high school, but that's gonna be over come June."***

Most youth (70%) had changed schools during the school year at some point in their life. Over half (58%) had been suspended from school, and around a quarter (26%) had been expelled.

Among those currently in school, most felt their teachers and other school staff expected them to do well, cared about them, and treated them fairly. Also, most youth felt safe at school. Around half felt that school staff were understanding of them and their life, and a similar percentage were happy to be at their school. Half of youth felt like a part of their school.



<b>Youth's school experiences (among those currently in school)</b>	
School staff expect them to do well	73%
School staff treat them fairly	72%
Teachers care about them	65%
Other school staff care about them	61%
Feel safe at school	61%
Happy to be at their school	54%
School staff are understanding of them and their life	52%
Feel like a part of their school	50%

Note: Youth who agreed or strongly agreed.

## THE IMPORTANCE OF CONNECTION: SCHOOL CONNECTEDNESS

*"I like the supports I have at school."*

Feeling connected to school can be one of the strongest protective factors for youth health and well-being. For example:

- 📍 Youth who felt like a part of their school were more likely than those who did not feel connected to their school to report good or excellent mental health (39% vs. 17%), to feel good about themselves (43% vs. 24%), and to feel satisfied with their life (44% vs. 19%).
- 📍 Youth who felt that school staff were understanding of them and their life were less likely to feel lonely most of the time (44% vs. 66% of those who did not feel school staff were understanding).
- 📍 Youth who felt school staff expected them to do well were more likely to feel at least a little hopeful for their future (90% vs. 71% of youth who did not feel staff expected them to do well).

## EMPLOYMENT

Around a third of youth (32%) had worked at a legal job in the past 30 days (39% of those aged 19 or older vs. 26% of younger youth).

Among youth who worked, the majority worked less than 21 hours a week, as 17% worked less than 5 hours, 34% worked 5 to 12 hours, and 19% worked 13 to 20 hours. Around 3 in 10 youth (31%) worked 21 hours or more a week (42% of youth aged 19 or older vs. 18% of younger youth).

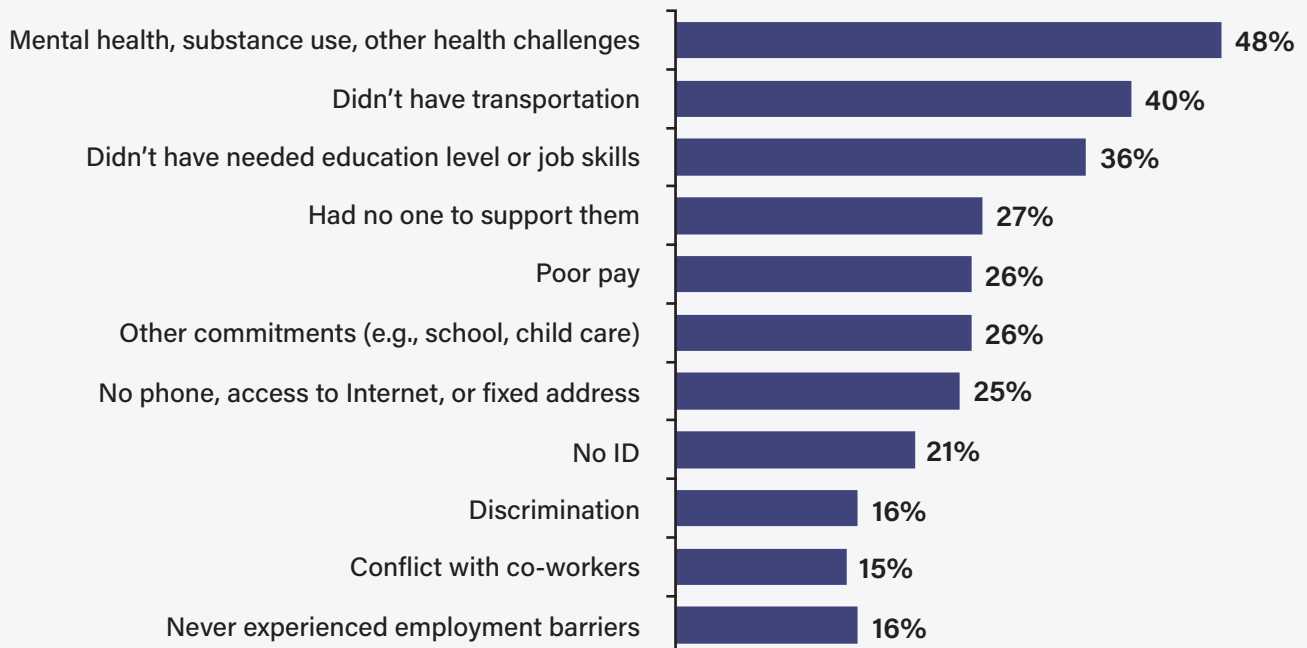
*"I have been keeping a job for over a year."*

*"I am proud that I am learning to be good at my job."*

### Barriers to employment

Just under a quarter of youth (22%) had never looked for a legal job (33% among youth under age 19). Among those who had looked for a job, 84% had experienced barriers to getting or keeping a job. Around half of these youth identified mental health, substance use, or other health challenges as employment barriers they had experienced.

#### Reported barriers to getting or keeping a legal job (among youth who had looked for employment)



Note: Youth could mark all that applied.



## INTERACTIONS WITH THE CRIMINAL JUSTICE SYSTEM

Over half of youth (57%) had contact with the police in the past year. Just over a quarter reported that the police had looked up their name or run a check on them, and a quarter indicated the police had checked if they were okay.

Youth aged 19 or older were more likely than younger youth to report that the police had asked them for ID (29% vs. 19%), given them a ticket (12% vs. 4%), and taken away or destroyed their personal belongings (15% vs. 10%). Youth aged 18 or younger were more likely than older youth to report that the police had checked to see if they were okay (30% vs. 20%), as were females compared to males (28% vs. 21%).

Similarly, youth who identified as a sexual minority were more likely than those who identified as straight to report that the police had checked in on them to see if they were okay (32% vs. 20%). Also, East Asian youth were more likely than youth from other backgrounds to report they had been ticketed by police (19% vs. 7%).

*"I didn't want to lose my housing by calling cops and having them come to my house."*

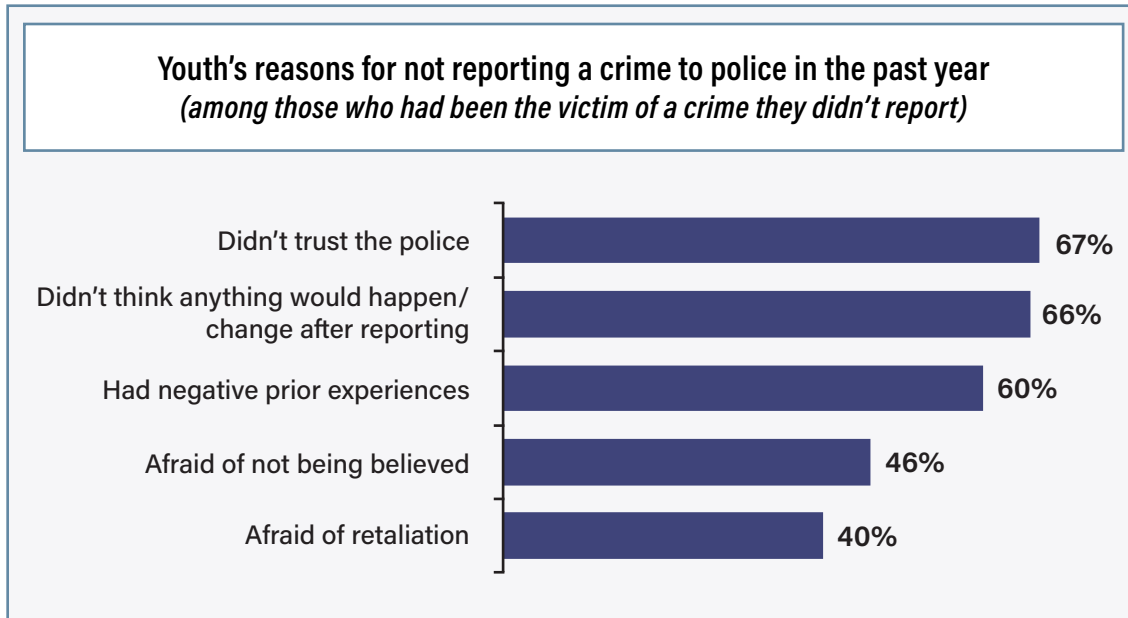
### Reasons for police contact in the past year

Looked up their name or ran a check on them	28%
Checked if they were okay	25%
Asked for ID	23%
Told them to move on	20%
Searched them	20%
Arrested them	16%
Took away or destroyed personal belongings	12%
Gave them a ticket	8%

Note: Youth could mark all that applied.



In the past year, around 3 in 10 youth (31%) had been the victim of a crime they did not report to the police. Most indicated they had not reported the crime because they did not trust the police, they had negative experiences in the past, and/or because they did not think anything would happen or change as a result of reporting.



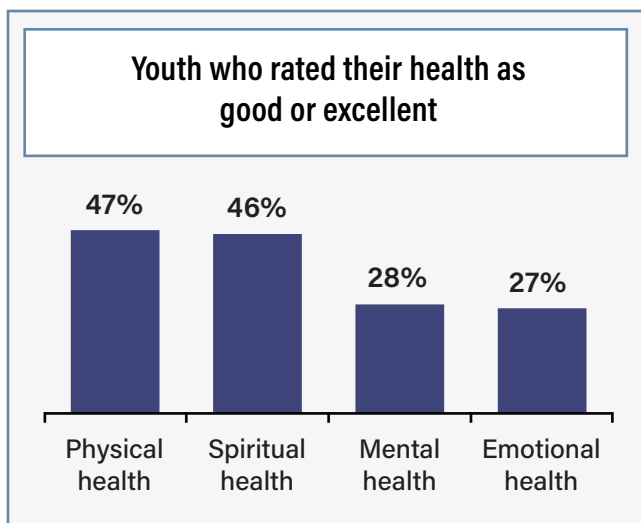
Note: Youth could mark all that applied.

There were gender and sexual orientation differences in the reasons youth gave for not reporting when they had been the victim of a crime. For example, females were more likely than males to think nothing would change as a result of reporting (77% vs. 56%; among those who had been the victim of a crime), to be afraid they would not be believed (55% vs. 30%), and to have had previous negative experiences reporting a crime (68% vs. 49%). Similarly, 80% of youth who identified as a sexual minority did not report being the victim of a crime because they did not think anything would change as a result of reporting (vs. 58% of straight youth), 64% were afraid they would not be believed (vs. 37%), and 64% had a negative prior experience with reporting a crime (vs. 44%).



## HEALTH AND WELL-BEING

Just under half of youth rated their physical and spiritual health as good or excellent, while just over a quarter rated their emotional and mental health this way.



### Health conditions

Most youth (84%) reported having at least one health condition or disability. The majority reported having a mental health condition, and around a third indicated having a learning disability.

Health conditions and disabilities	
Mental health condition (e.g., depression, bipolar disorder, eating disorder, OCD)	72%
Learning disability (e.g., dyslexia)	35%
Long-term/chronic medical condition (e.g., diabetes, asthma)	20%
Physical disability (e.g., cerebral palsy, use a wheelchair)	8%
Deaf or hard of hearing	7%
Blind, or visual impairment that can't be corrected with glasses or contact lenses	4%

Note: Youth could mark all that applied.

Among youth with a health condition or disability, 15% had not experienced barriers because of it (e.g., barriers to doing activities, socializing with friends). Around half (47%) had what they needed to overcome the barriers they experienced, and 38% did not have what they needed to overcome the barriers.

### Ailments and injuries

In the past month, around a third of youth (32%) had experienced at least one ailment. They most commonly reported having infections, and rashes or other skin problems.

Ailments experienced in the past month	
Infections	17%
Rashes or other skin problems	16%
Frozen hands or feet	5%
Scabies, fleas, lice	4%
COVID-19	3%
Bed bugs	3%

Note: Youth could mark all that applied.

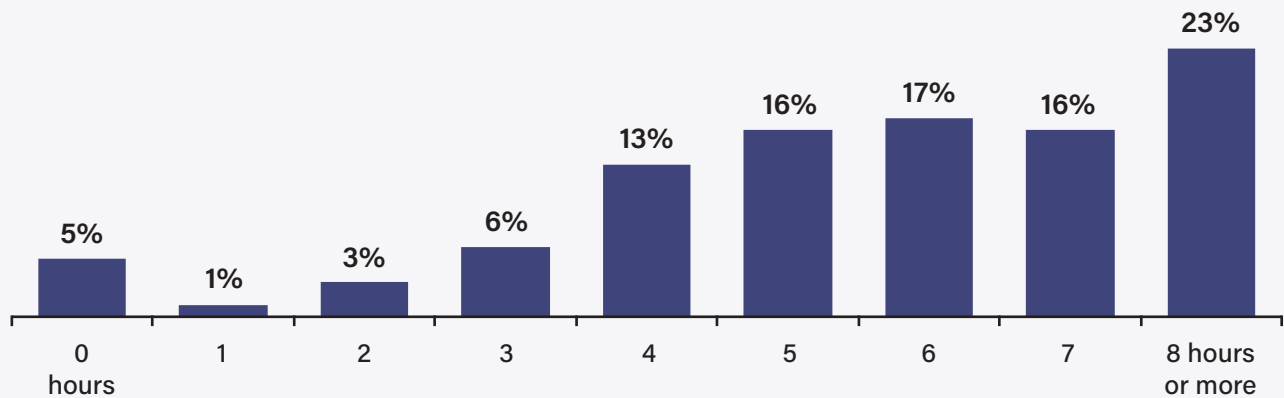
In the past year, 42% of youth had been accidentally injured seriously enough that they needed medical attention, including 8% who had been injured three or more times. Around 1 in 5 (22%) had a concussion in the past year. Among these youth, 46% had one concussion, 25% had two, and 29% had three or more concussions in that time frame.

## Sleep, nutrition, and personal hygiene

Getting enough sleep and having access to healthy foods and hygiene are important for youth's health and well-being. Most youth (77%) slept less than eight hours the night before completing the survey, including more than 1 in 4 who slept four hours or less.

*"The best thing in life is waking up feeling well rested!"*

Number of hours youth slept the night before taking the survey



Over half of youth (58%) went to bed hungry at least sometimes because there was not enough money for food. This included 13% who often went to bed hungry and 4% who always did.

Around a quarter of youth (26%) reported that in the past month they had eaten a good quality, balanced meal on a daily basis, while 34% had done so once a week or less. Three quarters (75%) had access to clean drinking water every day, while 5% had access once a week or less.

Around 4 in 10 youth (38%) had eaten food from a food program several times a week in the past month, including 14% who had done so every day. Also, 29% had eaten food from a food bank several times a week, including 11% who had done so daily in the past month.

In the past month, most youth were able to brush their teeth and put on clean clothes on a daily basis, and around half of youth could bathe or shower every day. More than 1 in 10 were limited to engaging in these personal hygiene practices once a week or less.

In the past month, how often youth were able to ...

	Once a week or less	Daily
Brush their teeth	13%	63%
Put on clean clothes	12%	61%
Have a bath or shower	14%	51%

## Mental health and wellness

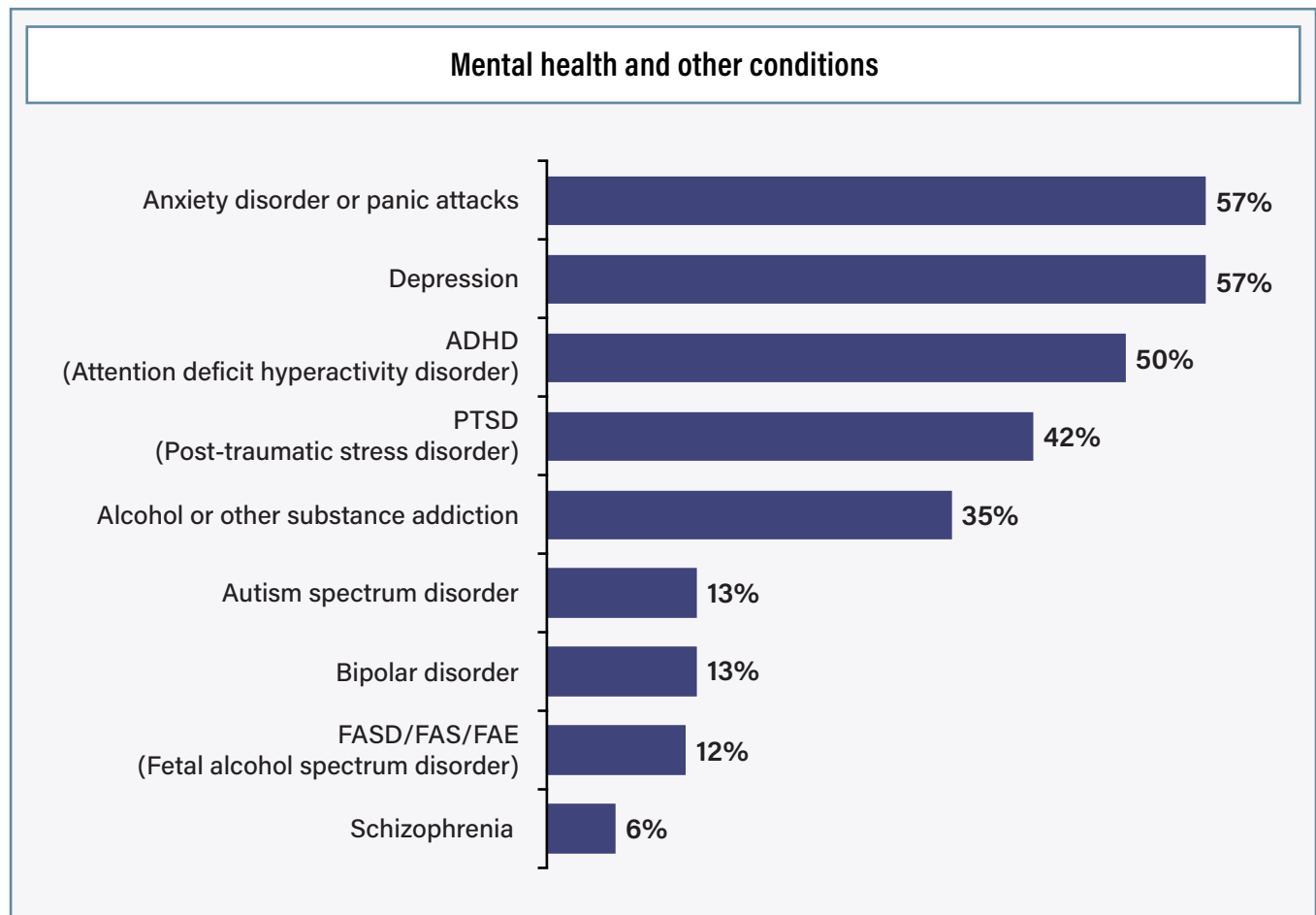
*"I have overcome anxiety."*

*"I've finally got myself a place but I am still working on my well-being."*

When asked about specific mental health conditions and related disorders, over half of youth reported having depression and/or an anxiety disorder or panic attacks.

### STRESS, DESPAIR, AND LONELINESS

The majority of youth (96%) experienced at least a little stress in the past month, including 36% who felt extreme stress which made it difficult for them to cope. Similarly, most youth (88%) felt some level of despair in the past month, including 32% who experienced extreme despair. Three in ten youth (30%) often felt lonely and 19% always felt this way.



Note: Youth could mark all that applied.

## SELF-HARM AND SUICIDALITY

Almost half of youth (48%) had cut or injured themselves on purpose without trying to kill themselves in the past year. This included 28% who had self-harmed three or more times in that period. Non-binary youth were the most likely to have self-harmed (69% vs. 56% of females vs. 32% of males), and to have done so three or more times in the past year (44% vs. 34% of females vs. 17% of males). Also, 65% of transgender youth had self-harmed in the past year, compared to 46% of cisgender youth.

Youth were asked about ways they might have self-harmed, other than cutting, in the past year. Most reported using alcohol or other substances and/or starving themselves. Females were more likely than males to have used alcohol or other substances (76% vs. 66%), and females and non-binary youth were more likely than males to have starved themselves (e.g., 82% of non-binary youth vs. 48% of males). In contrast, males were the most likely to have gotten into a physical fight to intentionally hurt or punish themselves (e.g., 38% vs. 23% of females).

In the past 12 months, just under half of youth (48%) had seriously considered suicide, with similar rates between those aged under 19 and those who were older. Males were the least likely to have seriously considered suicide (40% vs. 51% of females vs. 68% of non-binary youth), as were youth who identified as straight (36% vs. 64% of sexual minority youth) and cisgender (46% vs. 69% of transgender youth). Also, youth with care experience were more likely than those never in care to have seriously considered suicide in the past year (54% vs. 41%).

Around a quarter of youth (24%) had attempted suicide in the past year. Youth aged 18 or younger were more likely than older youth to have attempted suicide (28% vs. 18%), as were females and non-binary youth compared to males (e.g., 34% of non-binary youth vs. 18% of males), and those who identified as a sexual minority compared to straight (31% vs. 18%).

### What youth had done, other than cutting, to intentionally hurt or punish themselves in the past year *(among those who had self-harmed)*

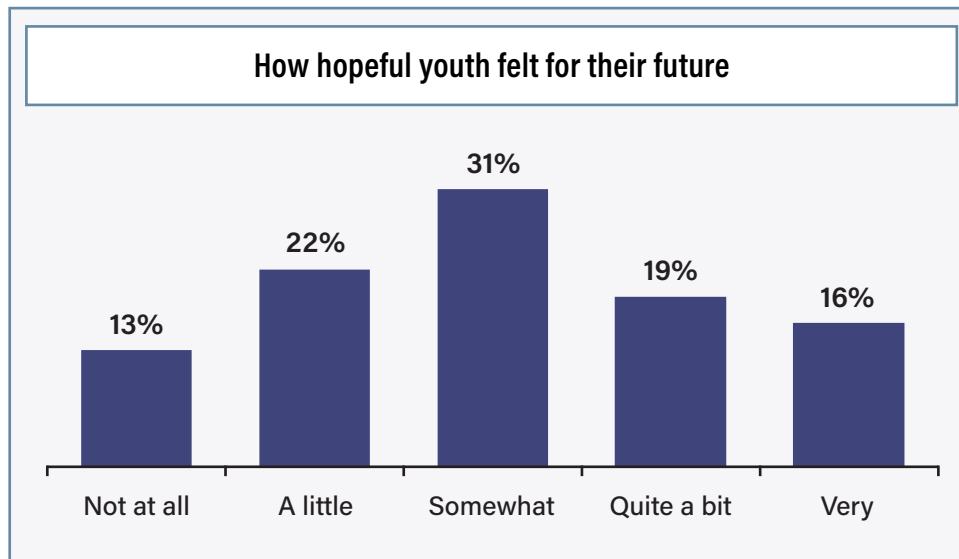
Used alcohol or other substances	70%
Starved themselves	64%
Made a medical situation worse (e.g., skipped medication)	31%
Had unsafe sex	30%
Got into a physical fight	28%
Over-exercised or exercised with an injury	26%
Overdosed	20%
Driven recklessly	12%
Overused laxatives	5%

Note: Youth could mark all that applied.

## POSITIVE WELL-BEING

Around a third of youth were satisfied with their life (29%) and usually felt good about themselves (33%). Most youth got along with people around them (64%), could identify something that made them happy (83%), and felt at least a little hopeful for their future (87%).

***"The best thing about my life is how it continues to get better and better every day."***



Note: Percentages do not add up to 100% due to rounding.

### ***Examples of what made youth happy ...***

***"My good friends and my hobbies."***

***"My girlfriend, our cat, and being outside."***

***"My siblings specially my little baby brothers and my little sister."***

***"Art & music."***

***"Books, drawing, writing."***

***"Family, supports in community, boyfriend."***

***"Food, family, friends, car drives."***

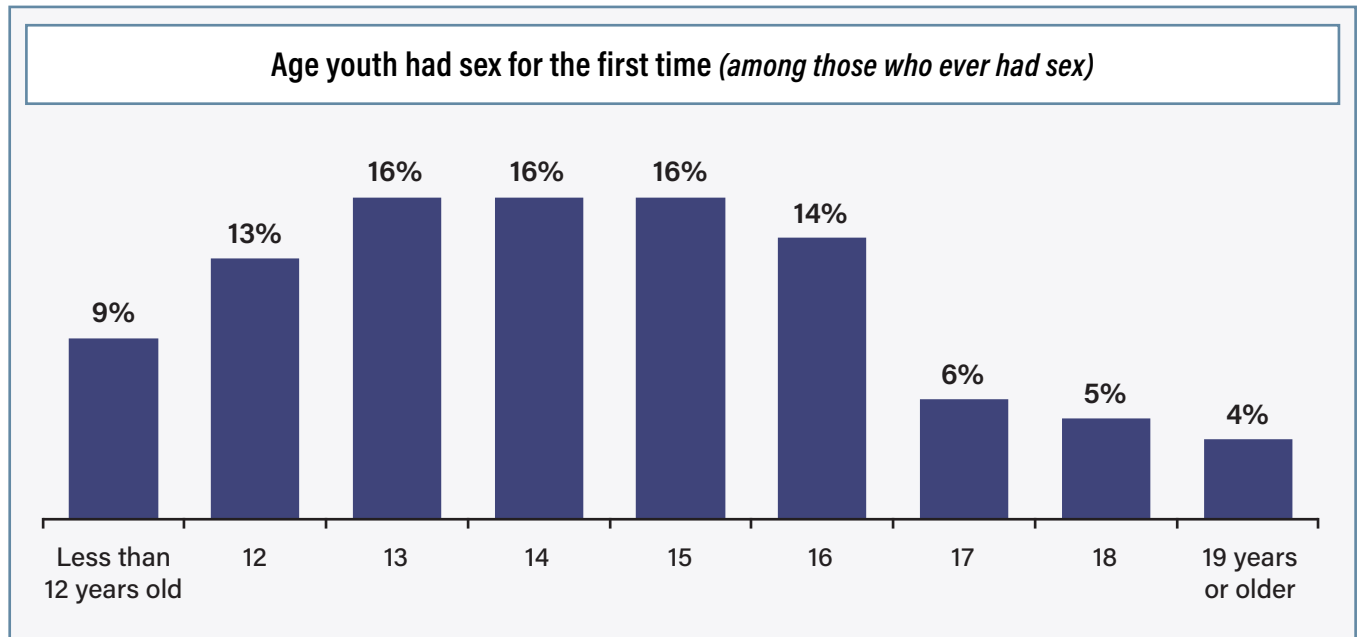
***"Fulfilling my passions and hobbies, being around others."***

***"Going for walks and being in nature, art, and family."***

***"Looking at how far I've come in life after the experiences I've been throughout the past couple years."***

## Sexual health

Three quarters of youth (75%) ever had sex other than oral sex or masturbation (88% of those 19 or older vs. 65% of those 18 or younger). Among these youth, over half first had sex at age 14 or younger.



Note: Percentages do not add up to 100% due to rounding.

Around a third of youth (32%) reported that they or their partner had used a condom or other barrier/protection the last time they had sex (among those who ever had sex). Youth aged 18 or younger were more likely to have used protection compared to older youth (38% vs. 25%).

Eighteen percent of youth had been told by a doctor or nurse that they had an STI/STD (sexually transmitted infection/disease), such as HPV or chlamydia.





## ACCESSING SEXUAL HEALTH INFORMATION AND SERVICES

Youth were asked where they accessed sexual health information or services. Over a quarter went to an adult they knew, a doctor or nurse, and/or a website or online resource.

Where youth went for sexual health information or services	
An adult they knew	31%
A doctor/nurse	27%
Website/online resource	26%
Sexual health clinic	21%
Walk-in clinic	20%
A youth they knew	18%
Foundry centre/Foundry Virtual BC	11%
Printed resource (e.g., book, brochure, poster)	7%
Mobile clinic	4%
Didn't know where to go	6%
Didn't go anywhere	31%

Note: Youth could mark all that applied.

### THE IMPORTANCE OF CONNECTION: ACCESSING SUPPORTIVE AND INCLUSIVE SOURCES FOR SEXUAL HEALTH INFORMATION AND SERVICES

Among youth who had ever had sex, STI rates were lower among youth who had used a condom the last time they had sex (13% vs. 28% of those who had not used a condom).

Access to sexual health information and services from trusting, non-judgemental, and inclusive sources was linked to safer sexual health practices, among youth who had ever had sex. For example, youth who reported going to an adult they knew for information on sexual health were more likely to have used a condom the last time they had sex (41% vs. 28% who did not go to an adult they knew). Also, among youth who reported accessing a sexual health clinic for information or services, those who felt their gender identity was respected when accessing services were more likely to have used a condom the last time they had sex, compared to youth who did not feel their gender identity was respected (34% vs. 13%).

## SUBSTANCE USE

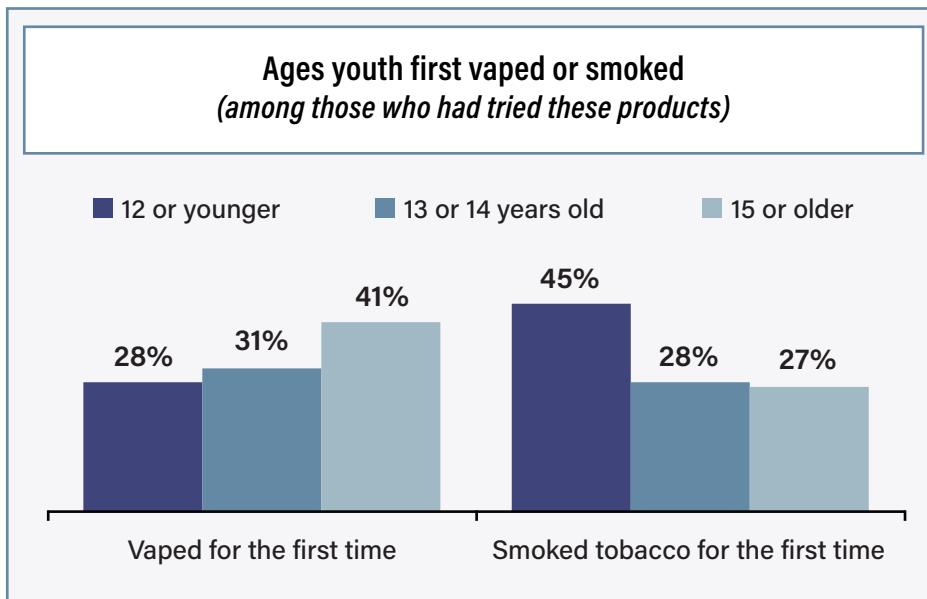
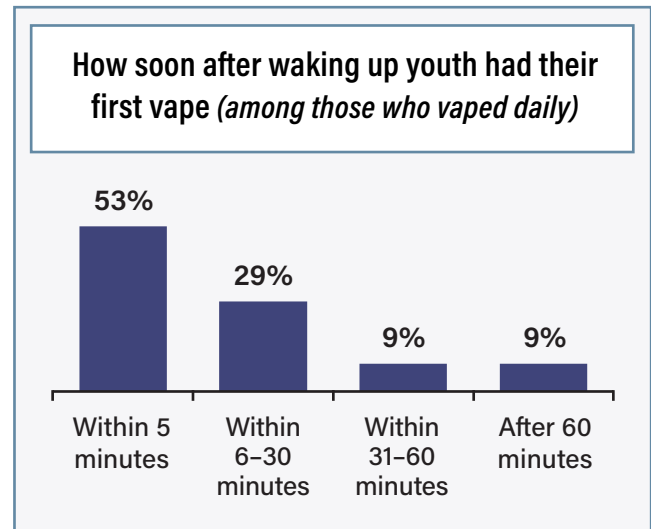
### Vaping and smoking

Youth were more likely to have ever vaped than they were to have ever smoked tobacco. However, they were more likely to have first smoked before their thirteenth birthday than they were to have vaped at this age. The percentage that currently engaged in either of these activities on a daily basis was similar.

Around 8 in 10 youth (79%) had ever vaped. Among these youth, the majority (59%) had first vaped at age 14 or younger.

Most youth (83%) who had ever vaped did so in the past month, including 39% who vaped daily (44% of youth aged 18 or younger vs. 32% of older youth). Among youth who vaped every day, over half had their first vape within five minutes of waking up.

Around three quarters of youth (74%) had ever smoked tobacco, and over 4 in 10 had first smoked at age 12 or younger. Among those who had ever smoked, 74% smoked in the past month and 34% smoked daily.



Among youth who had vaped and smoked, 65% had done both in the past month, while 18% had vaped exclusively, 9% smoked exclusively, and the remaining 8% had neither smoked nor vaped recently.

## Alcohol

Most youth (82%) had tried alcohol. As with smoking tobacco, 45% first drank at the age of 12 or younger, while 27% waited until they were 15 or older.

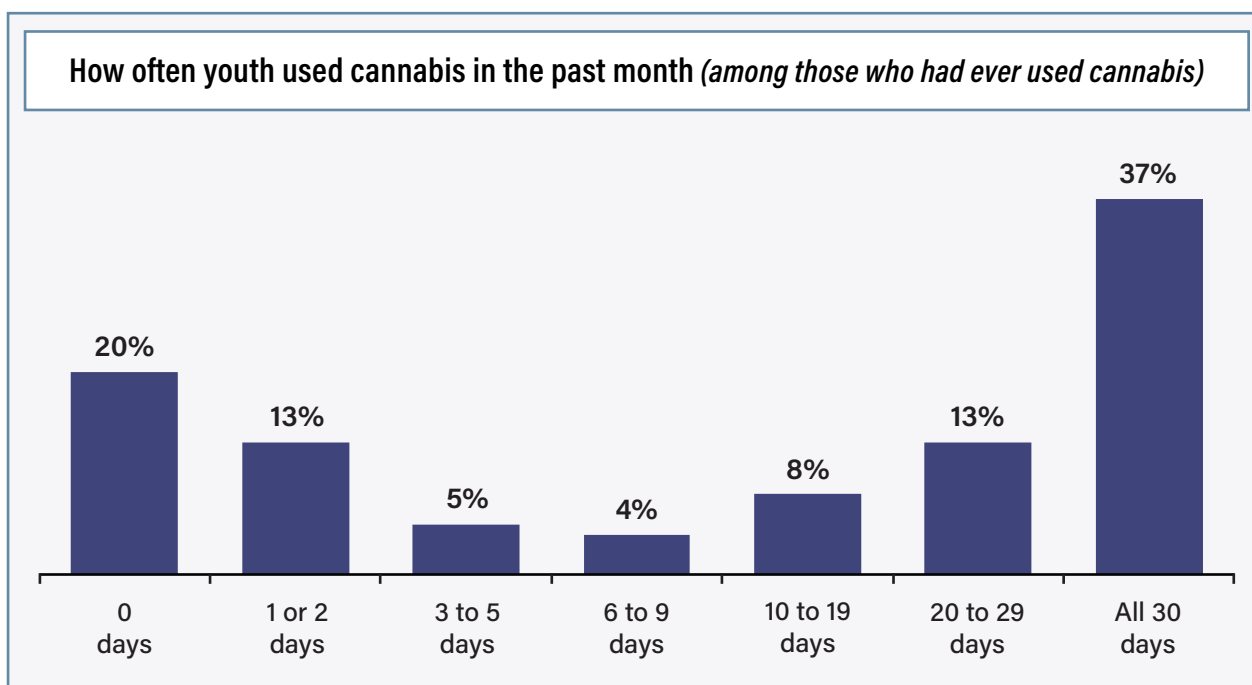
Among youth who had drunk alcohol, 76% had done so in the past month (with similar rates between those aged 19 and older compared to younger youth). Most youth (61%) consumed five or more drinks within a couple of hours on at least one day in the past month, including 3% who did so on all 30 days (among those who had ever used alcohol). In the past week, 56% of youth had more than two drinks on at least one day, including 6% who had more than two drinks on all seven days of the week (9% of those 19 or older vs. 3% of younger youth).

## Cannabis

Around 8 in 10 youth (81%) had tried cannabis. Those aged 19 or older were more likely to have ever used cannabis (86% vs. 78% of youth 18 or younger), as were youth who identified as non-binary (90% vs. 80% of males and females).

Among those who had used cannabis, 40% had first tried it at age 12 or younger, while 29% were 15 or older, which was similar to the patterns for tobacco and alcohol use.

Among youth who had used cannabis, 80% had used it in the past month, including 37% who did so daily.



## Other substance use

Most youth (71%) had used substances other than alcohol or cannabis at some point. The majority had used mushrooms, and around 4 in 10 had used other hallucinogens, cocaine, and ecstasy/MDMA.

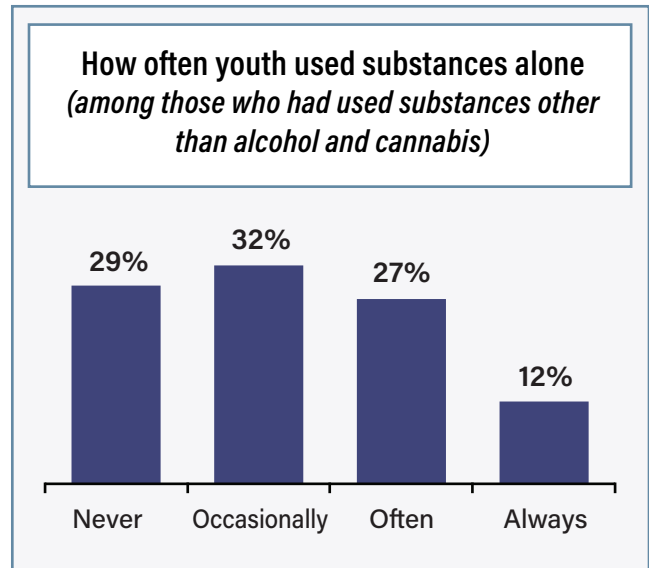
Males were more likely than females to have used mushrooms (64% vs. 54%), and non-binary youth were more likely than males and females to have used more of their own medication than prescribed (e.g., 44% of non-binary youth vs. 27% of females). Youth aged 19 or older were more likely than younger youth to have used every substance they were asked about.

In the past month, youth had used a range of substances, including around 1 in 10 who had used heroin, fentanyl, or other opioids, and/or crystal meth.

Youth who had used substances other than alcohol and cannabis		
	Ever	Past month
Mushrooms	59%	17%
Hallucinogens other than mushrooms	41%	7%
Cocaine	40%	13%
Ecstasy/MDMA	38%	7%
Benzodiazepines without a doctor's consent	33%	11%
Other prescription pills without a doctor's consent	32%	9%
More of own prescription medication than prescribed	29%	7%
Heroin, fentanyl, or other opioids	27%	11%
Crystal meth	26%	11%
Amphetamines	24%	10%
Inhalants	20%	4%
Ketamine (Special K), GHB	20%	4%

Four in 10 youth had overdosed on substances they had used. Among those who had overdosed, 34% had overdosed once, 27% had done so twice, and 39% had overdosed three or more times.

Most youth (71%) who used substances other than alcohol and cannabis reported that they did so alone, at least occasionally. There were no differences in using substances alone based on youth's gender or between those aged 18 or younger and 19 or older. However, youth who had experienced bereavement were more likely to use alone. Specifically, those who had lost someone due to an overdose were more likely to use alone (77% vs. 62% who had not lost someone this way), as were youth who had lost someone due to suicide (77% vs. 66%) and to violence (79% vs. 68%).



## THE IMPORTANCE OF CONNECTION: ACCESSING NEEDED SUPPORTS AND SERVICES TO REDUCE THE LIKELIHOOD OF USING SUBSTANCES ALONE

Among those who used substances, youth were less likely to use alone when they:

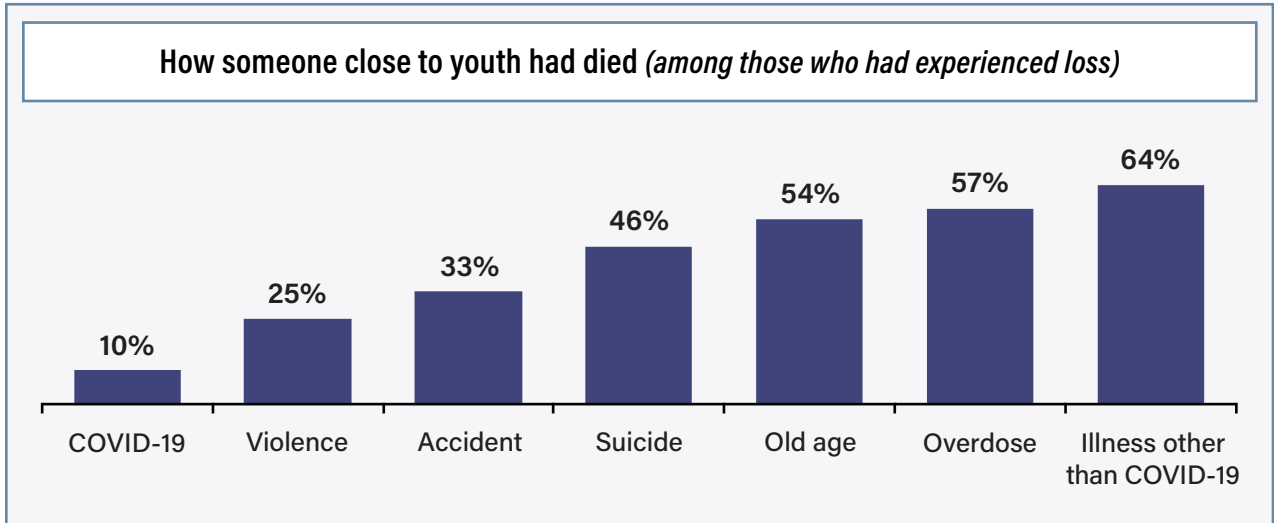
- Were able to access the supports they needed. For example, those who accessed needed medical care in the past year were less likely than those who missed out on accessing this care to have used substances alone (66% vs. 82%), as were youth who had accessed the mental health services they needed (65% vs. 78% who missed out on needed mental health services).
- Felt accepted when accessing services (65% vs. 80% who did not feel accepted for who they were).
- Felt listened to and valued when accessing services (65% vs. 76% of youth who did not feel this way when accessing services).
- Had supportive adults in their life (e.g., 68% who had an adult they could talk to if they had a serious problem vs. 83% of those who did not have such an adult in their life).
- Had supportive friends (e.g., 67% who had friends they could share their ups and downs with vs. 85% of those who did not have such friends).

## ADVERSE EXPERIENCES

Youth reported a range of adverse experiences in addition to housing instability and homelessness. These included the death of someone close to them, abuse, exploitation, harassment, and discrimination. For example, around half of youth (51%) had been forced into sexual activity when they did not want to participate.

### Loss

The majority of youth (87%) reported that someone close to them had died. Among these youth, over half had lost someone due to an overdose, and just under half due to suicide. One in 10 had lost someone close to them as a result of COVID-19.



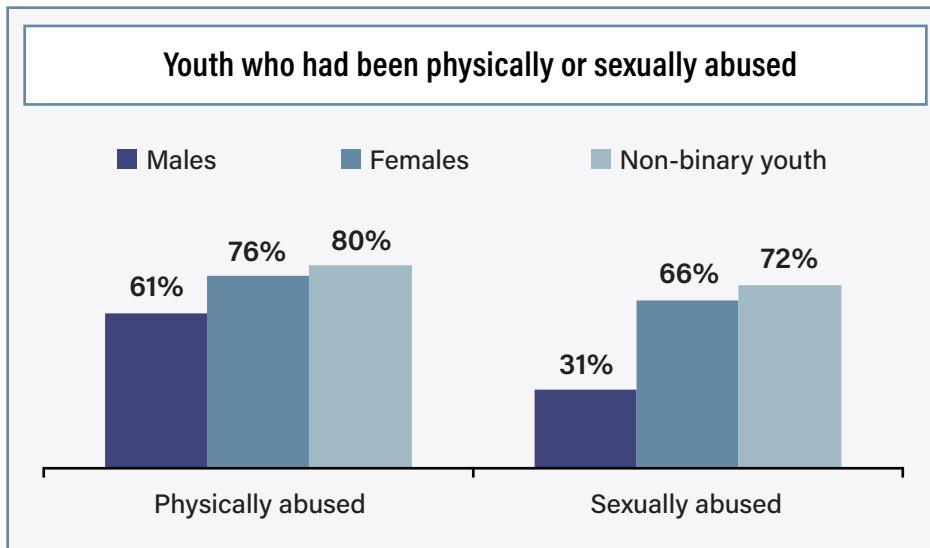
Note: Youth could mark all that applied.

Seven in 10 youth (70%) had a close friend or family member who had attempted or died by suicide, and 31% had this experience in the past year.

### Abuse and exploitation

***"[I am most proud of] all I've accomplished in the last year leaving an abusive relationship."***

Seventy percent of youth reported they had ever been physically abused or mistreated, and 51% had been sexually abused. Males were less likely than females and non-binary youth to report they had experienced abuse.



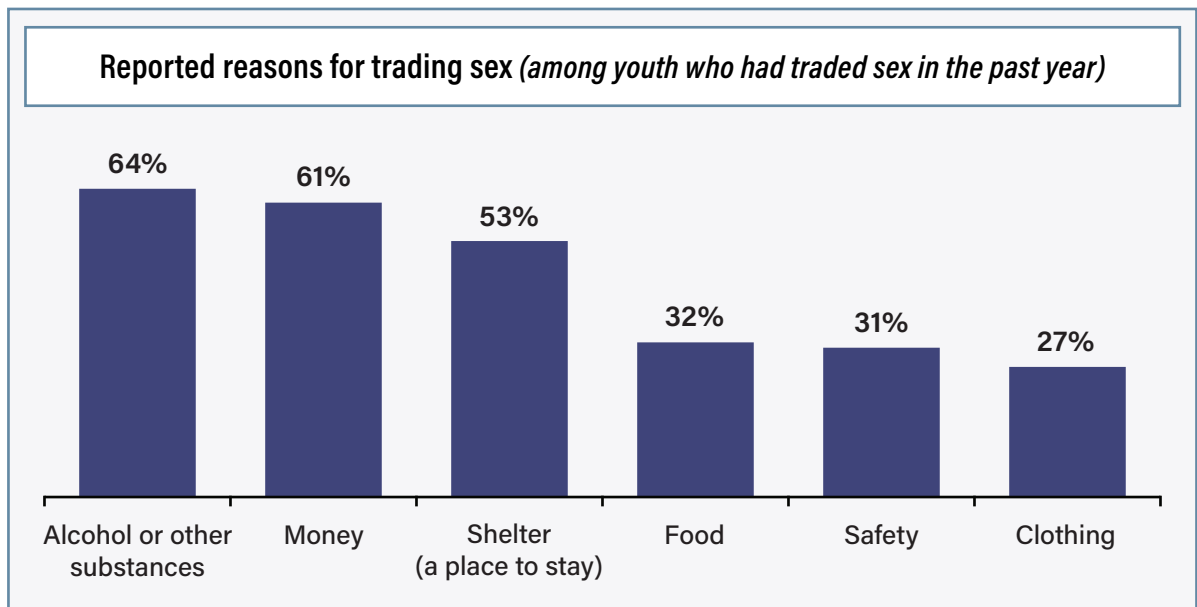
Note: The differences between non-binary youth and females were not statistically significant.

A quarter of youth (25%) reported they had ever traded sex, and 18% had used the Internet to arrange to trade sex.

Females and non-binary youth were more likely than males to have ever traded sex (e.g., 35% of non-binary youth vs. 18% of males), and older youth were more likely than younger ones to have done so (36% of those 19 or older vs. 17% of younger youth).

Most youth (80%) who had traded sex were under the age of 19 when they first did so. The most common age youth first traded sex was 15 or 16 years old, and 6% were age 10 or younger.

Eighteen percent of youth who completed a survey had traded sex in the past year. They most commonly traded sex for substances, money, and shelter.



Note: Youth could mark all that applied.

## Harassment and discrimination

In the past year, youth reported a range of bullying and harassment experiences. These included being socially excluded from their peer group (53%); someone stealing or trying to steal from them (48%); someone threatening to hurt them (55%); and being physically attacked or assaulted (35%).

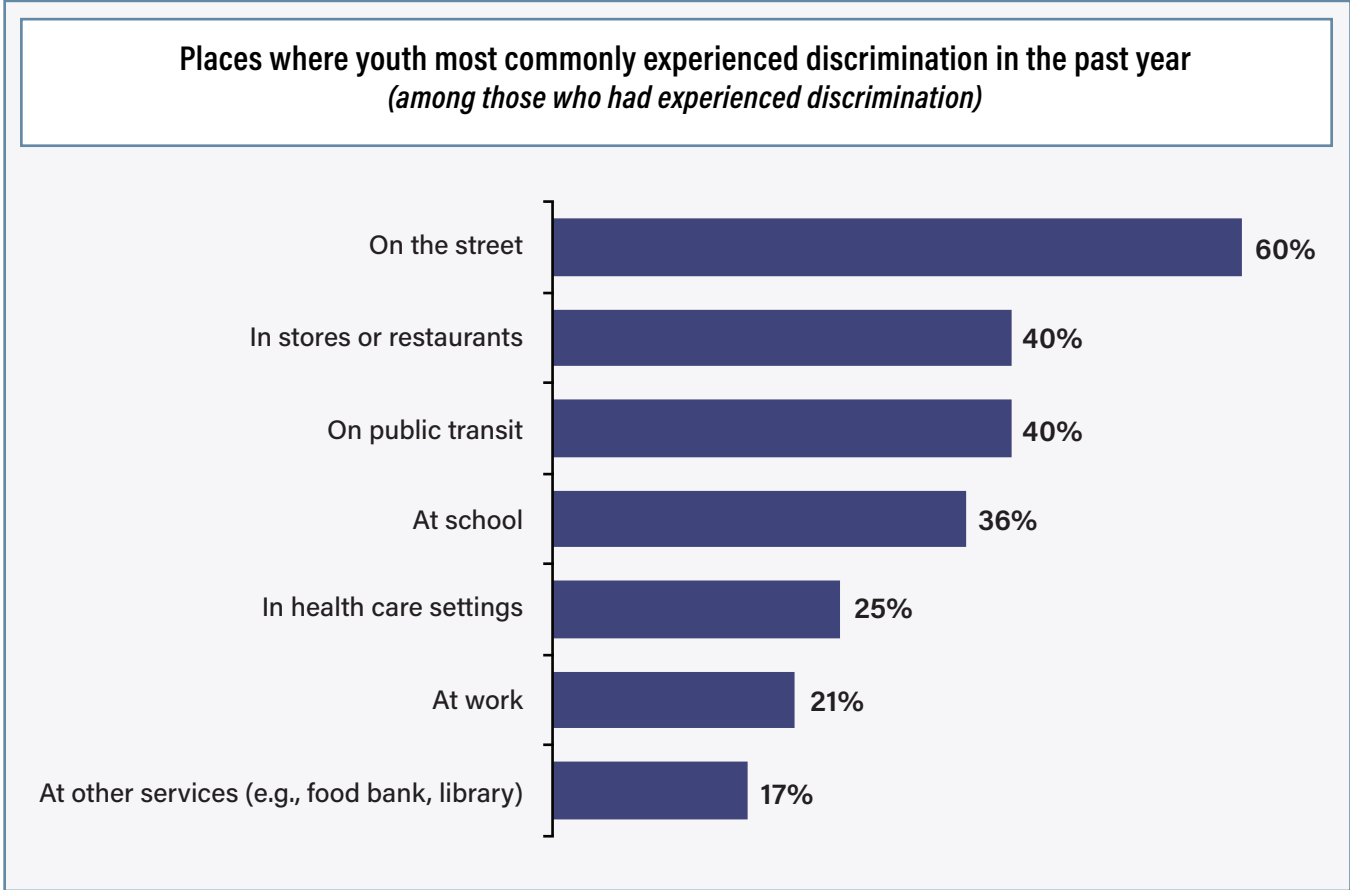
Around 6 in 10 youth (62%) had experienced discrimination in the past year, and 15% had experienced it regularly. Among youth who had been discriminated against, over half reported being discriminated against due to their physical appearance. Also, 3 in 10 indicated they had been discriminated against because they were homeless, and around 1 in 6 because of their experience in government care.

Reported reasons for discrimination in the past year (among youth who had experienced discrimination)	
Physical appearance	54%
Being seen to have mental health and/or substance use challenges	45%
Weight	42%
Race, ethnicity, or skin colour	38%
Age	37%
Gender or sex	33%
How much money they or their family have	32%
Being homeless	30%
A disability	28%
Sexual orientation	26%
Where their money comes from	26%
A health condition	20%
Experience in government care	16%

Note: Youth could mark all that applied.



When asked where they had experienced discrimination in the past year, most youth reported they had experienced discrimination on the street. Among those who had been discriminated against, Indigenous youth were more likely than non-Indigenous youth to have been discriminated against in a health care setting (30% vs. 20%).



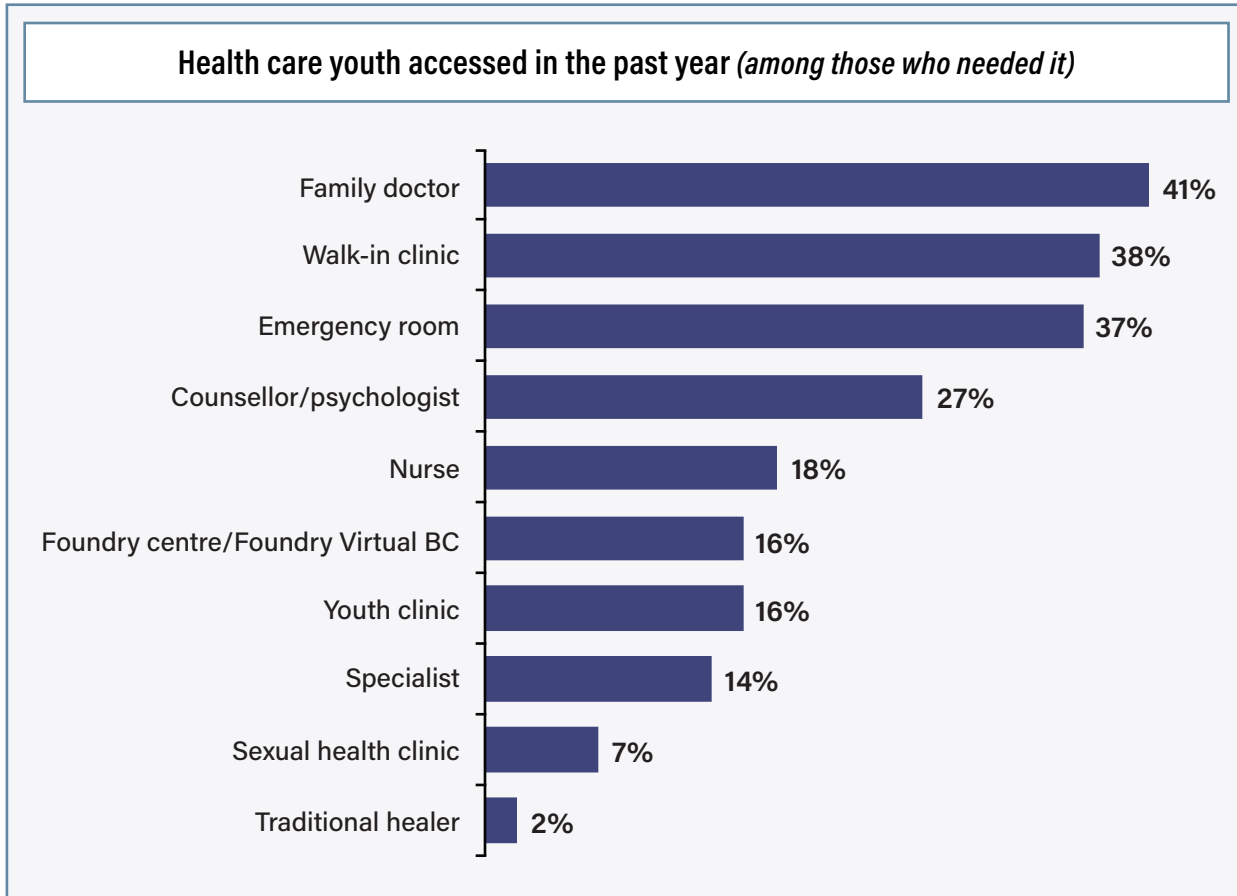
Note: Youth could mark all that applied.



## ACCESS TO HEALTH CARE

Youth were asked where they accessed health care in the past year. Just under 1 in 5 (17%) indicated they did not need health care in the past year. Among those who needed health care, they most commonly identified they had accessed a family doctor, walk-in clinic, and emergency room.

***"I have accessed some services when needed."***



Note: Youth could mark all that applied.

A BC Services Card (previously known as a CareCard) is needed to access provincial services including health care. Eighty percent of youth reported having a BC Services Card. Among those who needed health care, youth with a BC Services Card were more likely than those without one to have gone to a family doctor (42% vs. 32%) and a nurse (21% vs. 9%) in the past year.

Among youth who had experienced a concussion in the past year, 40% had received medical treatment for their concussion (43% of those who had a BC Services Card vs. 20% of those who did not have this card).

Over half of youth (54%) had been to the dentist in the past year, while 42% had been more than a year ago. Four percent had never visited a dentist.

## Barriers to accessing needed health care

In the past year, 35% of youth needed medical help because they were physically sick or hurt, but did not get the help they needed. Also, around half (51%) did not get the mental health services they needed in the past year (58% of those 19 or older vs. 44% of younger youth).

The most common reason youth missed out on medical care was because they thought or hoped the problem would go away. The most common reasons they missed out on needed mental health services included fear of judgement, having had previous negative experiences, fear of what they would be told, and not knowing where to go.

Youth's reasons for not accessing the care they needed in the past year (among those who missed out on needed care)		
	Medical care	Mental health services
Thought or hoped the problem would go away	60%	42%
Mental health challenges	52%	Not asked
They were not taken seriously	48%	40%
Had negative prior experience(s)	48%	44%
Afraid of what they would be told	43%	44%
Mistrust of the health care system	43%	33%
Fear of judgement	42%	44%
Couldn't get there	42%	31%
Didn't know where to go	34%	44%
Couldn't go when it was open	30%	19%
Didn't think they could afford it	29%	38%
Worried about privacy	29%	37%
On a waiting list	27%	31%
Too busy to go	26%	24%
No ID	16%	13%
The COVID-19 pandemic	7%	9%
The service was not available in their community	7%	8%

Note: Youth could mark all that applied.

## Substance-related services

***“It needs to be easier to reach out for help. It has to be easier to ask!”***

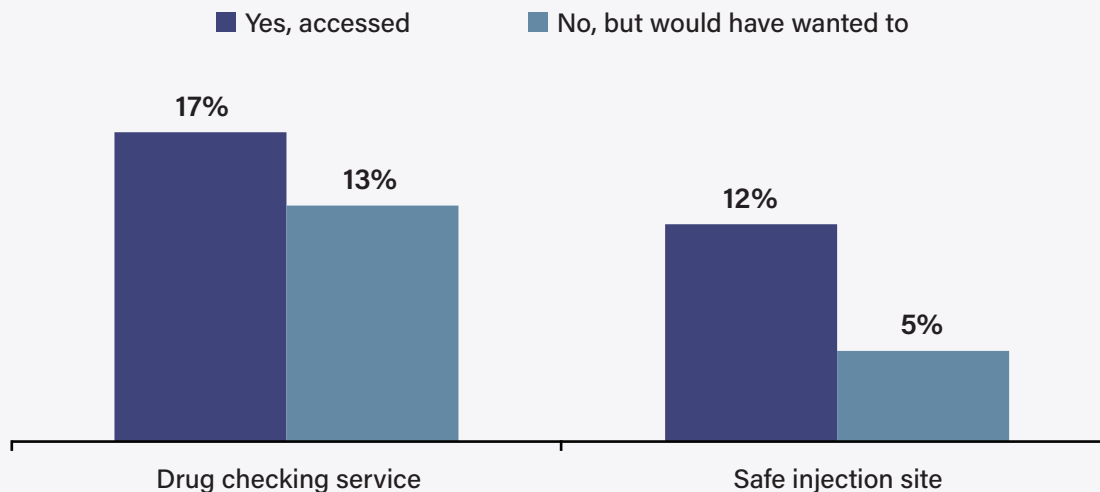
Among youth who had used substances other than alcohol and cannabis, 17% had used a drug checking service. Another 13% did not use this service but would have wanted to (e.g., if it was available in their community), while 70% reported they did not want or need to use a drug checking service.

Overall, 12% of youth who had used substances other than alcohol and cannabis had accessed a safe injection site. Another 5% had never done so but would have wanted to, while 83% indicated they did not want or need to use a safe injection site. Among youth who had used heroin, fentanyl, or other opioids, around a quarter (26%) had accessed a safe injection site, and another 11% had not accessed one but would have wanted to.

Overall, 44% of youth reported having a naloxone/Narcan kit, and most of these youth (84%) knew how to use it. Among youth who had used substances other than alcohol and cannabis, 55% had a naloxone kit (and 84% of these youth knew how to use it).

Among youth who had ever used alcohol, cannabis, or other substances, 16% had been refused substance use treatment services. Among these youth, reasons for having been refused services included not fitting the program requirements (53%), the program being full (49%), the services not being available in their community (21%), and/or youth’s past experiences with the program (e.g., breaking the rules; 13%).

**Accessed drug checking services and safe injection sites**  
*(among youth who had used substances other than alcohol and cannabis)*



## Health-related services that would be helpful now

When asked an open-ended question about which services would be helpful to them now, youth most frequently identified mental health services. These included access to a counsellor or psychologist, or to programs that would help them gain skills to cope with their mental health challenges (e.g., anxiety, PTSD, depression, addiction).

Youth also identified sexual health care and specialized health care for 2SLGBTQIA+ young people (e.g., gender-affirming care) as services that would be helpful for them. Other health services youth identified included access to a family doctor, diagnostic medical care, dietician, chiropractor, physiotherapist, and dentist.

Some participants indicated that access to substance use services would be helpful for them now. These included easily-accessible substance use treatment programs, and access to harm-reduction services such as drug checking services and safe consumption sites (including youth-specific sites).

### Examples of health-related services that youth identified would be helpful to them now ...

***"Affordable therapy."***

***"More youth specific service—harm reduction/drug checking."***

***"Adult mental health services—only way I have one now is from my job—referred me to one for PTSD."***

***"A drop in, intake drug & alcohol program where someone is always there to get started on rehab process. Appointments are hard to attend sometimes."***

## ACCESS TO OTHER SERVICES

### Internet

***"We need more online/phone programs. It's very difficult to do anything housing-related without a phone and many can't afford one."***

Access to the Internet is now considered a human right. The vast majority of youth (97%) had access to the Internet in some capacity. Among these youth, most accessed the Internet through their own data plan and through public/free Wi-Fi.

### Ways youth accessed the Internet (among those who had access)

Their own data plan	70%
Public/free Wi-Fi (e.g., café, coffee shop, library)	61%
At school	31%
At community programs/services (e.g., drop-ins, shelters)	23%

Note: Youth could mark all that applied.

## Types of programs and services accessed

In the past year, most youth (60%) had accessed programs and services beyond the health care services discussed on [page 38](#). The majority of these youth had accessed such services in the community they were currently staying in, and 13% had accessed services in a different community.

When asked if they had accessed a program or service specifically for adults, 28% had done so in the past year (52% of those 19 or older vs. 10% of youth 18 or younger). Among these young people, over half (57%) preferred the adult services to youth services, whereas 43% would have preferred to have accessed youth services (with a similar pattern for both older and younger youth).

In terms of specific services youth had accessed in the past year, just over half had accessed outreach services (e.g., street nurses, youth workers) and mental health services. Most youth who had accessed services found them helpful. For example, more than 8 in 10 had found the outreach services they had accessed to be helpful.

***“Youth don’t even know these [services] exist. Maybe they need a marketing campaign?”***

***“There should be no cut off [to access services], or another option for 20-30 year olds.”***

### Services youth had accessed in the past year

	Accessed	Found helpful (among those who accessed)
Outreach services	54%	83%
Mental health services	52%	66%
Job training/work experience	46%	80%
Youth-specific centre or clinic	43%	77%
Safe house/shelter/transitional housing	40%	77%
Life-skills training program	34%	79%
Foundry centre/Foundry Virtual BC	32%	68%
Alcohol and drug treatment/counselling/detox	30%	59%
Harm-reduction services	29%	65%
Sexual health clinic	28%	75%
Veterinarian	18%	70%

## ***Services that would be helpful now***

In response to an open-ended question about which services would be helpful to them now (beyond health-related services), youth commonly identified housing services. While many listed housing in general, some specified the need for grants or subsidies to help them secure and maintain housing (e.g., pet damage deposit, assistance with paying bills). Others noted the need for more low-income or affordable housing options to be available in their community, and a few identified that youth-specific housing would be helpful to them.

Many youth noted financial challenges, including difficulty meeting their basic needs. Some indicated that access to a food bank would be helpful, and others identified that employment services, such as help with searching for employment opportunities and ways to earn an income, would be beneficial to them.

Other youth indicated it would be helpful to receive support with navigating and accessing government services and systems. These included immigration services; getting a Persons with Disabilities (PWD) designation; accessing a social worker, support worker, or transition worker; or getting on a Youth Agreement. A few participants stated that having access to a lawyer, legal aid, or family and criminal law services would be helpful.

In addition, some youth wanted support to get their driver's licence. This included accessing a training program to help them transition from their Learner's permit to their Novice licence.

Other youth identified that access to a range of integrated supports and services would be helpful (e.g., education, employment, housing, substance use, mental health), including services that were all available through one agency.

### ***Examples of services youth identified would be helpful to them now ... (beyond health-related services)***

***"Food bank for youth."***

***"Employment services—access to them easily."***

***"More youth housing support—not shared with adults."***

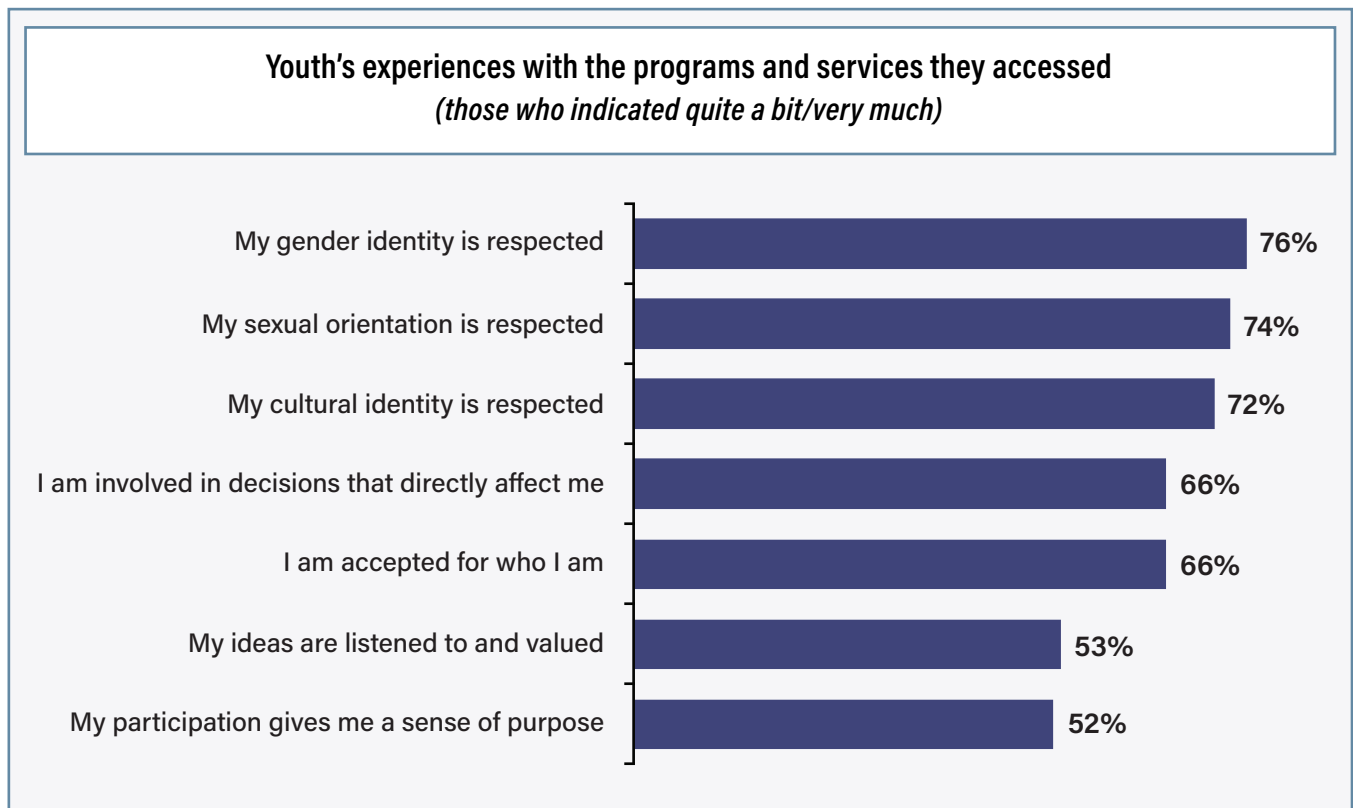
***"Pet deposit funding."***



## Meaningful engagement in programs and services

The majority of youth felt meaningfully engaged in the programs and services they accessed. This included feeling they were involved in decisions that directly affected them; their ideas were listened to and valued; and their participation gave them a sense of purpose. Most also reported that their gender identity, sexual orientation, and cultural identity were respected, and they felt they were accepted for who they were.

Most youth (57%) often or always felt safe when accessing programs and services. However, 8% rarely felt safe, and 6% never did.



*"I'm proud of my language skills in my capacity to advocate for those who don't have words for themselves or the ability to speak for themselves."*

*"I enjoy making connections with people and advancing my capacity to give back to the world through meaningful activities and work."*



## SUPPORTS AND CONNECTIONS

Youth were asked an open-ended question about what they liked best about their life. They most commonly identified the connections they had with friends, partners, family members, and their pets. Some elaborated that these were individuals they trusted and felt safe with. Several youth also identified the supports and resources they accessed.

### *Examples of what youth liked best about their life ...*

*"I have family/friend who support and care for me when I really need them to."*

*"My friends and the people that are here for me."*

*"I have lots of people around me who respect me, and share my interests."*

*"Being with my family and friends right now cuz they are helping me get through stuff."*

*"I love the connection of friends that I have in my community."*

*"My pets. Being close to nature. Doing art. Friends."*

*"I am grateful for the supports who have helped me succeed in my goals and find a sense of purpose."*

### *Community connections*

***"We need help to de-stigmatise homelessness—more support from community."***

***"Just need a person to ask if they are okay."***

It is important for young people's health and development that they are supported in creating and maintaining connections within their communities, and that they feel safe there. Most youth (63%) felt at least somewhat connected to their community, including 7% who felt very connected. Around 4 in 10 often or always felt safe in their community (43%) and when getting around on public transit (42%; among those who used transit).

Over three quarters of youth (78%) felt connected to the land/nature at least sometimes, including 17% who always felt that way.



## THE IMPORTANCE OF CONNECTION: FEELING LIKE A PART OF THE COMMUNITY

*"We need places in the community where [youth] can have fun and not be judged for being homeless."*

Feeling meaningfully engaged in the community services they accessed increased the likelihood that youth felt connected to their community. For example, 34% of those who felt their ideas were listened to when accessing community services felt connected to their community (vs. 16% who did not feel their ideas were listened to), as did 31% who felt accepted for who they were when accessing services (vs. 11% who did not feel accepted).

Also, youth who could identify an adult outside their family they would feel comfortable talking to were more likely to feel like a part of their community (27% vs. 19% of those who did not have an adult outside their family to talk to).

Feeling like a part of the community was in turn associated with better health and well-being. For example, youth who felt like a part of their community were less likely to miss out on accessing needed medical help (26% vs. 45% of those who did not feel connected to their community) and mental health services (29% vs. 61%) in the past year. They were also less likely to usually feel lonely (33% vs. 63%), and were more likely to rate their mental health as good or excellent (49% vs. 17%) and to feel satisfied with their life (56% vs. 16%).

### Adult supports

***"You need someone to help you in your goals/hopes/dreams. We need connections, education, life skills/social skills."***

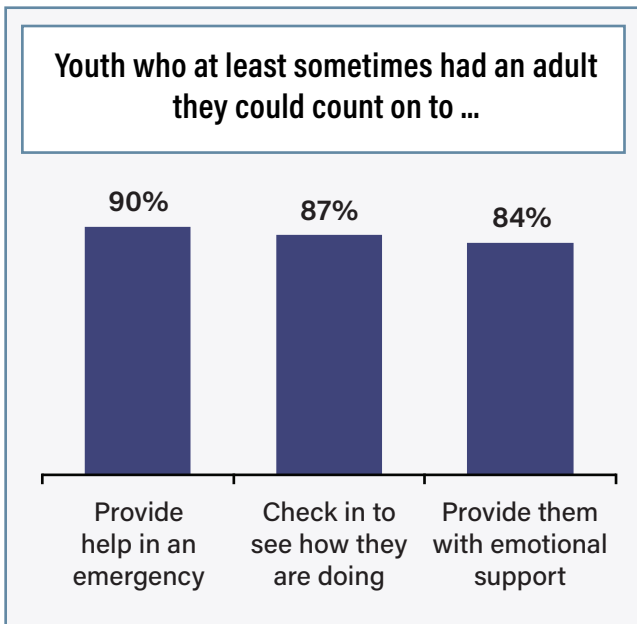
***"Homeless youth need people to never give up on them."***

Youth were asked about their connections with the people they considered to be their family. Most felt their family (whether biological or chosen) respected them (74%), paid attention to them (73%), and understood them (69%) at least somewhat.

Around 8 in 10 youth (79%) had an adult they could talk to if they were having a serious problem. This included 23% who had an adult both inside and outside their family they could talk to; 26% who had this type of support exclusively in their family; and 30% who had this type of adult support exclusively outside their family.

The majority of youth had an adult they could count on at least sometimes to provide help in an emergency (50% always had this); to check in to see how they were doing (43% always had this); and to provide them with emotional support (43% always had this). Six percent of youth reported never having an adult they could count on in all three of these situations.

In response to an open-ended question about the types of supports that would be helpful to them now, a number of youth noted that having a supportive adult to help in a number of areas would be helpful. This included help with accessing information and services, such as relating to substance use, sexual health, budgeting, employment, and education. Youth also felt it would be beneficial to have an adult with whom they could talk about their future goals, and who could help them to make a plan to achieve their goals.



**Examples of supports youth identified that would be helpful to them now ...**

- "Help with schooling."*
- "Having a stable ride to and from school!"*
- "Job support, finding employment!"*
- "Just someone to talk to and help me with my future."*
- "Spiritual guidance."*

## THE IMPORTANCE OF CONNECTION: SUPPORTIVE ADULTS

*"Everyone becomes homeless for a reason, and needs someone to talk to."*

Youth who had an adult they could talk to if they had a serious problem were more likely to feel satisfied with their life (32% vs. 17% of youth who did not have this type of adult in their life) and hopeful for their future (36% vs. 27%).

Also, those who had an adult they could always count on in an emergency were less likely to experience extreme stress (29% vs. 48% of those who could never count on an adult in an emergency) and despair (25% vs. 41%) in the past month, and to have missed out on accessing needed mental health services in the past year (43% missed out vs. 69%). Similarly, those who had an adult who checked in with them to see how they were doing were more likely to rate as good or excellent their mental health (40% vs. 16% who did not have this), emotional health (38% vs. 17%), and spiritual health (55% vs. 31%).

## Friends

The majority of youth had at least one close in-person friend (91%), including half (50%) who had three or more friends they knew in person. Also, 59% had at least one online friend whom they had never met in person, including 29% who had three or more of these online friends. While the vast majority of youth had at least one online or in-person friend, 6% reported not having any friends.

Around two thirds of youth (66%) felt they had friends they could share their ups and downs with.

### THE IMPORTANCE OF CONNECTION: FRIENDSHIPS

*"I have people I trust and hang out with, without feeling uncomfortable."*

Youth who had three or more close friends were less likely than those with fewer friends to usually feel lonely (42% vs. 58%). They were also more likely to report good or excellent emotional health (33% vs. 21%) and to feel hopeful for their future (41% vs. 29%).

## Pets

*"I'm a good pet mom."*

*"[I am most proud of] how far my training with my dog has come since she was adopted."*

Over half of youth (54%) had a pet. This included 36% who had a cat, 28% who had a dog, and 8% who had another type of pet (they could mark all that applied). Among youth with a pet, the majority (98%) felt their pet improved their overall well-being to some degree, including 62% who felt their pet very much helped to improve their well-being. Also, 94% felt at least a little safer because of their pet, including 54% who felt a lot safer.



## ***Supports to help homeless youth in BC***

Youth were asked an open-ended question about what supports are needed in BC to help young people who are homeless. As would be expected, the majority stressed the need for more affordable and youth-friendly housing, as well as the need for temporary accommodations and shelters which youth could access in an emergency.

Other common suggestions included the need for more support workers (such as transition workers, outreach workers, and youth workers); greater access to mental health and substance use supports (including holistic and alternative treatments); support to find and maintain employment; and to have their basic needs met, such as by having access to food, Wi-Fi, a phone, and clothing.

Several youth noted they were often not aware of financial and other supports that might be available to them, and suggested better advertising of existing resources. Others commented that housing and other supports that are available in bigger cities should be made available in smaller communities as well. Examples included accommodation options for couples and for youth with pets.

### ***Examples of youth's suggestions for needed supports to help homeless youth in BC ...***

***"We need more affordable housing, like co-ops for young moms/parents, etc."***

***"I think we need more emergency services or shelters for youth who need a bed and somewhere to sleep while they figure their s\*\*\* out."***

***"There should be programs/classes to promote the ability to work, and employers hiring those who have barriers."***

***"Access to a phone, transportation, free Wi-Fi and drop-in mental health services."***

***"Need to have more advertising as not everyone knows what resources are out there."***

***"Food banks and rec[reation centre] access for showers, etc."***



## SKILLS AND ACHIEVEMENTS

Around 7 in 10 youth (71%) could identify something they were good at. When asked to specify, the most common responses included the arts and other creative endeavors (e.g., painting, drawing, singing, playing an instrument, photography), as well as interpersonal skills (e.g., supporting others, making people laugh). Other common responses were sports (e.g., soccer, basketball), gaming, and academics.

Youth who felt skilled in at least one area were more likely to report positive well-being than those who did not report being good at anything. For example, they were more likely to report good or excellent mental health (31% vs. 22%), to feel satisfied with their life (34% vs. 20%), and to feel hopeful for their future (43% vs. 19%).

### **Examples of what youth identified they were good at ...**

*"I am very creative, resilient, and make strong connections with people quickly."*

*"Being empathetic, love for animals, caring for everyone."*

*"Music and connecting people."*

*"Writing, playing an instrument, making people laugh, making people comfortable."*

*"Listening and loving/supporting my friends."*

*"Making people feel welcome."*

*"Art, baking, cooking, decorating, fashion, foraging, dancing."*

*"Cars & dirt bikes, humour, making people feel accepted."*

*"I'm good with kids."*

Youth were asked an open-ended question about what they were most proud of. Many shared they were proud of their personal growth and perseverance, and that they had overcome many obstacles. Some identified specific accomplishments, such as graduating from school, finding and keeping a job, exiting an unhealthy relationship, and accessing needed services. Many also shared they were proud of their relationships, including how they took care of their children and pets.

### **Examples of what youth were most proud of ...**

*"That I am slowly getting back on my feet again."*

*"Persevering through the trauma and challenges. Being strong on my own."*

*"Working on my electricians apprenticeship and getting my driver's licence."*

*"My new job."*

*"Graduating high school on time."*

*"My daughter and providing for her things she needs."*

*"My friends and family."*

*"Helping my community."*

# INDIGENOUS YOUTH WHO COMPLETED THE HYS

Overall, half (50%) of young people who completed the HYS were Indigenous. Among these young people, 72% identified as First Nations, 30% as Métis, and 1% as Inuit (they could mark all that applied). Just over 4 in 10 (43%) had lived on a First Nations reserve, including 7% who were currently staying on reserve.

Indigenous youth's homelessness experience was generally similar to those of their non-Indigenous peers, except Indigenous youth were more likely than non-Indigenous youth to have ever lived in a safe house or shelter (45% vs. 34%) and on the street (42% vs. 34%). They were also more likely to be currently living on the street (9% vs. 4% of non-Indigenous youth) and to be squatting/living in an abandoned building (4% vs. 2%).

When asked about their reasons for becoming homeless, Indigenous youth were more likely to indicate they became homeless because they had wanted to be with someone they knew (24% vs. 15% of non-Indigenous youth).

## GOVERNMENT CARE AND FAMILY HISTORY

Most Indigenous youth (70%) had been in government care or an alternative to care (vs. 52% of non-Indigenous youth). Also, Indigenous youth were around twice as likely as non-Indigenous youth to have a family member who had been in care (65% vs. 34%). This included 32% whose parent had been in care (vs. 17% of non-Indigenous youth), and 44% whose siblings were in care (vs. 17%).

Around two thirds (64%) of Indigenous youth reported having a family member who had attended residential school, and 23% did not know if a family member had attended residential school.

The Sixties Scoop was a colonial practice in the 1960s that removed Indigenous children from their homes and communities and placed them in the care of the government, to then be adopted by non-Indigenous families. A quarter (25%) of Indigenous youth reported having a family member who had been part of the Sixties Scoop, and 56% did not know their family's history in this area.



## HEALTH AND WELL-BEING

The health picture of Indigenous and non-Indigenous youth who completed the survey was generally similar. Among Indigenous youth, certain experiences were linked to enhanced health and well-being. These included feeling connected to the land and to their culture, and feeling their culture was respected in the supports and services they accessed.

### *Connection to the land*

Indigenous youth who felt connected to the land or nature were less likely than those who did not feel as connected to experience extreme stress in the past month (31% vs. 43%). They were also more likely to report good or excellent spiritual health (49% vs. 36% who did not feel as connected to the land), and to feel hopeful for their future (44% vs. 28%).

### *Connection to culture*

Forty-two percent of Indigenous youth could speak an Indigenous language, including 40% who could speak a few words and 2% who could speak fluently. Youth who could speak at least a few words of an Indigenous language were more likely to feel connected to the land and nature (87% vs. 77% of those who could not speak an Indigenous language).

Around three quarters (76%) of Indigenous youth felt proud of their cultural background (vs. 59% of non-Indigenous youth). Feeling proud of their Indigenous background was associated with positive well-being. For example, these youth were more likely to feel hopeful for their future (41% vs. 16% of Indigenous youth who did not feel proud of their background).

### *Accessing services that respect youth's culture*

Indigenous youth who felt their culture was respected in the supports and services they accessed were more likely to connect to needed services. For example, they were more likely than youth who did not feel their culture was respected to have a BC Services Card (86% vs. 73%) and to go to a doctor or nurse for sexual health information (37% vs. 17%). They were also more likely to feel like a part of their community (32% vs. 12% who did not feel their culture was respected).





# CONCLUSION AND RECOMMENDATIONS

This report has explored the prevalence of homelessness and housing instability among young people in BC. It also considered the barriers that exist to exiting homelessness, as well as the challenges to health and well-being that occur when young people are not stably housed.

Community co-researchers had a number of recommendations following their review of the findings. These included an **urgent need to provide safe and affordable housing to young people currently experiencing homelessness or at-risk of homelessness**.

Other recommendations included the need to provide:

- Easy access to reliable information about all services which are available to young people, and particularly to those transitioning out of government care.
- Services and supports for young people with pets (including access to low-barrier veterinary services); and the need to acknowledge the role that companion animals play in many young people's lives.
- Increased outreach workers and peer support workers, especially in smaller communities and in locations where younger youth spend time.
- Supports for youth to obtain official identification documents, including a BC Services Card, so they can access the services they need.
- Services and spaces where young people can feel that their culture is respected.
- Opportunities for young people to develop natural supports in their community and to have caring adults in their life.
- Portable health services, particularly for youth aged under 19. These services should be available to address youth's mental health, sexual health, and other health needs.

- Access to the sexual health information, supports, and supplies that youth need.
- Greater access to a range of substance use services for youth, including safe injection sites.
- More safe houses and shelters for youth and young adults in communities across the province, including options specifically for Indigenous youth.
- The option for young people to self-refer to shelters, safe houses, and other emergency housing accommodations.
- Services for children and youth who become homeless at an early age with their family.

Addressing these recommendations could significantly improve the health and well-being of young people who experience homelessness in British Columbia, and can help to ensure they receive the supports they need and deserve.



# McCREARY RESOURCES

## *Additional resources*

A PowerPoint presentation of the findings presented in this report is available to download at [mcs.bc.ca/download\\_resources](https://mcs.bc.ca/download_resources), and McCreary staff and local community co-researchers are available to conduct presentations and workshops about the findings. If you are interested in scheduling a presentation or would like to learn more, email [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).

In addition to this report, McCreary will be releasing a series of infographics and fact sheets based on the Homeless Youth Health and Wellness Survey (HYS) findings. These will include resources looking at changes over time for homeless youth aged 12–19; regional results; and topics of special interest, such as the health of homeless youth with pets and of youth from government care who experience homelessness. For these and other dissemination materials from the survey, please visit [mcs.bc.ca/hys](https://mcs.bc.ca/hys) or email [mccreary@mcs.bc.ca](mailto:mccreary@mcs.bc.ca).

## *BC Adolescent Health Survey*

Results from the BC AHS are included in the current report ([pages 5–9](#)) to consider the prevalence of homelessness and housing instability among BC youth in school. The full provincial report of the BC AHS findings containing youth health trends, emerging issues, and risk and protective factors for healthy development will be released this winter. Regional reports, special topic reports, posters, and fact sheets will follow. All resources will be available at: [mcs.bc.ca/ahs](https://mcs.bc.ca/ahs).

## *Youth transitioning out of care in BC study*

Since 2019, McCreary's Youth Research Academy have been conducting a longitudinal study of BC youth transitioning out of government care and alternatives to care (e.g., on a Youth Agreement), including youth transitioning out of the services of Delegated Agencies. Similar to findings in this report, youth participating in the transitioning out of care study have commonly experienced challenges finding and maintaining housing. The most recent findings from the study are available at: [mcs.bc.ca/pdf/youth\\_transitioning\\_out\\_of\\_care\\_2023\\_update.pdf](https://mcs.bc.ca/pdf/youth_transitioning_out_of_care_2023_update.pdf).

## *Trevor Coburn Memorial Grants*

The Trevor Coburn Memorial Grants are available to BC youth (up to age 29) wanting to carry out projects to support BC youth facing barriers, including youth with experiences of homelessness, substance use challenges, and government care. For more information or to apply, please visit: [mcs.bc.ca/trevor\\_coburn\\_memorial\\_grants](https://mcs.bc.ca/trevor_coburn_memorial_grants).







**McCreary  
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