Young Homeless People: Curious Minds

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Introduction

- Centrepoint
- Raise awareness
- Advocacy
- Call to Action
Youth Homelessness: Undermines physical, cognitive & social development
Report on Homelessness in Manchester: Young People

- 45% increase in youth homelessness in Manchester
- 30% without a housing offer
- 1/5 are 16-17 year old
- 4% increase in young women
- 180 street homeless, 1/3 multiple and complex needs 2010-19
- Increasing numbers of care leavers
- Increased competition between young people’s groups and adults
- Physical, cognitive, social development
Families

• 739% increase in temporary housing 2010-19;
• No.1 reason rent arrears & evictions from private tenancies
• Mental health, domestic abuse, drugs & alcohol dependency, safeguarding, unemployment
• Lack of ‘affordable’ housing, adverse events, caregiver disadvantage, nutrition, learning, psycho-social & economic wellbeing
ACE Curious Minds

We are talking about ACEs.

But what are we doing to support each other?

Household Dysfunction

- **Mother Treated Violently** – 12.1% English ACE prevalence rate, equal to 68,000 people in Manchester or 2,000 people in Harpurhey.
- **Parental Separation** – 22.6% English ACE prevalence rate, equal to 123,000 people in Manchester or 4,500 people in Harpurhey.
- **Substance Abuse** – 9.1% (alcohol), 3.9% (drug) English ACE prevalence rate, equal to 50,000 (alcohol), 21,000 (drugs) people in Manchester or 1,800 (alcohol), 800 (drugs) people in Harpurhey.
- **Incarcerated Relative** – 4.1% English ACE prevalence rate, equal to 22,000 people in Manchester or 800 people in Harpurhey.
- **Mental Illness** – 12.1% English ACE prevalence rate, equal to 68,000 people in Manchester or 2,000 people in Harpurhey.

Neglect

- **Emotional Neglect** – 23% Welsh ACE prevalence rate, equal to 125,000 people in Manchester or 4,600 people in Harpurhey.
- **Physical Neglect** – 17% Welsh ACE prevalence rate, equal to 95,000 people in Manchester or 3,400 people in Harpurhey.

Abuse

- **Emotional Abuse** – 17.3% English ACE prevalence rate, equal to 95,000 people in Manchester or 3,500 people in Harpurhey.
- **Physical Abuse** – 14.3% English ACE prevalence rate, equal to 78,000 people in Manchester or 2,900 people in Harpurhey.
- **Sexual Abuse** – 6.2% English ACE prevalence rate, equal to 34,000 people in Manchester or 1,200 people in Harpurhey.

In **Manchester** an estimated 12% of people have 4 or more ACEs. That’s roughly 65,000 people.

This equals an estimated 2,400 people in **Harpurhey** living with 4 or more ACEs.

Sources (although from peer-reviewed research, figures are still estimates. ACEs are very difficult to quantify. Also, Welsh prevalence rates have been used where English rates are not available.

Centrepoint: Give homeless young people a future.
Homelessness Reduction Act

- Focus on prevention
- Better recording of pathways
- Affords Local Authorities more time to find solutions
- Lack of affordable housing
- Longer periods of uncertainty
- Extended periods of insecurity
- Increased instability
Recommendations

• Affordable, good quality social housing
• Benefits & Jobs that pay a living rate
• Access to quality services: health & legal advice
• Measure & Report on children and young people in homeless households
• Young People’s Participation
• Urgent inequalities investigation
Safeguarding and Advocacy  Nina
Every Child & Every Young Person matter

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being
- Universal services for all young people
- Targeted support for most in need
- IAG and counselling
- Empowerment: giving real influence
- Access: engaging every young person
- Quality: effective services delivered by a skilled workforce
Evidence

- Age biology transitions
- Inequalities: ACE
- Policies: politically & resource led
- Partnership: transactional v relational
- Services: crisis management led, skilled workforce at risk
- Hunger, Homelessness, poor physical & mental Health, poor Education attainment, CSE: poverty
- Intergenerational cycle
- Exclusion, marginalization, exploitation
Conclusions

- Participation in defining own well-being
- Addressing Inequalities particularly gender, BAME, disabilities, outside households, poor families
- Access basic good quality services
- Workforce wellness
- Independent cross sector audit: housing, health, mothers, pay, learning
- Partnerships based on values, expertise, long term relationships, to affect community development
- Speak the truth, talk about poverty
Thank you

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