

Insights into Accessibility and Barriers to Resources According to Emerging Adults who Frequent the CHEW Project

Rachel Lingnau

Department of Psychology, Faculty of Arts

I would like to thank Dr. Wendy Pullin, PhD, and Corey Wyness, Director of the CHEW Project Outpost, for their support and supervision throughout this project. I appreciate their guidance and expertise.

Introduction

I was interested in learning about the experiences and opinions of young adults regarding the accessibility of various resources in Edmonton. Some of the organizations discussed are youth- and young adult-focused while others are available to all ages. The type of support and resources provided by these organizations also varies. The CHEW Project works to provide a broad focus and network of resources and supports utilizing a wraparound care technique. This approach allows them to provide intervention, outreach, human and social services resources, healthcare, education, and support regarding involvement in the justice system (Grace et al., 2019). I conducted a literature review and found that many researchers were in agreement regarding general barriers to accessing resources.



Unfamiliar environments and older adults - drug users, bugs and uncleanness, and mentally ill people (Ryan & Thompson, 2012).

Unsafe and unsuitable environments, disrespectful and rigid providers, and providers with unrealistic expectations (Thompson et al., 2006).

Structural and social barriers. Prefer outreach services and workers who genuinely care (Hudson et al., 2010).

Brown et al. (2015) found that... common barriers can be compounded for certain groups of young people, and that additional barriers do exist and can be seen especially within specific groups. These magnified and additional barriers increase the risks associated with untreated mental health problems and result in poorer outcomes.

This research is important because it will help to determine what makes organizations providing basic and necessary resources effective and approachable, especially to young adults. If we can increase the efficacy and appeal of organizations and professionals focused on providing aid within communities, it would be beneficial not only to the individuals accessing them, but also to the general population.

"It is the client who knows what hurts, what direction to go, what problems are crucial, what experiences have been deeply buried" Carl Rogers

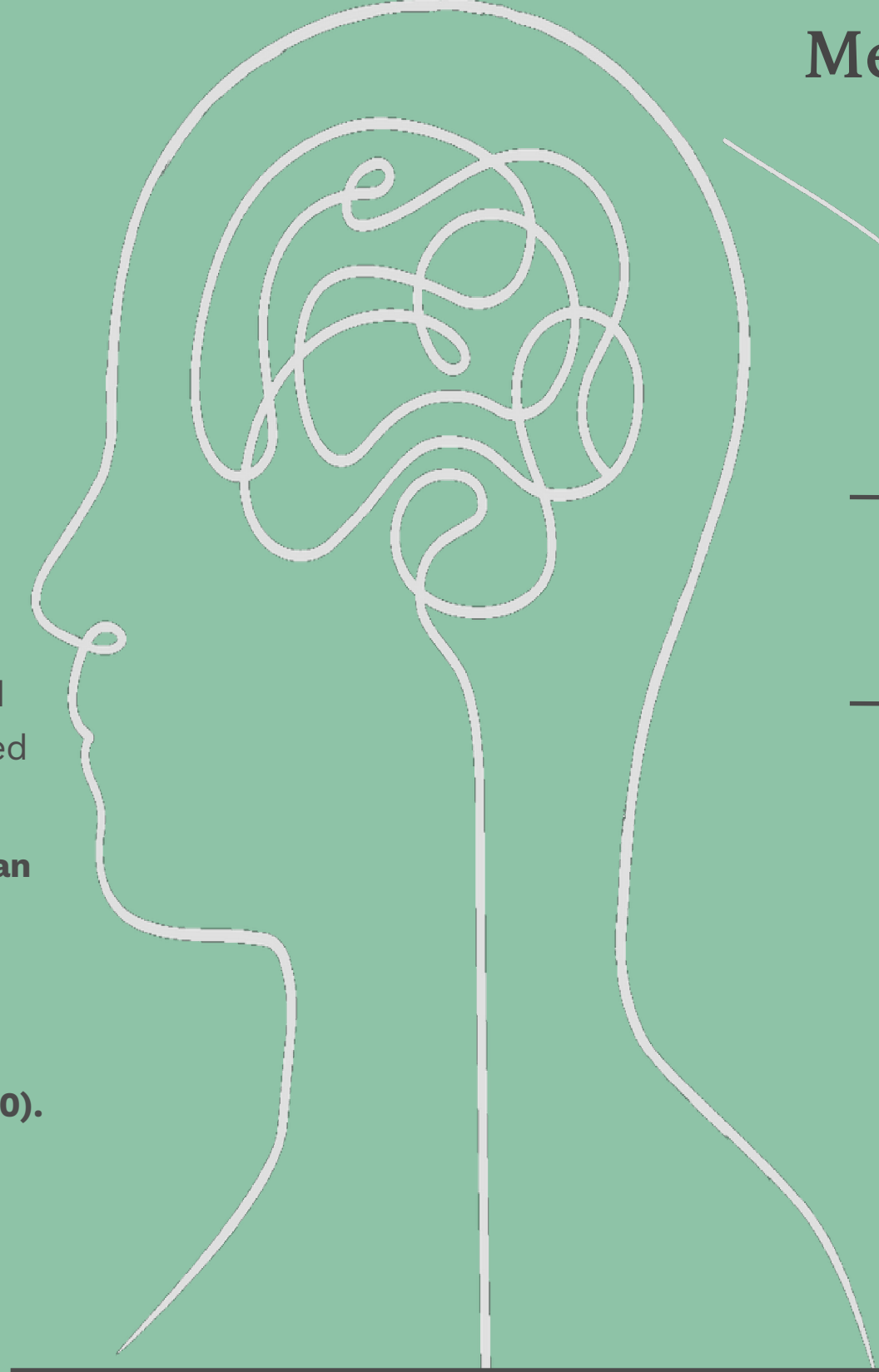
Results & Conclusions

After analyzing the participant's responses, I found consistencies with the existing literature regarding the barriers the participants have faced.



The interview results indicated recurring themes, including:

Feeling Safe	Physical safety, emotional safety and support, geographical region, etc.
Lacking Agency	Not being consulted or being able to act on their own, etc.
Loss of Supports	Losing friends and workers, "aging out", lack of closure
Transactional Culture	Resource centers operate as businesses, disconnect, lack of communication, etc.



Methods



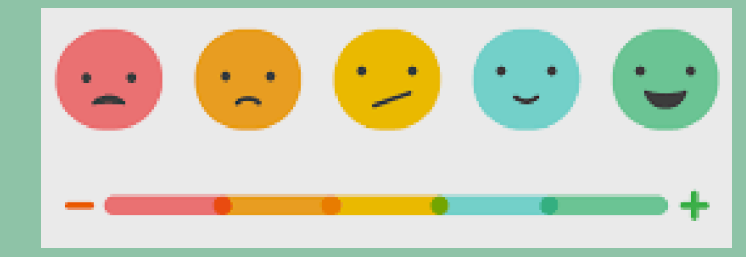
I interviewed three young adults who frequently attend the CHEW Project Outpost. Originally, I had planned on conducting individual interviews with the participants; however, working with a young adult population, I found it difficult to get participants to engage, and switched to a more informal, conversational approach. Participants' informal conversations were analyzed using thematic analysis (Braun & Clarke, 2006) in order to determine unique and shared experiences between them.

The Participants

"Shakespeare"	"Jesus"	"Marvin"
24 Metis Nonbinary	22 Caucasian Male	22 Caucasian Did not specify

The Questions

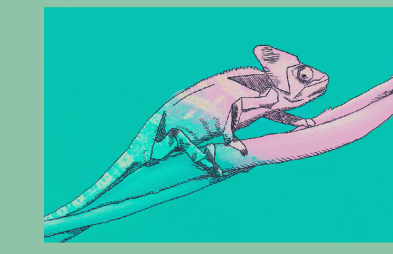
What resources/support have you accessed in the past (ex. Medical, mental health, housing/shelter, food, clothing, police, etc.)?



What makes you feel that way about accessing those resources?



What are challenges/barriers for you when it comes to accessing resources from organizations/professionals?



How would you describe your experiences when accessing those resources from organizations/professionals?



What makes CHEW different from other organizations/professionals in your opinion?



In general, if you could change anything about CHEW, what would you change and why?

References

Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.

Brown, A., Rice, S.M., Rickwood, D.J., & Parker, A.G. (2015). Systematic review of barriers and facilitators to accessing and engaging with mental health care among at-risk young people. *Asia-Pacific Psychiatry*, 8(1).

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Recommendations

My recommendations for organizations providing resources and support, especially to emerging adults and marginalized populations, based on the results of my research thus far include:

1. Creating a larger number of small centers rather than fewer enormous ones since clients seem to prefer more personalized approaches where they can connect with staff in regions of the city where they feel safe and comfortable.
2. Understanding the position clients are in, and consulting them regarding their wants and needs is crucial.
3. It may also be important to consider rethinking and redesigning center policies that can be discriminatory, or otherwise have negative effects on clients.



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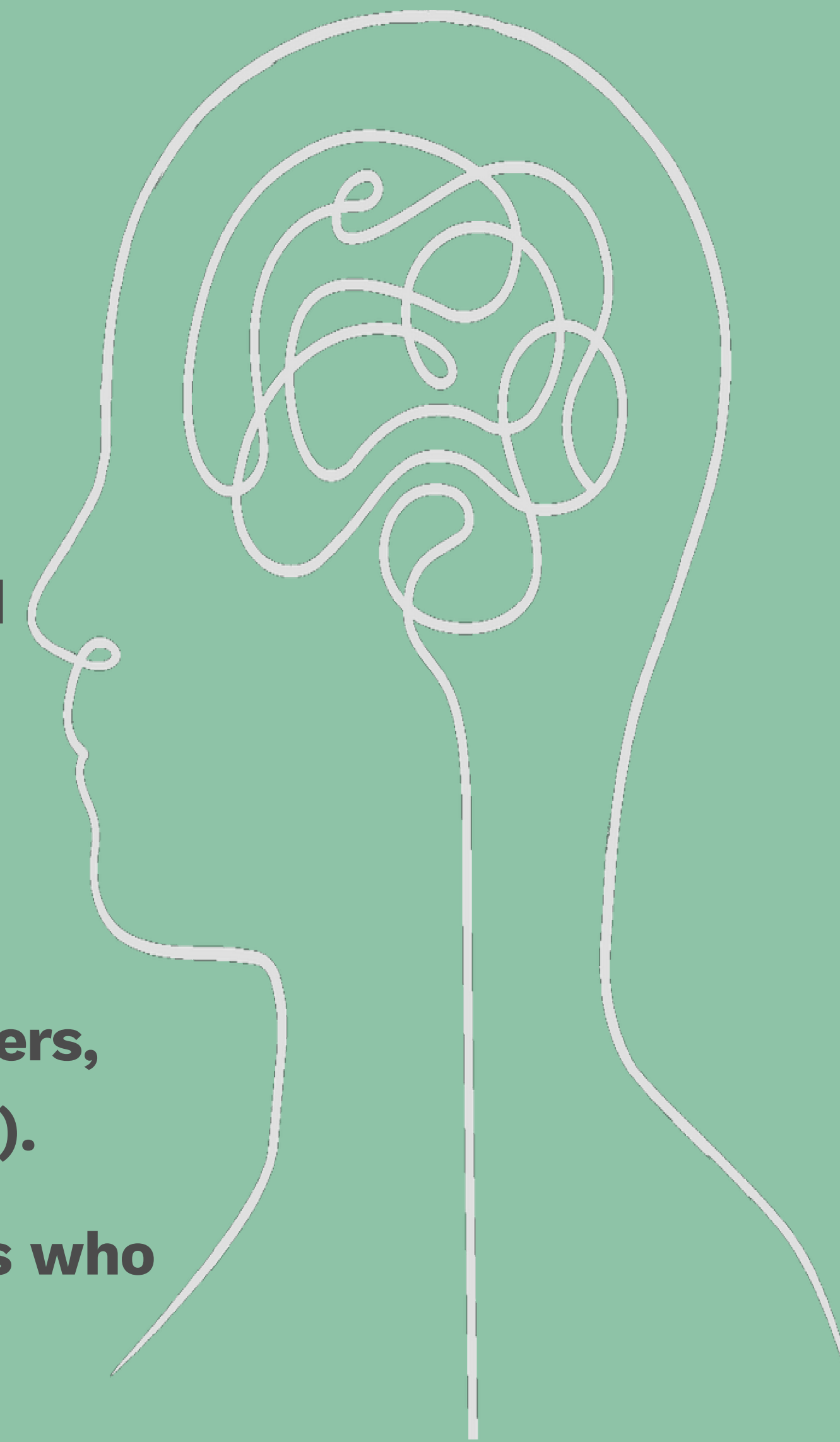
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Methodology

Currently, I have interviewed three young adults who frequently attend the CHEW Project Outpost. Originally, I planned on conducting individual interviews with the participants; however, working with a young adult population, I found it difficult to get participants to engage, and switched to a more informal, conversational approach. Participants' informal conversations were analyzed using thematic analysis (Braun & Clarke, 2006) in order to determine unique and shared experiences between them.

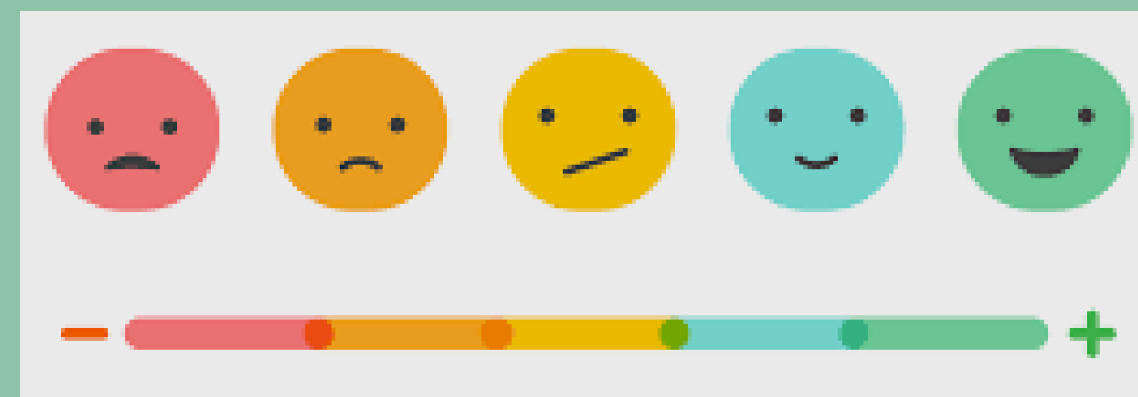


The Participants

	"Shakespeare"			"Jesus"			"Marvin"	
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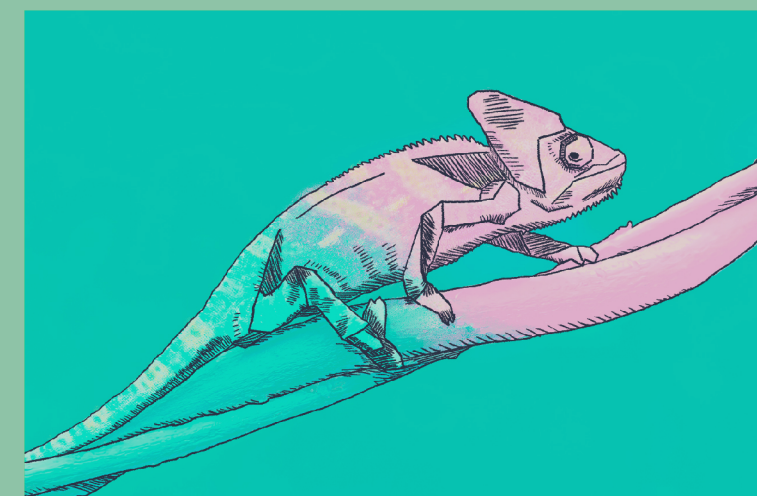
How would you describe your experiences when accessing those resources from organizations/professionals?

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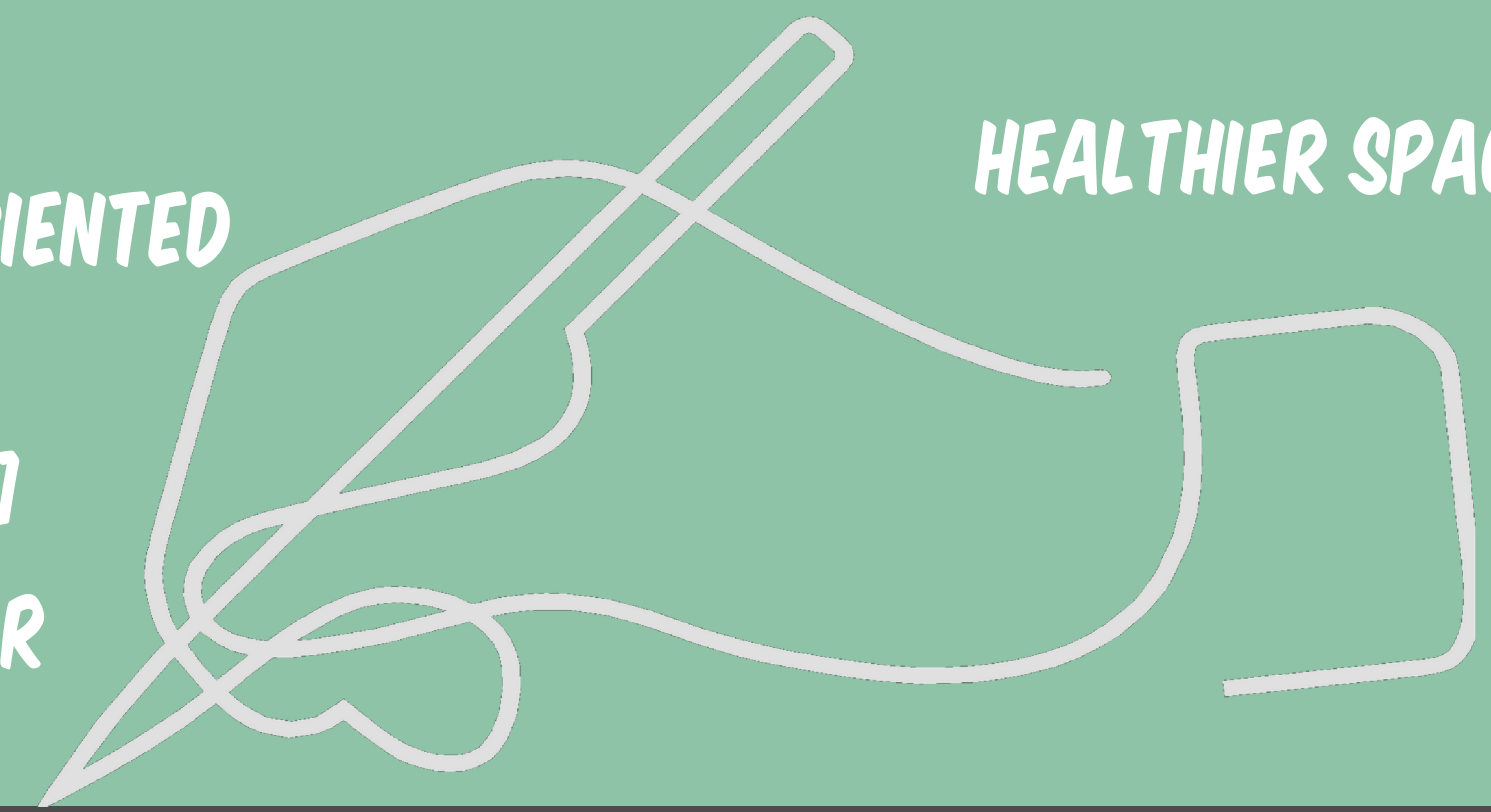


In general, if you could change anything about CHEW, what would you change and why?

Results & Conclusions

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STERILE
IMPERSONAL
IDEOLOGICAL ISSUES
DISCRIMINATION
VERY BUSY
HOPE [MISSION] - OR THE HOPELESS
DEHUMANIZING, OPPRESSIVE, HETERONORMATIVE AND MONOGAMY-NORMATIVE CULTURES
QUALITY, QUANTITY, EASE OF ACCESS
NEED WORKERS TO VOUCH FOR YOU
STAFF DON'T TAKE INITIATIVE, YOUTH ARE EXPECTED TO
PRAY THE GAY AWAY
STAFF BEING PROBLEMATIC
KICKED OUT
WEREN'T ALLOWED TO WEAR A SKIRT
GANG POLITICS
ABANDONMENT
BANS ARE PROBLEMATIC
LESS GANG AFFILIATION
[STAFF] WON'T STEP IN ON THEIR OWN OR AT ALL
MEDICATIONS ARE SO BLOODY EXPENSIVE
[THEY OPERATE AS] BUSINESSES
RATHER THAN RESOURCE CENTRES - OFFICE AND RESOURCE CENTRE DON'T COMMUNICATE
POLICING
SOCIAL STRUCTURES OF AT-RISK COMMUNITIES ARE A BARRIER
COPS BEATING PEOPLE
MEMBERS COME TOGETHER [AT CHEW] WHO BOND AND LOOK AFTER EACH OTHER
AT CHEW THERE ARE HEALTHY RELATIONSHIPS
CHEW IS A "GO-TO" PLACE FOR RESOURCES
CHEW IS INTOLERANT TO INTOLERANCE
CHEW IS LIKE A VPN PROVIDER WHERE YOU CAN CHOOSE WHERE YOU WANT TO BE IN THE WORLD
I HAVE A PROPER RELATIONSHIP WITH STAFF AND VOLUNTEERS - AT OTHER PLACES THER IS A WALL
NEED HOPE FIRST AND FOREMOST
CULTURE OF TRANSACTION WHICH ENDS UP ISOLATING PEOPLE
COMMUNAL, FAMILY-ORIENTED
LANGUAGE STAFF USES WITH CLIENTS
HEALTHIER SPACE



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