



FEANTSA

Policy paper

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Policy Paper on Youth, Homelessness and Health

While there is a lack of comparable data at EU level and perceptions may differ depending on the country, evidence shows that youth homelessness is a shared reality across Europe, which entails a number of common features and challenges, including from a health and social protection perspective¹. If national measures aimed at children, adolescents and young people vary considerably, vulnerability to homelessness and ill health seem to be reinforced by a number of risk factors among many young people in transition towards independent life. This paper will mainly focus on similar aspects and situations experienced by young people between 16 and 25.

First of all, it should be said that social exclusion and homelessness are complex and multifaceted realities², which affect all areas of people's life and have an unquestionable impact on people's state of health and well being³. Homelessness is usually the result of a combination of factors. It is a process rather than a static phenomenon, which affects many vulnerable individuals and households at different points in their lives⁴.

Pathways into youth homelessness may vary, although elements such as: experience of instability and conflict at home, State care history, and negative peer association and problem behaviour (often linked to the afore mentioned difficulties), appear to increase vulnerability to homelessness. For many young people, leaving home may have been a temporary solution to escape an abusive environment, while other may have experienced homelessness as a child. Health related implications of youth homelessness include a range of physical and mental health problems, such as respiratory problems, poor nutrition, substance misuse, injuries or depression. Health professionals can contribute to efforts to improve the health of young homeless people by taking account of their special health needs and working towards meeting these needs. In many cases, young people may cumulate a number of

¹ The definition of youth homelessness may vary and cover a range of situations depending on the country, including children under 18, young people between 16 and 25, etc. Also, the type of measures and the responsibility for their implementation may fall under the competence of different ministries or departments. See: "Youth homelessness in the European Union", FEANTSA, 1998; "Child homelessness in Europe – an overview of emerging trends", FEANTSA, 2007; "Homelessness Research in Europe – Festschrift for Bill Edgar and Joe Doherty", FEANTSA, 2010.

² Homelessness is understood in the wider sense as part of a continuum of living situations whereby people are roofless, houseless, insecurely housed or inadequately housed, in accordance with the European Typology of Homelessness and Housing Exclusion (ETHOS). Homelessness and housing exclusion is usually the result of a combination of factors. Factors of vulnerability include housing related problems, unstable employment, family status, ethnic status, relationship breakdown, addictions, etc. Causes may be of structural, institutional, relationship-related or of personal nature.

³ FEANTSA embraces the comprehensive definition of health set out in the preamble of the World Health Organisation's constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

⁴ See European Observatory on Homelessness, "Statistics Review" and "Profiles Review", 2005.

better preventing it through early intervention schemes, is also crucial to avoid children entering a cycle of homelessness¹⁰.

Children living in shelters, for instance after having witnessed gender based violence or parental substance abuse at home, require specific support in order to overcome the traumatic experience they had and avoid related health problems as adults¹¹. Similarly, young people fleeing an abusive environment need to be protected from further exposure to abuse and be given an opportunity to address related issues, including mental health problems. Gender sensitive measures should be designed and implemented. Information, support – including psychological counseling – and training tailored to the needs of young people who are homeless should be made available, both for the purpose of them to access relevant services and schemes, and to acquire the necessary skills for reintegration and full participation in society¹².

- **Ensuring that the transition to independent life does not lead to homelessness**

Most European countries have policy measures specifically aimed at children¹³, which include health related aspects. However, it appears that national welfare systems fail to properly address some of the difficulties faced by young people when in transition into adulthood. In general, ministries and departments responsible for catering for the needs of young people vary depending on whether they are under 18 or older¹⁴. As a result, lack of coordination may lead to a situation where young people, and in particular young people at risk¹⁵, are denied access to their rights, the support they need and may become homeless.

In some European cities, the proportion of young people among homeless service users appears to be much higher than the percentage of young people among the general population, while in some countries their number seems to have considerably increased in recent years, as well as the proportion of young foreigners¹⁶. In addition to the lack of affordable housing and increasing rates of youth unemployment, existing gaps in terms of social protection and health care entitlements for young people constitute an additional element of vulnerability – and a *de facto* discrimination – often preventing them from accessing the services and health care they need¹⁷.

¹⁰ See Focus Ireland and other, “The mental and physical health and well-being of homeless families in Dublin: a pilot study”, 1999; see also EMCDDA Thematic Papers “Preventing later substance use disorders in at-risk children and adolescents”, 2009.

¹¹ See for instance research on the situation, including health-related aspects and needs, of children in women shelters in the Netherlands: S. Brilleslijper-Kater, M. Beijersbergen, J. Asmoredjo, C. Jansen & J. Wolf “Meer dan bed, bad, broodje pindakaas. Kinderen in de VO & MO”, UMC St Radboud, 2009; see also “Alcohol and food, making the public health connection”, which shows that adverse childhood experiences are strongly related to early initiation of alcohol use, alcohol abuse as an adult and adult obesity <http://www.cph.org.uk/showPublication.aspx?pubid=613>.

¹² See for instance “Leaving home and housing education” provided SCSH, which includes modules on personal and domestic hygiene, addictions, independent living skills, etc. web site: www.leavinghome.info

¹³ According to the UN Convention on the Rights of the Child, children are individuals under 18 years of age.

¹⁴ For instance, in the Netherlands young people under 18 are taken care of by the youth department, while young people older than 18 are under the responsibility of the department of social affairs.

¹⁵ Such as young people leaving care institutions or the juvenile justice system, being forced to leave their family before securing independent housing, or whose family is homeless.

¹⁶ FNARS “Fiche bibliographique n°5 – Les jeunes sans domicile”, in the framework of Sortir de la rue - Conférence de consensus, 2007, France; and on the situation in Spain, see: http://obrasocial.lacaixa.es/StaticFiles/StaticFiles/670e2a8ee75bf210VgnVCM1000000e8cf10aRCRD/es/vol31_es.pdf

¹⁷ See for instance BAGW, “Wohnungslosigkeit junger Erwachsener – Gemeinsame Herausforderung für Wohnungslosenhilfe und Jugendhilfe”, 2004.

Also, although in theory homeless people and other vulnerable groups may be legally entitled to basic health care in many European countries, there are a number of uncertainties and hurdles to overcome, which significantly undermine their effective access to health care services and enjoyment of their fundamental rights¹⁸. While a comprehensive definition of health goes far beyond considerations of access to health care services, access to health care often proves to be a daily challenge for many people faced with homelessness, poverty and social exclusion, and this is even more the case in a period of crisis¹⁹.

The national legal and policy framework, as well as the way policies are implemented, have a direct impact on the ability of people to address their needs, including health related needs²⁰. Therefore, to avoid adding unnecessary reasons for vulnerability, addressing structural and institutional factors is crucial, including ensuring intra-governmental coordination as well as legislation and policy consistency²¹.

- **Need for integrated approaches to youth homelessness and health**

Action to bridge health inequalities and to address youth homelessness is at the cross roads of different policy areas and levels of competence. In order to be effective, measures need to be integrated in policy areas such as social policies, housing, public health, employment, economic policy, education and training, immigration, asylum or research.

Therefore, involving all relevant actors is of the utmost importance, as well as fostering multidisciplinary partnerships and cross sectoral cooperation. Moreover, appropriate measures are likely to be successful only if appropriate resources and funding are provided for.

¹⁸ The right to benefit from access to health care is recognised in human rights texts at international and European level, including: [Council Conclusions on the Common Values and Principles in EU Health Systems](#) (2006): “Universality means that no-one is barred access to health care; solidarity is closely linked to the financial arrangement of our national health systems and the need to ensure accessibility to all; equity relates to equal access according to need, regardless of ethnicity, gender, age, social status or ability to pay”; [Charter of Fundamental Rights of the European Union](#), Article 35: “Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”; Article 13 of the Council of Europe [Revised European Social Charter](#).

¹⁹ See [FEANTSA Policy Statement on Health Care Entitlements for People who are Homeless](#), 2010.

²⁰ The way the health system is organised, the way the right to health is implemented, health care entitlements, etc.

²¹ In the Czech Republic for instance young people under 26 living at their parents and registered as unemployed are not entitled to social benefits. The idea behind this measure is to encourage them to look for a job, a side effect being that if they do not manage to find a job, some parents may not be able to cover their costs anymore and will ask them to leave, which put them at direct risk of homelessness. See relevant legislations 111/2006 Sb:

http://portal.gov.cz/wps/portal/_s.155/701/cmd/ad/c/313/ce/10821/p/8411/_s.155/701?PC_8411_name=o%20hmotn%C3%A9%20nouzi&PC_8411_l=111/2006&PC_8411_ps=10#10821 and 110/2006 Sb:

http://portal.gov.cz/wps/portal/_s.155/701/cmd/ad/c/313/ce/10821/p/8411?PC_8411_name=o%20%C5%BEivotn%C3%A9%20minimu&PC_8411_l=110/2006&PC_8411_ps=10#10821



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