



Brief report: Youth homelessness, youthful caregiving, and resilience

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ABSTRACT

Research on young people experiencing homelessness often emphasizes the role of abuse, neglect, and rejection from guardians in the process of pushing or forcing young people out of the home. More recently, the research has begun to pay attention to how parents and other family members can remain a part of a young person's network throughout their homelessness trajectory. Nevertheless, within this literature, questions remain about the impact of ongoing family dynamics on youths' potential pathways through homelessness. This paper aims to focus on one type of family dynamic in particular, that of the young caregiver experiencing homelessness. The analysis uses interviews with five young people with histories of young caring and homelessness to stimulate future research on how youthful caregiving intersects with the experience of housing instability and youth homelessness. The paper focuses on three main themes: insights into the nature of the family dynamic and the caregiving relationship, discussions about the burden associated with the care relationship, and themes about resilience.

1. Introduction

Youth homelessness is a worldwide social issue. Approximate estimates in North America indicate an annual prevalence of 40,000 in Canada (Gaetz et al., 2014) and in the US, research done from 2016 to 2017, estimated that 3.5 million young adults aged 18–25 experienced a period of homelessness in the previous 12 months (Dworsky, 2020). Research on young people experiencing homelessness often emphasizes the role of parental abuse, neglect, and rejection in the process of pushing or forcing young people out of the home (Bender et al., 2015; Edidin et al., 2012). However, more recently, the research has begun to pay attention to how family members can remain a part of a young person's network throughout their homelessness trajectory (Barker, 2012; Robinson, 2018; Schmitz & Tyler, 2016; Slesnick et al., 2013). Nevertheless, within this literature, questions remain about the impact of ongoing family dynamics on youths' potential pathways through homelessness. This paper aims to focus on one type of family dynamic in particular, that of the young caregiver experiencing homelessness. Specifically, instances when a young person maintains a relationship and provides care for a non-dependent family member as they navigate their own trajectory through housing instability and homelessness. To

date there is limited research on this type of caregiving among young people experiencing homelessness. We define a youth experiencing homelessness as a young person, aged 16–25, who lacks the means or ability to acquire safe, affordable, or consistent housing (Canadian Observatory on Homelessness, 2016). In general, these are not young people who are experiencing “family homelessness” although they may have family members who are also experiencing homelessness.

Young people taking on caregiving roles are often referred to in the wider health literature as younger caregivers, or “young carers” (Becker, 2007). This terminology tends to refer to children and youth under the age of 25 that provide substantial and ongoing care and support to family members or loved ones in the context of long-term illness or disability (Stamatopoulos, 2018). Young carers tend to land in a caring role through two often interconnected circumstances: (1) through individual and family decisions opting for informal care within the family, usually because other adult carers are not available within the kin network, and (2) through lack of appropriate, accessible and affordable formal care services (Becker, 2007; Cass et al., 2009).

Closely connected to the young carers literature is that of parentification/adultification. The concept of the ‘parentified’ or ‘adultified’ child, born out of psychology, focuses on children who are expected to

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fulfil the parental role in the family, often acting as a parent to other children or to their parents (Barnett & Parker, 1998). As a conceptual model (Burton, 2007), parentification/adultification involves contextual, social, and developmental processes that prematurely, and often problematically, expose children to adult knowledge and extensive adult responsibilities within their families. Although the terms refer to similar processes, some authors distinguish the concepts by using parentification to emphasize a downloading of adult responsibility to a young person before that young person is emotionally or developmentally ready (Nebbitt & Lombe, 2010). In contrast, adultification can be used as a broader term that refers to a young person assuming adult responsibilities, but without the assumption that such roles are inherently damaging (Burton, 2007; Nebbitt & Lombe, 2010).

Despite the overlap between the young carer and parentification literatures, many young carer scholars resist the application of parentification theories to the case of young carers due to association with its more emotional and pernicious forms. Emotional parentification highlights the uneven process whereby a child must be emotionally available for the parent, even though the parent is often emotionally unavailable for the child (Hooper, 2008). Studies of emotional parentification have been shown to exist in families experiencing one or more challenge, including (parental) substance abuse, serious mental illness, poor relationship functioning, or poor parenting skills (Hooper, 2008).

To date, only one study has directly considered young people caring for non-dependent family members in the context of homelessness. Schmitz and Tyler (2016) discuss past experiences of “adultification” and focus on it as a pathway into homelessness. The goal of the current project is to use qualitative data from five young carers with a history of homelessness to build on the work of Schmitz and Tyler (2016). In particular, we make a contribution by focusing less on young caregiving as a cause of homelessness, and focusing more on how youthful caregiving can continue during a young person’s experience of homelessness and the dynamics and impacts of those continued relationships.

The interviews for this project were gathered as part of the evaluation of a housing intervention for young people with a history of homelessness. Young caring was not an original focus of the research but emerged as an interesting and important area of study. For this reason, there are only five cases, but we offer here a brief report as a way of stimulating future research and identifying promising lines of inquiry. The analysis focuses on three main themes: insights into the nature of the family dynamic and the caregiving relationship, discussions about the burden associated with the care relationships, and themes about resilience.

1.1. Literature review

The current project engages with three relevant literatures: the youth homelessness research, the parentification/adultification research, and the young carers research. In the next section, we aim to locate the current analysis within these literatures and to identify research gaps.

1.1.1. Youth homelessness

Rates of family and guardian-based abuse, neglect, and rejection are high among young people experiencing homelessness. For example in a recent nationwide survey in Canada, 63% reported histories of childhood trauma and abuse and 58% reported engagement with child protective services (Gaetz, et al., 2016). In this context, family or guardians can include biological parents, foster parents, extended family, etc. Due to these high rates of abuse, much of the research on young people experiencing homelessness has focused on family conflict and estrangement as contributing to youth homelessness (Abramovich & Shelton, 2017; Haber & Toro, 2009; Tyler & Schmitz, 2013; Whitbeck & Hoyt, 1999). However, more recently, the research has begun to pay attention to the ways in which relationships with family can persist in the context of housing instability. For example, Bender et al. (2010) found that about 40% of their sample reported regular contact with a

former caregiver (also see Tyler & Melander, 2011). Some research has begun to explore and document these family dynamics but overall research is limited (Bucciari, 2019; Mayock et al., 2011; Winland, 2013).

One type of family relationship that has received limited attention in the youth homelessness research is youthful caregiving. That is situations in which the young person provides care for a non-dependent member of their family such as a parent or sibling. There is some research on childcare and relationships with dependents in the context of youth homelessness (Aparicio et al., 2019; King et al., 2009), as, for example, in the case of young mothers experiencing homelessness. However, there is limited research on care provided to other family members.

Young people experiencing homelessness often report family backgrounds that include one or more adverse childhood experiences (ACEs) such as parental substance use, family homelessness, and family histories of physical and mental health problems (Larkin & Park, 2012). Larkin and Park (2012) found that 50% of the 224 young people in their sample experienced four or more ACEs. In the context of the potential for sustained contact with family members, this reality raises questions about how young people experiencing homelessness manage these relationships and introduces the possibility that some young people may end up providing care for members of their family as they navigate their own homelessness.

Schmitz and Tyler (2016) offer one of the few studies on the connection between youth homelessness and youthful caregiving. They draw from a sample of 40 homeless youth aged 19–21 to highlight how for some young people, departures from home were connected to premature caregiving and the adoption of adult statuses that resulted in excessive household responsibilities, such as taking on the primary care for younger siblings.

1.1.2. Young carers

Where we see a direct focus on youthful caregiving is in the young carers literature, born out of the United Kingdom in the mid-1990s (Aldridge & Becker, 1993). This research highlights the complex caregiving roles that young people can play within their families when a family member experiences illness or disability. Existing estimates position Canadian youth as one of the largest global young carer groups, with more than 1.18 million between the ages of 15 and 24 providing some level of unpaid care in 2006, representing a 13.5% increase between 1996 and 2006 (Stamatopoulos, 2015). Of course, not all young people in families marked by illness or disability become young carers, with broad consensus that this status is exacerbated by rises in low-income, lone parent, and multigenerational households, as well as welfare state retrenchment amid an aging population (Joseph et al., 2020; Mandell & Stamatopoulos, 2017; Stamatopoulos, 2015, 2018). There are also noted socio-cultural variations to children’s work contributions (Nebbitt & Lombe, 2010). Families emigrating from rural areas in global south countries, for example, often assume that children will contribute to the household economy (Song, 1999; Sun-Hee Park, 2002; Thorne, 2012).

Despite many important insights, the research on young carers tends to focus on more supportive family contexts marked by children’s ongoing and substantial caregiving prompted by long-term illness or disability (Becker, 2007; Cass et al., 2009; Stamatopoulos, 2018). This focus means that there is minimal consideration of young people from less resourced and supportive backgrounds, this extends to a shortage of research on topics related to caregiving in the context of housing instability and homelessness.

1.1.3. Parentification and adultification

Where we find greater information on the instability linked to youthful caregiving is in the parentification/adultification literatures. Here, children become parentified when they are expected to fulfil the parental role in families, often acting as a parent to other children or to their parents (Burton, 2007; Hooper, 2008). First coined by Minuchin

and colleagues (Minuchin et al., 1967), the concept originated as a way to describe those children who assumed parental roles in the home because of economic and social conditions. This early version of the concept is more akin to the contemporary concept of adultification, which focuses broadly on instances in which adult responsibilities are downloaded to young people within the home (Nebbit & Lombe, 2010). Over the years, the concept of parentification has narrowed in on the more burdensome or damaging forms of such role reversal whereby “the parent(s) relinquishes executive functions by delegation of instrumental roles to a parental child or by total abandonment of the family psychologically and/or physically” (Hooper, 2017: p. 219).

Cases of parentification are most often reported in family contexts marked by (parental) mental illness, substance abuse, sexual abuse, marital conflict, and divorce (Barnett & Parker, 1998; Burton, 2007). Viewed primarily as pathological process, researchers have documented a range of negative outcomes associated with parentification, from depressive symptoms, attachment disturbances across the life span, personality disturbances, trauma, disordered eating, and problems with alcohol use and dependence (Hooper et al., 2011; Garber, 2011; Janowski & Hooper, 2014; Pasternak & Schier, 2012). Despite parentification and adultification potentially representing a strong push out of the home for some children and youth, we are aware of very little research that consider homelessness or housing instability directly (for an exception see Schmitz & Tyler, 2016).

1.1.4. Resilience

Although parentification/adultification, and youth homelessness (and to a lesser extent youthful caregiving) are associated with risks for health and wellbeing, effort has been made within these literatures to also draw attention to the resilience of the young people involved (Kerig, 2005; Kidd & Shahar, 2008; Rew et al., 2001). For example, there is evidence that homelessness itself can be perceived as a source of resilience because the experience can bring personal growth and insight (Schmitz & Tyler, 2019). The young carers and parentification/adultification literatures also document that young people can find value and satisfaction in their caregiving roles (McMahon & Luthar, 2007; Stamatopoulos, 2018; Yew et al., 2017; Gough & Gulliford, 2020). However, the research suggests that this perceived value requires the presence of supportive contextual factors such as recognition for the role, a manageable burden, and valued social supports (Kerig, 2005). Despite these insights, little research has considered the resilience of young people performing caregiving in the context of homelessness.

Our aim in this brief report is to contribute to these three literatures by focusing on young caring in the context of youth homelessness – a topic that is relevant to each research area, but so far has been largely overlooked. Using interviews with five young people with histories of young caring and homelessness, we aim to stimulate future research on how youthful caregiving intersects with the experience of housing instability and youth homelessness.

2. Methods

2.1. Overview and design

The research uses qualitative interview data from five individuals identifying young caring as a theme in their trajectory through homelessness. The interviews were collected over two phases of a housing stabilization intervention for young people initiated in a large Canadian city from 2015 to 2019 (n = 85). The intervention was a multi-agency collaboration that provided a six-month critical time intervention to support youth who had experienced homelessness and within one day to one year of obtaining stable housing (Kidd et al., 2019, 2020). To be eligible for the intervention and the study the young people had to be between 18 and 26 years and have experienced at least six months of homelessness (non-consecutive). This project was reviewed, approved and monitored by an institutional Research Ethics Board at a large,

university-affiliated, mental health care center. Participants have been assigned a pseudonym when discussing quotes from the interviews.

The larger project utilized both qualitative interviews and quantitative surveys in both phases of the evaluation to gather information on various components of the transition away from homelessness. Quantitative surveys did not address young caring directly. As such, the current study relies on qualitative interviews alone, where discussions and insight into young caring were evident and thus, included in the current analysis. Interviews focused on the experience of the young people in the intervention and their outcomes over the six month study period related to housing stability, progress related to self-identified life goals (education, employment, etc.), and wellbeing. Phase 1 participants participated in two qualitative interviews six months apart (one pre and one post intervention), and the Phase 2 participants only participated in a post-intervention qualitative interview.

2.2. Recruitment and sample

Participants were recruited through various service settings and transitional housing programs for young people with a history of homelessness. Participants were informed of the research by their case managers, through posters in common areas, and through information sessions. Prior to the research interviews, clients were engaged in an informed consent process as per the approved institutional ethics board protocol. The interviews were conducted by a trained and experienced masters level research assistant.

Although not an intentional focus of the interviews, the theme of young caring was identified as a topic of interest by the research team as part of an initial round of inductive open coding of the full the sample (n = 85) and as part of broader discussions about the role of family dynamics in the housing stabilization process. With the topic of young caring identified, the first step in selecting the sample was to identify the sub-sample of young carers from the broader sample of 85 young people. Cases were selected if they described providing care or support for a non-dependent family member (e.g. parent, guardian, sibling, or grandparent) in the first round of inductive coding across the full sample. As a secondary check to ensure all relevant cases were identified, Nvivo was used to search the transcripts for references to family and to caregiving (e.g. “mom”, “dad”, “brother”, “sister”, “help”, etc.). Seven cases, approximately 8%, were identified using these two strategies. However, only five of the cases contained expanded descriptions of their young carer duties and its impacts. Two participants were from phase 1 (2 qualitative interviews) and three were from phase 2 (1 qualitative interview).

In terms of sample demographics, the sample has an age range of 22–24, 2/5 identify as heterosexual, 4/5 identify as female, and 4/5 identify with a race/ethnicity other than white (Indigenous, Indo-Caribbean, mixed ethnicity, and Black). Three out of five are in supportive housing programs and 4/5 are working or in school. Length of homelessness, ranging from 1 to 3 years, is only known for 3/5 participants because of missing data. The demographic profile compared to the wider sample (n = 85) is similar, but this group of young people is slightly older and more likely to identify as female, non-white, and LGBTQ. The young carers are also more likely to report being in school or education.

2.3. Analysis

The pre and post research interviews were examined using thematic qualitative analysis (Boyatzis, 1998) to inductively explore the topic of caregiving with in the sample NVivo (Nvivo Vers. 11, 2015). The first round of analysis involved the first three authors engaging in a process of inductive open coding of the five cases (7 interviews total) (Braun & Clarke, 2006). The primary emergent themes identified by the research team centered around the burden of care, resilience, and the impact of the relationship on the young person’s stability, mental health, and goal

attainment. Next was a round of focused coding undertaken by the lead author to organize and refine the codes generated through the open coding process. The resultant coding structure was reviewed and agreed upon by all the authors based on their familiarity with the transcripts. There was minimal disagreement among the group and consensus was easily reached. In the next section we present the main themes from our qualitative interviews.

3. Results

The analysis of the interview transcripts identified three thematic areas: insights into the nature of the family dynamic and the caregiving relationship, discussions about the burden associated with the care relationship, and themes about resilience.

3.1. Young caring and family relationships

All five young people identified challenging home environments that point to processes of parentification. Interviews illustrate situations where parents/guardians are not fulfilling typical parental roles, and where responsibility for parental tasks and emotional care are falling to the young person. As one participant described it:

I had a really stressful home life [...] [my mom] kind of admitted to me that she wasn't really able to be a parent post grade 8 and I pretty much carried on from Grade 8 until now (Denise, female, 24 years)

Within these home environments, the young people within the sample took on caregiving responsibilities for non-dependent family members. In four of the cases, this caregiving was for a mother with persistent mental health challenges, and often co-occurring challenges related to substance abuse or physical disability (or both). The following quote provides an illustration of these needs and what this care can look like:

She [mother] was a little crackhead and got the shit beat out of her. The seizure, she was having seizures from the stress anyway before she started the crack but then she started overdosing on drugs and that would induce a seizure and that would make it worse. One night she was having an overdose and she was having a seizure and I could hear her, it was really bad it was going on for like 10 min, I was like "what the hell?" and when she came out of it she asked me why I didn't call an ambulance and I was like "Do you see all the drugs?" (Sophia, Female, 22 years)

In this narrative we see a complex family situation in which a young person is taking on atypical care responsibilities for her mother. In the case of the remaining participant, insufficient parental support is illustrated through the participant's responsibility and care for a younger sibling with a developmental disability who was struggling within the family home:

[my sister] since she was in grade one, she has an intellectual disability. So once she gets [disability support] and I get [disability support], she's going to move out of my dad's place cause it's not a good place for her. And then I'm going to move out [soon] and then we're going to find a place (Meghan, female, 23 years)

As noted in the literature review, backgrounds with familial mental illness and disability are not uncommon among young people with a history of homelessness, but what appears unique (or at least under-documented) is that the young people in this sub-sample continued to play an active role in the lives of their family members. In the context of this ongoing contact with a family member, we see the young people describing historical and contemporary examples of how they provided support and care for their family members while simultaneously navigating their own instability. In the following example, we see a young man trying to offer support to his mom in the context of a death in the

family, while also navigating other complex family relationships and contemplating a move back home after a period of homelessness:

It's been very difficult because recently an uncle of mine passed away and I tried to help my mom travel to [home country] just to see him [...] Yeah, so I'm just trying to help out what I can do and support my mom [...] I'm not looking forward to living with my family due to many conflicts when living with them. Like my sister has schizophrenia, my mom has all sorts of problems with debt and conflict with her side of the family. My dad as well. [...] I just don't know what I wanna do with my life anymore. (Mark, male, 24 years)

The young people in the sample described providing a range of different types of care for their loved one. These included trying to connect their family member to services, providing money and resources, living with the family member even when not in the best interest of the young person, helping to keep the person connected to other family members, being an advocate, and navigating legal issues for or with that person. In the following exchange, the participant describes needing to act as her mom's bail surety following an arrest:

She [mother] wasn't in the area that she needed to be so she went to go deal with it and they ended up putting her in jail, I had someone drive me to the courthouse and they ask me if I could just stay here and wait for council, and you could be her surety and she can be released in your care. I was like, I'm 20 so if you think this is a doable situation, but your also putting me in a position of how am I going to say no? Like I taking responsibility for my mom, it would be nice if I could do that but I can't but I'm not going to leave her in jail so I was like "sure" I'll be her surety [...] I didn't think at the time facing the reality of the situation I was in or being put in. I don't know if I'm still in trouble for that but I was not fulfilling that role, I didn't even know what that role looks like. (Denise, female, 24 years)

In a more positive experience, a young person describes a recent experience of taking her mother to visit family:

Yeah I took [my mom] to go see her mom and the great aunt and visit. Yeah, it was really neat to go up there. It was really hard for her to a degree because she hadn't been around [Indigenous community] since she was young ... (Sophia, Female, 22)

Overall, the narratives from these young people suggest that their recent experiences of homelessness are simply one period in long history of instability. Similarly, the narratives suggest that the young people in the sample have been providing care for their family members prior to the experience of homelessness, and that the care they are providing in the context of homelessness is just the most recent iteration of the relationship.

3.2. Burden of caring leading to housing instability and unmet personal needs

A second theme from the interviews was the participants documenting a high burden of care associated with their caregiving. The analysis finds two main burdens: 1) the mental health burden associated with the family relationship and the stresses of providing care. 2) The practical sacrifices and disruptions in their own search for stability. In terms of the mental health burden, the participants described a range of impacts, from feelings of guilt for not being able to do enough, to feelings of stress and strain as they navigated services on behalf of their parent and dealt with numerous disappointments and setbacks. Denise was a key support to her mom through ongoing legal issues and housing instability and describes the burden of navigating all of those stresses:

I had just left like a week or two prior and my leaving is pretty much to do with my anxiety and depression and the amount that my mom tries to help and it's more unhelpful and I end up feeling a lot worse I

feel like I have to remove myself so that would be going to the hospital or going to a shelter [...] so I was really upset, my mom is in jail, I'm in a shelter and my cats are with some stranger and I can't even get them, I felt very powerless and I didn't know what to do, so yes it impacted me a lot (Denise, female, 24 years)

In a second example, a young person describes how feelings of guilt regarding her mother led her to admit herself to a mental health facility:

The only time I was institutionalized was when I put myself in. I was not safe to myself and if I were alone at the time I would have probably just done it. Like that short period of time when I lived with my mother, guilt. The guilt. The one time she saw that I was depressed and threatened to kill herself if I killed myself. And then she also told me that when I turned 18 she was going to kill herself (Sophia, Female, 22)

In this exchange, we can also see how the young person's own struggle with suicide goes unsupported and is compounded by her mother's troubled reaction.

The care required by the family member also impacted the ability of those in our sample to provide self-care and look after their own well-being. In response to a question about attending a social opportunity, the respondent who was a significant support for her sister replied: "No I've never been. I can't. Like if [my sister] is not with me, I can't go out. She's always with me, you've seen that. When I'm here, she has to be. That's why I really want us to live together so we can just do a lot of things together" (Meghan, female, 23 years).

The second major burden of caregiving reported by the respondents was how their caregiving often contributed to their own instability due to shared housing arrangements falling through or the young person having to use their own resources to support their family member. In the following quote, the participant describes the challenges she faces caring for her sister with intellectual disabilities: "Because some days she doesn't want to go out and I have to force her to or I have to give her things for her to go with me places and it's kind of making me broke too. The anxiety thing, the depression, and the [disability support] application. That's my main [stresses]." (Meghan, female, 23 years). In another example, a participant describes the instability created by the financial pressure to live with her mom:

When my mother wasn't on [social assistance] it super impacted me because if I wasn't living there and paying rent she couldn't afford it, so I would have to send her money and still cover myself wherever I was. I think that is part of my goal to get back to a place where we don't have to live with each other. The go-to is living with each other, it is obviously more affordable but it has too much of an impact on our relationship (Denise, female, 24 years).

The additional burdens of their caregiving have the effect of challenging and complicating the young people's own quest for stability.

3.3. Resilience and support

A third theme from the analysis relates to the resilience of this subgroup of young people. As previously noted, backgrounds of family mental health problems and disability are not uncommon among young people experiencing homelessness. However, this group's commitment to their family members and ability to provide ongoing caring amid significant challenges points to a unique resilience among this group. The maintenance of the family relationship alone demonstrates tremendous strength, but the participants in the sample also went beyond this and managed to make personal gains in work, education, life skills, and housing during the study period. Specific examples of these gains from the sample include taking on advocacy work within their transitional housing program, completing an educational bridging program, and tackling mental and addictions challenges. The resilience of these young people raises questions about how and why the young

people remain engaged and committed despite their challenges and struggles.

Although the data is limited, we can glean insights about how the young people and the family relationship might remain resilient in the face of significant challenges. First, one theme that emerged was the young people demonstrating empathy for their family member's situation and challenges. Sophia illustrates this theme with her empathetic perspective on her mom's hardships within Canada's colonial foster care system (Sinclair, 2007): "All the things I've told you about experiences in foster care. Because her experience was way worse than mine, in the system in [Northern Ontario small city] 20 years ago was really bad" (Sophia, female, 22 years). In another example, Denise comments on the family conflict that was behind her frequent moves as child:

I spent a lot of years trying to figure out what was going on with my grandmother thinking about what had led up to [her being put in a nursing home and us losing our housing], it was really frustrating I think people thought she was experiencing depression and she's like 80 and I don't know it wasn't fair that they put her in the nursing home. I don't think it was fair and it was really extreme reaction to the situation (Denise, female, 24 years)

In her narrative, Denise focuses on the unfairness for her mom when the grandmother was placed in a nursing home. In doing so, she demonstrates an understanding and empathy for the instability and legal trouble that Denise had to help her mother navigate as a result of the loss of housing and the resulting family conflict.

Second, the participants demonstrated important skills and outlooks that made their resilience possible, including establishing positive self-care strategies, budgeting, self-advocacy, and systems navigation. Sandra, in the following quote, describes her own resilience and skills as an outcome of watching her parent struggle:

I think because I grew up really poor that it taught me that skill. It's really interesting. My mom hasn't learned that skill yet, but anyway, it's [...] I guess I enjoy saving money and also I don't want to be in a position where I ever have to ask anyone for money because I've seen my mom doing it and it didn't seem like it was a nice - It doesn't seem so good. (Sandra, female, 24 years).

Similarly, Sophia demonstrates a resilient outlook and a way of redefining her difficult experiences in positive terms:

A lot of interesting things to think about life, make you appreciate life more than what you've experienced in your life. Makes you appreciate the things you have in your life too. Like I still have my mom, I still have my life, I still have my health all these things (Sophia, female, 22 years).

Third, all of the young people in the sample describe important avenues of support, including foster family members, friends, and service providers. These supports likely play a role in the resilience of the young people in this sample, but they also indicate strengths in systems navigation and establishing key supports outside of the family when needed for survival. The service provider supports appeared to be primarily aimed at supporting the needs of the young person themselves, but in three instances the respondents described getting assistance for their family member as well. One participant illustrates this dynamic by describing how she was able to derive support and encouragement from her mom's service network:

Yeah, so it's a great place and they're a few workers there that know my mother really well and so I was able to bring her to them and be like "Help me". Yeah, so we sat down in a coffee shop and wrote down the "Pros" and "Cons" of different decisions, to figure it out right. So it was alright (Sophia, female, 22 years)

The interviews point to important themes of resilience among these young people that raise important questions about how that resilience

enables and interacts with the experience of youthful caregiving in the context of housing instability. We reflect more on these dynamics in the discussion below.

4. Discussion

By integrating the themes from the research, we can draw out a few core insights about the interplay between homelessness, parentification/adultification, and young caring. We can also highlight some valuable areas of future research. Overall the findings align with a growing body of research that challenges the idea that young people experiencing homelessness are uniformly estranged from their family and provides insight into one form that family dynamic can take (Barker, 2012; Bender et al., 2010; Robinson, 2018). Among these young people we see dynamics of parentification and adultification that persist even through the experience of homelessness. This type of persistent bond and youthful caregiving is under-documented in the homelessness literature. But the continued relationship does corroborate the young carers research, which confirms that such young people can experience increased closeness with their care-receiver and by no means try to evade their caregiving role (Stamatopoulos, 2018).

The findings of this research also align with the parentification/adultification literature, which documents the various social, psychological, and financial risks that young people can face when they are pushed to assume adult roles without adequate support (Hooper et al., 2011; Garber, 2011; Jankowski & Hooper, 2014; Pasternak & Schier, 2012). However, the parentification and adultification literatures tend to stop short of directly considering homelessness as an overlapping experience. Schmitz and Tyler (2016) are one of the few studies to consider this topic directly and we extend their work by exploring the ways in which the caregiving dynamic can continue even as the young people navigate their own homelessness and instability. Despite these insights, more information is needed on the nature and source of the bond for this particular sub-group of young people, particularly given the seeming co-existence of both enhanced closeness and very tenuous and difficult relationships. Questions remain about what sustained and maintained the bond among this group and what contextual supports and resources helped support the young carer role.

Related to this point, the ethnic diversity of the sample and themes about Indigeneity raise important considerations about intersectionality and how cultural backgrounds and ethnic identities might impact caregiving dynamics. However, we can only speculate on this connection in this paper because none of the respondents in this research spoke directly to that theme. From the young carers literature, a Canadian trend analysis of census data found that it was those areas across Canada with the highest proportions of Indigenous populations (i.e., Northern Canada) which had the greatest proportion of young carers (Stamatopoulos, 2015). Further, in many cultures and contexts around the world, young people are more readily expected to take on more responsibility for the care of other family members (Nebbitt & Lombe, 2010; Song, 1999; Sun-Hee Park, 2002; Thorne, 2012). These findings and the findings from our research raise many important questions about these dynamics, but more research is needed on the role that the identities and histories of particular socio-cultural groups play in young caring, including the connections between the harms of colonization and youthful caregiving.

It is also notable that the sample is primarily female identified (4/5 cases) and that the care being provided was primarily for mothers (3/5 cases). Generalizations are not possible given the small sample sizes, but these distributions do reflect the highly gendered nature of all unpaid familial caregiving, even among younger caregivers (Aldridge, 2018; Stamatopoulos, 2015, 2018). Indeed, international survey research demonstrates that female young carers outnumber male young carers in Canada (Stamatopoulos, 2015), Australia (Cass et al., 2009), and the United Kingdom (Office for National Statistics, 2013).

Another theme from this research is that the youth who find

themselves in these kind of caregiver dynamics are characterized by resilience, evidenced by the ability to express empathy for their family member, utilize skills and abilities to navigate difficult situations, and to harness external supports when needed. However, it may be this resilience or perceived competence that can put them at further risk by intensifying their caregiving load when their own survival is at-risk. Youth experiencing homelessness a) have more mental health needs (Hodgson et al., 2013); b) have experienced more trauma/are experiencing trauma (Coates & McKenzie-Mohr, 2010) and c) are required to meet the developmental milestones of early adulthood often without the safety net that family and community provide to the general population. Despite these realities, this group was able to also provide care to a family member. The interviews suggest that a youth's resiliency may be a marker for being "able" to take on the care needs of vulnerable family members. However, this ability to provide care can then complicate their own pathway and ultimately undercut that resilience. In the young carers literature, this notion of obstructed or blocked pathways for future success and wellbeing is referred to as the "young carer penalty" (Stamatopoulos, 2018).

Finally, the analysis draws our attention to the demanding care load experienced by the young people and their inadequate access to supports, particularly those that can simultaneously support the needs of the young person and their family member. The areas of concern most noted by the participants related to the mental health consequences of managing an increased burden, as well as the negative impact of shared living arrangements and caregiving on their own housing stability and limited financial resources. The participants did mention sources of support, but they also described feeling overwhelmed and experiencing significant challenges in navigating health, legal, and social service bureaucracies on behalf of themselves and their family member (e.g. bail, disability supports, etc.). Further, the interviews demonstrated ways in which the care being provided distracted from and overshadowed the recovery goals of the young people, further adding complexity to already fraught help seeking and service access dynamics for those experiencing homelessness (Black et al., 2018; Dixon et al., 2011).

Given the way that services are often siloed, there are few services that are equipped to simultaneously support these young people and their family member. The 'Whole-Family Approach' taken to assessing individuals with an illness or disability in the United Kingdom (Stamatopoulos, 2016) is but one model that can be employed across other jurisdictions to better identify and assist at-risk, vulnerable youth. Remembering that youth homelessness is a systemic and often inter-generational challenge, prevention efforts that consider the whole family provide a road map for cross-sector involvement in ending youth homelessness (Gaetz & Dej, 2017).

4.1. Limitations

It should be noted that this research has its limitations; particularly the small sample size and that young caring was not a direct focus of the original research project. These limitations make it impossible to generalize these findings to the wider population of young carers experiencing homelessness. However, despite these limitations, this project extends the current research by drawing attention to this sub-group of young people, the unique burdens they face, and their resilience.

4.2. Future research

Overall, research within the youth homelessness literature needs to pay more attention to how the dynamics of young caring and parentification/adultification intersect with the experience of homelessness. This means acknowledging these as a potential cause of homelessness, but also further understanding the ways in which ongoing relationships shape how young people navigate their way through and, hopefully,

away from homelessness. This research agenda would be served by a broader effort to include the perspective of the wider family unit in research with young people experiencing homelessness (Polgar et al., 2009).

More specifically, one area of inquiry may be the impact that young caring has on peer relationships in the context of homelessness. For example, in what ways does the role of young carer impact a young person's ability to engage with peer networks in the homelessness context due to forced moves or preoccupations with the care of their family member. From what we know of peer relationships experienced during homelessness (Stablein, 2011; Tyler & Melander, 2011), this impact could be both detrimental due to loss of emotional support, but also protective because of less exposure to risky behavior. There were hints of these trade-offs in the interviews, but the data was not available to explore the dynamic in full. Another way that caregiving might shape the pathway through homelessness is through an impact on exposure and access to resources. In the sample, we see at least one instance where a young person finds support and opportunity through her mom's social service network. Alternatively, it would be valuable to know more about instances in which the care relationship might block young people from accessing available youth services (e.g. youth only transitional housing).

Within the young carers and adultification/parentification literatures, this discussion highlights the need to pay more attention to vulnerable young carers and the risks and implications of housing instability on them. As noted, these young people were providing care for their parent prior to their own experience of homelessness suggesting opportunities for earlier intervention and support, particularly in the whole family context.

5. Conclusion

This brief report draws attention to how caregiving can intersect with the experience of youth homelessness and the unique strength and vulnerability of this sub-group of young people. At a policy level, this research underscores the need to examine how best to support these young people and their families in a way that challenges existing service silos. One useful starting place for the housing sector to consider is directly asking young people about their caregiving responsibilities and about service needs within their wider family unit. Similarly, young carer services and networks should do more to directly consider housing instability and how to support families and young people at risk of unstable housing or who are already experiencing homelessness.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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