An exploration of the issues experienced by, and needs of, young people who are homeless or vulnerably housed in Liverpool.

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Box 1: Definition of terms

Homeless[1]

For the purposes of this study a young person was considered homeless if they were roofless or houseless i.e. rough sleeping, staying at nightshelters, hostels or other temporary accommodation.

Vulnerably Housed[2]

For the purposes of this study a young person was considered vulnerably housed if they were staying in insecure or inadequate accommodation i.e. staying temporarily with friends/relatives, squatting or living in an overcrowded property, caravan or unfit housing.

Exiting Care

Participants who were currently in the process of exiting, or had recently exited (in the previous six months) the care system i.e. leaving a foster or children's home.

Stayed

Anywhere that a young person resided temporarily for at least one night, but that they did not regard as a permanent address.

Permanent Address

A residence where the young person or their parent/guardian/carer either owned, rented or leased.

Direct Access Accommodation

Direct access bed-spaces were those which fulfilled the following criteria:

1. Available to 'walk-in', self or agency referral but do not require a formal referral for access.
2. Offer access to anyone in homeless crisis need with a minimum of exclusion criteria, always being accessible on the day of a persons presenting need and not requiring further panel or team assessment for an admission decision.
3. Accessible 24 hours a day.

Sofa Surfing

The action of moving from one house to another every day or few days.

Not Bedded Down

The action of continuing to move about or travel (for example on buses) all night.

Rough Sleeping/Skippering

For the purposes of this study, rough sleeping includes sleeping, or bedding down, in the open air (i.e. on the streets, or in doorways, parks or bus shelters), and sleeping in buildings or other places not designed for habitation (i.e. barns, sheds, car parks, cars, derelict boats or stations). Skippering is slang for sleeping rough.

[1] This definition was developed in line with European Federation of National Organisations working with the Homeless (FEANTSA) European Typology on Homelessness and Housing Exclusion which classifies homeless people according to their living situation.
[2] See above.

Box 2: Abbreviations

BDI-II-II	Beck Depression Inventory Second Edition
CAMHS	Child and Adolescent Mental Health Services
CIC	Community Integrated Care
DAAT	Drug and Alcohol Action Team
DAC	Direct Access Centre
GP	General Practitioner
ISSP	Intensive Supervision and Surveillance Programme
LAC	Looked After Children
LCC	Liverpool City Council
LMH	Liverpool Mutual Homes
NYHS	National Youth Homeless Scheme
PSS	Personal Service Society
RSL	Registered Social Landlord
YMCA	Young Men's Christian Association
YOT	Youth Offending Team
YPAG	Young Person's Advisory Group
YPAS	Young Person's Advisory Service

Executive Summary

Background information

It was estimated that at least 75,000 young people under the age of 25 years old experienced homelessness in the UK in 2006/07 (Quilgars et al., 2008). This included 11,334 16 to 17 year olds classed as homeless due to vulnerabilities linked to their age. It was estimated that in 2006/07 between 200 and 299 young people aged under 25 were homeless in Liverpool (a rate of between 2.4 and 3.5 per 1,000 population).

The findings of a needs assessment undertaken with homeless substance using adults in Liverpool indicated that the needs of this group were extensive and complex (Shaw & McVeigh, 2008). The report concluded that young people who leave home prematurely or suddenly are at greater risk of homelessness and therefore it was recommended there was an important need for further research with this group.

In response to the recommendation, Liverpool Drug and Alcohol Action Team (DAAT) commissioned this study. The aim of this study was to explore the issues and needs of young people (aged under 25 years old) who were homeless, vulnerably housed or exiting care in Liverpool. The study was undertaken using a multi-stage methodology incorporating an evidence review and semi structured interviews with young people and stakeholders in Liverpool.

Evidence review

The findings from the evidence review concluded that barriers to intervention with young people who are homeless or vulnerably housed include dislike or fear of other service users, lack of awareness of what is available, insufficient bed spaces, and restrictive admissions criteria. Furthermore, prevention initiatives, training of relevant staff and partnership working were mentioned as methods to prevent and improve the outcomes for this group.

Methodology

A combination of quantitative and qualitative research tools were utilised including semi structured interviews and questionnaires. For the young person interviews a combination of questionnaires and a short semi structured interview guide were utilised and for the stakeholder interviews a semi structured interview guide was employed.

Sample

Eleven young people were interviewed. Seven of the young people were female and four were male. Five of the young people were below the age of 18 years old (none of these were under 16 years old). The remaining six young people were between the ages of 18 and 20 years old. Stakeholders from nine relevant local organisations were also interviewed.

Conclusions and recommendations

It is important to note that the conclusions have been drawn from a small sample size and represent the views and opinions of the young people and stakeholders interviewed during the study. In particular the young people were only sampled from those who were resident in young persons' hostels or supported accommodation and are not representative of all young people who are homeless or vulnerably housed in Liverpool. Recommendations for policy, practice and research are detailed below.

1. *Participants felt that there is a lack of young person specific direct access accommodation available, particularly for 'chaotic' young people, in Liverpool.*

Recommendation: As an immediate solution, direct access crisis accommodation available to all young people should be sourced in an appropriate venue i.e. a young person's hostel. In the longer term an investigation of the feasibility of small scale direct access young person specific hostel accommodation should be conducted. Specifically this accommodation should be utilised for young people in crisis and those who are very 'chaotic' and would not be accepted by the other hostel providers. This accommodation should be sought to be utilised as a short-term 'clearing house' ensuring throughput, bed availability and appropriate support for clients with a range of needs.

2. *Placement of young people in adult hostel accommodation is considered inappropriate by stakeholders.*

Recommendation: All agencies involved in sourcing accommodation for young people who are homeless or vulnerably housed should continue to ensure they are not placed in adult hostels, where possible. As aforementioned in the previous recommendation, adequate crisis accommodation specifically for young people should be made available to minimise the placement of young people in adult accommodation. However, if it is necessary to place young people in adult accommodation, providers should ensure that appropriate structures are in place to meet their specific needs in an attempt to minimise the potential for additional problems to develop.

3. *Participants felt that there were issues regarding responsibility for and attitudes to young people who become homeless shortly before their 16th birthday.*

Recommendation: Further investigation of how, why and how regularly young people have been left in a homeless or vulnerably housed situation prior to their 16th birthday is required. Consideration should be given to methods to improve the relationships between organisations which support young people and social services, with consideration of the inclusion of a social services representative on the Young Person's Advisory Group (YPAG).

4. *Leaving home or exiting care directly into independent accommodation caused difficulties for some young people.*

Recommendation: On an individual basis consideration of each young person's resilience upon leaving care, their ability to take care of themselves and take responsibility for household tasks and finances should be assessed. Continued support should also be provided for at least a year post-resettlement.

5. *High proportions of the young people interviewed smoked tobacco.*

Recommendation: Specific smoking cessation services are currently available to young people who are living in supported accommodation or hostels. Furthermore, community based smoking cessation services are available to all in Liverpool. However, young people are still reporting a need for such services. The provision of smoking cessation services for young people who are homeless or vulnerably housed should be investigated and assessed by the YPAG, including the extent to which smoking cessation is encouraged and supported by all those working with young people who are homeless or vulnerably housed.

6. *Tobacco, alcohol, cannabis resin, cocaine and herbal cannabis were the most commonly used substances amongst the young people.*

Recommendation: The YPAG should investigate the provision of drug education, prevention and treatment services for young people. This is of particular importance due to the high level of school truants and excludees amongst young people who are homeless or vulnerably housed, which means they may well have missed out on formal drugs education lessons at school. The feasibility of regular visit to young people's accommodation, including hostels and supported accommodation, by staff from young people's treatment services should be assessed.

7. *There was a general attitude amongst young people that their cannabis and alcohol use was not problematic.*

Recommendation: Young people should be provided with opportunities to develop their life skills and encouraged to make healthy lifestyle choices, particularly in relation to substance use. Innovative methods for information dissemination amongst this group should be investigated (e.g. peer education, drug awareness events etc.).

8. *Young people reported attending gatherings involving alcohol and drugs in some young person specific hostels.*

Recommendation: Conduct a review of the levels of night time supervision in young person specific hostels to ensure safety and reduce alcohol and drug related harm related to the gatherings.

9. *Young people interviewed considered providing vouchers and activities to be a useful incentive for keeping young people who are homeless or without a permanent address in drug and alcohol treatment.*

Recommendation: The use of incentives such as vouchers and/or activities to encourage young people to remain in drug or alcohol treatment should be investigated by young people's drug treatment services.

10. *Mental health problems amongst young people who are homeless or vulnerably housed in Liverpool were commonly observed by stakeholders. Furthermore, a number of young people interviewed received above average depressive symptomology scores (BDI-II).*

Recommendation: All young people who present as homeless or vulnerably housed should be subject to an early and effective assessment which includes mental health as a priority at all homeless. A common assessment tool should be adopted by all accommodation providers, drug and alcohol agencies, health services, criminal justice agencies and support agencies. Appropriate support mechanisms for those diagnosed with mental health issues should be implemented via housing providers and other relevant agencies. In addition, the YPAG should facilitate better coordination between the Crisis Intervention Team and stakeholders and ensure that appropriate assessment and referral procedures are in place.

11. *Many of the young people interviewed specified that they were not registered with a dentist.*

Recommendation: Young person accommodation providers should assist young people in the process of registering for a dentist, where possible.

12. *The diets of the young people interviewed required improvements.*

Recommendation: The YPAG should investigate and implement mechanisms for improving the diets of young people who are homeless or vulnerably housed. Such plans should take into account the specific needs of these young people including facilities and finance available to them. A number of services regarding cooking on a budget are currently being provided by YPAS and the young person's accommodation providers but as young people reported that they still required assistance in this area, an investigation of how best to meet their needs regarding this issue should take place.

13. *Stakeholders reported that there was a lack of housing, substance use and support/advisory services aimed directly at those in the transitional age group of 16 to 18 years old.*

Recommendation: Further investigation of the current availability of services for those in the transitional age group should be undertaken. The feasibility of adaptation of current services to facilitate sessions for this age group should be undertaken, and if appropriate sessions tailored specifically for this age group implemented.

14. *Agencies need to ensure adequate partnerships are in place across the city to prevent young people from being sent from one service to another seeking a resolution to their housing or substance use issue(s).*

Recommendation: There is a requirement for better joined up working amongst relevant services in Liverpool (i.e. any service that has direct contact with young people who are homeless or vulnerably housed). All staff require a good level of awareness of services provided in each agency to ensure that young people are signposted appropriately and efficiently.

15. *There is a renewed focus on prevention of young people becoming homeless amongst young person services in Liverpool.*

Recommendation: The current focus on preventing young people becoming homeless or vulnerably housed should continue. Interventions should focus on families where young people are at risk of homelessness or becoming vulnerably housed. Resolutions that are best for the whole family and continue to support them to stay together in safe and adequate accommodation (where appropriate) should be sought.

16. *Young people felt that at times staff at relevant agencies did not listen to their individual needs.*

Recommendation: All agencies where a young person who is homeless or vulnerably housed may present, need to be prepared to listen and give appropriate advice or support. There is a requirement to increase awareness of the unique needs of young people in these situations in the city through appropriate information and training for all relevant agencies including generic services (e.g. housing associations, job & benefits agencies, council one stop shops, health services, support and advisory agencies, criminal justice agencies etc). A consultation of the most effective and preferred method for regular dissemination of information across local agencies who have contact with young people should be undertaken within the YPAG.

17. *Young people highlighted the need for all young people to have someone to talk to.*

Recommendation: Means of ensuring young people have someone they feel they can talk to before they become homeless or vulnerably housed should be investigated by the YPAG. Furthermore, the group should consider ways of ensuring young people feel they have someone to talk to once they have come to live in supported accommodation or a hostel.

18. *Independence, responsibility and life skills should be further promoted amongst young people.*

Recommendation: Continued promotion of courses offering training in life skills is required. In addition consideration should be given to methods to enhance uptake of courses and continued use of skills gained amongst young people.

19. *Stakeholders cited sex working as an issue linked to homelessness and vulnerably housed young people.*

Recommendation: Further investigation into the links between homelessness and vulnerable housing and sex working should be undertaken, with specific reference to peer pressure to engage in sex working in hostels. In particular, methods to provide an estimation of the prevalence of and reasons for 'hidden homelessness' where sex is traded for accommodation should be considered. This should be undertaken in conjunction with the Armistead Centre and Armistead Street.

1. Introduction

1.1 Background information

The findings of a needs assessment undertaken with homeless substance using adults in Liverpool indicated that the needs of this group were extensive and complex (Shaw & McVeigh, 2008). The report concluded that young people who leave home prematurely or suddenly are at greater risk of homelessness and therefore it was recommended there was an important need for further research with this group.

In response to the recommendation, Liverpool Drug and Alcohol Action Team (DAAT) commissioned this study. The aim of this study was to explore the issues and needs of young people (aged under 25 years old) who were homeless, vulnerably housed or exiting care in Liverpool. Specifically the study was commissioned to consider the health and social care needs, substance use, treatment for substance related problems, barriers to engagement with local services and methods to enhance service engagement with this group.

The objectives of the study were to:

- Identify the level of services that have specific or general functions for vulnerable young people in Liverpool;
- Examine how local services work in partnership for the best needs of vulnerable young people;
- Identify the health and social care status and needs of vulnerable young people in Liverpool;
- Ascertain the current and previous service contact of vulnerable young people with specific drug and alcohol services and other health and social care agencies and identify reasons for disengagement;
- Identify barriers to engagement with specific drug services and other health and social care agencies from personal experience, perceptions and shared information from peers; and
- Identify methods to overcome barriers and perceived barriers to engagement with local services for vulnerable young people.

In order to achieve the overall study aim and satisfy the objectives the study was undertaken using a multi-methodology incorporating an evidence review (detailed below) and semi structured interviews with young people and stakeholders in Liverpool.

This report includes a review of evidence relating to young people and homelessness, methodological information, analysis of the interview findings, conclusions and recommendations.

1.2 Evidence Review

Background and policy

It was estimated that at least 75,000 young people under the age of 25 years old experienced homelessness in the UK in 2006/07 (Quilgars et al., 2008). This included 11,334 16 to 17 year olds classed as homeless due to vulnerabilities linked to their age. These figures are likely to be underestimated as they were calculated on

the basis of numbers in contact with services, and exclude those classified as 'sofa surfers' or who live with friends or in temporary accommodation. In such groups homelessness is typically episodic and so those affected may not access support. Estimated youth homelessness (under 25 years) in Merseyside varies between Boroughs (Figures 1 & 2). The absolute range is highest in Liverpool (200-299) and lowest in Sefton (26-49). However, expressed as the rate per 1,000 population St Helens and Knowsley record the highest figures (5.5-8.3 per 1,000 population).

Through the Homelessness Act 2002 there has been increased strategic focus on preventing homelessness in England and Wales. Local authorities have been encouraged to develop a full range of early interventions, including housing advice services, rent deposit guarantee schemes, mediation services, tenancy sustainment, and new initiatives for ex-offenders and those experiencing domestic violence. A new National Youth Homelessness Scheme (NYHS)[3] was launched in England in 2007. This comprised a package of measures to reduce and prevent youth homelessness, including development of a network of supported lodgings schemes, a committee of formerly homeless young people to advise ministers on policy, a new national homelessness advice service and the establishment of regional centres of excellence.

Youth homelessness is traditionally thought of as involving lone teenagers and young people in their early 20s. While this group remains significant, many young people who are found homeless have dependent children of their own; particularly those in the 18 to 24 age range (Quilgars et al., 2008). Research findings from Crisis (Reeve et al., 2006) indicated that among homeless women there were high levels of vulnerability, including mental-health, history of care, drug and alcohol addiction and physical and sexual abuse. It was reported that homeless women were typically less visible than homeless men and would go to greater lengths to ensure that they were not recognised as homeless, sometimes to their detriment, as in order to conceal their homelessness they would not access the services that could potentially help them to find appropriate accommodation. The report also indicated that a significant proportion of women who became homeless from unwanted sexual partnerships (paid and unpaid) or resort to street sex work in order to have a place to stay. One large US study suggested that families experiencing recurrent homelessness were more likely to be led by a woman who had a diagnosed mental health problem, who was drug dependent, and who had experienced abuse as a child, than was the case for 'first time' families accepted as homeless (Bassuk et al., 2001).

[3] See http://www.communities.gov.uk/youthhomelessness/

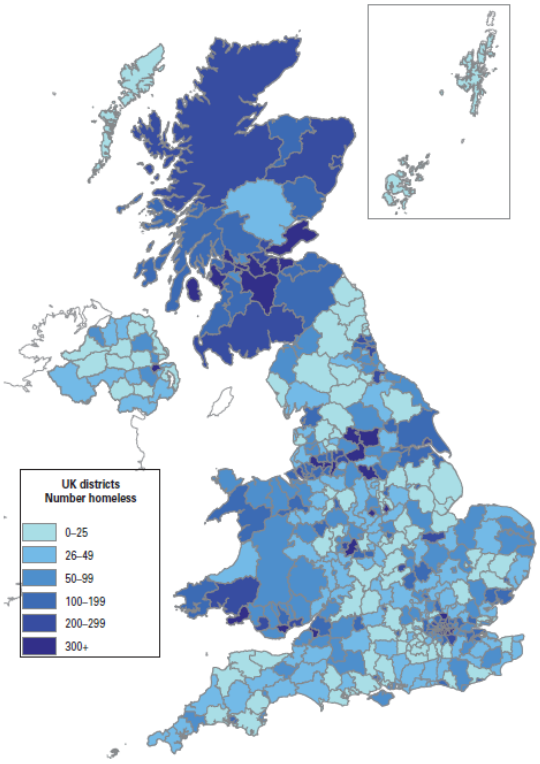

Figure 1: Number of statutory youth homelessness (aged under 15 years old) by UK district (reprinted from Quilgars et al., 2008).

Table 1: Number of statutory youth homeless (aged under 25 years old) in local Merseyside districts.

District	Number of homeless (range)
Knowsley	100-199
Liverpool	200-299
Sefton	26-49
St Helens	100-199
Wirral	100-199

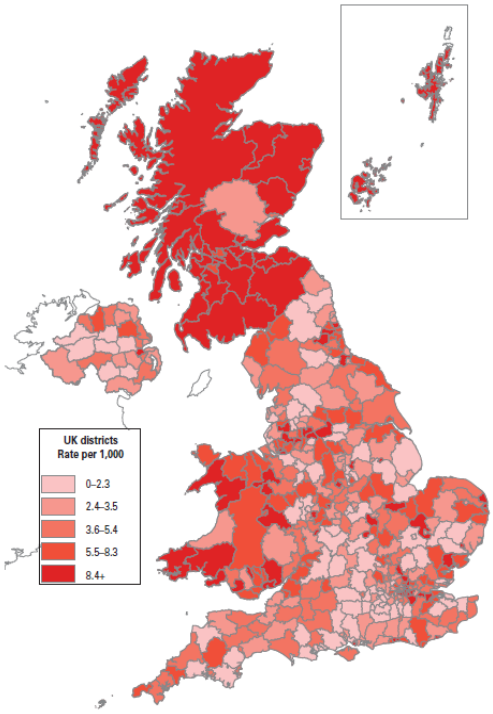

Figure 2: Prevalence of young homelessness (aged under 25 years old) in the UK (per 1,000 population (reprinted from Quilgars et al., 2008).

Table 2: Prevalence of statutory youth homeless (aged under 25 years old) in local Merseyside districts.

District	Prevalence (per 1,000 population)
Knowsley	5.5 - 8.3
Liverpool	2.4 - 3.5
Sefton	0 - 2.3
St Helens	5.5 - 8.3
Wirral	3.6 - 5.4

Drug use amongst young homeless people

Studies conducted on behalf of the Department of Health, Home Office, and the charity Crisis have indicated that whilst drug choices in young homeless populations mirror that of the general population and are largely regionally determined, levels of use (e.g. prevalence and frequency) exceed general population reporting (Adamczuk, 2000; Becker & Roe, 2005; Fountain & Howes, 2002; Wincup et al., 2003). For example, up to 95% had ever used an illegal drug in their lifetime. In relation to heroin and crack cocaine use, last year prevalence of 16% and 13% were significantly greater than the estimated 0.2% and 0.5% reported by 16-24 year olds in the contemporaneous 2002/03 analysis of the British Crime Survey (Condon & Smith, 2003). However, according to the 2003 Crime and Justice Survey, Class A drug use in the previous year was 5% in young homeless people (comparable to 4% in non-vulnerable 10 to 24 year olds), but prevalence increased with co-occurance of other vulnerabilities such as being in care or being involved in offending (Becker & Roe, 2005).

Evidence from the USA suggested that homeless young people follow different patterns of use than other population groups (Maclean et al., 1999). Although there was a steep rate of initiation shortly after leaving home, being homeless *per se* was not shown to be a trigger for using drugs, as complex aetiological factors had often been established before becoming homeless. However, in many cases, change in housing status exacerbated escalation, and becoming homeless often reduced the opportunities to reduce drug use. In one sample from Dublin the mean age of illicit drug initiation (mostly cannabis) was 11.5 in men, and 13.0 in women. Some young homeless people reported that although they were early initiates, escalation to problematic use, or use of drugs such as heroin took place in the period following first homelessness (Mayock & Vekić, 2006). Problematic alcohol use is less often reported but may still be important. For example, Wincup and colleagues (2003) identified 14% of young people in their sample as problem drinkers. In a later study of statutory homelessness, 12% of 16 to 17 year olds reported having problems because of current drug or solvent use, and 7% reported current alcohol problems (Pleace et al., 2008). For many, drug use may become part of a lifestyle characterised by chronic instability and high susceptibility to a range of risk behaviours.

Although there were few reports of syringe-sharing, a considerable number of injecting drug users in one young homeless sample had borrowed injecting equipment on at least one occasion and there were reports of sharing other drug paraphernalia, including spoons and filters (Mayock & Vekić, 2006). Furthermore, almost all were forced to inject in public locations (the street, derelict buildings, squats and public toilets), which posed health risks both to themselves and others. The Health Protection Agency (HPA) reported that in 2006 homeless adults were more likely to share needles (25% reported direct sharing of needles compared to 16% of those who had not been homeless), to have had an injecting wound (36% vs 30%), and have hepatitis C (45% vs 28%) (HPA, 2007). Subsequently, this population was recommended by the HPA as priority recipients of integrated drug treatment services and harm reduction interventions.

Personal drug use was the second most common explanation for homelessness in one young sample but this was not always perceived or treated as problematic (Wincup et al., 2003). Rather this often led to the young person being asked to leave the family home. Parental drug and/or alcohol use was cited by one Dublin sample as contributing to family conflict (Mayock & Vekić, 2006), and it may also lead to younger children being taken into care, a risk factor for future homelessness (Mayock & Carr, 2008; Ringwalt et al., 1998).

In a UK study of statutory homeless in families and 16 to 17 year olds, although 10% of adult respondents self-reported a drug problem at some point in their lives, and 6% reported that they had experienced problems with alcohol, the proportion who self-reported a current substance misuse problem at point of survey was low (3%) (Pleace et al., 2008). Only a small number reported that substance misuse contributed to their homelessness. In contrast, a far higher proportion of 16 to 17 year old respondents (37%) had experienced drug or alcohol problems; and 16% had a current substance misuse problem. These were more common amongst men (22% vs 12%). Half of all young respondents (52%) had experienced depression, anxiety or other mental health problems; and 33% had current mental health problems (a rate approximately three times that of young people in the general population). Two thirds of young people (aged 16 to 17 years) accepted as homeless were women, and the remaining third were men.

Homeless youth that did not report a supportive social network were found to be significantly more likely to report current illicit drug use, despite the existence of drug users within network groups in those with support (Ennett et al., 1999).

There may be a high level of undiagnosed psychopathological disorder (directly or indirectly related to drug use), and a high level of school exclusion among homeless young people. Subsequently, many of the target group may have missed out on formal drugs education due to being absent from school. Those that had received drugs education felt that its impact was limited by the fact that drugs satisfied a need and were part of their culture (Frontline, 2004). Most drug knowledge came from personal experience (experiential learning), followed by literature, friends and school (observational and web-based learning).

Young homeless people may also suffer from a range of health problems, including bouts of illness or persistent ill-health. Skin infections, as well as malnutrition, weight loss and sleep deprivation, are commonly experienced and these problems are linked to use of unhygienic sleeping places and/or exposure to the elements (Mayock & Vekić, 2006).

Interventions and service responses to homelessness

Although there is a good history of research with young homeless people in the UK, little work has described and evaluated interventions targeting their substance use. Most published UK work is focused on homelessness and how young people became homeless. There is some international evidence (from the US) which has examined intervention and service responses to substance use in this population but careful consideration must be made of the applicability of these findings to the UK where policy drivers and service structures may be different.

In one of the few UK studies, the Government's drugs information website FRANK was widely recognised by a sample of homeless young people, but they nevertheless preferred one-to-one contact to internet or phone based support (Frontline, 2004). In addition no evidence has been published of the effectiveness of FRANK on either drug prevention or signposting young people to specialist services. Support staff working with young homeless people report that helping young people with any drugs problems was part of their role although little interactive and structured counseling work was done. Often information provision and informal discussion was the only prevention work young people received (Wincup et al., 2003).

In this population, homelessness is just one of the problems faced. Accommodation, employment, and financial matters are often cited as the most pressing needs for young people, and these hold greater urgency than substance use (Wincup et al., 2003). Appropriate referral seemed to be the most common response to drug use by homelessness service staff, although the service often provided a wide ranging point of access to other interventions (Wincup et al., 2003).

Two trials from the USA (Booth et al., 1999; Fors and Jarvis, 1995) examined peer-led substance use prevention interventions for young runaway and homeless people. Booth and colleagues targeted drug and sex-related HIV risk behaviours, whereas Fors and Jarvis focussed on developing skills and knowledge related to drug use. In the Booth study, participants who received the peer intervention decreased their use of heroin/cocaine over the three month follow-up by 7% (non significant compared to baseline), while those in the control group reported no change. Both groups demonstrated a non-significant change from baseline in the average number of drugs

used (intervention -0.3 vs. control +0.1). Recipients were also significantly more knowledgeable about HIV than those who did not at both two day and three month follow-up. The authors also reported that high-risk sex[4] had decreased by 9% from baseline to follow up at three months for young people in the peer-led intervention group and a decrease of 12% was recorded for those in the control group (significant decrease from baseline). However, the difference between the two groups was not statistically tested. Furthermore, Fors & Jarvis (1995) reported that their peer-led intervention group were significantly more willing to accept responsibility for their actions and were significantly more likely to help friends use community resources following the intervention than controls.

A rapid evidence assessment of international literature concluded that there was no strong evidence on the effectiveness of homelessness prevention among adults with a history of substance misuse. Most models of prevention were generic, i.e. intended to counteract the risk of homelessness across many groups, including people with a history of substance misuse, rather than being particularly focused on one group. Regarding substance use behaviours specifically, abstinence based approaches and detoxification were largely unsuccessful as many clients preferred to disengage rather than cease use completely (Pleace, 2008). When services pursued harm reduction, rather than insisting on total abstinence, there was evidence of greater service engagement. In common with findings with young people, services that focused on just one element of need met with less success than approaches that were designed to support multiple needs

The review also outlined three main models of resettlement for homeless substance users (Pleace, 2008). The first, the Continuum of Care approach, used a series of shared supported housing settings intended to progress service users towards independent living and abstinence. However, there was little evidence of effectiveness for this model. The second, the 'Pathways' Housing First model, used intensive floating support to ordinary accommodation, with a strong focus on service user choice and a harm reduction approach to substance misuse. There was evidence that this was more effective and cost effective than the first model. The final model combined floating support provided through case management and joint working; the standard practice across the UK. Whilst the evidence for this approach was less developed than other models, it follows the logic of both the flexible packages of support and harm reduction methods used by the more successful services.

There is also some evidence from the USA that Therapeutic Communities (TC) produce good outcomes in substance use, mental health, crime, HIV risk, employment, and housing in homeless adults with co-occurring substance use disorders and/or mental disorders (Sacks et al., 2008). The core principles and methods of the TC that are relevant include the provision of a structured daily regimen; fostering personal responsibility and self-help in managing life difficulties; using peers as role models and guides with the peer community acting as the healing agent within a strategy of *community-as-method*; regarding change as a gradual, developmental process and moving clients through progressive treatment stages; stressing work and self-reliance through the development of vocational and independent living skills; and promoting prosocial values within healthy social networks.

[4] Defined as infrequent condom use (condoms used less than 50% during sexual encounters) combined with three or more sex partners or 10 or more sex encounters.

The English Government recommends that the development of early intervention initiatives on homelessness should be linked to targeted youth support initiatives (DfES, 2007). These initiatives provide an opportunity for key relevant agencies to identify the full range of risks to young people's well-being alongside homelessness, including offending, sexual behaviours, substance use, and poor mental health. The role of housing providers within these early intervention initiatives requires detailed consideration.

Lessons from practice

Resources must not stereotype young homeless people, and should be targeted at providing information at an early stage before the young person becomes homeless. Harm reduction and risk reduction programmes need to be tailored to facilitate engagement based upon clients' life circumstances, availability, motivation, and environmental protective factors such as community support and mentoring (Baer et al., 2004; Taylor-Seehafer et al., 2004).

The importance of partnership working to tackle the complex needs of this group is strongly emphasised as drug use is just one of many issues experienced. Specific types of prevention work are needed with young people including early intervention, highlighting dangers of polydrug use, associated health risks including safer injecting practices and promoting skills to cope with accidental overdoses, one to one work and formal prevention activities. General Practitioner (GP) surgeries might provide appropriate interventions.

Specialist support services, particularly therapeutic mental health interventions and drug services able to respond to young people's changing substance use patterns, should continue to be prioritised. The point of transition between children and adult services requires special attention.

Service access might be improved by advertising availability, more funding for expansion and improvements, provisions to be open/available during the daytime, more outreach work.

Further investigation is needed into the protective effects of supportive social networks and how this can be fostered through care projects for young homeless people.

Barriers to intervention include dislike or fear of other service users, lack of awareness of what is available, insufficient bed spaces, and restrictive admissions criteria. The most positive experiences are with drop-in and counselling services, although total service access has been reported to be low (0→30% of the population accessing a service in last month).

Training should be provided to all homelessness service providers around drugs issues and Home Office guidance to implement Section 8 of Misuse of Drugs Act 1971.

2. Methodology

2.1 Design

This study was designed to explore the issues and needs of young people who were homeless, vulnerably housed or exiting care[5] in Liverpool. Both young people who were homeless or vulnerably housed[6] and representatives from relevant stakeholder agencies in Liverpool participated in the study.

Evidence Review

A review of evidence relating to young people, substance use and homelessness was undertaken. This included a review of relevant literature and policy documentation.

Young person data collection tool

A combination of quantitative and qualitative research tools were used in the study including semi structured interviews and questionnaires. For the young person interviews a combination of questionnaires (including standardised and researcher derived) and a short semi structured interview guide were utilised.

Each young person was asked questions relating to their demographic profile, education and training, current and past accommodation status, contact with criminal justice services, general health, depressive symptomology (via the Beck Depression Inventory Second Edition (BDI-II)), food and nutrition, smoking, alcohol, substance use and access to support and services. In addition open ended questions were utilised to gain more in-depth information regarding the reasons why the young person had become homeless or vulnerably housed. A copy of the interview guide can be found at Appendix 4.

Stakeholder data collection tool

For the stakeholders a semi structured interview guide was employed. Each stakeholder was asked questions about their agency and the specific services they provide for young people, partnerships with other local agencies, the specific needs of young people locally, barriers to engaging young people in appropriate services and funding/resource issues. A copy of the semi structured interview guide can be found at Appendix 6.

2.2 Sample

Eleven young people were interviewed. Seven of the young people were female and four were male. Five of the young people were below the age of 18 years old (none of these were under 16 years old). The remaining six young people were between the ages of 18 and 20 years old. Young people were recruited via young person accommodation providers, support and advisory agencies, substance use treatment agencies and DAAT contacts.

[5] See Box 1 (pg 4) for definitions.
[6] No young people who were currently or had recently exited care were interviewed. Further information can be found in the Methodological Limitations at section 2.6.

Stakeholders from nine relevant local organisations were interviewed [7]. The stakeholder organisations were initially identified by Liverpool DAAT and included a mix of local young person accommodation providers, support and advisory agencies, drug and alcohol treatment agencies, criminal justice agencies and health services. Appropriate representatives, such as agency managers and young person specific staff, were identified and contacted by the research team.

2.3 Procedure

Young Person Interviews

Potential participants were identified through relevant local hostels, support and advisory agencies and drug treatment agencies. Potential participants were given a participant information sheet (Appendix 3) and a brief description of the study by a member of staff at the relevant agency who acted as a gatekeeper. Once the young person agreed to participate in the study a meeting was arranged with the researcher. All young person interviews took place on site in the relevant agencies. Written and verbal consent was gained at the beginning of the interview from each young person (Appendix 3). As none of the young people were under the age of 16 years old and were deemed Gillick Competent[8] it was not necessary to obtain the written consent of gatekeepers. On average the interviews lasted 30 minutes. Young people were compensated with a £10 shopping voucher for their participation. All young people were interviewed by the same researcher to ensure consistency in the interviewing practice. At the end of the interview each young person was provided with a debriefing sheet detailing the researcher's contact details and those for relevant local organisations. A copy of the debriefing sheet can be found at Appendix 5.

Stakeholder Interviews

One representative from each of the nine identified stakeholder organisations was interviewed. Each stakeholder was contacted by a member of the research team by email or telephone and an outline of the research project and their role within it was provided. Once agreement for participation was established the researcher organised a convenient time to conduct the interview. On one occasion the researcher was requested to attend the weekly team meeting of a stakeholder organisation to brief the staff about the project, the criteria for inclusion of young people and the expected outcomes prior to arrangement of the stakeholder interview. Each stakeholder was provided with a verbal explanation of the research, a participant information sheet and asked to sign a consent form (Appendix 3). On average the stakeholder interviews lasted one hour. The interviews were conducted either on site at the stakeholder agency or at the office of the researcher. Each stakeholder was interviewed by the same researcher to ensure consistency in the interviewing process and the semi structured interview guide was utilised to ensure common coverage of questions during the interviews.

[7] In order to protect participant confidentiality the stakeholder agencies have not been listed.
[8] Gillick competence is whereby under 16s *will* be competent to give valid consent to a particular intervention if they have "sufficient understanding and intelligence to enable him or her to understand fully what is proposed" (Department of Health, 2001).

2.4 Analysis

Qualitative data were transcribed verbatim and analysed using NVIVO software. The qualitative data were subject to a thematic content analysis approach (Krippendorff, 1980). The quantitative data gathered during the young person's interviews were descriptively anaysed using SPSS, and graphs and tables constructed using Microsoft Excel. The quantitative data is presented in tabulated and graphical form in the findings section of this report.

2.5 Ethical considerations

Prior to commencement of the research project due consideration of the ethical implications was undertaken.

In order to ensure participants provided informed consent, written and verbal consent was obtained from all research participants. However, it was anticipated prior to the fieldwork that in the case of the young person interviews receiving parental consent may be problematic as many of the interviewees no longer had contact with their parents, guardians or carers. It was agreed with the Liverpool John Moores University Ethics Committee that those aged over 16 years could give consent under the Gillick Competency principle. However, to ensure full informed consent of those aged under 16, where parental consent was unavailable, gatekeeper consent was to be sought from a keyworker (or other relevant professional) who introduced the young people to the researcher[9].

In addition to a verbal description of the research project and the written consent, all participants received a participant information sheet outlining the aim and objectives of the research, their rights and role as a participant, the right to withdraw and contact details of the researchers should they wish to ask additional questions at any time. Copies of the young person and stakeholder participant information sheets and consent forms can be found at Appendix 3.

Ethical approval was sought and granted by the Liverpool John Moores University Ethics Committee in June 2008.

2.6 Methodological Limitations

This research project was required to be completed over a short period of time (approximately four months). The main consequence of which was the inability to recruit appropriate young people to the project within the given time period. This report only includes young people who were currently resident in young person's hostels or supported accommodation during July 2008, and the interviews focussed on their reflection of past experiences of homelessness and reasons for housing difficulties. It is important to note that the absence of young people who were currently sleeping rough or 'sofa surfing' may have implications for the conclusions recommended in this report, as those absent may have different needs to those living in hostels and supported accommodation.

One of the main methodological limitations of this study is the small sample size of young people interviewed. It is not therefore a representative sample of young people

[9] As no young people under the age of 16 participated in the study, this procedure was not implemented.

who are homeless or vulnerably housed in Liverpool. In addition, young people were selected for interview via contacts at relevant agencies, rather than through random sampling, and as a consequence this may have skewed the data and contributed to sample bias. Careful interpretation of the findings should be employed due to the limited sample size and selection procedures used.

In addition, one of the target groups of young people for this research was those currently or recently exiting care. During the course of the young person interviews, the researcher was made aware of a number of young people who were at that time were exiting the care system. However, support staff at the services indicated that the young person's did not wish to participate in the research as they felt too vulnerable and felt that they had more important issues to deal with first. Although there were no young people interviewed who were currently or had recently exited care, there were young people amongst the interviewees who had previously resided in foster or children's homes and were living in hostel accommodation at the time of interview.

The thematic analysis of the young person interviews may present a fragmented view of the reasons, issues and events that led to each young person's current housing situation. In future research, case studies may be useful (in addition to themed analysis) to provide a better understanding of the complex issue of housing and accommodation issues.

3. Research Findings

3.1 Young Person's Interviews

3.1.1 Quantitative analysis

This section details the findings from the young person's interviews. The findings from the quantitative analysis are presented in figures, tables and text.

Young People's Demographics

Eleven young people were interviewed, 64% were female (n=7) and 36% were male (n=4). Young people interviewed were aged between 16 and 20 years old and the mean age was 17.6 years old. The majority of young people described their ethnicity as White British (55%, n=6). Two young people described their ethnicity as White and Black African (18%), and the remaining two stated their ethnicity was Other Mixed (18%).

One of the young people interviewed was currently employed on a part-time basis (9%); none of the other young people were employed at the time of interview. The majority of young people interviewed stipulated that they had formal qualifications (91%, n=10). Approximately three-quarters of these young people (73%) stated that their highest qualifications were at GCSE level. All of the young people interviewed were attending training or vocational courses at the time of interview. The types of training and vocational courses varied greatly and included:

- A Levels
- Carpentry Course
- City and Guilds Qualifications
- Cookery (facilitated by Powerhouse)
- Personal Development Course (facilitated by Fairbridge)
- First Steps into Plastering
- IT (facilitated by Powerhouse)
- Level 2 OCR English
- Level 2 OCR Maths
- Lifestyles (facilitated by Powerhouse)
- National Diploma
- National Vocational Qualifications
- Prince's Trust Award

None of the young people interviewed had any children of their own. Five of the young people (46%) had been excluded from school in the past; two had been in prison or a youth offending institution (18%); four had been in contact with a Youth Offending Team (YOT) (36%); one had received an Anti-Social Behaviour Order (9%) and four had previously been in the care of the local authority (36.4%).

Accommodation

Young people were asked whether or not they had stayed overnight in a range of places over the last seven days and in the last six months. The findings are presented in Figure 3 below. Within the last seven days and within the last six months, the place the most young people had stayed at was hostels/shelters (last seven days n=9, 82%; last six months n=10, 91%). The second most common place that young people had stayed over the last seven days was at a friends' house (n=2, 18%). A larger number of young people specified that they stayed at friends' houses over the last six months (n=7, 64%) than over the last seven days. The third most frequent place that young people had stayed at over the last seven days were parents'/guardians'/carers' houses and supported accommodation (n=2, 18%). The same number of young people reported staying at these two places in the last six months.

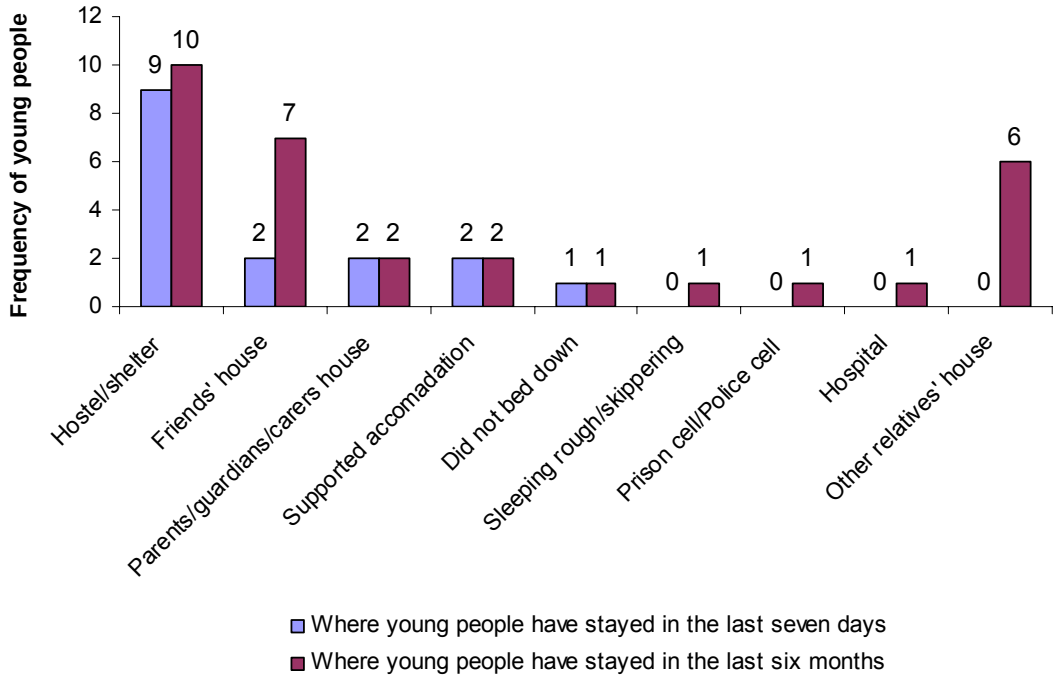

Figure 3: Where young people have stayed in the last seven days and in the last six months

Young people were also asked in which of these places they have stayed the most frequently in the last month. The findings are displayed in Figure 4 below. The majority of young people had spent the most nights in the last month staying at a hostel/shelter (n=8, 73%). Two young people specified that they had spent the majority of nights staying in supported accommodation (18%) and one had spent the majority of time staying at their parents'/guardians'/carers' house but they had moved into the hostel during the week of the interview (9%).

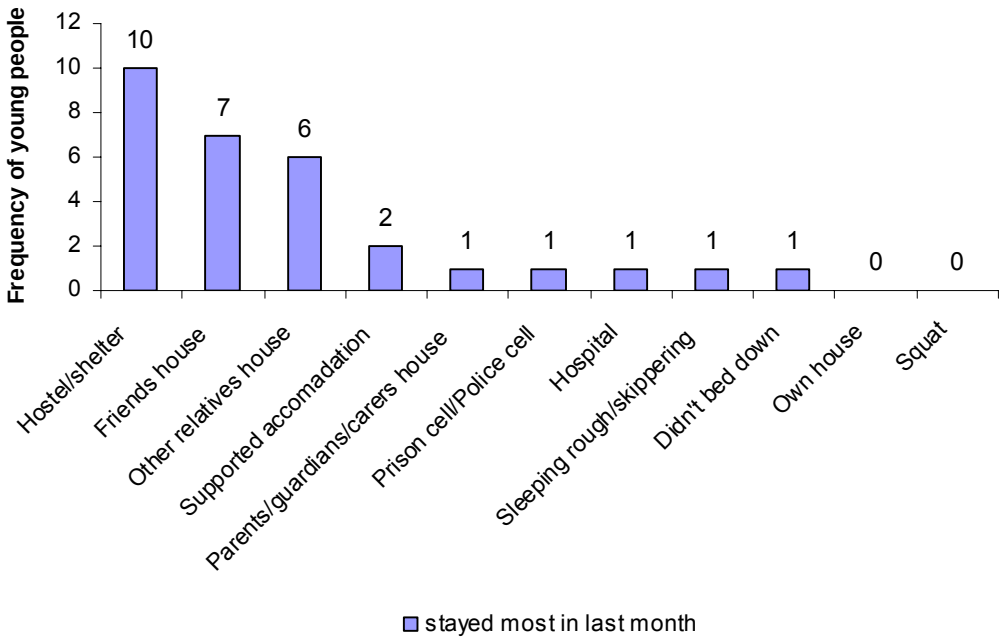

Figure 4: Places where young people have stayed most frequently in the last month

Young people were asked how long they had been without a permanent address, answers ranged from one week to ten years. The average (mean) number of weeks that the young people had been homeless or without a permanent address for was 87.36. Six young people (55%) reported having not bedded down for the night or sleeping on the street/in a doorway at least once in their lives. Young people were asked when they had last not bedded down for the night or slept on the street/doorway, responses ranged from five nights ago to seven years ago. Young people provided a wide range of explanations for why they did not bed down or slept rough including to avoid abuse at their home; being forced to leave the house they were staying in; not *"feeling"* like returning to the hostel where they were staying and missing the last bus home.

Health

Physical health

All of the young people interviewed specified that they were registered with a General Practitioner (GP). Four of these young people reported that they had tried to register with a GP since being homeless or without a permanent address (37%). None of these young people specified that they encountered any difficulties when registering with the GP. Ten of the eleven young people interviewed had visited the GP in the last twelve months (91%) and one hundred percent of them specified that they would visit a GP if they were ill and needed treatment. However, only six of the young people stated that they were registered with a dentist (55%). Seven young people (64%) stated that they had visited the dentist in the last 12 months. It was stated by five young people (46%) that they had had toothache in the last 12 months.

When young people were asked what they would do if they or a friend had a drug or alcohol related overdose all young people stated that they would call an ambulance. Some provided further information stating that they would first put the person in question in the recovery position.

Young people were asked to rate their own physical health on a scale ranging from very good to very poor. The results are displayed in Figure 5 below. The most common rating was good (n=7, 64%), followed by very good (n=2, 18%) and poor (n=2, 18%). None of the young people described their physical health as very poor.

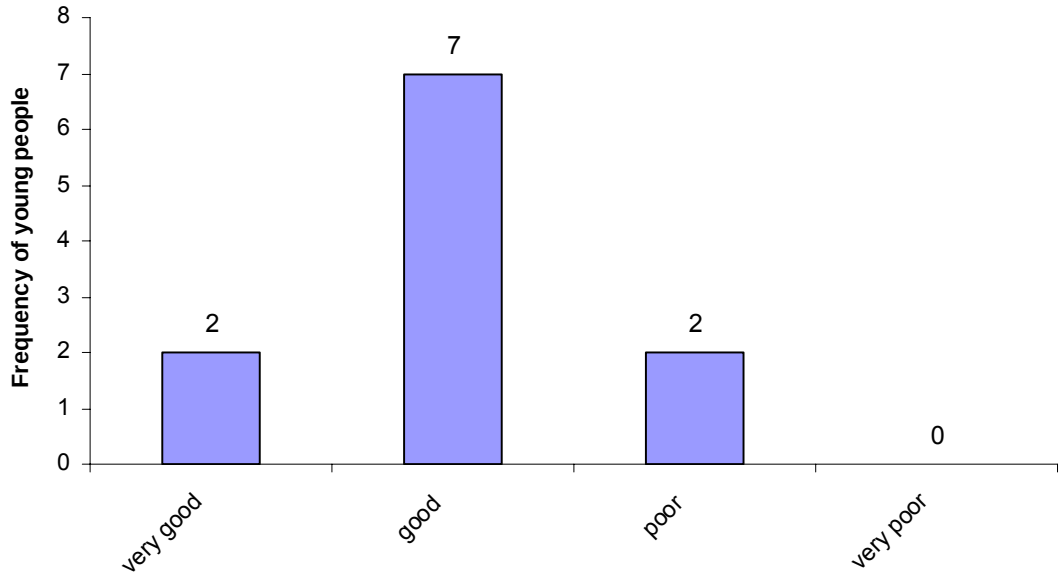

Figure 5: Young people's self rated physical health

Two of the young people interviewed specified that they had physical health problems (18%), these included asthma, back pain, Hyper Mobility Syndrome and leg injuries sustained whilst under the influence of drugs and alcohol. Two (18%) of the young people interviewed were receiving medication, this included inhalers, pain killers and anti-depressants.

Mental health

Young people's depressive symptomology scores (BDI-II) are displayed in Figure 6. The most frequent score was average (n=5, 46%). However, six (55%) of the young people's scores were above average. Three (27%) of the young people's scores were extremely elevated which is the highest category on the BDI-II. Two (18%) of young people's scores were moderately elevated and one (9%) was mildly elevated.

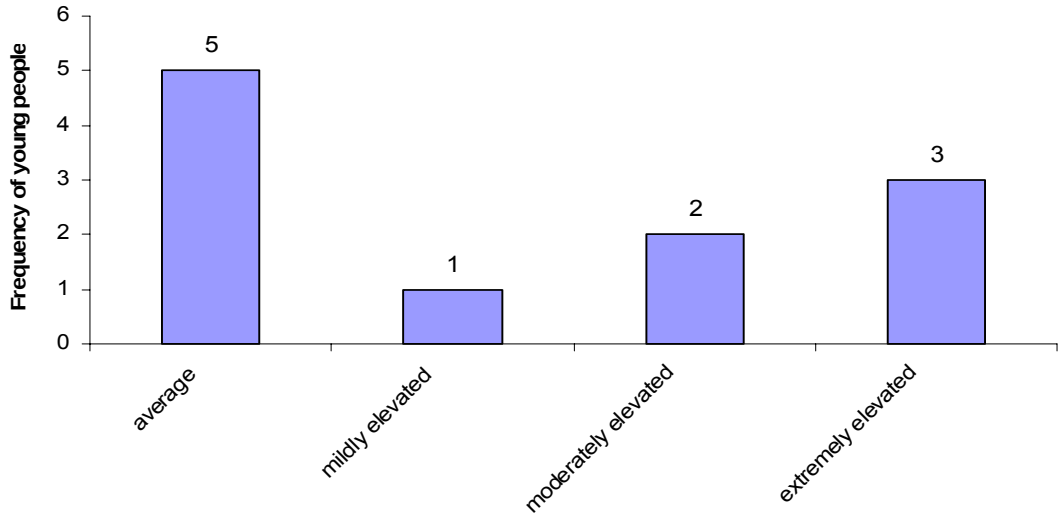

Figure 6: Young people's depressive symptomology score (BDI-II)

Diet

Young people's descriptions of their diets are outlined in Figure 7 below. The majority of young people described their diet as sometimes healthy (n=6, 55%). The second most commonly cited description was not healthy (n=4, 36%) and one young person described their diet as mostly healthy (9%).

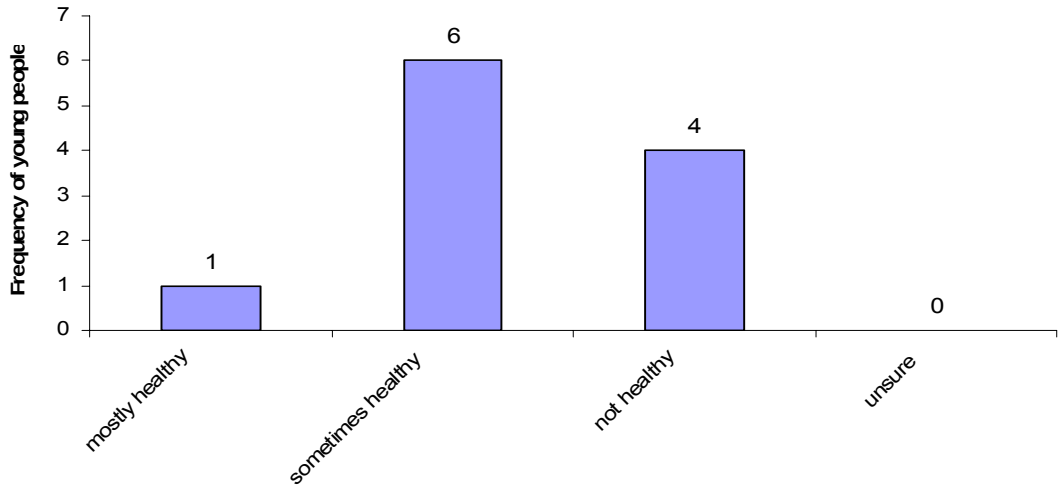

Figure 7: Young people's description of their diet

How often young people consume fruit; vegetables; meat and fish; fried food; convenience food and bread, rice, pasta and potatoes in displayed in Figure 8 below. In terms of young people's fruit consumption, the most common response was two to six times a week (n=4, 36%), followed by once a week (n=3, 27%), never (n=2, 18%) and daily (n=2, 18%). None of the young people interviewed stated that they ate fruit

more than once a day. In terms of how often young people eat vegetables, the most frequently cited response was once a week (n=5, 46%), followed by two to six times a week (n=4, 36%) and never (n=2, 18%). None of the young people interviewed stated that they ate vegetables more than once a day or daily. The majority of young people stated that they eat meat and fish two to six times a week (n=7, 64%). Two (18%) young people specified consuming meat and fish more than once a day and one young person stated that they consumed such food once a week and daily (9%). The most frequent response regarding how often young people eat fried food was two to six times a week (n=5, 46%), followed by never (n=2, 18%), once a week (n=2, 18%), daily (n=1, 9%) and more than once a day (n=1, 9%). The majority of young people stated they consumed convenience food two to six times a week (n=6, 56%), followed by never (n=3, 27%), once a week (n=1, 9%) and daily (n=1, 9%). No young people stated that they consume convenience foods more than once a day. The most frequently cited response regarding how often young people consume bread, rice, pasta and potatoes was two to six times a week (n=5, 46%), followed by daily (n=4, 36%), never (n=1, 9%) and more than once a day (n=1, 9%). No young people specified that they consume bread, rice, pasta and potatoes once a week.

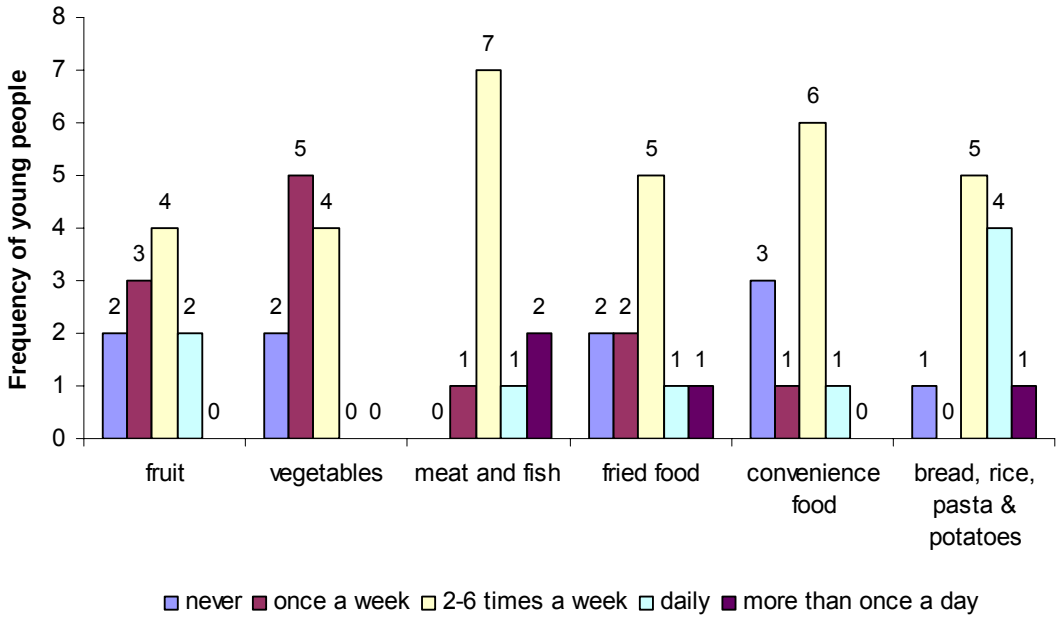

Figure 8: How often young people eat different types of food

Figure 9 below shows where young people obtained their food from in a typical week. All young people stated that they obtained their food from shop/supermarkets (n=11, 100%). The second most frequently cited place where young people obtain their food from was takeaways (n=8, 73%), followed by family (n=5, 46%). Please note young people could specify as many places as they wished.

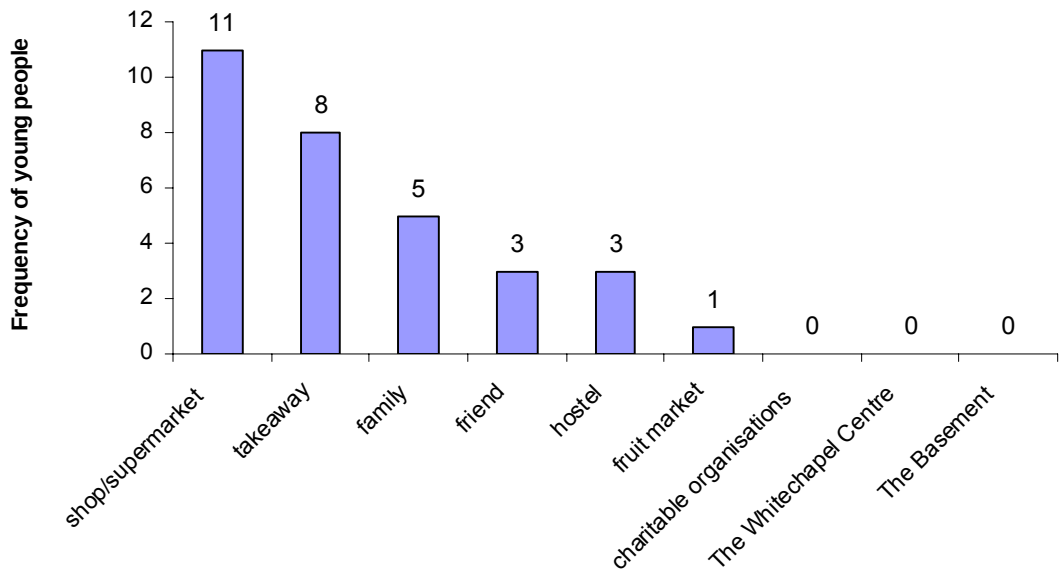

Figure 9: Where young people obtained the majority food from on a typical week

When asked where young people obtained the majority of their food from in a typical week the most frequent response was from a shop/supermarket (n=10, 91%), followed by takeaway (n=1, 9%).

Substance use

Figure 10 below illustrates young people's lifetime substance use and their current substance use. Current substance use was defined as having used the substance in the last four weeks. All young people interviewed had used tobacco and alcohol at least once and the majority currently used both of these substances (tobacco n=10, 91%; alcohol n=9, 82%). Four of the eleven young people had binged[10] on alcohol in the week prior to interview. The third most commonly used substance was cannabis resin, which had been tried by ten young people (91%) and was currently used by seven young people (64%). The majority of young people interviewed had also tried cocaine (n=8, 73%); however, only two (18%) young people reported currently using cocaine. Herbal cannabis was the fifth most commonly tried substance (n=7, 64%), six of these young people (55%) reported currently using this substance. Two young people (18%) also reported using crack and two (18%) reported using solvents in their lifetime; however, no young people reported currently using these substances.

[10] A binge drinking episode was defined as males who drank over 8 units of alcohol and females who drank over 6 units of alcohol in one session.

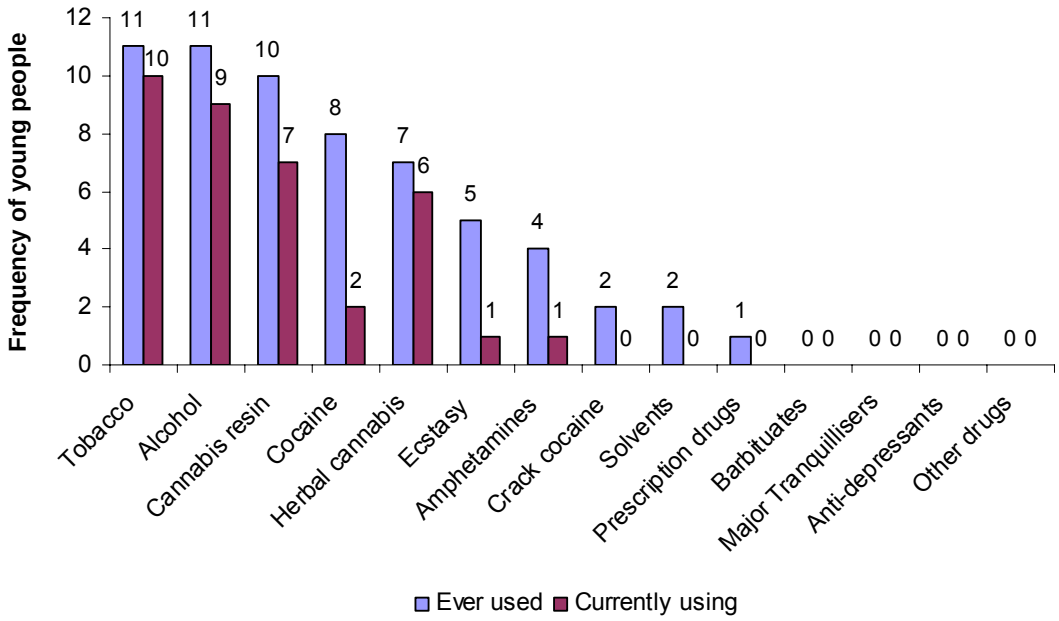

Figure 10: Young people's lifetime and current substance use

Tobacco

Of the young people interviewed nine out of 11 (82%) smoked tobacco everyday. One young person smoked tobacco some days (9%) and one had tried smoking once or twice (9%). Figure 11 below illustrates how many cigarettes young people smoked a day. The most common response was 10 to 19 (n=5, 46%), followed by 20 to 29 (n=3, 27%).

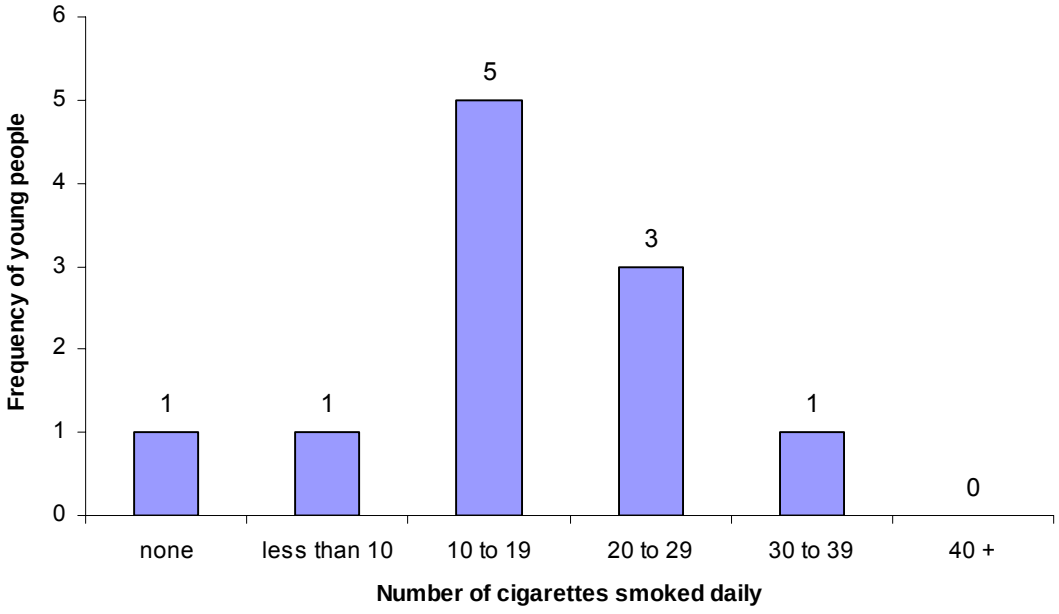

Figure 11: Number of cigarettes smoked daily

The two young people who specified that they smoked hand rolled cigarettes smoked less than 10 a day. The majority of young people stated that the amount they currently smoked was the same as usual (n=8, 73%); however, two stated that this was more than usual (18%). Explanations for why they had smoked tabacco more than usual included having abstained from other drug use and because of stress caused by the young person going to see their family. One person had smoked less than usual because their asthma had become worse during the summer months, which was thought to have been brought on by heyfever. The amount young people spent on tobacco ranged from £3 to £55 a week. The average (mean) amount spent on tobacco was £28.75 a week. Two young people specified that they purchased cigarettes from other people, one of these young people explained that they purchased duty free cigarettes.

Alcohol

Nine young people (88%) stated that they currently consumed alcohol (i.e. had consumed alcohol in the last four weeks), five (46%) of whom specified that they had consumed alcohol in the last seven days. Of those who had drank alcohol in the past seven days none reported drinking to harmful levels [11] and two (18%) reported drinking to hazardous levels [12]. The majority of young people specified that the amount of alcohol they had drunk in the last seven days was the same as usual (n=6, 55%), two stated it was less than usual (18%) and one stated that it was more than usual (9%). The two young people who stated that their alcohol consumption was less than usual explained that this was because they were trying to reduce the amount of alcohol they consumed. One young person further explained that this was as a result of the police informing her that she would receive a prison sentence if she was arrested again for being drunk and disorderly.

Figure 12 below illustrates the frequency of alcohol consumption. The most common response was monthly (n=4, 36%); however, the second most common response was two to four times a week (n=3, 27%). The amount they spent on alcohol ranged from £2 to £50 a week. The average (mean) amount spent by those who currently drink alcohol was £17.94 a week.

[11] Harmful drinking is defined as over 50 units per week for males and over 35 units per week for females (DH, 2005).
[12] Hazardous drinking is defined as 22-50 units per week for males and 15-35 units per week for females (DH, 2005).

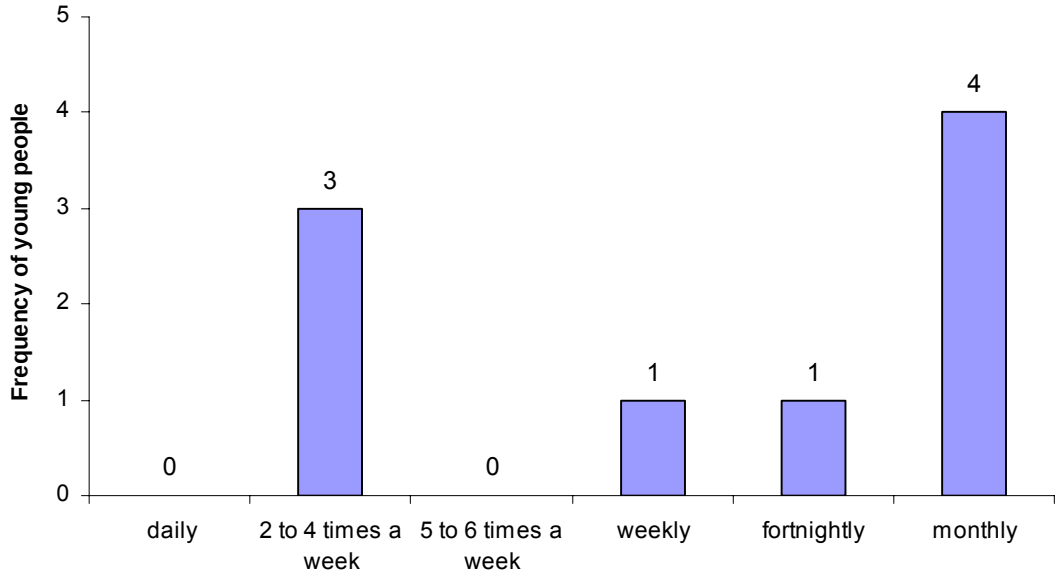

Figure 12: Young people's frequency of alcohol use

Cannabis resin

Figure 13 below illustrates how often the young people stated that they smoke cannabis resin. The most common response was two to four times a week (n=4, 36%). The amount spent on cannabis resin ranged from £5 to £50 a week. The average (mean) amount of money spent on cannabis resin by these young people was £22 a week. Some young people stated that their cannabis resin consumption was dependent upon how much money they had each week. Another young person specified that they will only smoke cannabis resin if they are unable to obtain 'skunk'[13].

[13] Skunk is the generic name often used by the press and police to describe a potent form of the cannabis plant.

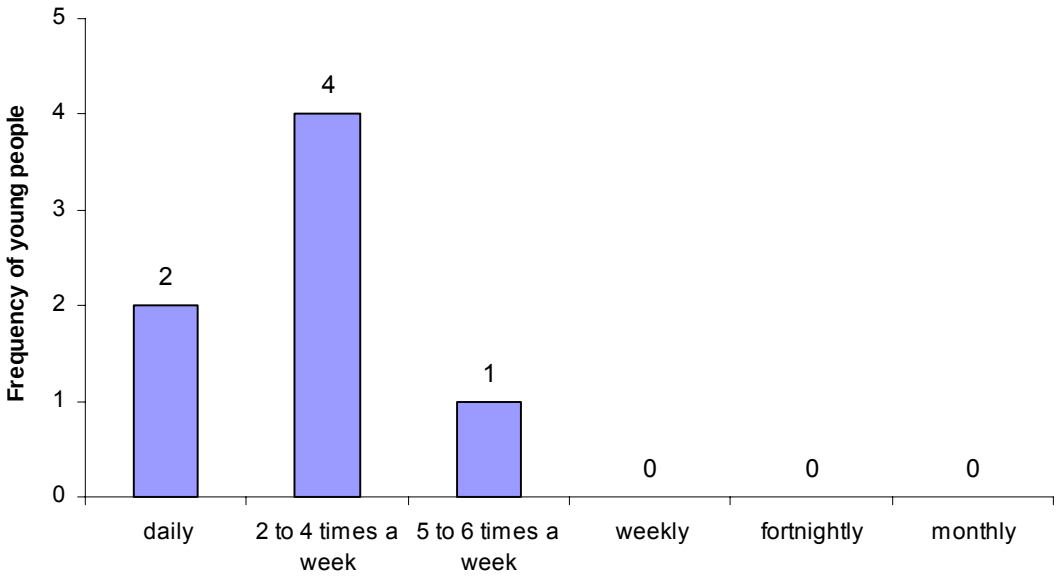

Figure 13: Young people's frequency of cannabis resin use

Herbal cannabis

Figure 14 below shows how frequently the six young people who stated they currently smoke cannabis used the substance. The amount of money young people stated they spent on herbal cannabis ranged from £10 a week to £50 pounds a week. The average (mean) amount spent was £24 a week.

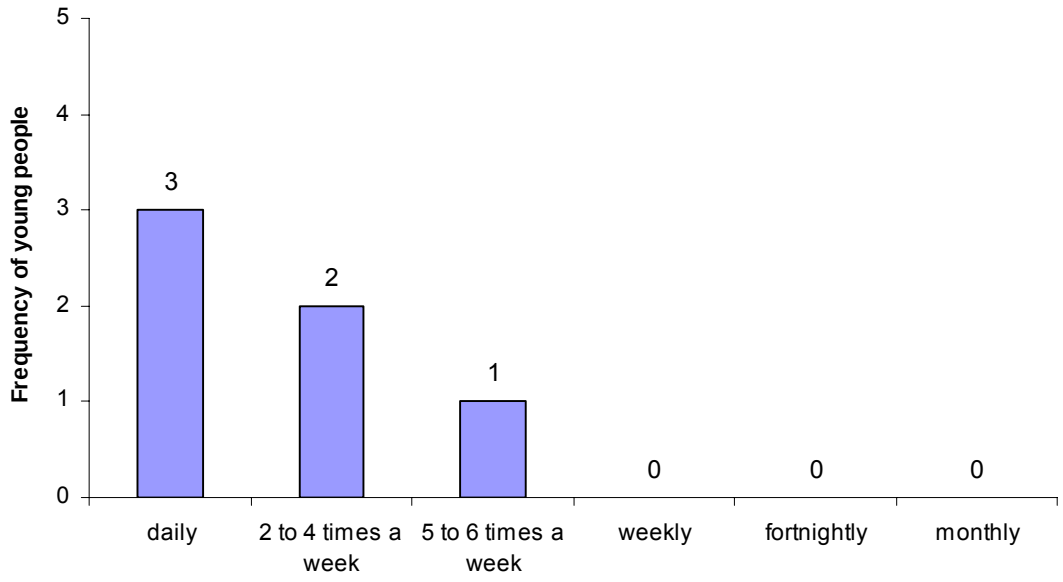

Figure 14: Young people's frequency of herbal cannabis use

Cocaine

Two young people stated that they were currently using cocaine. One specified that they consumed the substance on a weekly basis and spent £30 a week; the other consumed it on a monthly basis and spent £30 a month.

Ecstasy

The one young person who stated that they currently used ecstasy stated that they used it weekly and that they spend £10 on 10 ecstasy tablets which they consumed themselves each week.

Amphetamines

The one young person who stipulated that they currently used amphetamine stated that they used them monthly and that they are provided with amphetamine free of charge by their friends.

Injecting substances

None of the young people stated that they had injected substances within their lifetime. Furthermore, none of them stated that they personally knew any heroin or crack users under the age of 18 years old living in the Liverpool area.

Support and Services

Figure 15 below illustrates the services that young people had ever used and those that they currently used (in the last four weeks). The most frequently used service was The Door, which houses Connexions (ever used, n=10, 91%; currently used n=7, 64%). The second most commonly used service was the YOT (ever used n=4, 36%; currently used, n=3, 27%). Young Addaction and Young Person's Advisory Service (YPAS) were the third most commonly accessed services (ever use n=4, 36%; currently used, n=2, 18%).

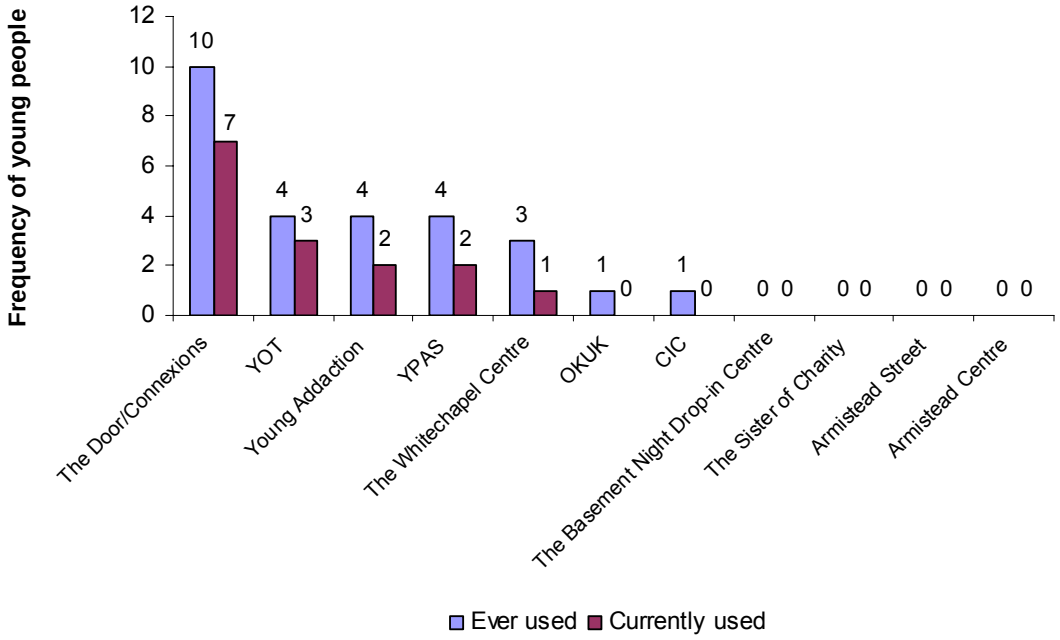

Figure 15: Services young people have ever used and currently used

Table 3 below lists the type of support young people specified they received from the services they have accessed.

Table 3: The type of support young people received from services

Type of service	Type of support received
Young Person Accommodation Providers	One to one support with key worker Assistance with registering at college Activity holidays Assistance with Education Maintenance Allowance Job searches Assistance with Curriculum Vitae (CV) Assistance with Benefit entitlement Assistance with registering at hostel
Support and Advisory Agencies	Chatting with other young people and workers Counselling Cooking on a budget Advice regarding benefit entitlement Clothing grant One to one support
Drug and Alcohol Treatment	Worker visits at the hostel One to one work Electro Stimulation Therapy Group drug education Counselling
Criminal Justice Agencies	Assistance for court case One to one support Group work

Where there were services listed that young people had once attended but no longer did, young people were asked to provide an explanation why they no longer accessed the service. These explanations are provided in Table 4 below.

Table 4: Young people's explanations for no longer accessing services

Type of service	Type of support received
Support and Advisory Agencies	*"Don't like it."* *"I don't know if my name is down."* *"I didn't like the worker."* *"I can cope."* *"I don't need it anymore."* *"I have found other things for support."*
Drug and Alcohol Treatment	*"They don't come to the hostel anymore."* *"I am not using anymore; I might use them if I relapse."* *"The worker left so I needed a new worker, it is being sorted now."* *"The worker told my doctor that I said I was going to kill myself but I didn't say that."*
Criminal Justice Agencies	*"I am too old".*

Figure 16 below displays the issues that young people reported they required support with that they were not currently receiving. The most frequently cited responses were advice on stopping smoking and eating healthy foods (n=4, 36%). Three young people (27%) also stated that they required help with drug problems and with improving self confidence. No young people reported requiring assistance with disabilities or alcohol problems.

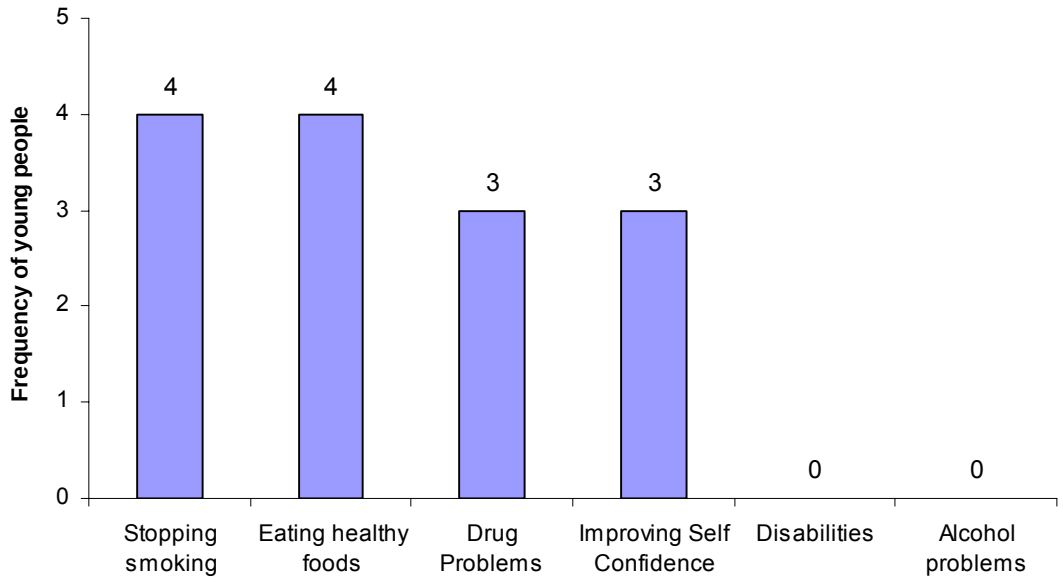

Figure 16: Issues that young people require support for that they were not currently getting

3.1.2 Qualitative analysis

This section details the findings of the qualitative aspect of the interviews with young people. The findings are presented in themes and sub themes with illustrative quotes.

Reasons why young people were living in a hostel or supported accommodation

Young people described a number of different circumstances which had led to them living in a hostel or supported accommodation. Explanations included arguing with family members; having to leave the care of local authority due to their bad behaviour; the financial difficulties facing young people who live by themselves; arguments caused by young people's substance misuse; the practice of housing people from other countries in local authority housing in England; young people being victims of abuse; the destruction of houses by the council and young people moving from place to place whilst in the care of local authority.

Arguing with family members

The most frequently cited explanation for why young people were living in hostels or supported accommodation was as a result of arguments with family members. The majority of young people who discussed this issue stated that it was their mother or father who they were arguing with. However, one young person explained that the arguments were with her boyfriend. Some young people specified that they decided to move out because of the arguments, whereas others stressed that they were told to leave and were provided with no other alternative.

> *"We were just always arguing, we didn't get on and she [mother] just kicked me out".*

> *"I have been arguing with my mum for the past few years and in the end I just realised that I couldn't live with her anymore so I came here [hostel]".*

Having to leave the care of local authority due to bad behaviour

A number of young people stated that they had to leave the care of their foster carers or children's homes because of their bad behaviour. Such behaviour included substance use, self harming, running away and assaulting foster carers.

> *"Just been threw out of care, just got threw out of my last foster placement, just because of my behaviour and things like that. I was just assaulting them [foster carers], because I didn't know how to control myself then. So that is why I got threw out and social services just brought me here [to the hostel] and then that's it really".*

> *"I was hanging around with a rough crowd back then and then I got arrested for something that I did. The foster carers didn't want to care for me anymore because of what I was doing".*

The financial difficulties facing young people who live by themselves

Young people highlighted the financial difficulties they faced when they lived on their own. A number of the young people had moved into their own flat after leaving the care of local authority when they were 18 years old but had found managing their budgets and living on limited resources a challenge.

> *"I ended up with my own flat…I had debt and it was building up and building up and then I got kicked out".*

> *"I couldn't pay them [landlords] anymore and I said I would find somewhere else to live…I didn't want to get evicted because it would go on my record".*

Young people's substance misuse caused arguments

For certain young people, their substance use partly accounted for why they were living in a hostel or supported accommodation. In such instances, their substance use had led to arguments with family members who disapproved of their substance use.

"Yes, she [mother] used to hate me smoking weed, you know, in the house".

"Drugs were just like causing arguments and stuff".

One young person highlighted that it was not only their alcohol consumption which caused the arguments but their mother's too.

"And drinking, we [the young person and their mother] used to drink and argue with each other".

The practice of housing people from other countries in local authority housing in England

A number of young people perceived the provision of local authority housing for immigrants to have negatively impacted upon the availability of such housing for young people who are British Citizens.

"Stop putting other people first who aren't from this country. I am not a racist person, I do appreciate that some people do need help because of their own troubles, whatever. They will get the best flipping council houses…we are left with nothing".

"I know this is going to sound terrible and I am not a racist or anything but you have got people without houses and benefits and everything and then you have got people from here who can't get anywhere".

Young people as victims of abuse

It was stated by one young person that they had come to live in a hostel because they had been living with their mother who was physically abusing them.

"I was living with me mum but she had been battering me since we were babies, she just used to probably bang me all the time and we were out on the street and she was properly going to hit me, so I just ran off and ran to my mates and I was just talking to my mate and that and then my mate's mum rang social services and said 'I am not sending her home'. Social services knew I was there but the police or nothing wouldn't take her in like. I told them what was happening with me ma [mother] and that and they said 'sound, I am not going to send you home'...I couldn't get any help from anywhere. Nowhere would find me somewhere to stay…I was sleeping round everywhere".

The destruction of houses by the council

One young person perceived homelessness in Liverpool to be in part a result of the council demolishing homes.

"And also the council are knocking loads of streets down".

Changes to young people's health once they become homeless or without permanent accommodation

The majority of young people interviewed stipulated that their lifestyle became increasingly unhealthy when they became homeless or without a permanent address. Young people discussed increasing illegal substance use; increasing levels of smoking tobacco; losing weight; unhealthy eating; increasing alcohol consumption; using new substances and the negative impacts on their health in general. There were however, a few young people who stated that their health had not deteriorated since become homeless or without a permanent address.

Increasing illegal substance use

A number of young people reported that their use of illegal substances had increased since they had come to live in a hostel. Some had not used illegal substances before they came to the hostel and others increased their illegal substance use.

> *"I didn't take any drug what-so-ever. When I came here [to the hostel] the first thing I started taking was cannabis that led onto cocaine then ecstasy then speed".*

> *"I smoke more weed and that now I am in the hostel".*

Other young people stated that they did not increase their use of illegal substances when they became homeless or without a permanent address.

> *"I still would have probably have used anyway [drug] if I was with my family, because they use as well".*

Increasing levels of smoking tobacco

It was reported by a number of young people that they have increased the amount of tobacco they smoke since becoming homeless or without a permanent address.

> *"I have started smoking more [tobacco]".*

> *"I didn't use to smoke that much at my dads because my dad didn't know, I just used to go out and that with my mates, now I can do what I want".*

Losing weight

Two young people highlighted that they had lost weight since they had moved out of their parents' house. For one young person this was deemed to be positive as they had considered themselves to have been overweight before. However, another young person deemed this weight loss to be negative as they perceived themselves to be underweight.

> *"I was 14 stone…I look better ha ha. I have started jogging. I suppose since I moved in here [to the hostel]…I know it looks good…I feel good because I have lost weight".*

"Yes I have lost weight…I know…cos like when you are at your mums you have like dinners sat there and like set meals…I think it's a bad thing init [losing weight]".

Increasing unhealthy eating

Increased levels of unhealthy eating since moving into their hostels or supported accommodation were discussed by a number of young people.

"It's got worse; I am not eating as healthy as where I used to live".

Increasing alcohol consumption

Some young people perceived their level of alcohol consumption to have increased since moving into their hostel or supported accommodation.

"I didn't used to drink at all and since here [moving into the hostel] I have started drinking a hell of a lot of alcohol. When I first moved in, I got took to hospital a few times due to like over drinking. About 40 odd units a week I used to drink".

Explanations for young people increasing their substance use after becoming homeless or without a permanent address

Numerous explanations were provided for why young people had increased their substance use. The influence of other young people they had met since becoming homeless or moving into a hostel/supported accommodation was a common theme. Other explanations provided included more freedom; increased stress; increased income and parents/guardians/carers not being there to see the after effects of substance use.

Influence of other young people living in hostels or supported accommodation

Young people described how young people would hold gatherings in their rooms in the hostels and that during such gatherings illegal and legal substances would be consumed.

"When I first came here [to the hostel], there used to be parties here every night…just in the flats in here. So I just used to go to them drink as much as I could, take as many drugs as I could that's it really. I just used to make the most of it all".

Some young people used the term peer pressure to describe how other young people who were also homeless or in supported accommodation influenced their increased substance misuse.

"Its kind of peer pressure as well."

One young person who was 16 years old perceived their socialising with older people in the hostels to have influenced their increased substance use.

"Because where I used to live the people that I used to hang out were my age, where as it is up to the age of 25 in here [in the hostel] and they were taking all those drugs and I thought well why shouldn't I take them, see what they are like".

More freedom

A number of young people highlighted how their parents/guardians/carers were not there to restrict their substance use anymore and therefore they had more freedom to use substances as and when they wished.

"I didn't used to smoke that much at my dads because my dad didn't know, I just used to go out and that with my mates. Now I can do what I want. I think I was smoking ciggies [cigarettes] and weed and that before I was 16 but because I am by myself I can just do it whenever I want".

"It's just like I am not there with me mum, she stopped me a lot…I am in charge of myself cos me mum can't tell me what to do because I don't live there anymore".

Some young people specifically referred to the fact that their parents would not be there to see the after effects of substance use.

"I don't know, people aren't there to see your come down [after cocaine use] and stuff like that… if I took it [cocaine] at home and then went out with me mates and my dad seen what I was like".

To relax

The relaxing effect of cannabis was provided as an explanation for why some young people had increased the amount they consumed since becoming homeless or without a permanent address. One of these young people stated that they had increased their use of cannabis to prevent them from becoming involved in anti-social behaviour and/or criminal activity. The other young person specified that they had begun to smoke more cannabis as a result of the stress she suffered from after becoming homeless.

"Thought if I smoke weed I will chill out and I won't want to do the type of things that I did…its true I just stay inside all day".

"Because I was stressing out all the time and I didn't know what to do with myself on my own, so I just started smoking weed to help me relax and then my mates are smoking it so I just started smoking it like everyday".

Young people's experiences of services

Overall, young people were fairly positive about their experiences of using services for young people in Liverpool. Connexions received the highest amount of positive comments from young people as this service was the most commonly accessed. Positive comments were also made about The Whitechapel Centre, Young Addaction, YPAS and Probation Services. There were however, some specific

problems with services in general that were identified by young people namely; rules regarding care for 16 year olds, doors closing, not being given a second chance and the belief that some workers had failed to listen to young people.

Positive experiences of Connexions

Many young people had accessed Connexions and had received assistance with issues such as obtaining college placements, receiving job seekers allowance and obtaining a place at a hostel.

> *"Connexions were helpful as well they found me the Powerhouse. They helped me get my income support for the job seekers".*

> *"My experience has been a good…I could go to The Door [location of Connexions] if I needed any help and advisors in schools, mine [experience] has been a good one."*

Rules regarding care for 16 year olds

Specific rules regarding the care of young people once they turn 16 years old had caused serious difficulties for two young people. One young person explained that he was forced to leave his aunt's house a few months before his 16th birthday due to overcrowding in the house. He stated that his age caused him difficulties in securing accommodation and consequently slept in his cousin's dilapidated van, which was parked on the street, for a number of weeks until his 16th birthday.

> *"I did go to a few hostels, I even went to the job centre but they said because I weren't old enough, there was nothing they could do until I was 16. So they gave me the numbers for children's homes and that but I knew they wouldn't take you in because I only had a few weeks left until I was 16. So I just stayed there [in his cousin's dilapidated van which was parked on the street]. I just stayed there until I was 16 and then I went to the YOT and I asked them about getting a place in Stopover or in another hostel".*

One young person who had suffered from physical abuse inflicted by her mother explained that because she was 16 years old, social services reportedly did not support her.

> *"cos I was 16…I was getting in touch with Connexions and that and saying well I have got nowhere to live, social services wouldn't help, I didn't want to go to the police because I didn't want to get my mum arrested or nothing like that…they were saying I could get an injunction against her and that but I didn't want to do it because it would cause more problems. Connexions got a care order thing for me and they said they could sign the papers to get me to come here".*

The young person stated that she needed the permission of her mother to be able to leave home at 16 years old, which she could not obtain and she did not want to go back to live with her mother because of the abuse.

"It should be easier definitely but I still can't legally leave home without my mum's permission…so I was stuck there…I couldn't go back there because she would stab me or anything. There was nothing I could do because she was me mum, I couldn't hit my mum. She would just come in and batter me and there was nothing I could do because I couldn't phone social services because there was nothing they could do because I was 16".

"How about when you were younger"? [interviewer]

"I didn't have the bottle then".

Door closing

One young person discussed how when they were homeless at the age of 15 years old, they did not receive any useful support from anyone but that they were sent from service to service.

"It was just like a door closing, they would give you another number to go to and then you would go there and they would tell you to go somewhere else...I got tired of it".

Not being given a second chance

One young person felt that workers in their hostel did not give them a second chance.

"I think the supported accommodation where I am living now is just a joke because I went in the other day, and I got dropped off in a car, and I ran in and got a CD and went back in the car, and they took the registration plate, and give it to the police and started accusing me of drug dealing and they have accused my fella of hitting me and they have accused me of all sorts and its not true and I know its not because I have turned myself around. I used to get myself in trouble all the time and be proper horrible but I am not no more. I have proper stopped. Its like they don't give anyone a second chance".

Not listening to young people

One young person highlighted a tendency for service staff to have pre-planned what they will do when a young person accesses the service and therefore they do not necessarily listen to what the young person has to say.

"I think lots of places that you go to in Liverpool have already planned what they are going to say and that knocks what people say at the beginning. If they go to a service and they present a load of paperwork that they think is going to help them, by presenting that paperwork, they are not listening to why that young person actually came for".

Suggestions for how to keep young people who are homeless or without a permanent address in drug and alcohol treatment

Young people suggested means of keeping young people who are homeless or without a permanent address in drug and alcohol treatment, namely providing incentives; preventing young people from socialising with old acquaintances and facilitating diversionary activities.

Providing incentives

A number of young people perceived incentives to be a useful way of encouraging young people who are homeless or without a permanent address to remain in drug treatment. Suggestions for incentives included shopping vouchers and trips out.

> *"Activities really, like football, trips out…as an incentive. They do that here [at the hostel] like if you pay all your rent and you don't get into any trouble or anything they take you on trips out".*

> *"If they got a gift voucher for a shop or something, something like that".*

Preventing young people from socialising with old acquaintances

Young people highlighted the need for other young people who are in substance use treatment not to socialise with old acquaintances.

> *"Keeping them away from old people that they used to hang out with when they are on drugs, it was not really the main problems, but one of the main problems. If you hang around with people that take drugs…its going to be hard not to relapse".*

> *"Getting them out the environment innit. Say if you wanted to get off drugs but you were hanging around with the people who do drugs, you are not going to get off them are you".*

Facilitating activities

Certain young people interviewed stated that increased access to activities such as sports and other opportunities to socialise with other young people would prevent young people from relapsing.

> *"Having more things like activities…like socialising with other people".*

Support required for young people who are homeless, vulnerably housed or exiting care

Young people provided details of how young people who are homeless, vulnerably housed or exiting care can be usefully supported; these included providing someone to talk to; assistance with budgeting; increase support services' funding and respite for parents/guardians/carers. Some young people felt like no support could have helped them.

Someone to talk to

The need for young people to have someone to talk to was highlighted by the majority of the young people interviewed.

> *"They [young people] need someone to talk to at all times".*

> *"I think if you have someone there, just seeing how they are there and just so they know someone is there if they need to speak".*

A number of young people highlighted the need for assistance with budgeting. Some had gotten into difficulties in the past because they were unable to manage their budget which had led to them having to move into hostels.

> *"They mostly need help with budgeting when they first move in because they don't know what to spend their money on or anything like that".*

> *"Its stupid stuff like say the rent or something, you forget to pay your rent like say, that has happened to me, I have got me money, forget to pay me rent, gone and spent 40 quid on shopping and then think…I never paid it and then you have got to pay 14 quid then all your shopping…or if you owe someone money".*

Increase support services' funding

One young person felt it was necessary for support services to receive more funding.

> *"I think they should give a lot more money to The Basement and that... to people that are trying to make a difference".*

Respite for parents/guardians/carers

The need for parents/guardians/carers to receive respite was stressed by one young person.

> *"Say like its from spending too much time together (with family) and like take them out. Give them some respite (parents)".*

No support could have helped

A number of young people stipulated that no support could of prevented them from becoming homeless or without a permanent address. Many felt their circumstances were unavoidable.

> *"No it was just arguments; nothing could have really happened over it, it was just disagreements".*

> *"I don't think anything would have helped me".*

3.2 Stakeholder Interviews

This section details the findings of the stakeholder interviews. The findings are discussed in themes developed during the qualitative analysis. During the analysis process it was noted that many of the issues discussed by stakeholders are interlinked and many comments made during the stakeholder interviews could be situated within more than one theme. Comments were placed where considered most pertinent by the author, but they may also be relevant to another theme. To enhance the context of comments, the type of agency that made the comment or was commented about has been included.

Access to support and accommodation services

During discussions regarding access to services stakeholders commented on referral routes into their and other services for young people; retention of young people in services; the requirement for further transitional services that bridge the gap between 'young people' and 'adult' services and barriers to engagement in services.

Referral into services and accommodation

Local support services and substance use treatment services typically were open access and many had elements of outreach services within their agency. In addition to self-referrals, stakeholders explained that they regularly received referrals from, and referred to, a variety of other agencies in Liverpool and Merseyside.

> *"They could be self-referrals, could be referrals from children's services, the YOT, Addaction, YPAS, Personal Service Society [PSS], DAAT agencies, schools, MAP. We get referrals from leaving care, so when you've got your Looked After Children [LAC] but they are moving on…. Connexions is another one we get referrals from".* [Drug and alcohol treatment agency]

> *"We refer to Whitechapel Floating Support Team, for treatment we refer to Addaction…Probation and YOT can refer to us".* [Young person accommodation provider]

One stakeholder indicated that if they deem the young person's current level of drug use at too high a level to make any effective progress in cognitive therapy, they would refer the young person to a mainstream drug treatment agency first to stabilise and reduce their drug use before tackling their emotional issues.

> *"Also, sometimes if we get referrals, if people refer to us and the amount of use is extremely high we will refer to Addaction, because they are not going to get any benefits from coming in to see us. Now someone has to be extremely chaotic for that to be the case".* [Drug and alcohol treatment agency]

Referral into accommodation services, such as hostels, was considered difficult by the support and treatment services. Accommodation providers indicated that frequently they had waiting lists for rooms and also there were criteria to be satisfied prior to admittance of a young person.

> *"Homeground have a waiting list, Powerhouse have a waiting list and that".* [Drug and alcohol treatment agency]

> *"There is a full assessment, risk assessment that is conducted before we will accept them…. if they don't fully meet our criteria and we don't think we can meet their needs…we ask them to leave".* [Young person accommodation provider]

The combined issues of a lack of age appropriate direct access hostel accommodation, admission interviews and a client's reputation had caused difficulties for stakeholders when referring an individual to accommodation providers.

> *"I have had some experience where somebody has come in early in the morning homeless and have been sleeping rough overnight and they are inebriated. You are there trying to sober them up before you take them for an interview at the hostel because they won't interview them when they're drunk. You can't sort out the alcohol problems unless they have got somewhere to live. Its Catch-22 really".* [Criminal justice agency]

> *"There isn't particularly much [young persons hostels] in the city, none of them are direct access".* [Support and advisory agency]

> *"One of the big problems we have is those young people who have a history of being asked to leave various hostels through smoking pot or getting pissed up on premises and asked to leave, or due to their behaviour whilst they are under the influence they have been violent and stuff….Once you have a bad name in the system for the safety of staff and others no one will take you".* [Support and advisory agency]

Retention in services and accommodation

During interviews with the stakeholders it became apparent that the common aim of the majority of services and accommodation providers was to retain a young person for a given period of time and then seek to move them into independent accommodation or adult services, as required.

> *"We try to discourage them coming back here for the two years [after resettlement] because we want people to become as stable as possible and try to live as semi-independently as they can".* [Young person accommodation provider]

> *"The project will work with people for up to 12 months, and during that time we will either have found them resolution or linked them into longer term support services".* [Support and advisory agency]

One stakeholder reported that they are not always encouraged to maintain contact with young people after they have completed their treatment by the DAAT. However, some young people would prefer to stay in contact with the services for a longer period of time, and that the additional support could be beneficial.

> *"Its one thing that we are starting to look at is the possibility of further retention, we are looking for funding. That is one of the problems is that the funders like to see that people have moved on, moved on, as in not hanging around. You know but sometimes they need that extra support".* [Drug and alcohol treatment agency]

Transitional services

Some support services indicated that they worked with young people who were in the transition from adolescence to adulthood and that they bridged the gap from young person to adult services. However, there was a general agreement amongst stakeholders that there is a requirement for more support and accommodation services which provide specifically for 16 to 18 year olds.

> *"That's to cater for the young adults who are not ready yet to enter into adult services, but as a means to try and persuade them and it bridges the gap".* [Drug and alcohol treatment agency]

> *"In the same way they are trying to take mental health services and make sure that young people aged 16 are not placed in adult services anymore, they need a transitional, they need that with accommodation too. That is something that needs looking at definitely".* [Drug and alcohol treatment agency]

> *"Young substance users who are aged 16 to 19 who are either homeless or in housing need….it is recognising that the needs of this group may be different from the needs of our other client groups".* [Support and advisory agency]

Barriers to accessing services

The issue of forced engagement with services was cited by stakeholders as a barrier for young people accessing services. Stakeholders stressed the importance that young people access support services and drug treatment services voluntarily. This is with the exception of young people who must attend drug treatment services as part of a court order. In order to work effectively with young people who are homeless or vulnerably housed and have issues with substance use, stakeholders explained that the young person must want to make a change in their substance use.

> *"It is voluntary, it has to be voluntary".* [Drug and alcohol treatment agency]

> *"You get people like parents who bring in 'young Johnny' and saying 'sort him out, he is smoking £50 a week' and the kid just doesn't want to engage with you anyway. He is getting dragged here by his dad, his mum, his uncle, his aunt or his nan…Our ethos here is that you have to want to engage with us. If you want to engage we will do all that we can".* [Support and advisory agency]

> *"The hostels need to flexible with them [young people] in terms of 'you must go to [drug and alcohol treatment agency] if you have this problem….' It can't be like that, it has to be about referring them and leaving them to do it themselves, and not making it conditional, because they'll walk and they are homeless again".* [Drug and alcohol treatment agency]

In addition the stakeholders indicated that a young person's age can be a barrier to accessing services, particularly if they are close to their 16th birthday when legally their status and rights change, and also when they are in the transitional age band between 16 and 18 years old.

> *"They [social services] don't want to take them because they have only got two months until they are 16 and its easier for them to let it run down [and let them be homeless]".* [Drug and alcohol treatment agency]

> *"16 to 18 year olds are often excluded from independent accommodation, and excluded on a variety of different levels of lettings procedures…A lot of Registered Social Landlords (RSLs) are under the belief that 16 to 18 year olds can't hold a tenancy agreement and can only be given a licence and have to have a guarantor. It's not true…You can give the tenancies, its not illegal".* [Support and advisory agency]

One stakeholder explained that a lack of awareness amongst young people regarding the availability of support services and their rights as someone who is vulnerably housed was a barrier to accessing services.

> *"The barriers are that the young people that we work with have never heard about those options which potentially are there. They don't know about the treatment services, they don't know about young people's services".* [Support and advisory agency]

Stakeholders commented that denial of substance use issues or a lack of willingness to recognise that their substance use is problematic amongst young people was also a barrier to engagement, particularly amongst substance use treatment services.

> *"Quite a large number of the young people we work with don't believe they have an issue, don't believe they have an alcohol or a drugs issue".* [Support and advisory agency]

> *"They don't see it as an issue that they need to get off the destructive path…its almost that its [substance use] not bad enough yet.".* [Support and advisory agency]

Accommodation provision

There was a consensus amongst stakeholders that in Liverpool there is a shortfall in young person specific accommodation, particularly accommodation that can be quickly and easily accessed in a crisis situation. Where young person accommodation was available (for example at Homeground and Powerhouse Foyer) there were often waiting lists for admission. The direct access hostel accommodation

available in Liverpool was designed to accommodate adults; stakeholders reported that this type of accommodation was inappropriate for young people as they would often be detrimentally influenced by other/older hostel residents. Stakeholders also reported that they had contact with young people who traded sex for accommodation, money or drugs and that this situation was particularly risky. In addition, stakeholders indicated that hostels are not set-up to cope with the most 'chaotic' young people, who are often also the most vulnerable, and that they have experienced difficulties with sourcing appropriate 'move-on' and permanent accommodation for young people.

Appropriate hostel accommodation for young people

Stakeholders voiced serious concerns about the appropriateness of placing young people in adult hostels. Stakeholders explained that they would only contact adult accommodation providers when they had exhausted all other accommodation options, i.e. home, foster care and young person hostels.

> *"Homeground have a waiting list, Powerhouse have a waiting list and that. So, the only place for them to go is usually the Men's Direct Access Centre [DAC], which is not appropriate for young people at all. There is the Men's DAC, Ann Fowlers is another adult place".* [Drug and alcohol treatment agency]

> *"We have the likes of young people going into the Women's DAC, which is just not appropriate at all".* [Drug and alcohol treatment agency]

> *"You should never have a 16 year old staying in the YMCA or Salvation Army. Things like that, or even a 17 or 18 year old, it just shouldn't happen".* [Drug and alcohol treatment agency]

One stakeholder indicated that although they recognised that the direct access adult hostels are not appropriate for young people, when they have no other choice and have exhausted all other accommodation options they will try to get young people admitted into the adult hostels. They reported that although it isn't an ideal situation, it is better than the young person sleeping rough.

> *"We have had to phone the DAC and just check, and try and get them in. We have had young people sleeping on the floor in there".* [Drug and alcohol treatment agency]

In addition to the general lack of age appropriate accommodation, stakeholders indicated that for females generally (including adults) there are even less options in Liverpool than for males.

> *"The amount of accommodation in this city just for females is very, very sparse. And especially the age range again [16 to 18 year olds]".* [Support and advisory agency]

> *"You can count the number of hostels for women in the city. There is a lot more places for men".* [Support and advisory agency]

Influence of other/older hostel residents

Strongly linked with the shortfall in appropriate accommodation for young people in the city and reasons why stakeholders felt that adult accommodation provision was not appropriate for young people was the issue other hostel residents. Stakeholders indicated that when young people were placed in hostel accommodation the influence of other residents, particularly older residents in adult hostels, can be detrimental to the young person and cause or exacerbate substance use.

> *"We have seen how young people have been there [hostels] and kind of got ingrained with the older drug users. It can exacerbate the problems".* [Drug and alcohol treatment agency]

> *"We get some young people who go into a hostel who haven't got a substance misuse problem and they end up with one. We have got one now and he had just turned 16 and was homeless. He didn't do drugs, or drink or smoke and he went into one of the hostels and started taking cocaine".* [Criminal justice agency]

In addition to causing or exacerbating substance use issues amongst young people, stakeholders alluded to the influence of residents at adult hostels as a gateway for young people into other risky or criminal activities (for example initiation into sex working and robbery).

> *"For a 16 year old to be placed in a place [like an adult hostel] where they can quite easily be manipulated and bullied and pushed and pulled into things, if you can take them down that path they are not going to come back. That is the biggest issue. Some people are okay and they are strong enough, but not all".* [Drug and alcohol treatment agency]

> *"I'm sending 16 or 17 year old girls to Women's Direct Access Centres and again that's like there is every trick in the book that is getting played up there. I mean that there are women who have been through the system".* [Support and advisory agency]

Sex in return for accommodation or funds for accommodation

Stakeholders indicated that they were aware of young homeless males and females who worked as street sex workers to pay for accommodation and/or drugs or were involved in relationships primarily because the other person would provide them with a bed in return for sex (paid and unpaid).

> *"Since I've been here I've known males to sex-trade as well as females".* [Support and advisory agency]

> *"Certainly we have clients living in that type of arrangement who don't want to stay there but are staying there for the sake of a bed. For that bed they have to…you know what I mean?".* [Support and advisory agency]

Crisis accommodation availability for young people

There were mixed comments from stakeholders in relation to accessing crisis or emergency accommodation. Due to the funding of 'crisis beds' in hostels by particular organisations, there was the availability of crisis accommodation to young people in contact with the criminal justice system through the Youth Offending Team (YOT). However, there was no crisis accommodation available for young people in contact with mainstream substance use treatment or young person's support services.

For young people who were in contact with the YOT team, crisis accommodation was available at Homeground and Salvation Army (funded by the YOT). However, although crisis accommodation was available for young offenders, it was still required that the young person satisfy the criteria of admission for the hostel in order to remain there for any length of time.

> *"We have two emergency beds now…and that is really specifically for young offenders because they were getting remanded into custody because of homelessness rather than the offence…So we got two emergency beds so that we could make a direct referral and they could be guaranteed a bed rather than remanded. Well, I'm saying guaranteed a bed but its not really because they [hostels] have their own allocation procedures. If they deem someone to be too high risk or too vulnerable then they most likely will be still remanded…because they have their own risk policies and they have turned people away".* [Criminal justice agency]

In contrast, stakeholders from support services indicated that they have great difficulties in finding suitable accommodation for young people in a crisis or emergency situation. There are currently no emergency beds available at young person's hostels for young people who are not in contact with the criminal justice system. Stakeholders explained that without appropriate and stable accommodation for a young person there is little they can do to address their other issues i.e. substance use, mental health, education etc.

> *"Well especially if your going through Careline or that, if your going through social services it is like trying to move heaven and hell...I took a young person, as a place of safety to, well, we made contact with social workers and the place of safety identified was St Anne Street police station and I went out to St. Anne Street police station with this kid and the copper said 'this place isn't safe'. And I said, 'but there are police officers here?' and he said 'but yeah, there are bad people too'. I said 'but there are police officers here, you are here to protect'".* [Support and advisory agency]

> *"Sometimes the DAAT will ring us up, or children services will ring us up and say there is a young person who is homeless…. Sometimes its on a Friday night and there is no where for them to go. Homeground have a waiting list, Powerhouse have a waiting list and that. So, the only place for them to go is usually the men's DAC, which is not appropriate for young people at all".* [Drug and alcohol treatment agency]

Hostels ability to cope

Stakeholders indicated that the felt that many of the hostels (particularly the adult hostels) do not have the resources or skills to cope with the more 'chaotic' young people and the issues behind their behaviour. Many of the adult hostel staff reportedly do not have the appropriate training or resources to provide additional support to young people and as a result their 'chaotic' behaviour often results in their exclusion from the hostel and therefore sleeping rough, staying in a squat or 'sofa surfing'.

> *"They [young people] have been through the hostels and they [hostels] can't cope with them because their behaviour is so chaotic".*

> *"But a lot of them can't cope with them [young people] and end up just throwing clients out".*

The closure of a hostel that used to mainly admit young offenders (Stopover House) but when open would also cater for 'chaotic' young people was cited as an area for concern and a service that was sorely missed one stakeholder.

> *"Because their background [Stopover House] was with offenders they used to be able to take the more chaotic offenders. They didn't only take offenders they used to take anyone who was under 25. But, they had the support services in place so if you did have somebody who was particularly vulnerable or if you had somebody who was a little bit more chaotic, they would actually cater for them with the right package of support and ultimately those were the things that would actually be required, young person services that can actually cater for that client group".*

Difficulties accessing 'move-on' or permanent accommodation

During stakeholder interviews it became apparent that the aim of many support services and the young person hostels was not only to provide support and accommodation, but also to enable young people to move on to and live independently in secure accommodation. The unwillingness of RSLs to offer tenancies to young people aged under 18 years old and the recent transfer of Liverpool City Council (LCC) housing stock to Liverpool Mutual Homes (LMH) (a new Liverpool housing association) were cited as barriers to provision of independent move-on accommodation for young people.

> *"The problem is with stock transfer because Liverpool City Council don't own anything anymore. They have handed it all over to LMH. It has been very, very difficult from a housing point of view. No the Council are powerless in a lot of stuff really".* [Health service]

> *"I'd like to have better links with RSLs and housing providers for 16 plus year olds. It's a nightmare because they aren't legally responsible for anything. Usually they will only accept them with a guarantor".* [Young person accommodation provider]

Inter-Agency Partnerships

Stakeholders were asked about their relationships with other relevant agencies i.e. hostels, young person support services, substance use treatment and health services in Liverpool. There was a mixture of feedback from the stakeholders; some indicated that they had strong links with other relevant agencies locally and others reported that they had difficulties with or no communication with other agencies. The drug and alcohol treatment agencies and hostels reported the largest number of inter-agency links, compared to the criminal justice, health and support and advisory agencies. It was recognised by stakeholders that strong inter-agency partnerships were required to ensure positive outcomes for young people accessing services in Liverpool.

Regular communication between agencies

Stakeholders indicated that regular communication between agencies was essential to ensure that there was not duplication of effort for young people. A percentage of stakeholders reported that they would communicate with other agencies to establish if clients were receiving support elsewhere, for example if support for benefits was being provided at another agency. Stakeholders reported that this did not breach client confidentiality as no details were discussed, but an indication of support received ensured certain support was not duplicated elsewhere (for example support with befits claims).

> *"I would coordinate with other services to find out who they are working with and who is doing what. So work is not duplicated…. but they [the young person] will have a keyworker there [at another agency] doing what I'm going to do in the afternoon. So again it's about sorting who is doing what".* [Support and advisory agency]

Stakeholders also mentioned specific agencies which they work closely in partnership with in order to provide a better all round service for young people. Examples of this included hostels working with drug treatment agencies and housing providers.

> *"[Support and advisory agency] come in regularly and they send people to us and we work with the quite a lot. We have more contact with [Support and advisory service] than most places to be honest because they really meet our client's needs".* [Young person accommodation provider]

> *"We link in with [Drug and alcohol treatment agency] and the DAAT teams to try and find a suitable placement for that person if they want to detox".* [Criminal justice agency]

> *"We have built up a brilliant thing with Child and Adolescent Mental Health Services [CAMHS] which is useful".* [Drug and alcohol treatment agency]

One stakeholder explained that they had little communication with other agencies and that they had found them quite 'closed' when approached to work in partnership.

> *"I think the problem is as well, from [Support and advisory agency] point of view I don't really know what services they [Support and*

> *advisory agency] offer and I don't really refer into them [Support and advisory agency] that much… They [Support and advisory agency] aren't really that forthcoming, they are quite ring-fenced really. They [Support and advisory agency] are kinda like this is our funding, don't give any information out to anyone".* [Health service]

Furthermore, stakeholders reported that they discouraged their clients from accessing particular agencies as they would come into contact with older drug users and potentially could lead to the development of heightened or further problems.

> *"There are some places that, I'm not being disrespectful, but that we are trying to change people's lives and get people to look at themselves and think about themselves and think about a change. And there are some places that I would advise them not to go to because actually it could make them go backwards".* [Young person accommodation provider]

As a method to improve the communication between agencies and ensure that all relevant agencies have the appropriate contacts for support services and housing providers it was suggested that a Liverpool-wide regular email communication distributed to all relevant agencies would be useful. This would ensure that all agencies had regular updates on new initiatives, changes in staff members and main contacts, and provide an easy method for timely information sharing.

> *"I think it would be good as well if we got a drive from the services that do homeless, if something went out from them in terms of promotional stuff. On a regular basis if we receive promotional material, to say, whoever deals with advocacy for housing, and accommodation and what services are out there".* [Drug and alcohol treatment agency]

Additional Support Services

During the interviews stakeholders discussed additional support services, other than accommodation and substance use support that were available in Liverpool. These included health/medical services, mental health services, resettlement initiatives and the criminal justice system.

General health services

One stakeholder indicated that although they offered a variety of free health related support services, including health promotion education, they found that the uptake of the services varied across the city.

> *"I find that some of the staff [Support and advisory agency] aren't very motivated and don't have health as a main agenda. I think that some of the problems that I do have is the lack of motivation from staff and the realisation that health is a main priority".* [Health service]

Sexual health services

Sexual health and risky sexual behaviour was cited as an issue among young people who were homeless or vulnerably housed. Within hostels there were proactive initiatives (often organised in partnership with other local agencies) to educate young people about sexual health and the best places to go to for related treatment or advice.

> *"One thing is, especially with young people getting drunk and that, is the risky behaviour. The unprotected sex, lack of contraception use, where they are ending up and who they are ending up with at what time of night".* [Support and advisory agency]

> *"With young people there are a lot of sexual problems and a lot of drinking. And what we do see quite a lot is underage pregnancy caused through drinking who have been referred for terminations. So it is kind of, within that target group there tends to be a lot of sexual health problems".* [Health service]

Mental Health

Stakeholders indicated that mental health problems are a significant issue among young people who are homeless or vulnerably housed. Stakeholders reported positive feedback about their experiences with the CAMHS team. However, they explained that they felt there was still a lack of mental health resources for young people who are homeless or vulnerably housed in Liverpool.

> *"Mental health is a big issue, especially with suicidal risk and depression and things like that. I mean, that is a big gap, especially for the 16 to 18's. There is a 16 to 18 CAMHS team but generally their waiting time is five to six weeks, so if children's services are no joy. CAMHS are really good, but it's only a team of two for the whole of Liverpool".* [Drug and alcohol treatment agency]

> *"We have built up a brilliant thing with CAMHS which is useful. Especially with this age group, with the homeless 16 to 18 CAMHS service".* [Drug and alcohol treatment agency]

However, stakeholders mentioned that their clients had experienced difficulties accessing crisis intervention support at a local hospital. In particular, there were concerns regarding the clinical safety of discharging young people who were in crisis without a clear care pathway or appropriate referral into local support services or drug and alcohol treatment.

> *"They [the hospital] seem to think that when people turn up they can get an instant counselling appointment. It just doesn't work like that".* [Support and advisory agency]

> *"I had a client who went to the crisis team because she was suicidal…And she saw the crisis team and they did an assessment and all that she came away with were some phone numbers…CAMHS got a fax through to say that her assessment wasn't finished and that she left early. But she claims that wasn't*

the case. But I kind of think, even if she had left early, if she is in crisis, go and find her. It's up to them to chase her.". [Drug and alcohol treatment agency]

Resettlement of young people in independent or supported accommodation

Many stakeholders indicated that they have specific resettlement services which aim to make the transition from semi-independent hostel living to independent living or supported accommodation as easy as possible for young people. The resettlement services provide young people with skills related to cooking, managing finances, fire safety, claiming benefits, education and training. These services were regarded by the stakeholders as part of an enhanced holistic transition package providing essential support for young people.

> *"We've got the community cooks who come in and do a very cost effective meal. And they do 12 week sessions, and its about how to cook a healthy but very cost effective meal, because most of our clients will be on benefits especially when they leave".* [Young person accommodation provider]

> *"We have the fire service coming in who will do fire-type of stuff with them. And also when they move out and go into their own tenancy the fire service go to their house and give them fire proof bedding and smoke alarms, ashtrays, and all of that type of stuff".* [Young person accommodation provider]

> *"We also have a community outreach worker and her remit is 18 plus and she does more around the property pool and getting young people registered on property pool and helping them get access to computers so that they can bid for properties and stuff like that. Also benefits and things that young people need to be setting up, housing benefit etc".* [Support and advisory agency]

Criminal Justice System

Stakeholders were asked about their links with the criminal justice system (i.e. Youth Offending Team and prisons). The stakeholders indicated that they had good links with the Youth Offending Teams.

> *"We will contact the YOT to see what they are doing with them and what their restrictions are, because sometimes, if a young person has got an Intensive Supervision and Surveillance Programme (ISSP) then sometimes it is difficult to work around that, sometimes we can make it part of the YOT ISSP package so that the time they spend with treatment or counselling can count as part of the ISSP package".* [Drug and alcohol treatment agency]

> *"We have a sessional worker in the YOT …And that's been going good, that tends to work well".* [Drug and alcohol treatment agency]

However, comments regarding discharge of homeless or vulnerably housed young people from prisons were not so positive.

> *"We are getting a lot coming out of prison with bad discharges, you know, where they are not lined up with anyone".* [Health service]

Underlying causes of homelessness

Stakeholders indicated that although substance use issues were usually a contributory factor to a young person's homelessness or vulnerable housing situation they were often the result of another underlying issue. Other issues discussed included parental substance use, familial instability and mental health issues.

Family related issues

Stakeholders explained that in some cases parents/guardians/carers do not have the appropriate skills to respond to the emotional and developmental needs of a young person when they start to be 'disruptive' and this can contribute to the young person's homelessness. Support agencies indicated that they would aim to work in conjunction with parents/guardians/carers in order to prevent homelessness through supporting the parents/guardians/carers to respond appropriately and prevent the young person from leaving home or becoming homeless.

> *"Some young people are really disruptive and it is why parents need the skills to be able to deal with it. But its quite extreme behaviour where sometimes the parents are asking the police to come and sort things out. It's that extreme. We are working a lot in prevention like that".* [Drug and alcohol treatment agency]

In addition to substance use and challenging behaviour amongst young people, stakeholders indicated that parental substance use can make the young person vulnerable to homelessness or risky behaviours (such as substance use and sex working).

> *"We also do a lot of work with young people whose parents are drug users, they may not be but obviously it's the impact that it has on them".* [Drug and alcohol treatment agency]

> *"I have had a fair number of young people who have been involved in sex working and substance use and their parents have actually introduced them to that, and actually made them go sex working to fund habits".* [Support and advisory agency]

Furthermore, sometimes young people at risk of homelessness come into contact with local agencies because they are a member of a family on the verge of eviction from their home.

> *"Families are referred to us, because the RSLs or the housing provider are evicting that family and ask could we get involved. When we get involved there is a large amount of anti-social behaviour, drug use, violence, the whole shebang. And actually what you find is that the young person is caught up in the midst of it".* [Support and advisory agency]

Mental Health Issues

Stakeholders reported that frequently mental health issues are a primary factor in the reasons behind many young people's homelessness or vulnerable housing situation.

> *"We see a massive amount of young people who self-harm. I think drugs and alcohol is a little part of a bigger picture. There is a lot of emotional stuff going on".* [Support and advisory agency]

> *"Mental health is a big issue. Especially with suicidal risk and depression and things like that. I mean, that is a big gap, especially for the 16 to 18's".* [Drug and alcohol treatment agency]

> *"We get a lot of young people who are suicidal, and have recently tried to commit suicide and self-harming". [Drug and alcohol treatment agency]*

Prevention of Homelessness

During the stakeholder interviews, the issue of early prevention of homelessness was frequently discussed. Stakeholders indicated that there had been a slight shift in focus recently towards preventing homelessness. In particular, stakeholders indicated that they were working more with young people and their families to support them to stay at home by responding to substance use, emotional or behavioural issues. However, it was recognised that additional initiatives and resources were required to prevent more young people from becoming homeless or vulnerably housed.

> *"We are entering into starting to prevent a lot of young people from going homeless in the first place because a lot of them are at risk of their parents throwing them out because of their behaviour".* [Drug and alcohol treatment agency]

> *"There is a need for a holistic approach and far more prevention. We get to work with people when they are homeless or in housing need and they have got a substance use problem. And you are always going to need our service or that. But how much prevention has been done before we get involved? And it's a shame that it isn't really in place".* [Support and advisory agency]

The Priority of Needs of Homeless Young People

Stakeholders indicated that the needs of young people who are homeless or vulnerably housed are often complex and inextricability linked. Many of the needs are related to the issues discussed above in the previous themes. The priority of needs discussed included clear routes of access to support services, treatment and accommodation; high levels of inter-agency working locally; age-appropriate

accommodation and the promotion of responsibility, and independence amongst young people. A significant theme to emerge from stakeholders responses to this question was the requirement for a holistic package of care which responded to all of the young person's needs and addressed all of their issues.

Accommodation is the main priority for young people who are homeless or vulnerably housed

Stakeholders indicated that first and foremost young people who are homeless or vulnerably housed need accommodation. However, it was emphasised by stakeholders that this accommodation should be age-appropriate and if possible each accommodation building should be on a relatively small scale to prevent or reduce peer pressure, bullying and transference of learned risky behaviours (i.e. drug use, injecting or sex working).

> *"Okay, they need a roof over their heads. And they need age-appropriate accommodation because at the end of the day they could be sleeping in a bus shelter, if it is warm enough, and that can be as safe a place than the men's DAC. At the end of the day are you thinking about the long-term and what it is going to lead to, it really needs to be forward thinking, young person focussed".* [Drug and alcohol treatment agency]

> *"A small placement and somebody who would take on the problems of somebody with substance misuse".* [Criminal justice agency]

> *"The worst thing is when they are put in the like of the DAC.".* [Drug and alcohol treatment agency]

> *"We should actually be looking for safe, young people specific accommodation that has direct access provision. That can actually cater for that client group".* [Support and advisory agency]

Substance use treatment

Stakeholders indicated that once a young person has stability in their accommodation any additional issues should be addressed or needs satisfied, including their substance use. Substance use treatment should be part of a whole package of care for each young person which responds to all of their needs. However, there was a view that for young people with substance use issues their placement in hostels should not be dependent upon their continued substance use treatment as this will ultimately lead to disengagement and homelessness.

> *"I think it is because they need to be stable in where they are first, before they can be ready to access any treatment services".* [Drug and alcohol treatment agency]

> *"The hostels need to flexible with them in terms of 'you must go to Addaction if you have this problem….' It can't be like that, it has to be about referring them and leaving them to do it themselves, and not making it conditional, because again they'll walk again and they are homeless again. There has got to be work put in place and boundaries for young people that they need to adhere to, but*

there also needs to be options that are options". [Drug and alcohol treatment agency]

"One of the questions that they [hostels] do ask to the young person is about substance misuse issues. And what they [hostels] want to hear is that if we have referred them there that there will be support, to support the young person while they are in their tenancy". [Support and advisory agency]

Promotion of responsibility and independence

In addition to responding to accommodation and substance use needs, stakeholders indicated that it is important to promote independence and responsibility amongst this client group. Although services are there to support young people, they aim to ensure that young people do not have an over-reliance upon them and have the ability to move from homelessness or a position of vulnerable housing to independent accommodation and living (if appropriate).

"Attitude to change is important, trying to get clients to take responsibility and promote independence. It is important for us not to make decisions in the young person's life". [Young person accommodation provider]

"We enable people to want to aspire but also to realise their potential and get them in a position that is meaningful and enable them to move on". [Support and advisory agency]

Patterns of and Reasons for Young People's Substance Use

Stakeholders indicated that substance use is a significant issue among homeless and vulnerably housed young people. Stakeholders reported similar patterns of substance use amongst the young people they were in contact with and furthermore common themes emerged regarding reasons for substance use.

Patterns of substance use

The majority of stakeholders indicated that cannabis and alcohol are the main substances used by homeless and vulnerably housed young people.

"Alcohol is an issue, like binge drinking. We have had clients who have attended school who binge drink at the weekends. They tend to be just a bit younger than the cannabis users, but that's changing now. Because it is easier to get cannabis than it is to get alcohol. So that will change and I think we are going to see an increase in cannabis users". [Drug and alcohol treatment agency]

"Cannabis and alcohol. I'd say 90% use cannabis". [Criminal justice agency]

In addition to the patterns of substance use emerged, stakeholders indicated that the substance use problems were emerging amongst younger clients.

> *"I have noticed that the age group that we are seeing are going further and further with alcohol and drugs problems".* [Health service]

> *"In the young age group you are seeing a lot of pot smoking, then they are moving on to more stuff, they are moving on to coke and then the crack stage. Because they have had the buzz of all of that they are moving on to that scale of drugs".* [Health service]

Attitude to cannabis use

Stakeholders were concerned about the general attitude that young people in Liverpool had towards cannabis. There was a consensus amongst stakeholders that their clients do not necessarily consider cannabis use as an issue or problem.

> *"Yeah, it becomes the norm now in these hostels and they don't see cannabis as a drug. Its kinda just like smoking rolled tobacco to most of them, they don't really see it as an issue or as a drug that they are actually smoking".* [Health service]

> *"But, especially the lads smoking cannabis, a lot of them don't view it as a problem. It is a way of life and therefore they don't feel that they need help to reduce it".* [Criminal justice agency]

> *"Cannabis is almost universal in terms of young people".* [Support and advisory agency]

> *"Those who are using cannabis don't want to know about treatment and don't see it as an issue".* [Support and advisory agency]

Reasons for continued substance use

In addition to the lack of recognition of cannabis use as an issue amongst young people, stakeholders also reported that young people use substances to cope with other problems.

> *"If they are using cannabis as a short-term medication [for mental health problems] then they believe its helping, and it is helping them in the short-term".* [Drug and alcohol treatment agency]

> *"It's [substance use] kinda like a defensive mechanism, but its entrenched defensiveness from years of coping."* [Support and advisory agency]

Gender differences in substance use

Stakeholders indicated that there are gender differences in substance use amongst homeless and vulnerably housed young people, males are considered more likely to be using cannabis and females more like to be using alcohol.

> *"Alcohol, girls. Cannabis, boys. Occasionally you will get cocaine use as well. Cannabis is the big one. Skunk tends to be the most common".*

"Our main thing here is, lads weed and girls on the beer".

Treatment

Stakeholders discussed that the substance use treatment services offered locally were beneficial. However, there were issues discussed about the lack of appropriate accommodation for young people who were homeless or vulnerably housed upon exit from detoxification.

> *"I think one of the main priorities is the fact that if they are street homeless a lot of the agencies don't take them on because once they have gone through a detox or something like that there is no where for them to go to".*

4. Conclusions and Recommendations

This section details the conclusions drawn from the evidence presented during the young people and stakeholder interviews.

It is important to note that the conclusions have been drawn from a small sample size and represent the views and opinions of the young people and stakeholders interviewed during the study. In particular the young people were only sampled from those who were resident in young persons' hostels or supported accommodation and are not representative of all young people who are homeless or vulnerably housed in Liverpool. Recommendations for policy, practice and research are detailed below.

1. *Participants felt that there is a lack of young person specific direct access accommodation available, particularly for 'chaotic' young people, in Liverpool.*

Insufficient bed spaces and restrictive admissions were noted as a barrier to effective intervention with young people who were homeless or vulnerably housed by the evidence review. Stakeholders and young people reported that they had experienced difficulties sourcing direct access young person accommodation, and that essentially no direct access young person specific accommodation existed locally. The young person specific hostels in Liverpool require an appropriate referral to be made and also have admission criteria that must be satisfied prior to provision. It was reported that the admission structure of some accommodation providers prevented young people in need from accessing accommodation when in crisis. It was reported that only young people in contact with YOT services could access crisis beds at the young person hostels. Stakeholders reported that there needed to be equality of access to crisis accommodation for all young people in need.

The findings from stakeholder interviews indicated that in the young persons' hostels there were specific rules that each young person must adhere to, and although there was a structured warning system, continuous 'chaotic' behaviour would eventually result in exclusion from the hostel. In addition, stakeholders cited that the closure of Stopover House was a great loss to the city as it was one place where very 'chaotic' young people would be provided with accommodation and support.

In addition, it was reported by stakeholders that a young person's reputation or past behaviour can contribute to exclusion from accommodation, services and support. Whilst the safety of staff and other service users in all agencies should be paramount, exclusion of young people for these reasons leaves them in a more vulnerable and potentially dangerous situation.

Recommendation: As an immediate solution, direct access crisis accommodation available to all young people should be sourced in an appropriate venue i.e. a young person's hostel. In the longer term an investigation of the feasibility of small scale direct access young person specific hostel accommodation should be conducted. Specifically this accommodation should be utilised for young people in crisis and those who are very 'chaotic' and would not be accepted by the other hostel providers. This accommodation should be sought to be utilised as a short-term 'clearing house' ensuring throughput, bed availability and appropriate support for clients with a range of needs.

2. Placement of young people in adult hostel accommodation is considered inappropriate by stakeholders.

Placement of young people in adult hostel accommodation was cited by many stakeholders as a last resort to prevent young people sleeping rough or in squats. However, it was recognised by stakeholders that typically there were many negative outcomes associated with young people mixing with homeless or vulnerably housed adults, including development or exacerbation of substance use problems, sex working and criminal activity.

Recommendation: All agencies involved in sourcing accommodation for young people who are homeless or vulnerably housed should continue to ensure they are not placed in adult hostels, where possible. As aforementioned in the previous recommendation, adequate crisis accommodation specifically for young people should be made available to minimise the placement of young people in adult accommodation. However, if it is necessary to place young people in adult accommodation, providers should ensure that appropriate structures are in place to meet their specific needs in an attempt to minimise the potential for additional problems to develop.

3. Participants felt that there were issues regarding responsibility for and attitudes to young people who become homeless shortly before their 16th birthday.

Both young people and stakeholders indicated that there were issues relating to appropriate accommodation provision for young people who become homeless shortly before their 16th birthday. In particular, stakeholders stated that they had difficulties attaining an appropriate response from social services, and that there were occasions when social services had allowed young people to remain homeless or in vulnerable housing until they turned 16 and additional accommodation opportunities would become available. The two young person specific hostels in Liverpool provide accommodation only for those of 16 years of age and older. Therefore, it was reported that young people between 15 and 16 years of age were often 'sofa surfing', sleeping rough or staying in insecure accommodation. One young person reported that they had stayed in a dilapidated van until they became 16 years of age.

Recommendation: Further investigation of how, why and how regularly young people have been left in a homeless or vulnerably housed situation prior to their 16th birthday is required. Consideration should be given to methods to improve the relationships between organisations which support young people and social services, with consideration of the inclusion of a social services representative on the Young Person's Advisory Group (YPAG).

4. Leaving home or exiting care directly into independent accommodation caused difficulties for some young people.

Both young people and stakeholders indicated that the new found independence and responsibility of young people leaving home at a young age potentially caused difficulties. During the young person interviews some of the young people reported

that after they left home or care they had lived in independent accommodation. However, they had become homeless because they had difficulties managing their finances and ensuring they paid their rent and bills in a timely manner. The young people indicated that this situation had required too much responsibility at that time in their life and that they were better suited to semi-independent living in the young person's hostels or in supported accommodation.

Recommendation: On an individual basis consideration of each young person's resilience upon leaving care, their ability to take care of themselves and take responsibility for household tasks and finances should be assessed. Continued support should also be provided for at least a year post-resettlement.

5. High proportions of the young people interviewed smoked tobacco.

Nine out of 11 (82%) of the young people interviewed smoked tobacco everyday. Furthermore, when asked what support they required that they were not currently obtaining, one of the most frequency cited responses was assistance with smoking cessation (n=4, 36%).

Recommendation: Specific smoking cessation services are currently available to young people who are living in supported accommodation or hostels. Furthermore, community based smoking cessation services are available to all in Liverpool. However, young people are still reporting a need for such services. The provision of smoking cessation services for young people who are homeless or vulnerably housed should be investigated and assessed by the YPAG, including the extent to which smoking cessation is encouraged and supported by all those working with young people who are homeless or vulnerably housed.

6. Tobacco, alcohol, cannabis resin, cocaine and herbal cannabis were the most commonly used substances amongst the young people.

Current substance use was defined as having used the substance in the last four weeks. All young people interviewed had used tobacco and alcohol at least once and the majority currently used both of these substances (tobacco n=10, 91%; alcohol n=9, 82%). Four of the eleven young people had binged on alcohol in the week prior to interview. The third most commonly used substance was cannabis resin, which had been tried by ten young people (91%) and was currently used by seven young people (64%). The majority of young people interviewed had also tried cocaine (n=8, 73%); however, only two (18%) young people reported currently using cocaine. Herbal cannabis was the fifth most commonly tried substance (n=7, 64%), six of these young people (55%) reported currently using this substance. Two young people (18%) also reported using crack and two (18%) reported using solvents in their lifetime; however, no young people reported currently using these substances. Furthermore, it was reported by some young people that young people's treatment services no longer regularly visit young people's accommodation.

Recommendation: The YPAG should investigate the provision of drug education, prevention and treatment services for young people. This is of particular importance due to the high level of school truants and excludees amongst young people who are homeless or vulnerably housed, which means they may well have missed out on formal drugs education lessons at school. The feasibility of regular visit to young

people's accommodation, including hostels and supported accommodation, by staff from young people's treatment services should be assessed.

7. There was a general attitude amongst young people that their cannabis and alcohol use was not problematic.

The findings from the stakeholders indicated that, in general, the young people did not consider cannabis and alcohol use as a significant issue that required addressing and many regarded cannabis use as the norm. These findings were further evidenced by the young people interviewed who indicated that the new found independence had allowed them to increase their substance use and that they did not consider that they required treatment.

Recommendation: Young people should be provided with opportunities to develop their life skills and encouraged to make healthy lifestyle choices, particularly in relation to substance use. Innovative methods for information dissemination amongst this group should be investigated (e.g. peer education, drug awareness events etc.).

8. Young people reported attending gatherings involving alcohol and drugs in some young person specific hostels.

Young people reported that in the young person specific accommodation there are often gatherings (involving alcohol and drugs). In addition to preventing the placement of young people in adult hostels, it was reported that the influence of other and older residents in the young person specific hostels can be very influential on other residents. As many of the residents are experiencing their first instance of freedom from parental/guardian/carer responsibility, many are vulnerable and susceptible to peer influence. The findings from stakeholders and young people indicated that young people who were homeless or vulnerably housed were likely to initiate or increase their substance use once free from their parental or guardian discipline.

Recommendation: Conduct a review of the levels of night time supervision in young person specific hostels to ensure safety and reduce alcohol and drug related harm related to the gatherings.

9. Young people interviewed considered providing vouchers and activities to be a useful incentive for keeping young people who are homeless or without a permanent address in drug and alcohol treatment.

Young people suggested that providing shopping vouchers or organising activities such as sports or trips out, provided young people with incentives for remaining in drug or alcohol treatment.

Recommendation: The use of incentives such as vouchers and/or activities to encourage young people to remain in drug or alcohol treatment should be investigated by young people's drug treatment services.

10. Mental health problems amongst young people who are homeless or vulnerably housed in Liverpool were commonly observed by stakeholders. Furthermore, a number of young people interviewed received above average depressive symptomology scores (BDI-II).

Stakeholders indicated that mental health issues were common amongst the young people whom were homeless or vulnerably housed. Specifically, anger management issues, depression and suicidal thoughts were mentioned by stakeholders. Stakeholders reported that in many cases mental health problems were one of the main contributory factors to a young person's homelessness. There was a consensus amongst stakeholders that the Liverpool CAMHS team provided a good quality service, but they had limited resources for young people. However, concerns were raised by two stakeholders regarding the handling of young people who had attempted suicide or presented with acute mental health problems by the crisis intervention team at a local hospital.

Out of the eleven of the young people interviewed, six of the young people interviewed scored above average (n=6, 55%) in the BDI-II. Three (27%) of the young people's scores were extremely elevated which is the highest category on the BDI-II. Two (18%) of young people's scores were moderately elevated and one was mildly elevated (9%).

Recommendation: All young people who present as homeless or vulnerably housed should be subject to an early and effective assessment which includes mental health as a priority at all homeless. A common assessment tool should be adopted by all accommodation providers, drug and alcohol agencies, health services, criminal justice agencies and support agencies. Appropriate support mechanisms for those diagnosed with mental health issues should be implemented via housing providers and other relevant agencies. In addition, the YPAG should facilitate better coordination between the Crisis Intervention Team and stakeholders and ensure that appropriate assessment and referral procedures are in place.

11. Many of the young people interviewed specified that they were not registered with a dentist.

Only six of the eleven young people interviewed stated that they were registered with a dentist (55%). However, all young people interviewed stated that they were registered with a GP with many of them specifying that support workers had assisted them with the registration process. It may be that workers have attempted to ensure that young people are registered with a dentist but that such services are not available.

Recommendation: Young person accommodation providers should assist young people in the process of registering for a dentist, where possible.

12. The diets of the young people interviewed required improvements.

None of the young people interviewed stated that they ate fruit more than once a day. Furthermore, none of the young people interviewed stated that they ate vegetables more than once a day or daily. When asked how often young people consume fried food, the most common response was two to six times a week (n=5, 46%). In

addition, the second most frequently cited place where young people obtain their food was takeaways (n=8, 73%). Furthermore, eating healthy foods was one of the issues that was most frequently cited by young people as an aspect of their lives that they require support with that they are not currently getting (n=4, 36%). Within the qualitative aspect of the interviews some young people explained that their diets had become increasingly unhealthy because of a lack of finances and due to the absence of structured meal times.

Recommendation: The YPAG should investigate and implement mechanisms for improving the diets of young people who are homeless or vulnerably housed. Such plans should take into account the specific needs of these young people including facilities and finance available to them. A number of services regarding cooking on a budget are currently being provided by YPAS and the young person's accommodation providers but as young people reported that they still required assistance in this area, an investigation of how best to meet their needs regarding this issue should take place.

13. *Stakeholders reported that there was a lack of housing, substance use and support/advisory services aimed directly at those in the transitional age group of 16 to 18 years old.*

Stakeholders reported that young people who are in the 'transitional' years from 16 to 18 years of age often have specific needs, and furthermore the evidence review indicated that the point of transition between children and adult services requires special attention. Stakeholders stated that there were particular difficulties associated with sourcing services which respond appropriately to these needs. Currently there is a 16 to 19 floating support team at The Whitechapel Centre which supports young people of that age group to find appropriate accommodation or return home, if appropriate, and a 16 to 18's team within CAMHS. In order to address the unique needs stakeholders felt that there was a need for more services in Liverpool (housing, substance use and support/advisory services) which are aimed directly at this group. In particular, this group should be made more aware of their rights, entitlements and availability of services.

Recommendation: Further investigation of the current availability of services for those in the transitional age group should be undertaken. The feasibility of adaptation of current services to facilitate sessions for this age group should be undertaken, and if appropriate sessions tailored specifically for this age group implemented.

14. *Agencies need to ensure adequate partnerships are in place across the city to prevent young people from being sent from one service to another seeking a resolution to their housing or substance use issue(s).*

The evidence review concluded that importance of partnership working to tackle the complex needs of young people who are homeless or vulnerably housed is strongly emphasised as drug use is just one of many issues experienced. Although there were good examples of joined up working amongst relevant housing, support and advisory, drug and alcohol and health services, stakeholders and young people recognised during the interviews that in order to achieve the best possible outcomes for young people in Liverpool all relevant agencies need to work in partnership and provide a 'holistic' service addressing all of each young person's needs. One young

person reported that when they were homeless they were sent from service to service in order to find information and support. In addition, stakeholders indicated that there are agencies/services that they are aware of but that they have had difficulties accessing to discuss means of working in partnership or in a coordinated manner.

Recommendation: There is a requirement for better joined up working amongst relevant services in Liverpool (i.e. any service that has direct contact with young people who are homeless or vulnerably housed). All staff require a good level of awareness of services provided in each agency to ensure that young people are signposted appropriately and efficiently.

15. There is a renewed focus on prevention of young people becoming homeless amongst young person services in Liverpool.

The findings from the evidence review indicated that resources should be targeted at providing information and support to young people before they become homeless. During the stakeholder interviews, it became apparent that there has been a positive development in the focus of agencies, from reacting to the needs of homeless and vulnerably housed young people to proactively working to prevent these situations. Stakeholders indicated that this was a encouraging step and could potentially have much longer lasting effects for young people and their families, and prevent many of the problems that come with homelessness or vulnerable housing. In addition, young people indicated that they had low expectations of how or why anyone or any service would have assisted in preventing them becoming homeless or vulnerably housed.

Recommendation: The current focus on preventing young people becoming homeless or vulnerably housed should continue. Interventions should focus on families where young people are at risk of homelessness or becoming vulnerably housed. Resolutions that are best for the whole family and continue to support them to stay together in safe and adequate accommodation (where appropriate) should be sought.

16. Young people felt that at times staff at relevant agencies did not listen to their individual needs.

During the young person interviews it emerged that some young people had had negative experiences at agencies in Liverpool. Young people felt that there had been occasions when they had asked for help and the agency staff gave pre-prepared responses and forms to complete. This response made the young people feel that they had not been listened to and that their individual issues had not been recognised.

Recommendation: All agencies where a young person who is homeless or vulnerably housed may present, need to be prepared to listen and give appropriate advice or support. There is a requirement to increase awareness of the unique needs of young people in these situations in the city through appropriate information and training for all relevant agencies including generic services (e.g. housing associations, job & benefits agencies, council one stop shops, health services, support and advisory agencies, criminal justice agencies etc). A consultation of the most effective and preferred method for regular dissemination of information across local agencies who have contact with young people should be undertaken within the YPAG.

17. Young people highlighted the need for all young people to have someone to talk to.

The young people interviewed highlighted the need for young people to have someone to talk to, both in advance of them becoming homeless or vulnerably housed and after this situation had occurred. They stressed that having someone to talk to in advance of them becoming homeless or vulnerably housed may potentially prevent their problems escalating and leading to homelessness. Furthermore, having someone to talk to once they have become homeless or vulnerably housed would ease feelings of anxiety and isolation.

Recommendation: Means of ensuring young people have someone they feel they can talk to before they become homeless or vulnerably housed should be investigated by the YPAG. Furthermore, the group should consider ways of ensuring young people feel they have someone to talk to once they have come to live in supported accommodation or a hostel.

18. Independence, responsibility and life skills should be further promoted amongst young people.

A common theme amongst stakeholders was their aim to prepare young people who were homeless or vulnerably housed for independent living. Many stakeholders indicated that they conducted training courses that aimed to prepare young people for independent resettlement. Courses offered included financial planning, cooking on a budget, drugs awareness etc. In addition to this, both stakeholders and young people commented that young people need to be mature enough to make the transition into independent living through taking responsibility for themselves. Reports from young people that their new found freedom in hostels contributed to increased substance use was of concern and should be addressed by all relevant services.

Recommendation: Continued promotion of courses offering training in life skills is required. In addition consideration should be given to methods to enhance uptake of courses and continued use of skills gained amongst young people.

19. Stakeholders cited sex working as an issue linked to homelessness and vulnerably housed young people.

It was reported by stakeholders that they were aware of a number of young people who were homeless or vulnerably housed and were street sex working to fund their accommodation. In addition, there were reports of young people who may be part of the 'hidden homeless' population as they traded sex or were in relationships where in return for sex they were provided with a bed. According to stakeholders this was not an issue that was exclusive to females. Stakeholders expressed concerns that young people were being coerced into street sex working whilst resident in adult hostels, or were putting themselves in very risky and dangerous situations in return for money, drugs or accommodation.

Recommendation: Further investigation into the links between homelessness and vulnerable housing and sex working should be undertaken, with specific reference to peer pressure to engage in sex working in hostels. In particular, methods to provide an estimation of the prevalence of and reasons for 'hidden homelessness' where sex is traded for accommodation should be considered. This should be undertaken in conjunction with the Armistead Centre and Armistead Street.

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Appendix 1: Summary of Recommendations

1. As an immediate solution, direct access crisis accommodation available to all young people should be sourced in an appropriate venue i.e. a young person's hostel. In the longer term an investigation of the feasibility of small scale direct access young person specific hostel accommodation should be conducted. Specifically this accommodation should be utilised for young people in crisis and those who are very 'chaotic' and would not be accepted by the other hostel providers. This accommodation should be sought to be utilised as a short-term 'clearing house' ensuring throughput, bed availability and appropriate support for clients with a range of needs.

2. All agencies involved in sourcing accommodation for young people who are homeless or vulnerably housed should continue to ensure they are not placed in adult hostels, where possible. As aforementioned in the previous recommendation, adequate crisis accommodation specifically for young people should be made available to minimise the placement of young people in adult accommodation. However, if it is necessary to place young people in adult accommodation, providers should ensure that appropriate structures are in place to meet their specific needs in an attempt to minimise the potential for additional problems to develop.

3. Further investigation of how, why and how regularly young people have been left in a homeless or vulnerably housed situation prior to their 16th birthday is required. Consideration should be given to methods to improve the relationships between organisations which support young people and social services, with consideration of the inclusion of a social services representative on the Young Person's Advisory Group (YPAG).

4. On an individual basis consideration of each young person's resilience upon leaving care, their ability to take care of themselves and take responsibility for household tasks and finances should be assessed. Continued support should also be provided for at least a year post-resettlement.

5. Specific smoking cessation services are currently available to young people who are living in supported accommodation or hostels. Furthermore, community based smoking cessation services are available to all in Liverpool. However, young people are still reporting a need for such services. The provision of smoking cessation services for young people who are homeless or vulnerably housed should be investigated and assessed by the YPAG, including the extent to which smoking cessation is encouraged and supported by all those working with young people who are homeless or vulnerably housed.

6. The YPAG should investigate the provision of drug education, prevention and treatment services for young people. This is of particular importance due to the high level of school truants and excludees amongst young people who are homeless or vulnerably housed, which means they may well have missed out on formal drugs education lessons at school. The feasibility of regular visit to young people's accommodation, including hostels and supported accommodation, by staff from young people's treatment services should be assessed.

7. Young people should be provided with opportunities to develop their life skills and encouraged to make healthy lifestyle choices, particularly in relation to substance use. Innovative methods for information dissemination amongst this group should be investigated (e.g. peer education, drug awareness events etc.).

8. Conduct a review of the levels of night time supervision in young person specific hostels to ensure safety and reduce alcohol and drug related harm related to the gatherings.

9. The use of incentives such as vouchers and/or activities to encourage young people to remain in drug or alcohol treatment should be investigated by young people's drug treatment services.

10. All young people who present as homeless or vulnerably housed should be subject to an early and effective assessment which includes mental health as a priority at all homeless. A common assessment tool should be adopted by all accommodation providers, drug and alcohol agencies, health services, criminal justice agencies and support agencies. Appropriate support mechanisms for those diagnosed with mental health issues should be implemented via housing providers and other relevant agencies. In addition, the YPAG should facilitate better coordination between the Crisis Intervention Team and stakeholders and ensure that appropriate assessment and referral procedures are in place.

11. Young person accommodation providers should assist young people in the process of registering for a dentist, where possible.

12. The YPAG should investigate and implement mechanisms for improving the diets of young people who are homeless or vulnerably housed. Such plans should take into account the specific needs of these young people including facilities and finance available to them. A number of services regarding cooking on a budget are currently being provided by YPAS and the young person's accommodation providers but as young people reported that they still required assistance in this area, an investigation of how best to meet their needs regarding this issue should take place.

13. Further investigation of the current availability of services for those in the transitional age group should be undertaken. The feasibility of adaptation of current services to facilitate sessions for this age group should be undertaken, and if appropriate sessions tailored specifically for this age group implemented.

14. There is a requirement for better joined up working amongst relevant services in Liverpool (i.e. any service that has direct contact with young people who are homeless or vulnerably housed). All staff require a good level of awareness of services provided in each agency to ensure that young people are signposted appropriately and efficiently.

15. The current focus on preventing young people becoming homeless or vulnerably housed should continue. Interventions should focus on families where young people are at risk of homelessness or becoming vulnerably housed. Resolutions that are best for the whole family and continue to

support them to stay together in safe and adequate accommodation (where appropriate) should be sought.

16. All agencies where a young person who is homeless or vulnerably housed may present, need to be prepared to listen and give appropriate advice or support. There is a requirement to increase awareness of the unique needs of young people in these situations in the city through appropriate information and training for all relevant agencies including generic services (e.g. housing associations, job & benefits agencies, council one stop shops, health services, support and advisory agencies, criminal justice agencies etc). A consultation of the most effective and preferred method for regular dissemination of information across local agencies who have contact with young people should be undertaken within the YPAG.

17. Means of ensuring young people have someone they feel they can talk to before they become homeless or vulnerably housed should be investigated by the YPAG. Furthermore, the group should consider ways of ensuring young people feel they have someone to talk to once they have come to live in supported accommodation or a hostel.

Continued promotion of courses offering training in life skills is required. In addition consideration should be given to methods to enhance uptake of courses and continued use of skills gained amongst young people.

Further investigation into the links between homelessness and vulnerable housing and sex working should be undertaken, with specific reference to peer pressure to engage in sex working in hostels. In particular, methods to provide an estimation of the prevalence of and reasons for 'hidden homelessness' where sex is traded for accommodation should be considered. This should be undertaken in conjunction with the Armistead Centre and Armistead Street.

Appendix 2: Additional Information on Agencies that Work with Vulnerable Young People in Liverpool

This section details some additional information on the agencies that have specific or general functions for vulnerable young people in Liverpool, including those who are homeless or vulnerably housed. Services are grouped under their main function of either local young person accommodation providers, support and advisory agencies, drug and alcohol treatment agencies, criminal justice agencies and health services. Please note that this list is not exhaustive and includes adult services who would not necessarily work with those under 18 years of age.

Young Person Accommodation Providers

The Homeground Project

The Homeground Project supports young homeless people in Liverpool. The Homeground hostel is a 29 bedded hostel for 16 to 35 year olds offering accommodation and 24 hour support. At Homeground each young person receives an individualised package of care which builds their confidence, self-esteem and life-skills, with the aim of moving each young person towards independent living. Homeground combines care service and accommodation with a whole range of training and support for homeless young people in the region.

http://www.localsolutions.org.uk/projects/Homelessness/homeground/

Powerhouse Foyer

The Powerhouse Foyer provides supported accommodation for 52 young people aged between 16 and 25 years old. It aims to guide young people so they can become independent and eventually manage their own tenancies. Residents can stay at Powerhouse Foyer for up to two years, but more often it is less than this. Residents are encouraged to apply for their own permanent accommodation and are offered help in doing this. Residents are expected to use their time at Powerhouse Foyer constructively and, if they are not in full-time employment or education, they must make use of the services provided. These services include resettlement and benefits workshops, cookery sessions, health care action plans and job search sessions.

Support and Advisory Agencies

Young Person's Advisory Service (YPAS)

YPAS is a support and advisory services for young people (aged 10 to 25 years old) that offers a range of services including counselling, support, information, advice and guidance or simply to hang out at the drop-in.

http://www.ypas.org.uk/

The Whitechapel Centre

An organisation set up in 1975 to tackle Liverpool's growing homeless problem in the inner city. The Whitechapel Centre works to deliver long term solutions to homelessness through the many programmes and facilities they offer including day centre services, hot meals, outreach, resettlement activities, supported housing services, laundry and washing facilities and education and training.

In addition to the main services offered by The Whitechapel Centre, there is also a Young Person's Floating Support Team which aims to address the issues specific to homeless young people (aged 16 to 19 years old) and assist in reinstating them in their previous accommodation situation, if appropriate, or settle them in other appropriate accommodation. The team is funded by Supporting People.

http://www.whitechapelcentre.co.uk/index.htm

IMPACT Project

Liverpool IMPACT is a partnership between PSS, Liverpool DAAT, Liverpool Carers Grant and Children's Services. The service aims to deliver the five key outcomes for children and young people established within Every Child Matters (HM Government, 2004). The project works with children, young people, grandparents and other family members affected by parental drug use.

Armistead Street

Armistead Street is a support service for female street sex workers which was established in 1995, housed within the Armistead Centre. Armistead street aims to provide a confidential assertive outreach and support service to women involved in street sex work and support those wishing to exit, deliver a flexible accessible and quality harm reduction service, refer and actively support street sex workers to access health, drugs, social care services and training/employment services. Armistead Street is part of the Armistead Centre within Liverpool Primary Care Trust.

http://www.armisteadcentre.co.uk/

The Basement Night-Drop In Centre

The Basement offers an evening service for people experiencing homelessness. The service offers support to find accommodation, crisis counselling, referral to detoxification and rehab, and shower and laundry facilities. The Basement is located in Liverpool City Centre where many homeless people gather and has an informal and relaxed environment. The Basement staff also work in close partnership with other agencies to support homeless individuals discharged from hospital or released from prison.

http://www.basementdropin.org.uk/

The Big Issue in the North

The Big Issue in the North is an organisation that provides a source of employment for homeless people. Along with the opportunity to earn a legitimate income The Big Issue in the North also provides support in relation to accommodation, substance use, education and health for each vendor.

http://www.bigissueinthenorth.com/

Connexions

Connexions are an independent information, advice, guidance and support service for all young people aged 13 to 19 years old (and up to 25 years old in certain circumstances). Specifically they give advice and guidance to young people on a variety of issues, such as careers, education and training, accommodation, benefits, right and entitlements and drugs and alcohol.

http://www.connexions-gmerseyside.co.uk/yp/

Sisters of Charity

The Sisters of Charity operate a drop-in and night shelter for homeless people in Liverpool city centre. They also provide food and outreach services.

Drug and Alcohol Treatment Agencies

OKUK

A free counselling service for 11 to 19 year olds who have issues relating to drug and alcohol use, either their own or the effects of other peoples' use.

Youngaddaction

Youngaddaction is a service specifically for children and young people struggling with the problems of substance use. The service is a safe space, housed separately to adult substance use services. Youngaddaction works to minimise the harm associated with substance use and prevent young people from initiating use of drugs and alcohol. Youngaddaction can be contacted on either 0151 706 9747 and 08000 196 197 (free from a landline).

http://www.addaction.org.uk/Ourworkyoung.html

Lighthouse Project

Lighthouse Project is one of the leading treatment providers for substance misuse in the United Kingdom with offices across Merseyside. The main aim of Lighthouse Project is to enable service users to fulfil their potential and live socially integrated lives through the utilisation of a variety of services and treatment approaches ensuring that treatment is client-focussed.

http://www.lighthouseproject.co.uk/

Liverpool Drug Dependency Unit

The Liverpool Drug Dependency Unit (DDU) is a community drug team that serves the south of the city offering treatment support for drug dependency. The DDU can be accessed via self referral or referral from a GP or appropriate body.

Rapid Access Homeless Outreach Service (Liverpool, DDU)

The Rapid Access Homeless Outreach Service (RAHOS) is a low threshold drug treatment service commissioned to engage 'hard to reach' substance users in treatment, principally aimed at homeless drug users. It is located in two host sites, The Whitechapel Centre and the Armistead Centre. It provides easy access substitute prescribing, harm reduction advice and acts as a transitional service for referral into the mainstream Liverpool DDU.

Criminal Justice Agencies

Youth Offending Team (YOT)

The Liverpool YOT is a multi-agency team and is responsible for the delivery of co-ordinated youth justice services across Liverpool. The YOT team is comprised of Social Workers, Police Officers, Education Staff, Health Staff, Probation Officers, Youth Workers and other specialists The main aim of the YOT is to prevent offending and the team works with young people between the ages of 10 to 17 years old inclusive.

Youth Court

Liverpool Youth Court handle most cases involving minors. They are presided over by specially trained magistrates and sit in private to protect the identity of those concerned.

Health Services

Brownlow Group Practice Homeless Team

Brownlow Group Practice operates a specific homeless team made up of a clinical lead and two homeless outreach nurses. The aim of the Homeless Team is to provide an enhanced service for homeless individuals and liaise with other relevant local agencies. The Homeless Team runs a health clinic specifically for homeless individuals fortnightly.

http://www.brownlowgrouppractice.org/

Child and Adolescent Mental Health Services (CAMHS)

Child and Adolescent Mental Health Services (CAMHS) support children, young people and their families with any emotional or mental health difficulties that they may be experiencing (e.g. feeling stressed, worried, depressed, angry). The CAMHS team also provides a transitional service for those aged 16 to 18 years old.

http://www.centralliverpoolpct.nhs.uk/Library/about_us/Docs/CAMHS%20adult%20guide.pdf

Appendix 3: Participant Information Sheets & Consent Forms

Please ask if there is anything you do not understand or if you would like more information. Take time to decide whether or not you wish to take part.

Title of project: Young Substance Users & Accommodation

The purpose of this study: To understand the needs of young people, who are homeless or vulnerably housed (e.g. 'sofa surfing') in Liverpool.

Interview: You will be asked questions on:

- Your health
- Your use of drugs and alcohol
- Where you have been staying
- Your contact with and views about support services in Liverpool

How long will it take? It will take about 30 minutes to one hour of your time. You will get a £10 shopping voucher as a thank you for taking part.

Who will benefit from our research? You may or may not receive any direct benefit from taking part in the research. However, information we get during the research will help increase understanding of the needs of young people who are homeless or 'sofa surfing' in Liverpool.

Confidentiality: All the information you give us will be **strictly confidential** and your name or individual details will not be mentioned at all. **However, should you suggest, imply or state that you will harm yourself or others, that someone else is harming you/others or that you are involved in specific serious criminal activities (i.e. acts of terrorism, offences against children) then the researcher will have to let the necessary people know. The researcher will let you know if he/she has to do this.**

It is thought that the results of this study will be published in the scientific press and in a report to be given to professionals in Liverpool, but **your name or individual details will not be mentioned at all**.

If it is okay with you, we will tape record your answers to some questions.

If you have any questions about this study then please contact me, Katrina Stredder on email k.j.stredder@ljmu.ac.uk or telephone 0151 231 4394 (Office hours).

Please note: You have the right to withdraw from the study at any time without giving a reason. If you do withdraw, you will still be able to get support from services as you did before.

Thank you for reading this.

Young Substance Users & Accommodation: Consent form

	Please tick
1. I understand the information sheet about the research called: Young Substance Users & Accommodation	
2. I have had the chance to ask questions.	
3. I understand that I don't have to take part if I don't want to.	
4. I agree for the interview to be audio recorded.	
7. I agree to take part in the above research.	

Initials of young person	Date	Signature
Initials of researcher	Date	Signature
3rd party (service worker, parent, carer)	Date	Signature

1 *copy for participant,* 1 for *researcher, 1 for 3rd party*

Young Substance Users & Accommodation

Background

Centre for Public Health has been commissioned by Liverpool DAAT to conduct a research project looking at the specific needs of young homeless and vulnerably housed substance users in Liverpool. The aim of the research project is to establish the health, social care and housing requirements of young homeless and vulnerably housed substance users in Liverpool and make recommendations for future service provision.

You are invited to participate in the stakeholder stage of the research project.

How will the information be gathered?

A member of the research team will interview you. The interview will take approximately one hour. The researcher will ask questions about your service, the needs of young homeless drug and alcohol users and how your service/agency works in partnership with other services/agencies locally, specifically for this group.

Your role

- You will participate in the interview process.
- You have the right to withdraw from the study at any time.
- All information about you will remain confidential and will be destroyed at the end of the study.

If it is okay with you, we will tape record the interview.

How will the information be used?

The information will be used to assess services for young homeless and vulnerably housed substance users and to make improvements to service provision. The report will not identify responses from specific people/agencies. The report will detail themes and areas for improvement that are common across the services/agencies who participate in the interviews.

Thank you for your co-operation.

Young Substance Users & Accommodation: Consent form

	Please tick
1. I understand the information sheet about the research called: Young Substance Users & Accommodation	
2. I have had the chance to ask questions.	
3. I understand that I don't have to take part if I don't want to.	
4. I agree for the interview to be audio recorded.	
7. I agree to take part in the above research.	

Initials of stakeholder	Date	Signature
Initials of researcher	Date	Signature

1 *copy for participant,* 1 for *researcher*

Appendix 4: Young Person Interview Guide

Section A: About You

This section asks questions about you.

A1. Initials

A2. Date of Birth

dd	mm	yyyy

Age (if DOB is not known)

A3. Gender

Male	Female

A4. Looking at this card, which of the following best describes your Ethnicity?

Code	Ethnicity	Code	Ethnicity
A	White British	K	Bangladeshi
B	White Irish	L	Other Asian
C	Other white	M	Caribbean
D	White and Black Caribbean	N	African
E	White and Black African	P	Other Black
F	White and Asian	R	Chinese
G	Other mixed	S	Other
H	Indian	Z	Not stated
J	Pakistani		

A5. Are you currently employed? (Please circle full or part time if applicable)

Yes FT/PT	No

A6. Do you have any formal qualifications? (e.g. G.C.S.E, NVQ) Yes [ ] 1 No[ ] 0

a. If yes, what is your highest qualification?

A7. Are you attending any training or vocational course at the moment? Yes [ ] 1 No[ ] 0

a. If yes, please state what it is below:

A8. Do you have any children? Yes [ ] 1 No[ ] 0

a. If yes, how many? [ ]

A9. Have you ever been excluded from school? Yes [ ] 1 No[ ] 0

Section B: Your Accommodation Status

Now I am going to ask you some questions about your homelessness

B1. In which of the following places have you stayed overnight in the last 7 days?

1	Friends house	☐
2	Hostel/shelter	☐
3	Parents/Guardians/Carers house	☐
4	Other relatives house	☐
5	Squat	☐
6	Sleeping Rough/Skippering	☐
7	Didn't bed down	☐
8	Prison cell/Police Cell	☐
9	Hospital	☐
10	Own house	☐
11	Other accommodation (Please specify below) ☐	

B1a. Which of these have you stayed/done the most in the last month (please circle)

B2. How long have you been homeless or without a permanent address?

Nights/ weeks / months / years *(delete as appropriate)*

B3. Have you **ever** not bedded down for the night or slept on the street/ in a doorway etc?

Yes	No *(Go to QB6)*

B4. When did you last sleep not bed down for the night or sleep on the street/ in a doorway?

Nights/ weeks / months / years ago *(delete as appropriate)*

B5. On the last occasion that you did not bed down for the night or slept on the street/ in a doorway, why was it?

B6. In which types of accommodation have you lived in the past 6 months? *(Tick all that apply)*

1	Council Tenancy/ Housing Association property (e.g. LHT, Riverside)	☐
2	Hostel	☐
3	Private landlord	☐
4	Bed and Breakfast	☐
5	Staying with friend	☐
6	Staying with a relative **if yes, which relative** _____	☐
7	Sleeping on the street/ in a doorway (slept rough/skippering)	☐
8	Didn't bed down	☐
9	Prison cell/Police Cell	☐
10	Hospital	☐
11	Own property/mortgaged	☐
12	Other accommodation (Please specify below)	☐

B7. Have you ever been in prison or youth offending institution?

Yes	No

If yes, circle which one

B8. Have you ever been in contact with a Youth Offending Team (YOT)?

Yes	No

B9. Have you ever had an ASBO (Anti-Social Behaviour Order) or ABC (Acceptable Behaviour Contract)?

Yes	No

If yes, circle which one

B10. Have you ever been in the care of the local authority (e.g. foster care/children's home)?

Yes	No

Section C: Health

Now I am going to ask you some questions about your health including questions about the doctors and dentist

Please read the following questions and tick one of the answer boxes (Yes, no or don't know)	Yes 1	No 0	Don't know/ NA2
C1. Are you registered with a GP?			
C2. Since becoming homeless, have you tried to register with a GP?			
C3. Did you experience any problems registering with a GP? **If yes**, please explain			
C4. Have you visited a GP or health professional in the last 12 months? (e.g. Brook/YOT nurse/school nurse)			
C5. Would you visit a GP if you were ill and needed treatment?			
C6. Are you registered with a dentist?			
C7. Have you visited the dentist in the last year?			
C8. Have you had toothache in the last year?			

C9. I am going to present you with a situation, this may not have happened to you, or would not happen to you, but we are interested in what you would do in this situation. Is that ok?

If you or your friend had a drug or alcohol related overdose, which of the following would you do? (*Do not prompt *Tick one box only)*

Call an ambulance	☐
Go to a casualty department	☐
Do nothing	☐
Not sure	☐
Other (please specify below)	☐

C10. How would you rate your own **physical** health using the scale of very good to very poor ?
Very Good [ ] 3 Good [ ] 2 Poor [ ] 1 Very Poor [ ] 0

C11. Do you have any physical health problems? Yes [ ] 1 No [ ] 0

b. If yes, what are they?

C12. Are you receiving **any** medication at the moment? (For physical or mental health problems)

b. If yes, what medication are you receiving

C13. Administer the BDI-II. Youth for under 18 years, adult version for over

Section D: Food and Nutrition

Now some questions about your diet.

D1. How would you describe your diet within the last month?

Mostly healthy	☐
Sometimes healthy	☐
Not healthy	☐
Not sure	☐

D2. How often do you eat the following? *(Tick one box for each food category)*

		Never	Once a week	2-6 times a week	Daily	More than once a day
1	Fruit (fresh, frozen or tinned)	☐	☐	☐	☐	☐
2	Vegetables (fresh, frozen or tinned)	☐	☐	☐	☐	☐
3	Bread, pasta, rice, potatoes (not chips)	☐	☐	☐	☐	☐
4	Meat, chicken, fish	☐	☐	☐	☐	☐
5	Fried food (including chips)	☐	☐	☐	☐	☐
6	Convenience food (e.g. microwaveable)	☐	☐	☐	☐	☐

D3. Where do you get your meals from in a typical week? (tick all that apply and put a circle next to the one that you use most often)

Shop/supermarket	☐
Friend	☐
Family	☐
Hostel	☐
Waste/bins	☐
Charitable organisations (e.g. Sisters of Charity, Liverpool)	☐
Whitechapel	☐
The Basement	☐
Takeaway	☐
Other (please specify below)	☐

Section E: Smoking

I am now going to ask you some questions about smoking tobacco.

E1. Which of the following best describes you at present? *(Tick one box only)*

I have never smoked tobacco	☐	(Go to Section F)
I have tried smoking once or twice	☐	(Go to Section F)
I have given up smoking	☐	(Go to Section F)
I smoke some days	☐	(Go to E2)
I smoke every day	☐	(Go to E2)

E2. How much do you smoke per day?

	None	Less than 10	10-19	20-29	30-39	40+
Cigarettes	☐	☐	☐	☐	☐	☐
Hand-rolled cigarettes	☐	☐	☐	☐	☐	☐

E3. Considering your tobacco use in the past 7 days, would you say this is…… *(tick one box only)*

		Why is this?
More than usual	☐	
The same as usual	☐	
Less than usual	☐	

Section F: Alcohol

I am now going to ask you some questions about alcohol

F1. Do you drink alcohol? *(Circle one response only)*

Yes	No (Go to Section G)

F2. Have you drank alcohol in the past 7 days?

Yes	No (Go to F4)

F3. In the past 7 days, on which days did you drink alcohol and how much did you have?

Circle each day that the participant has drunk alcohol on & insert how much of each alcoholic drink participant has consumed in the appropriate box. Circle specific drinks in the categories on the left.

Alcohol drunk….	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Lager/beer/bitter/cider etc… Usual brand? ……							
Alcopops e.g. Reef, Smirnoff Ice, WKD etc							
Spirits. Vodka/Gin/Whiskey/ Rum Single/double/bottle 10cl 1L							
Wine Small glass/large glass/bottle							
Fortified wine Sherry/20/20/Thunderbird/Martini/Cinzano/Buckfast							
Other drinks (please specify) …… ……							

F4. Considering your alcohol use in the past 7 days, would you say this is…… *(tick one box only)*

		Why is this?
More than usual	☐	
The same as usual	☐	
Less than usual	☐	

Section G: Substance Use

Now some questions about your drug use.

G1. Drug Use

Drug	**Ever used?** (Y/N)	**Current use?** (in last month) (Y/N)	**Frequency of use** (Daily, 2-4 times a week, 5-6 times a week, weekly, fortnightly, monthly)	**Usual route of administration** (smoke, inject, oral, sniff, other)	**Weekly spend/amount used** (£/grams/spliffs)	**Additional comments**
Heroin *(H, skag, brown)*						
Prescribed Methadone *(juice, green)*						
Illicit Methadone						
Other opiates *(morphine, codeine, buprenorphine)*						
Benzodiazepines (*Diazepam, Temazepam)*						
Amphetamines *(speed, whiz, base)*						
Cocaine *(Charlie, Coke, C)*						
Crack *(rocks, gravel, wash)*						
Hallucinogens *(acid, LSD, mushies)*						
Ecstasy *(E, pills, tablets, eckies)*						
Cannabis Resin *(dope, blow, draw, hash)*						
Cannabis Green *(weed)*						
Solvents *(gas, petrol, lighter fluid)*						
Barbiturates *(barbies, blue devils, sleepers)*						
Major tranquillisers *(antipsychotic drugs)*						
Anti-depressants *(Prozac)*						
Prescription drugs						
Other drugs (*sedatives, naltrexone, steroids)*						
Alcohol						
Tobacco						

G2. Have you ever injected any substance? *(If participant has already said yes to injected above there is no need to ask this question)*

Yes	No *(Go to Section I)*

G3. When did you last inject?

	Days/ weeks / months / years ago *(delete as appropriate)*

G4. Can you tell me a little about the first time you injected a drug? (i.e. who injected?, where on body?, substance injected? Location?)

G5. Which of the following, if any, have you ever shared with anyone else?

Needle	Syringe	Filter
Water	Spoon	Other (*specify*)

G6. Do you know of any heroin or crack cocaine users under the age of 18 years in the Liverpool area?

Yes [ ] No [ ]

If yes, how many and what do they use? (insert number of know users next to drug)

Heroin [ ] No. injecting [ ]

Crack [ ] No. injecting [ ]

Both Heroin and Crack [ ] No. injecting [ ]

Section H: Support and Services

Please can you tell me if you have ever been in contact with any of the following services or organisations.

H1. Service/Organisations	**Ever (Y/N)**	**Currently** (in last month) **(Y/N)**	**What type of service/support did you receive?**
Young Addaction (Hanover St)			
YPAS (Young Persons Advisory Service) (Bolton St, beside Adelphi Hotel)			
The Whitechapel Centre (Langsdale St, Everton)			
The Basement Night Drop-in Centre (Bolton St, beside Adelphi Hotel)			
The Sisters of Charity (Seel St)			
Armistead Street (street sex worker support) (Stanley St)			
Armistead Centre (Lesbian Gay Bisexual support service) (Stanley St)			
OKUK (Hanover St)			
The Door (Connexions) (Hanover St)			
YOT (Wavertree Rd, Edge Hill)			
CIC (Community Integrated Care – alcohol support) (Mount Pleasant)			

H2. If there are any services listed above that you used to use, please can you tell me why you no longer use them?

H3. Do you need help or support for any of the following? (Read out each in turn)

Alcohol problems	☐
Drug problems	☐
Disabilities	☐
Eating healthy foods	☐
Advice on stopping smoking	☐
Improving self confidence	☐

H4. Do you need any help to see any of the following? (Read out each in turn)

GP	☐
Dentist	☐
Optician	☐
Health Visitor	☐
Drug Agencies *(e.g. Addaction)*	☐
Chiropodist	☐
Women's health services (eg. Abacus)	☐
Men's health services	☐
Community Mental Health Team (CAMHS)	☐
Alcohol Agencies *(e.g. CIC/ Addaction)*	☐
Other (please specify below)	☐

Young Person Interview Guide

Section I: Interview questions (switch on recorder and ask participant if this ok)

1. Could you describe to me how you became homeless?

2. Do you feel that there is any support which could be given to stop young people from becoming homeless?
Yes [ ] 1 No[ ] 0

b. If **yes** could you describe what support would be useful?

3. Do think your health has changed since becoming homeless?
Yes [ ] 1 No[ ] 0

b. If **yes** could you explain how and why?

4. Do you think your use of drugs or alcohol was one of the causes of you becoming homeless/'sofa surfing'?
Yes [ ] 1 No[ ] 0

b. If yes, could you explain in what ways your use of drugs or alcohol led to you becoming homeless/'sofa surfing'?

5. Do you think your homelessness has led to you using drugs or alcohol more than you did before?

b. **If yes**, could you explain how?

6. Do you think that your homelessness has led to you using drugs that you would not have used before?

b. **If yes**, could you explain how?

7. In your opinion, what are the main issues stopping homeless young people from getting treatment for their drug or alcohol use?

8. In your opinion, what would help to keep young homeless people in drug or alcohol use treatment?

9. In your opinion, what are the main needs of young homeless people with drug or alcohol problems?

10. Have you any other comments about homeless services, treatment services or health services in Liverpool (particularly for homeless people)?

Appendix 5: Young Person Debriefing Sheet

Debriefing Sheet (For participant to keep)

Some additional information about our study:

- The main aim of this study is to find out what more about the needs of young people who are homeless, vulnerably housed (i.e. sleeping on a friend's/someone else's sofa) or leaving foster care or children home.
- The findings of the study will be used to tell us more about support services for young people in Liverpool.
- Information gathered during interviews with young people and local services/organisations will give us a picture of where young people are staying, their drug, tobacco and alcohol use, how individuals are feeling (level of depression), health issues and reasons for housing issues.
- The findings are really important if we are to find out what sort of places young people are staying and how to improve access to suitable housing.
- Thank you for taking part in this research. We hope that the findings will make a difference for you and other young people in the Liverpool area.

Sometimes people find the subject matter of these questionnaires upsetting. If answering any of these questions has led you to feel upset and you would like to speak to someone about your thoughts, please contact the **Samaritans**:

08457 90 90 90

Or **ChildLine** 0800 1111

A list of local services which you might find helpful is on the next page.

If, for whatever reason, you later decide that you no longer want your responses to be part of this study, then please contact Katrina Stredder (see details below) to have your data removed from the study and destroyed. As a final point, all data collected in this study will looked at together – your responses will not be singled out; only averaged results will be reported in any future documents. (You will remain anonymous).

If you would like more information, or have any further questions about any thing to do with this study, then please feel free to contact **Katrina Stredder** Tel: 0151 231 4394

Email: k.j.stredder@ljmu.ac.uk
Researcher in Substance Use
Centre for Public Health
Faculty of Health & Applied Social Sciences
Castle House
North Street
Liverpool
L3 2AY

Contact Details of local organisations that you may find helpful

Drug/Alcohol Treatment Services

Young Addaction
5th Floor,
The Gostin Building,
32-36 Hanover Street,
Liverpool

0151 706 9730

OKUK
65-67 Hanover Street,
Liverpool

0151 702 0740

Community Integrated Care
The Peoples Centre,
50-52 Mount Pleasant,
Liverpool

0151 707 2420

Advisory Services

Young Persons Advisory Service
36 Bolton Street,
Liverpool,

0151 707 1025

The Door
Liverpool City Connexions Centre
The Door
Abney Building
Liverpool

0151 709 5400

Young Offenders

Liverpool Youth Offending Team
Edge Hill Custom Focus Centre,
80-82 Wavertree Road,
Liverpool,.

0151 225 8222

Homeless/Housing Support Services

The Whitechapel Centre
Langsdale Street
Everton
Liverpool

0151 207 7617

The Basement Night Drop-In Centre
36 Bolton Street,
Liverpool

0151 707 1515

The Sisters of Charity
55 Seel Street,
Liverpool

Street Sex Worker Support

Armistead Street
Stanley Street,
Liverpool

0151 227 1893

Lesbian, Gay, Bisexual and Transgender Advice

Armistead Street
Stanley Street,
Liverpool

0151 227 1893

Appendix 6: Stakeholder Interview Guide

Discussion Guide for Stakeholders

Your Service

Can you provide a brief description of your service?
(Target audience, Interventions)

How does your service cater specifically for the needs of young homeless drug and alcohol users?
(Any specific outreach services, Tiers)

How do the clients move through the service?
(Referral to and from services, Retention in the service, Criteria for referral)

The Needs of Young Homeless Drug & Alcohol Users

In your opinion/the opinion of your service, what are the specific needs of young homeless drug and alcohol users?
(Specifically health & social care needs)

In your opinion, what are the main issues stopping homeless young people from getting treatment for their drug or alcohol use?

In your opinion, what would help to keep young homeless people in drug or alcohol use treatment?

Partnership working

What other services/organisations does your organisation work in partnership with? How does this partnership work (treatment? Housing services?)? Any difficulties/barriers?

Are there any key partnerships missing?
(i.e. Benefits office, GP, mental health, substance misuse services)

What type of relationship do you have with prison, probation and YOT services?

What barriers has your service faced when providing interventions/assistance to homeless drug and alcohol users?

How do referrals to detoxification for young homeless drug and alcohol users work from your service? Any difficulties with referrals?

Additional comments

Have you any other comments about homeless services, treatment services or health services in Liverpool (particularly for homeless people)?