youth homeless north east

Shout - Act - Inform

‘Why do I feel like this?’ Mental Health Briefing

April 2019

Acknowledgements

Our appreciation goes out to all the young people who shared their experiences with us through taking part in the Youth Hubs and outreach sessions and for taking the time to complete the mental health survey.

We would also like to thank our partner projects for their involvement and support in engaging young people and enabling us to conduct this project
.
This project was made possible through funding provided by the Community Foundation and The Millfield House Foundation. Finally, our thanks also go to Dr Adele Irving, Senior Lecturer in Criminology at Northumbria University for her work in analysing the survey and activity outcomes to produce the briefing.

Contents

‘Why do I feel like this?’

Project Overview

In March 2018, Youth Homeless North East (YHNE) was awarded a grant from Community Foundation for the project, ‘Why do I feel like this?’. The aims of the project were to:

- Develop a better understanding of the nature and causes of poor mental health among young people at risk of or experiencing homelessness in the North East of England;
- Raise awareness among young people about the subject of mental health and how to access support should they require it; and,
- Develop and implement practical changes to ensure that homeless young people suffering from mental health difficulties can access and receive effective support.

In order to achieve these aims, the project would involve several key stages:

- A survey of young people’s experiences of and needs around mental health;
- A series of participatory workshops, to support young people to better understand the subject of mental health, reflect upon their experiences and develop recommendations to improve relevant service provision;
- An event to bring together young people and decision-makers to discuss the current landscape and service developments;
- The development of online and app-based self-help and useful signposting information for young people and professionals; and
- The dissemination of the project materials, findings and recommendations and subsequent lobbying for change.

Throughout the project, mental health was defined as ‘a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community’ (WHO, 2004).

This briefing paper outlines the context in which this project was developed, project progress, the research findings, key conclusions and next steps.

Project Background: Young People, Homelessness and Mental Health

The period of transition from childhood to adulthood has long been a challenging time for young people. Developmentally, they are emerging adults, may be in the final stages of their educational career or in the early stages of their employment career, and may be embarking on a number of socially accepted adult pursuits such as finding or keeping a job, forming new relationships and using substances such as alcohol for the first time (Wood et al, 2017).

The transition to adulthood, however, is becoming increasingly complex, with young

people dealing with a range of pressures and challenges alien to previous generations. In particular, the opportunities available to young people (and thus, the risks they face) are ever-more diverse and uncertain (Cieslik and Pollock, 2002). Young people, overall, are also increasingly and disproportionately disadvantaged in the housing and labour markets (Watts et al, 2015; Homeless Link, 2018). Social media also exposes young people to persistent and potentially damaging comparisons between their lives and those of others, as well as cyber-bullying, and it can often become a substitution for social interaction (Stephens and Edmonds, 2018).

In light of this, it is perhaps unsurprising not only that there has been an upsurge of interest in the mental health of young people, but that evidence suggests that poor mental health is an increasingly prevalent feature of young people's lives. Specifically, research suggests that emotional problems including anxiety and depression and self-harm disorders have been steadily growing among adolescents since the mid 1980's (Hagel, 2004; MHF, 2005) and three quarters of mental illness in adult life (excluding dementia) starts before the age of 18 (MHF, 2019). At present, over one million children in the UK between the ages of 5 and 16 have a diagnosed mental disorder and roughly 1 in every 15 children and young people deliberately self-harm (MHF, 2019).

For homeless young people, the transition from childhood to adulthood and the challenges of maintaining good mental health during this time are even more significant. The experience of key 'trigger' and 'risk' factors for poor mental health are likely to be more far reaching for homeless youths. Homeless young people are more likely than the broader population of young people to have experienced problems within the family (such as parental divorce, parents with mental health problems or familial addiction), bereavement, engagement with the criminal justice system, being a victim of bullying, abuse or crime, living in poverty, discrimination on the grounds of race or sexuality and long-standing educational difficulties (Homeless Link, 2018). Further compounding problems, it is widely acknowledged that the loss of one's home – following relationship breakdown, for example – has a damaging effect on mental health, and once homeless, the difficulties of securing and maintaining welfare support, 'education, training and employment', housing and positive social ties – which are integral to positive mental health – become even more difficult. Homeless young people are also more exposed and susceptible to high-risk behaviours, including drug and alcohol use, criminality and exploitation (Pain and Francis, 2004; Edidan et al, 2012).

While a somewhat neglected research topic, a growing number of studies, both nationally and within the North East, suggest that mental health difficulties are becoming more prevalent and acute among the youth homeless population. Since 2015, successive surveys of youth homelessness in the region have pointed to mental health difficulties being among the top three needs of young people being supported by providers, alongside limited independent living skills and disengagement in education, employment and training (Irving, 2018). This represents a significant shift from 2012, when mental health concerns were not a significant feature of the research findings (see, for example, Irving, 2012). This shift sits alongside the long-reported finding that the needs of young people engaging with homelessness providers are typically complex (Homeless Link, 2018,

Irving, 2017). The most recent findings generated through Homeless Link and YHNE's annual surveys into youth homelessness suggest that roughly one third of all young clients have diagnosed mental health problems (Homeless Link, 2018; Irving, 2018). Relatedly, research into the use of Novel Psychoactive Substances (NPS) by young people over recent years indicated that socially excluded young people (including homeless young people) were most likely to use NPS, with these substances often being used as a means of coping with the circumstances of their lives (Drugwise, 2016; Irving et al, 2015).
Despite an absence of robust statistical data, it has long been recognised that the there is a lack of adequate provision for mental health related problems, with access characterised by long waiting times and substance misuse being a key barrier to access. This is despite unsupported mental health difficulties often becoming more acute and manifesting in behaviours likely to result in further exclusion (Centrepoint, 2005). Indeed, YHNE's annual surveys have repeatedly reported the exclusion of young people from homelessness services because of their needs being too complex and the dangers which they are perceived to pose to staff and service users (Irving, 2017, 2018). Furthermore, it is clear that almost a decade of austerity has presented significant challenges to homelessness and youth-specific service providers, which are shrinking, under-resourced, over-subscribed and operating in a policy context that is complex and at times unhelpful.

In this content, YHNE felt that a greater focus on mental health in respect of homeless young people in the region, as well as efforts to improve service provision, were both timely and necessary.

Project Progress

Following confirmation of the award, YHNE recruited ten homelessness services across the region to the project as project 'partners. Based in a range of geographical locations and delivering frontline services to a large number of young homeless people, the project partners were to play a central role in the recruitment of young people to and delivery of the project. This would, however, often be in conjunction with YHNE youth workers and/or in line with detailed guidance and resources developed by YHNE. This model proved highly successful, with over 60 young people engaged with homelessness services having contributed to the project to date.

Specifically, 39 young people either fully or partially completed the survey developed, which aimed to gain a broad understanding of the prevalence, causes and experiences of poor mental health among the respondents. In most cases, completion was done online, but some completed hard copies of the survey, which were given to them by their support worker or a YHNE youth worker who frequently visited the partner organisations. The survey was semi-structured in nature, containing both quantitative and qualitative questions and asked for information about whether the young people had ever experienced poor mental health and if so, what was the nature of this, what impacts this had on their lives, the quality of any support which they had received and how service provision could be improved. Quantitative items from the survey were subject to simple descriptive statistical manipulation and are presented as frequencies and percentages. Any qualitative

data was analysed independently for each of the questions asked and emergent themes are presented. Not all respondents answered every survey question, so baseline figures are given for the findings presented. The smaller the baseline (denoted by 'n'), the fewer respondents received and the less confident we can be that the findings are reflective of the youth homeless population in the North East.

In addition, over 30 young people have taken part in a series of workshops organised and delivered by YHNE and project partners. The workshops were organised as follows:

- Workshop One: What is Mental Health? – This workshop gave young people an opportunity to learn more about the concept of mental health and to explore their feelings about and experiences of this.

- Workshop Two: Want to Get Help? – Through this workshop, young people were supported to reflect upon their experience of using mental health services, to learn more about locally available services and to design their own mental health service.

- Workshop Three: Recommendations – Building upon the previous workshops, young people were then asked to think about another young person's life course and experience of mental health and to make recommendations about how they could improve their own situation, as well as reflecting upon how they should be supported by others.

- Workshop Four: Self-Help Toolkit – In this final workshop, young people were supported to co-produce a self-help toolkit for any young person experiencing mental health difficulties.

The workshops consisted of a series of interactive, young people-centred activities designed to support young people to understand how mental health problems manifest physically, cognitively and mentally, to think about their own wellbeing and mental health, to see the benefits of making positive changes and engaging with services, to learn useful self-help strategies and to identify service developments.

The self-help resources informed by the participants and bank of supportive information collected across the project life-spam has been uploaded to the YHNE website and app. The user-friendliness and the utility of the app and online resources will be tested and continuously maintained through young people's input.

The project was subject to both internal and external ethical review by YHNE and project partners, with ethical inquiry discussed in terms of informed consent, privacy, harm and exploitation. Young people involved in the study were provided with a Participant Information Sheet, which stated the purpose of the study, the need for their involvement, what their participation would entail and issues surrounding ethics and confidentiality. The documentation was designed to be as accessible as possible. Informed written consent was obtained by young people who participated in the project. The young people who completed the survey and participated in the workshops were debriefed and thanked following their

participation. Critically, provisions were made throughout to ensure that professional support was available to all following participation, in the event that project discussions resulted in any young people feeling distressed. All data obtained was kept under strict confidence and any findings presented will be anonymised.

Survey Findings

Participant Demographics

Of the 39 young people who participated in the survey, 28 indicated their gender. Here, the respondents proved to be almost evenly split, with 15 being female (54%) and 13 being male (46%). Considering the higher incidence of single homelessness among men, this is perhaps illuminating about the interest in and relevance of this topic to female service users. Of 27 respondents who specified their age, the participants were almost evenly spread across the 14-25 age range, which was the intended focus of the research. Specifically, 6 (22%) were between the ages of 16 and 18, 8 (36%) were aged 19-21 and 7 (30%) were aged 22-25. Six (22%) of the respondents were over the age 25 but had a history of engagement with youth homeless services. Almost all of the respondents who indicated their sexual orientated (23 of 24 or 96%) identified as heterosexual. Just one respondent identified as LGBT. Lastly, of 27 who specified their ethnicity, the large majority (23 or 84%) identified as White British. One (4%) reported being Black British, Asian, African and an Irish traveller, respectively.

The Prevalence of Mental Health Issues

The survey supported the findings of the previous studies discussed earlier, which have indicated high levels of poor mental health among homeless young people (see, for example, Homeless Link, 2018; Irving, 2018). Of 34 young people who answered the question, 29 (83%) reported experiencing mental health difficulties. Of these, 18 (61%) reported that these had been formally diagnosed by a health professional. Experiences ranged from feelings of ‘worrying about things’, ‘low self-confidence’, ‘anxiety’ and ‘panic attacks’ to psychiatric diagnosis including attention deficit hyperactivity disorder, clinical depression, bi-polar and psychosis. One had been sectioned under the Mental Health Act.

Causes of Mental Health Problems

The respondents were then asked about what they considered to be the causes of their mental health difficulties. A range of possible causes were listed in the survey, which participants asked to indicate all that applied to them. There was also scope to elaborate on this and identify further causes through an open text box. The frequency with which each cause was identified is listed in Table 1 below.

Table 1: The Causes of Mental Health Problems Among the Respondents

Cause of Mental Health Difficulties	Frequency
Family issues	25
Thinking about the past	18
Problems with Housing	16
Problems with school or education	15
Thinking about the future	15
Drug/Alcohol use	14
Other relationship issues (e.g. with a boyfriend or girlfriend)	13
Childhood trauma/issues	13
Problems/Falling out with friends	12
Other	12
Physical health problems	8
Other financial issues	7
Offending/Getting into trouble	6
Becoming unemployed or losing a job	6
Finding a job or work placement	5
Problems with Benefits	4
Problems at work	3
Sexual Orientation	0

From the table, it can be seen that the challenges faced by the respondents were most frequently attributed to three key themes:

- Problems within relationships (whether this be with their families, intimate partners or friends);
- Negative past traumas; and,
- Fears about the future in respect of their housing and employment prospects.

Where respondents elaborated, the family issues identified included relationship breakdown with parents, experiences of abuse and bereavement. One also reported being the victim of a serious assault by a group of peers and the impact which this, along with appearing in court, had on them. While it was not always possible to determine the sequencing of key events in the respondents' lives, it was clear that for many of the respondents, their mental health problems had preceded the experience of homelessness.

In respect of their concerns about the future, several discussed having a 'lack of hope' and attributed this to the negative impacts of government policy on young people and the exclusionary nature of the housing and labour markets for young people with limited qualifications and employment prospects.

It is important to note the frequency with which many of the possible causes of poor mental health were cited. In light of just 35 responses to this question, it is clear that the majority of respondents attributed their mental health problems to several

issues simultaneously. This can be seen to highlight the complex and multi-faceted nature of the problem.

Furthermore, a clear link between homelessness, substance misuse and mental health could be identified. Indeed, 16 and 14 linked their mental health problems to homelessness and substance misuse, respectively. It is also likely, therefore, that several of the respondents' mental health problems were exacerbated following homelessness. Indeed, through the open text boxes, several indicated that their engagement in risky behaviours had become more pronounced since becoming homeless.

The Impacts of Mental Health Problems

Participants were asked about the impacts of mental health problems on their lives. Again, a range of possible impacts were listed, with the participants asked to select all which applied to them. There was also scope to elaborate on these and identify further impacts through an open text box. The frequency with which impacts were identified are listed in Table 2 below.

Table 2: The Impacts of Poor Mental Health on the Respondents

Adverse Impacts	Frequency
Not eat	21
Don't Sleep	19
Feel stressed or anxious	19
Drink Alcohol or smoke cigarettes	15
Cry	14
Feel angry	13
Argue with Family or support staff	12
Unable to plan ahead for the future	12
Sleep too much	11
Argue with friends	9
Become withdrawn	9
Eat too much	8
Use Illegal substances	7
Stop engaging with staff	6
Other	4

The most frequently occurring impacts can be understood in terms of three broad categories:

- Physical impacts, such as an inability to eat and sleep;
- Behavioural impacts, notably self-medication with dangerous substance; and
- Emotional impacts, such as feeling anxious, being angry and crying.

At the most extreme, several young people reported experiences of suicidal thoughts.
Most of the respondents reported being conscious of the ways in which mental

health problems were manifesting in their daily lives and the subsequent effects of this. For example, one young person reported frequently being angry and violent towards staff within their accommodation during periods of acute mental ill-health and being conscious that this 'made things worse' for them as they would then 'get into trouble'. But there was a sense that controlling their emotions, not engaging in substance misuse and eating healthily for example were beyond their control at times.

However, the survey evidences that the impacts of poor mental health are highly individualised, with several young people reporting opposing impacts (such as, sleeping too much and withdrawing from relationships).

Furthermore, similar to the previous section, the frequency and range of impacts reported indicates that mental health difficulties are likely to adversely impact on the wellbeing of young people in multi-faceted ways.

Positively, however, only a limited number of respondents reported disengaging with services during periods of mental health difficulties. This finding was further echoed in the respondents discussions of sources of help.

Support Available

Positively, all the young people engaged with felt that they had someone who they could turn to for support.

When asked who they typically turned to, respondents (19 in total) most commonly cited turning to their friends for support. A typical comment here was, '*I mostly interact with my friends group and we all provide support to each other'.* While this is likely to be positive in most cases, research indicates that many homeless people spend much of their time with their homeless peers (Sanders and Brown, 2015). As untrained individuals who may be experiencing similarly difficult situations and engaging in risky behaviours, the extent to which young people confiding in each other is constructive, in all cases, must be at least questioned.

It was clear, however, that in most cases, respondents had several sources of support available to them. Beyond their peers, young people (18 in total) also commonly reported turning to their key worker or a support worker for help and advice. Highlighting the importance of positive relationships with key workers, several respondents provided a number of qualitative comments. Some of the feedback here included:

'My volunteering supervisor is really understanding and gives great advice…always makes me feel better'

'My housing support worker has been very helpful as we'll as my social worker to get through the hard time'

'My key worker is always there if I need him to talk to and he is approachable'.

Somewhat surprisingly, however, in light of the findings about the causes of mental health difficulties, 16 respondents reported turning to parents or careers for support. Again, typical comments here were:

'Mam always tells me right with good guidance'

'Grandparents share wisdom and guidance'.

Some, however, suggested that they preferred not to confide in others. Interestingly, very few respondents reported having relationships with medical professional (such as GPs or mental health professionals).

Barriers to Engagement with Services

Linked to this, respondents were asked about barriers to engagement with mental health services. The frequency with which key barriers were identified – with the same selections options as previous questions – are listed in Table 3 below.

Table 3: Barriers to Engagement with Mental Health Services

Barriers to Services	Frequency
Long waiting lists	18
Confusing referral process	14
Stigma around having a mental health issue	13
Not feeling listened to by mental health services	10
Lack of awareness of local mental health services	10
Lack of awareness of mental health issues	9
Services not being 'young people friendly'	5

The key barriers identified can be categorised into four broad themes:

- Negative past experiences of mental health services;
- Difficulties accessing mental health services when needed;
- A fear of being judged for requiring support; and,
- Lack of awareness of the need for support.

Negative past experiences are a significant concern, particularly considering the three preceding barriers having to first be overcome. Several of the respondents were vocal about these experiences, with comments including:

'People say they are there to help you, then stab you in the back the moment your back is turned and use things you have said against you. So that why people don't talk about mental health'

'I always felt forgotten about and let down by the people I was referred to for my problems. We would have one appointment then have to wait months for another to just have to keep starting over. I just feel they didn't even really care'.

Similar to all work with disadvantaged young people, the development of trusting relationships is the bedrock of effective practice.

The Future

The respondents were evenly split between those who felt cautiously optimistic about the future and those who felt unsure or negatively about the future. Specifically, 17 of 35 (49%) reported a sense of optimism and 18 (51%) felt unsure or negatively about the future.

The qualitative data revealed the centrality of housing, employment and social relations to the respondents' feelings about the future. Considering, for example, the feedback from one respondent who reported feeling optimistic about the future, they explained: *'I have a stable job and home now and also have a supporting boyfriend'.* Another, however, who felt very uncertain about the future, reported feeling that no services were willing to help them to move forward with their lives. They commented:

'I've nothing to feel positive about…all the services make it harder to get back on track…no support from doctors, job centre or colleges. Everyone just passes the blame to others so you can't move forward or think positive'.

Clearly, for this young person, having a positive case manager and assistance to secure education, training or employment was highly importance to them.

Recommendations for Service Development

Lastly, the survey respondents were asked to select which service developments, from a range of options, would be most useful for young people requiring mental health support. The respondents could select up to three options. Table 4 below outlines the frequency with which different options were selected.

Table 4: Recommendations for Service Developments

Recommendations	Frequency
More education at and early age on mental health issues	17
No waiting lists	16
Online support	13
More home/community visits from mental health professionals	12
Community mental health 'drop in' sessions	12
Advice and support available via social media	11
Telephone support	6
informal support (e.g. Counselling group sessions)	6
More self-help options	2

From the table above, several broad lessons can be drawn. Firstly, and reinforcing

the findings of the previous section, it is clear that more awareness raising among young people about mental health – and specifically, the signs, its manifestations and what to do in the event of requiring support – at an early age is potentially highly important.

Secondly, when young people need support, access to this needs to be swift and reachable to young people, with mental health professionals adopting an outreach approach at the individual and/or community level being potentially highly useful.

Thirdly, while telephone services and self-help resources can play a role in supporting young people, they should not be considered an effective substitute for face-to-face, interpersonal support.

These key points were echoed in the participatory workshops held with young people. However, during the workshops, a number of further useful points and suggestions were made.

Firstly, the workshop participants emphasised the importance of positive relationships between services and service users, and specifically, between mental health practitioners and young people. They emphasised that professionals should be friendly, respectful, supportive, empathetic and non-judgemental. 'Being treated like a human being' was a recurring phrase across the workshop discussions.

Secondly, the participants repeatedly stressed the importance of ready access to service when needed. During a workshop exercise aimed at identifying service improvements, post-it's were littered with phrases such as *'someone always being available to chat', 'quick access' and 'short waiting lists.'*

Thirdly, they frequently talked about the importance of youth-specific mental health services. For several, this related to past experiences of feeling intimidated in mainstream or adult-focused environments. This is potentially equally as important to young people aged 18 and over, as it is for young people at the lower end of the 14-25 age bracket. They also suggested that mental health services should be discretely named or signposted in order to minimise the sense of stigma felt by those entering the premises of mental health services.

Fourthly, the participants recommended that mental health services should be more effectively promoted to young people using social media, radio, professionals working across a range of services and leaflets displayed in a range of public spaces and buildings, such as council offices and sports centres.

Fifthly, in tackling mental health problems among young people, several suggested having 'asset coaches' who could support young people to feel more confident in themselves and to engage in activities and opportunities. The importance of this suggestion is reinforced by the discussion about the causes of mental difficulties among the survey respondents several of who attributed these to limited confidence, boredom and a sense of having limited opportunities.

Next, the participants suggested training young people with experience of poor

mental health to be ‘peer mentors’ or ‘expert advisors’ for other young people. The potential benefits of this model could be significant in light of two-thirds of the survey respondents reporting turning to their peers for support in times of need.

Lastly, the workshop participants stressed the importance of young people being given practical support to young people seeking to move forward in their lives, in respect of housing and education, for example. Of course, the centrality of these to young people’s experiences of mental health were reflected in the survey.

Conclusions and Next Steps

To date, the project has generated a number of highly useful insights, in respect of the prevalence, causes, impacts and support needs of homeless young people with mental health problems in the North East. Critically, and building upon previous research, the project has established that poor mental health is a widespread issue affecting homeless young people in our region. While it is known to be a key contributory factor to the onset of homelessness, as well as an integral aspect of the homeless experience itself and a key factor which hinders successful move on, a key finding of the project is the prevalence of mental health problems among young people which result from problematic familial relationships and past traumas. The project has further evidenced that it affects both young men and women alike and pervades across the 16-24 age bracket. It also manifests in a diverse range of negative physical, behavioural and emotional ways. While almost two-thirds of participants had been diagnosed as having mental health difficulties, over one third had not. This suggests that a significant number of young people in need are not receiving any clinical support, with access to support typically being hindered by the complexity of young people’s needs (with problems of mental health frequently coinciding with problematic substance misuse), a shortage of specialist services, uncertainty about how to access support and difficulties acknowledging and accepting problems of poor mental health. Positively, however, the project indicates a desire among young people with poor mental health to access and engage in support, with support workers within the homelessness sector and peers being key sources of support.

The key recommendations of the project are as follows:

1. To raise awareness, through campaigning and training, among service commissioners, policy-makers and frontline providers alike of the prevalence of mental health problems among homeless young people in our region and the highly individualised ways in which mental health problems can manifest in young people.

2. To ensure that any young person who presents to a service with, or who is suspected of having mental health problems, is offered assistance to access a health practitioner for assessment and support as necessary.

3. To further invest in early intervention supper for families, particularly through work with schools. If families are supported to address and better manage difficulties within the home environment at an early stage, this could reduce

experiences of both poor mental health and homelessness among young people in our region.

4. To invest more significantly in specialist mental health services, to ensure that young people have swift and effective access to treatment and support as necessary. Lengthy waiting times are highly detrimental to those in need and demand for support is high. Furthermore, the prevalence of mental health problems among young people as a result of past traumas suggests that young people cannot be supported to tackle and manage their mental health problems and it's causes by housing and homelessness practitioners alone, however well-intentioned and trained.

5. To further lobby for access to mental health support for young people experiencing problematic substance misuse. Problems of 'dual diagnosis' continue to hinder young people's access to mental health support, despite the intersectionality of these issues being well-established and the likelihood of young people being able to address problems of substance misuse without mental health support being limited.

6. To further develop peer support schemes. Where formal support is unavailable or difficult to access, young people turn to those around them. In these instances, it is important that young people have the knowledge and skills needed to provide constructive support to one another.

7. To continue to develop and widely promote peer-led sources of information and advice, with the project highlighting the need for the forthcoming YHNE app and mental health help guides, covering what we mean by mental health, signs of poor mental health, self-help strategies and how and where to access professional support

8. To work to develop more opportunities for vulnerable young people, particularly in respect of access to housing, positive social relations and both enjoyable and meaningful life experiences, with resilience, empowerment and hope being integral to positive outcomes.

Over the coming months, YHNE will endeavour to promote the above recommendations and work collaboratively to progress these. A key priority, however, will be the launch of the YHNE app and self-resources to ensure that homeless young people in the region have a free, accessing and peer-led hub for information, advice and support.

Mental health and wellbeing information, signposting and self-help tools will be available through at www.yhne.org.uk and accessible through the app to be rolled out late spring.

Youth Homeless North East
1st Floor, Mea House
Ellison Place
Newcastle
NE1 8XS

0191 2551911
info@yhne.org.uk
www.yhne.org.uk

@YouthHomelessNE
YouthHomelessNorthEast

Company Number 10338444 | Registered Charity Number 1172379