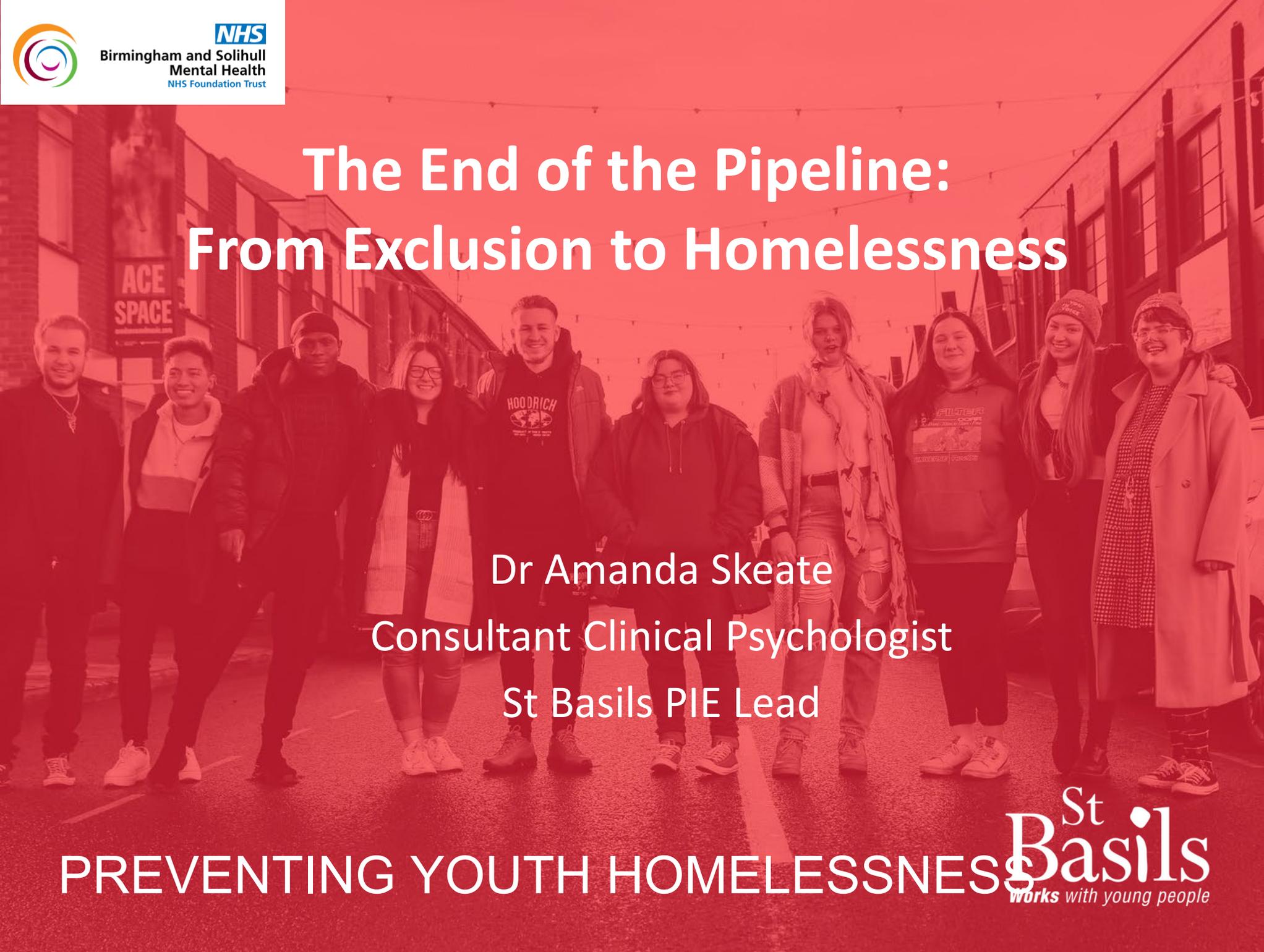


The End of the Pipeline: From Exclusion to Homelessness

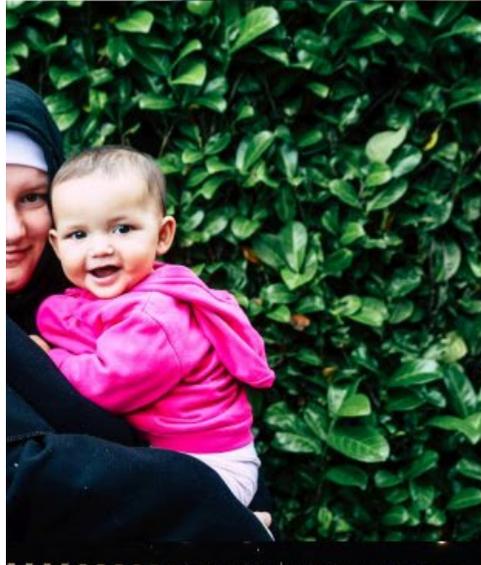


Dr Amanda Skeate
Consultant Clinical Psychologist
St Basils PIE Lead

PREVENTING YOUTH HOMELESSNESS

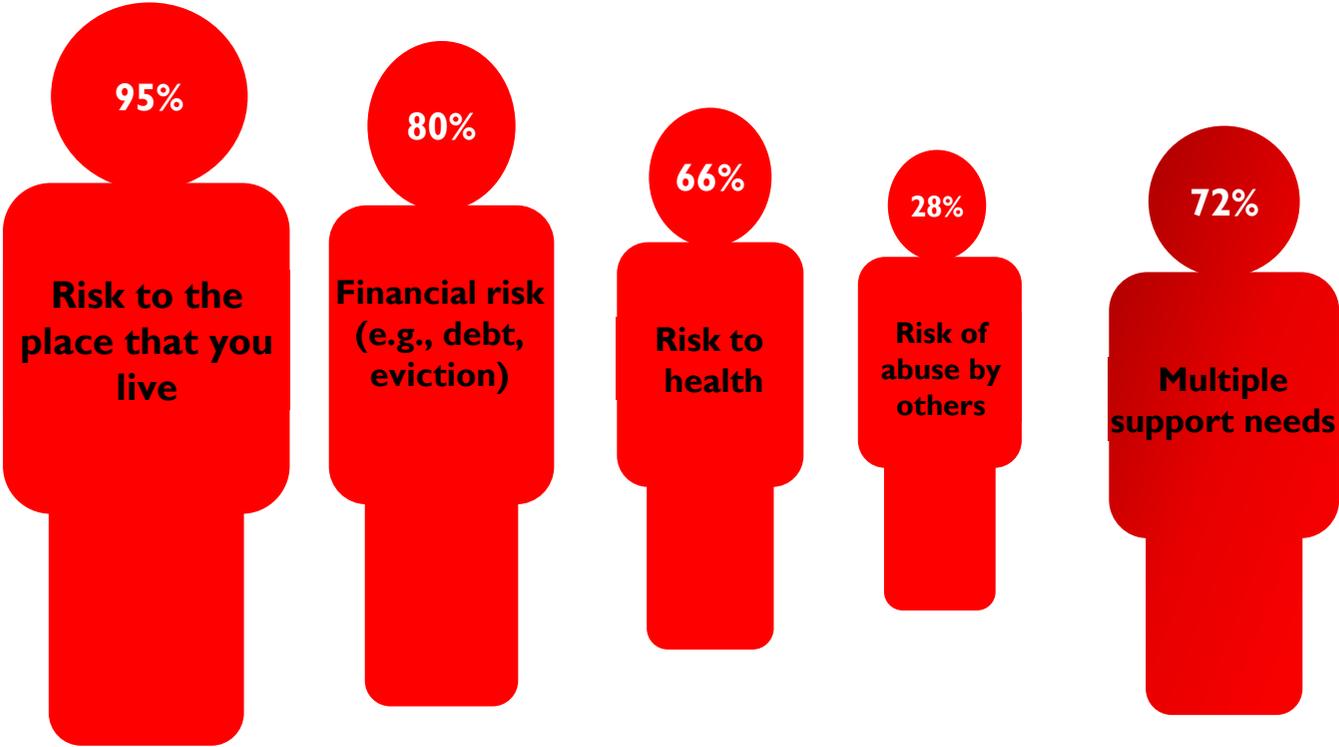
St
Basils
works with young people

St Basils *WORKS* with Young People to prevent homelessness



In 2024/25, 4,118* young people sought our assistance

* 4,118 distinct young people, some approached more than once



12% aged 16-17 yo;
88% aged 18-25 yo

35% of 16-17 yo were **NEET** when they approached;
72% of 18-25 yo

1,053 young people lived with us during the year

91% achieved positive outcomes and left in a planned positive way

72% of young people identified multiple support needs, including 27% with 5 or more such needs

THE NATIONAL PICTURE FOR 2023-2024

One young person became homeless approximately every 4 minutes in the UK in 2023-2024.



ENDING YOUTH HOMELESSNESS

Youth Homelessness Databank



118,134

118,134 young people were homeless or at risk of homelessness in the UK last year.



67%

Only 67% of young people who reached out to their local authority for support were assessed.



1 in 62

1 in 62 young people in the UK were estimated to be facing homelessness in 2023-2024.

PREVENTING YOUTH HOMELESSNESS

St Basils
works with young people

Neurodivergence & Homelessness

It is widely recognised that people with autism are overrepresented in Homelessness Service.

Research into this area is still developing, but one study found **12%** of a group of people experiencing homelessness showed strong signs of autism (Churchard et al., 2018).

Birmingham - St Basils data (2025)

- 259 of 1310 (**19.8%**) YP accessing Birmingham Youth Hub (Assessment Centre) were recorded as having Autism and/or ADHD/ADD
 - 149 (**11.4%**) were recorded as having Autism
 - 203 (**15.5%**) were recorded as having ADHD/ADD
- 111 of 638 (**17.4%**) YP who lived in St Basils accommodation were recorded as having Autism and/or ADHD/ADD
 - 65 (**10.2%**) were recorded as having Autism
 - 90 (**14.1%**) were recorded as having ADHD/ADD

PREVENTING YOUTH HOMELESSNESS

St Basils Transition Hub

Referral & Triage
(1-7 days)

Stabilisation & Assessment
(1-6 months)

Stabilisation & Interventions
(Up to two years)

Next Steps



St Basils
Psychologically
Informed
Environments

St Basils
Manager &
Coordinators

FTB
Occupational
Therapist &
Clinical Psychologist

Aquarius
Substance Misuse
Worker



UNIVERSITY OF
BIRMINGHAM

(Tidmarsh et al., 2024)



PREVENTING YOUTH HOMELESSNESS



NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

St
Basils
Works with young people

69 YOUNG PEOPLE ACCESSED THE TRANSITION HUB IN THE LAST 3 YEARS

Table 1 , Demographic information of young people accessing the Transition Hub

| INFORMATION | FREQUENCY |
|-----------------|---|
| Age | 16-17yrs = 1; 18-21yrs = 32; 22-25yrs = 35; not reported = 1 |
| Gender | Female = 25; Transgender/Non-Binary = 3; Male = 41 |
| Ethnicity | Asian British = 9; Asian other = 3; Black African = 1; Black Caribbean = 11; Mixed white/Caribbean = 8; White Caribbean = 1; White/Irish = 3; White other = 2; White British = 31 |
| Time in service | <3 months = 2; 3-6 months = 1; 6-12 months = 13; >12 months = 33; Remains open = 20 |

Multiple support needs identified for each young person



93%
Mental
Health
Problems

80%
Substance
Misuse

41% Neuro-
divergent

78% History of
Risk to Self;
57% Risk to
Others

68% Serially
Excluded
from Housing

49%
Rough
Sleeper
History

Top Causes of Youth Homelessness in England

Family Breakdown

- Relationship breakdown, particularly between young people and their parents or step-parents, is a significant cause of youth homelessness. Many young people end up leaving home due to ongoing conflicts.

Leaving Care

- A considerable number of young people experiencing homelessness have been in the care system. The traumas and instability they encounter early in life make them some of the most vulnerable members of our communities.

Refugees and Asylum Seekers

- Some young people experiencing homelessness are refugees or asylum seekers who arrive as unaccompanied minors, fleeing violence or persecution in their home countries.

Exclusion from School

- Being out of formal education can make it much harder for young people to get help with personal or health-related issues. A lack of education also poses significant barriers to finding employment and building a stable future.

Violent Crime

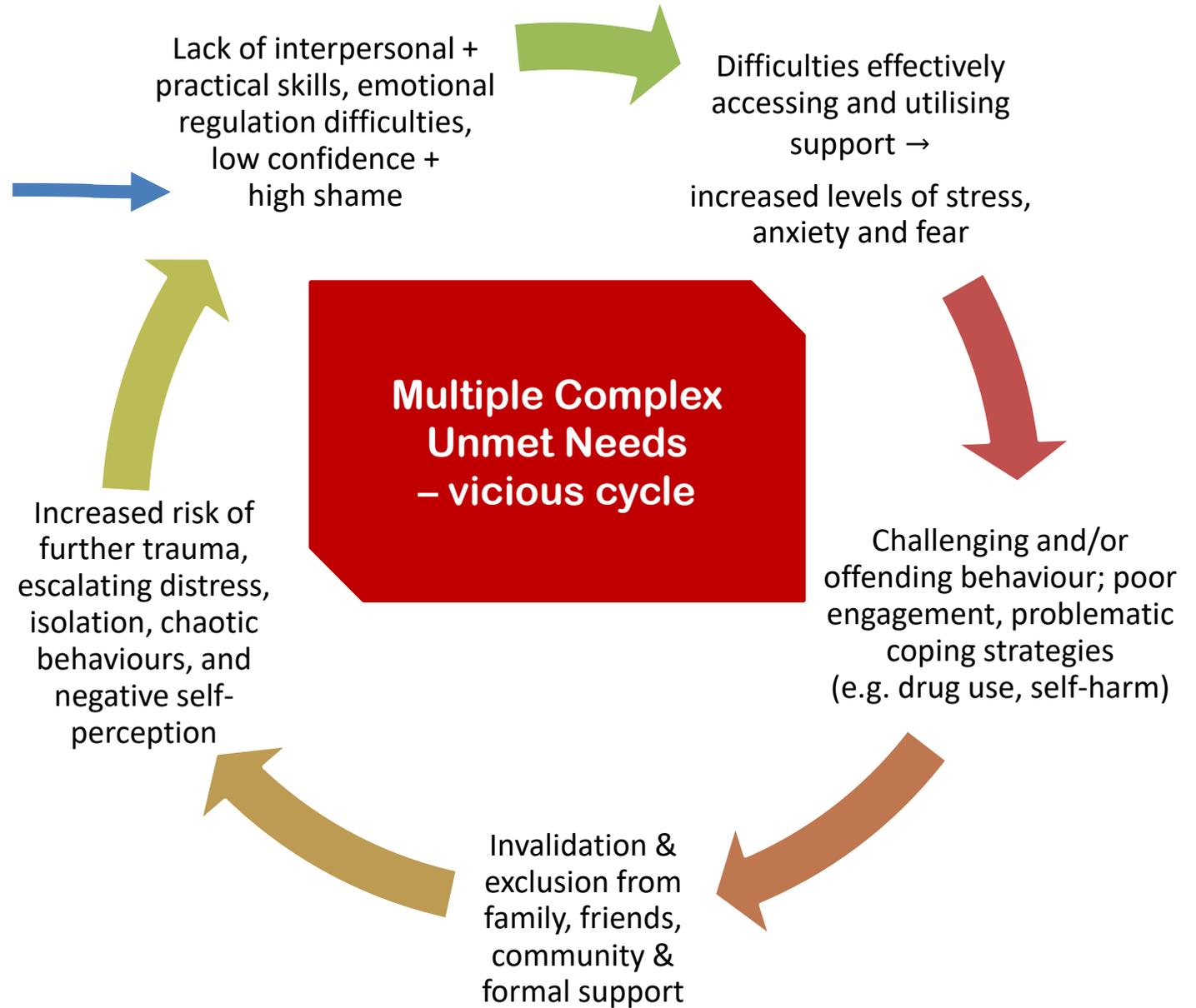
- Involvement or problems with violent crime can lead young people into homelessness. If staying in their local area or in their local community becomes too dangerous, they may find themselves with no safe place to stay.

Escaping Violence

- Many young people become homeless when they need to escape from a hostile or abusive environment, leaving them with nowhere to go.

Physical and Mental Health

- Young people experiencing homelessness often deal with a range of complex issues, including mental health challenges such as depression or anxiety, and difficulties related to substance misuse.



Case Example: Rebecca*, Young Woman, 20 years old

FORMULATION

Early trauma + neurodevelopmental differences



Heightened threat sensitivity and mistrust of authority/
feeling of rejection, invalidation and neglect



Situations involving control, dependency, or perceived criticism may activate PTSD responses



Fight response → aggression (e.g. spitting, confrontations)
flight response → withdrawal (disengagement, isolation, refusal of support)



Behaviour interpreted as intentional hostility or unwise decisions rather than distress



Criminalisation, service exclusion, and evictions



Reinforcement of shame, disengagement, feelings of rejection, and escalation of vulnerability

*anonymised to protect identity

Case Example: Rebecca, Young Woman, 20 years old

CONSIDERATIONS

- Rebecca does have decision-making capacity, but her refusal of help is an attempt to protect herself rather than an informed rejection of care
- Non-engagement reflects a mismatch between her needs and service delivery model
- High risk of psychological vulnerability arising from a complex presentation, which may lead to additional long-term costs (use of Crisis MH services, repeated referrals, risk of rooflessness/use of emergency accommodation)
- Rebecca is perceived as an “angry black woman” who is making unwise lifestyle choices rather than a vulnerable young adult with complex needs
- Rebecca presents as having a ‘spikey cognitive profile’ – showing considerable strength in some areas of intelligence and some weaknesses in others. This results in Rebecca believing she is not deserving of help, and is often interpreted by professionals as ‘she should be capable of handling things by herself’