

**TRANSITIONS OUT OF CARE FOR LOOKED
AFTER CHILDREN WITH MULTIPLE AND
COMPLEX NEEDS: A LITERATURE REVIEW**



ABOUT

This literature review aims to provide context for the pilot evaluation of a supported housing pathway for care leavers with multiple and complex needs.

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EXECUTIVE SUMMARY

Care leavers are at risk for a greater number of adverse outcomes compared to their peers, particularly those with multiple and complex needs. This literature review summarises the enablers and barriers to young people achieving a successful transition from care and concludes with recommendations for policy makers and commissioners.

Enablers to care leavers achieving successful transitions out of care include resilience, good social support, education employment, and support from services.

Barriers to successful transitions include poor mental health, abrupt and accelerated transitions with inadequate planning, homelessness, disability, and cultural differences.

Policy-makers and practitioners should aim to increase the impact of enablers and decrease the impact of barriers. Existing examples of attempts to do this may be used to help design evidence-informed policy and practice, combining research evidence, lived experience, and knowledge from practice.

Interventions are aimed at young people, staff and/or services, targeting key outcomes such as employment and wellbeing. Overall, these interventions have been successful in boosting these outcomes, although more evaluations are needed.

The review concludes with recommendations drawn from the literature, including the importance of staff training and support, empowerment of young people, and multi-agency co-working.

TRANSITIONS OUT OF CARE FOR MULTIPLE AND COMPLEX NEED CARE LEAVERS

Care leavers are young people between ages 16-18-year olds or, in some cases, young adults up to 24 years old, transitioning out of foster or residential care or other supported living arrangements. They are one of the most disadvantaged groups in our society with consistently poorer outcomes, for example in health, well-being, employment, and education.

Within this group, care leavers with multiple and complex needs are those most likely to struggle and are at even greater risk of poor outcomes. Such needs could include mental health issues, physical or learning disabilities, contact with the criminal justice system, and risk of homelessness.

Although representing a minority of care leavers, those with complex needs may present the biggest challenge to services who must work together, at significant financial cost, to successfully support them in achieving healthy and fulfilling lives.

Until recently, policy and research has focused on care leavers in general, overlooking care leavers with complex needs; for example, those 35% of care leavers who had 5 or more placements whilst in care is one indication of having multiple support needs². There is growing recognition for the need to provide additional support for these young people.

Therefore, this literature review includes a review of these multiple needs (which are often influenced by each other), the limited information and evidence concerning the complex need care leavers subgroup

specifically, as well as protective factors that form part of each care leaver's unique biography.

It is hoped that the review will therefore help inform effective policy, services, and programmes interested in improving the outcomes for care leavers with complex needs. The review will provide an overview of outcomes, barriers, and enablers to their successful transition out of care, and recent examples from policy and practice that aim to support complex need care leavers.

Outcomes for care leavers

Care leavers experience poorer outcomes compared to their peers in a multitude of areas. An earlier review³ of the research highlighted a greater likelihood of:

- Poor educational qualifications
- Lower levels of participation in post-16 education
- Homelessness
- Young parenthood
- Unemployment
- Physical and mental health problems
- Offending

Data from a Swedish study⁴ found that care leavers have 6 to 11 times higher risk of:

- Suicide attempts
- Substance abuse
- Serious criminality from age 20
- Public welfare dependency at age 25

Furthermore, 22% of female care leavers became teenage parents⁵.

These factors are interrelated, such that instability in one area can have an impact on another⁶. For example, lower educational attainment restricts opportunities for employment, training, or further education whereas mental health problems could interfere with the ability to parent a child

and contribute to employment or housing instability.

Employment and education

Department for Education statistics from 2014 on educational attainment for children in care⁷ showed that:

- Only 14.4% received 5 or more GCSEs A*-C, or equivalent, including English and Mathematics, compared to 55.4% of children not in care

These secondary school-age children in care are likely preparing for their transition out of care, and the findings foreshadow post-secondary education outcomes:

- 40% of care leavers aged 19-21 years were not in education, training, or employment⁸.
- 6% of care leavers were in higher education⁹, compared to almost 50% of the general population¹⁰.

Findings from a comprehensive US study of adults who have left care found that half were unemployed, and, for those working, average earnings were below the poverty line¹¹.

In sum, children in care and care leavers have substantially lower educational attainment and employment rates.

Mental health, physical health, substance use and disability

Young people aging out of care are at increased risk of mental and physical health problems¹², but issues around health, well-being, and lifestyle choices may become overshadowed by accommodation, education, work, and training needs.

National surveys in the UK¹³ show a range of health needs in looked after children, including:

- Poor diet
- High levels of smoking and substance abuse
- Chronic physical conditions or health problems including sight impairment, speech and language problems, disabilities, difficulties in coordination, and asthma
- Low levels of physical activity
- Early parenthood
- Learning disabilities, emotional and behavioural difficulties
- Mental health problems including self-harm, depression, and low self-esteem

Without appropriate support, these difficulties can last into adulthood and contribute to higher incidences of poverty, unemployment, social isolation, and poor housing.

A UK study¹⁴ followed 106 young people, mostly aged 16-18, in the first 12-15 months following their transition from care to independent living. In general, their health deteriorated over the follow-up period:

- 61% reported physical or mental health problems at follow-up compared to 38% at baseline
- Reports of health problems such as asthma, weight loss, allergies, flu and illness related to substance abuse also increased, from 28% to 45%
- Reports of mental health problems doubled from 12% to 24%
- 4% made suicide attempts (although this is comparable to a sample of over 1200 18-23 year olds of whom 3.1% reported a suicide attempt in the past year¹⁵)

Substance use may also have an impact on mental and physical health. In a Home Office survey¹⁶ of 200 young people who were preparing to leave or had left care,

findings showed higher rates of drug use compared to the general population:

- Cannabis use was most common, with 74% having smoked it, 52% smoked it in the last month, and 34% reporting they smoke it daily. For young adults in general aged 16-24, only 16.7% report having used cannabis in the last year¹⁷
- Alcohol use was lower, with 34% drinking at least once a week, 20% once a month, and 23% less than once a month, compared to 47.9% of 16-24 year olds in the general population who said they drank alcohol in the past week¹⁸
- 10% reported having used cocaine and 15% having used ecstasy, within the last month. These rates can be compared to a rate of 8.4% for 16-24 year olds in a general household survey reporting use of any class A drug in the last year¹⁷

Substance use may in turn affect physical and mental health and may involve association with criminal activity, amongst other problems¹⁹.

Disability is defined as a physical or mental impairment that has a substantial and long-term negative effect on a person's ability to perform normal daily activities²⁰.

Children in care are more likely to have a disability compared to the general population; estimates for the proportion of children in care who have a disability include 16.4% and 25%²¹. Regardless of whether this is an influencing factor for being taken into care or a consequence of it, care leavers with disabilities are more likely to experience poorer physical and mental health²².

In summary, care leavers as a population face significant health inequalities compared to other young people, and that the transition from care is a time of

vulnerability in terms of physical and mental health.

Offending

In 2013, 6.2% looked after children, compared to 1.5% of all children and young people, had been convicted or subject to a final reprimand or warning²³. For older children who are preparing to leave care, there is an even greater risk of offending, with these figures reaching 11.1% for 16-17 year olds.

This increased risk continues into adulthood: 24% of adult offenders have been in care²⁴. These disproportionate figures are a strong indication of the disadvantage experienced by care leavers and suggests an increased likelihood of disconnect from their community.

Type of placement whilst in care also plays a role in outcomes. Those in foster care had an offending rate of 3.6% versus 21.4% of those in residential care²⁵.

Aside from other factors that may predispose a care leaver to offending, which are explored more in a later section on barriers to effective transitions from care, Fitzpatrick and Williams²⁶ summarised some of the reasons that may explain the overrepresentation of care leavers in the criminal justice system:

- A belief by many practitioners that the youth justice system is a necessary partner of the care system
- Greater surveillance of behaviour by services compared to the average young person
- Lack of tolerance for challenging behaviour in some care homes

These lead, for example, to a greater police presence in care homes and charges for minor criminal offences. In the average family home, a police presence would be

unacceptable and minor criminal acts would normally go unnoticed. Care leavers who are involved in the criminal justice system in this way may then be perceived as disproportionately risky, reinforced by additional risk assessment measures.

Fitzpatrick and Williams commented that the “stubborn over-representation” of care leavers in the criminal justice system “marks a systemic failing in the provision of supportive services to those with care experiences”. The offending outcomes for care leavers are therefore another example of social injustice experienced by care leavers, influenced by both individual and systemic factors.

Housing and homelessness

Simon²⁷ reported that 30% of care leavers had been homeless at some point between 18-24 months after leaving care. A similar percentage was reported by Crisis: 25% of their sample of homeless youth had been in local authority care²⁸.

Unstable living arrangements can exacerbate or cause new physical or mental health problems, interfere with one’s ability to engage in or sustain education, employment or training, and can lead to outright homelessness.

Care leavers often lack life, or living, skills which relate to their ability to maintain a tenancy²⁹. For this reason, many programmes aimed at care leavers focus on living skills (see later section on interventions).

Living in safe, stable accommodation is a basic need, and is highly associated with mental well-being, over and above education, employment or training (EET) status³⁰.

Therefore, being at risk of homelessness, or actually becoming homeless, is likely to

exacerbate the poor outcomes discussed previously.

Care leavers with complex needs

Government guidelines³¹ suggest that in tackling homelessness, those with priority needs include children aging out of care. However, there are subgroups even within the care leaver population with different needs and outcomes.

Stein³² proposed that care leavers could be broadly categorised into three different groups: “moving on”, “survivors”, and “strugglers”. The first two groups, whilst experiencing differing levels of support needs and consistency of care, are able to engage with services and achieve post-care stability.

Indeed, improvements in care services, pre- and post-transition, a care leaver’s resilience, and a multitude of other factors mean that many young people leaving care do experience good outcomes. Success for these young people could mean establishing a stable tenancy, maintaining employment, leading an active lifestyle, enrolling in education or training courses, developing a supportive network and experiencing good mental health.

However, complex need care leavers are more likely to fall into the category of “strugglers”: young people who are less responsive to and engaged in with services and thus at even greater risk of adverse outcomes. As a result, care leavers with complex needs are most at risk for the poor outcomes outlined above³³. Yet most research pertains to care leavers in general; only a limited amount, such as Stein’s, deals with this subgroup.

Nevertheless, it is recognised that young people within this group have a range of multiple and co-occurring needs, such that

one-size-fits-all approaches to supporting their transition out of care are unlikely to be effective³³.

The multiple and co-occurring needs that make this group especially vulnerable include involvement with the criminal justice system, and physical or mental disability. These additional needs present further barriers.

The following section explores the challenges of transition for care leavers by looking at specific needs in terms of barriers and enablers to successful transition.

A better understanding of the barriers and enablers to successful transition out of care is also likely to contribute to greater sensitivity to these individual needs, leading to better support and therefore better outcomes.

ENABLERS AND BARRIERS IN THE TRANSITION FROM CARE

Enablers and barriers are factors which either support or hinder a young person as they transition out of care and can be contextual or individual factors. Ideally, barriers should be minimised, and enablers maximised to fully support care leavers.

Enablers

Resilience

The ability to thrive and ‘bounce back’ despite adversity, which is often faced by children in and leaving care, is known as resilience³⁴. This concept may help policy makers, researchers, commissioners, services, and young people themselves recognise the strengths exhibited by young people leaving care.

One study by Jones³⁵ identified potential factors that may promote resilience in care leavers including:

- Having social support and independent living skills
- Being older at age of leaving care
- Continued contact with former foster parents

In contrast, returning to live with their biological family after leaving care and having behavioural problems are two factors that may diminish resilience. For example, care leavers may be returning to unstable family environments, or responding to difficult situations in an unhelpful way, respectively.

However, the research on resilience is that it assumes young people engage with the services provided. Malvaso and Delfabbro³³ therefore noted that work with complex

care leavers cannot always be understood in terms of a resilience model because complex need care leavers are less likely have the ability or willingness to engage with services.

Social support

Resilience is strengthened by social support, which may consist of emotional (e.g. approaching someone in their support network to be listened to and understood), practical (e.g. borrowing money) or informational (e.g. to receive advice on services) support, as well as constructive feedback (e.g. about how to act more appropriately)³⁶.

There are several sources of support care leavers might draw upon, including:

- Professionals (support staff and aftercare workers)
- Foster carers
- Mentors
- Peers
- Their family of origin³⁶

Indeed, many young people, including some care leavers, return to their family home at several points during their transition to independence³⁷, although experiences with partners and reconnecting with birth family can either provide support, or present additional problems³⁸.

Social support provides benefits to physical, mental, and material well-being, and is comprised of both the number and quality of connections in an individual’s network, although some social connections can have a negative effect on well-being³⁹.

Transitions out of care are more likely to be successful for those who:

- Have at least one stable relationship
- Have made sense of their family relationships

- Make the most of available support⁴⁰
- Feel they have a key person to go to for help³⁸

When support from professionals is sought, there are several key qualities valued by care leavers in these relationships:

- Consistency and longevity
- Reliability – delivering on promises
- Working with the young person as an individual, and showing genuine interest and empathy
- Demonstrating a desire to help the young person meet their individual needs
- Holding positive but realistic expectations
- Demonstrating an interest above and beyond the individual's job role
- Access to support out-of-hours³²

Nevertheless, Perry⁴¹ reported that care leavers require multiple support networks to benefit from the protective effect of social support. Therefore, as a vulnerable group, it is especially important for care leavers to develop this strong social support network to facilitate positive transitions. However, care leavers may find it difficult to seek and accept support due to past experiences of loss, broken trust, or poor support⁴².

Experiencing multiple placements whilst in care is likely to disrupt the development of relationships in these networks, and the transition out of care itself is another potential cause of disruption.

This instability means many care leavers lack relationships with supportive adults who could otherwise help with the search for housing, navigate professional relationships such as with landlords, and a multitude of other challenges faced in adult life.

One literature review of care leavers' experiences showed that many care leavers report feeling lonely and isolated, which has potential repercussions for mental well-being³⁸. Holt-Lunstad, Smith and Layton⁴³ found that the effects of poor social relationships on health are comparable to or exceed the effects of smoking, alcohol use, physical inactivity and obesity.

Developing support networks may be inhibited by the drive for self-sufficiency experienced and expressed by many care leavers, which is often reinforced by independent living programmes⁴⁴. Whilst this striving can contribute towards independence and resilience, it could also be detrimental to the development of social support networks and desire to seek emotional support⁴⁵.

There is also inconsistency in when care leavers transfer to transition-focused teams. For some this transfer may take place at age 14, for others 16 or 18. Therefore, as well as dealing with the pressures of moving to independence, they must also form a relationship with a new worker.

Furthermore, service and caseload pressures mean that many professionals do not have the time to build these quality relationships. For example, the Centre for Social Justice⁵ reported that the average case load for personal advisors, who are allocated to support care leavers, is 23 young people.

The importance of social support is indicated by the amount of research in the area, as well as the findings themselves. Varied social support networks are incredibly important in helping looked after children make successful transitions out of care. However, the influence of these networks also depends on the stability of support, which kinds of people or services

make up these networks (including their capacity to support and the qualities they possess), how the care leaver perceives support seeking, and their willingness to engage with that support.

Employment and Education

Arnau-Sabatés and Gilligan⁴⁶ conducted interviews with young adults in Ireland and Catalonia, aged 23-33 years, who had experienced employment success since leaving care, to explore factors that helped and hindered their journey into and through employment. They found that:

- Hard and soft skills gained from early work experiences, from the age of 16 or even younger, paid dividends by helping them to establish themselves in the world of work, and had indirect benefits to resilience, social connections, and educational experiences
- Support from carers and other adults helped them find and maintain work
- Positive work experiences and the use of initiative by the young adults helped them overcome the 'child in care' identity and danger of system dependence

These preliminary findings suggest that work experience may be a key ingredient in successful transitions by supporting competence and interest in the areas of education, employment or training.

On the other hand, poor educational achievement is associated with later problems for care leavers and is another example of the need for services to work jointly together to support children in care to stay in education⁴.

Appropriately early and positive experiences of work, and support and encouragement from significant adults therefore act as enablers to care leavers later being successful in finding

employment, which is one key outcome in transition success and independent living.

Barriers

Policy and service provision issues

According to a 2016 governmental strategy report⁴⁷, current support for care leavers transitioning out of care services is often inadequate for several reasons, including poor pathway planning, lack of accommodation options, and lack of support in finding or maintaining education, employment, and training opportunities. Policy and practice are therefore under constant scrutiny and revision.

Other service issues that affect the progress of care leavers include problems with eligibility. For example, individuals with multiple needs may not receive appropriate support if their issues are not perceived as severe enough to meet diagnostic criteria or if they are the 'wrong' age.

Furthermore, the very fact that complex care leavers' have multiple needs means that any one service may not be equipped to support all of them³³. If multiple services were to be involved, it is likely they would need an effective system of communication to ensure the right support was available at the right time and provided in a complementary way.

These are just some of the challenges that services must respond to in order to deliver the most effective services to care leavers.

Adverse life experiences

Some of the behavioural, physical health, emotional, and relational difficulties observed in care leavers with complex needs may be attributed to adverse childhood experiences (ACEs). These experiences include, but are not limited to:

- Physical, emotional or sexual abuse
- Emotional or physical neglect
- Exposure to domestic violence
- Household substance abuse
- Household mental illness
- Household member in prison
- Parental separation⁴⁸

Research has found that 62% of children in care are there because of abuse or neglect². In one sample of 2,251 of youth in foster care, 70.4% reported at least two trauma experiences, and 11.7% reported all five of those presented in the study⁴⁹.

Multiple and/or recurrent experiences of such events may be referred to as *complex trauma* and have been linked to a range of negative outcomes in adulthood, including those faced by many care leavers.

Behaviours detrimental to health, such as smoking, substance use, and overeating, can constitute compensatory behaviours which provide relief from the emotional impact of traumatic experiences⁵⁰.

As a result, in terms of health, higher ACE scores (the number of experiences reported) are associated with increased likelihood of diabetes, heart disease, stroke, depression, and disability⁵¹.

Similarly, a study into the association between ACEs and criminality found that each additional adverse experience increased the risk of becoming a serious, violent and chronic young offender by 35%⁵².

Therefore, adverse experiences may help to explain some of the intra-and inter-personal difficulties of care leavers with high and complex needs. Indeed, such understanding has driven the development of psychologically informed environment (PIE) approaches in homelessness services which aim to recognise and respond to the

increased prevalence of trauma in disadvantaged populations⁵³. PIE will be explained further in a later section on transitional interventions.

Accelerated transition to adulthood

Care leavers, on average, move into independent living at 17-18 years of age, in contrast to the wider population who tend to leave home in their mid-twenties⁵⁴.

Many care leavers often do not have the safety net of a family home that most young people do. Therefore, they also do not have an extended period in which to gradually develop into independence. Their transition to adulthood is, according to Stein, “accelerated and compressed”⁴⁰.

Stein also identified an abrupt end of care as a risk factor for becoming a “struggling” care leaver. This risk could be related to housing instability, as well as rapid changes in status, identity, and new responsibilities for which some care leavers may feel ill prepared⁵⁵.

Teenage pregnancy may be considered an example of a young person taking on responsibilities for which they may not be ready. Female care leavers are more likely to become teenage parents, with one study, for example, finding that 25% of care leavers had a child by age 16⁵⁶. The Centre of Social Justice (CSJ)⁵ supported this figure, reporting on Freedom of Information requests that revealed 22% of female care leavers become teenage parents. They also reported that 10% of care leavers who were parents had a child taken into care in the past year, contributing to a vicious cycle.

Young motherhood is associated with some of the negative outcomes discussed in the previous section, including poorer mental and physical health, reduced employment opportunities, and welfare dependence⁵⁷.

A synthesis of qualitative studies described several themes associated with the experience of being a looked after child as well as a young mother⁵⁸. For example, the child was often seen as filling an emotional void, girls often lacked general and sexual education, and there was a sense of fear and mistrust of child protection services. Again, multiple challenges, including financial hardship, housing instability, lack of social support, and poor mental health, were identified as exacerbating these challenges.

On the other hand, some looked after young mothers found positives in their circumstances. Some experienced adequate emotional and financial support or found that having a child a stabilising event that motivated them to improve their lives.

Compared to other young people, care leavers with complex needs strive for independence at a younger age and quicker rate whilst navigating a complex care system, which, without the proper support, may prove overwhelming for some.

Care leaver sub-groups

Some care leavers from black, Asian, or other minority ethnic (BAME) groups may face additional challenges due to racism and discrimination. The Joseph Rowntree Foundation⁵⁹ published a study based on a survey of 261 16-21-year olds leaving care across six local authorities, alongside 36 interviews with young people and professionals. The main findings were:

- Some young people from ethnic minorities talked about their experience of racism, including difficulties finding a job
- However, the needs of care leavers and experiences of leaving care were similar across ethnic groups
- White young people were worse off in terms of placement instability, early

departure from care, poor educational outcomes, homelessness and risk-taking behaviour

- For Caribbean or mixed-parentage young people, having placements in families that matched their own ethnic background had protective effects
- Regardless of ethnicity, many young people felt “swept along” as they were expected to adapt quickly to independence

Another potentially disadvantaged group are care leavers who identify as LGBT. Carr and Pinkerton⁶⁰ point out that such young people may face the particular challenge of ‘coming out’ to their substitute care givers and cite a study which highlighted the accompanying need to appropriately match young people and foster parents. Carr and Pinkerton also argue that the concerns of LGBT care leavers link to other barriers, as they experience more placements on average as well as more economic hardship.

A third group concerns unaccompanied asylum-seeking children (UASC), who experience an unparalleled disconnect from family and community. For them, the accelerated transition to adulthood experienced by children in care can be complicated by the likelihood of “waithood”, which involves limited employment and educational opportunities⁶¹.

Each of these groups will have had a range of experiences that will impact on the likelihood of transition success. Trying to recognise and understand these experiences may be one step to preventing their exclusion.

Mental health and disability

In a study by McCann⁶², 96% of adolescents in residential units and 57% in foster care had been diagnosed with a psychiatric disorder, which included:

- Conduct disorder (28%)
- Overanxious disorder (26%)
- Major depressive disorder (23%)
- Psychosis (8%)

A study by McMillen et al.⁶³ supported some of these findings; 61% of 373 17-year-olds in foster care had been diagnosed with at least one psychiatric disorder, with 37% meeting diagnostic criteria within the last year.

Whilst this disproportionately large prevalence of mental health conditions in the care leaver population may have been influenced by their life experiences, they can also constitute a continuing barrier for them. Serious mental health conditions can, for example, severely hamper an individual's ability to lead a healthy lifestyle⁶⁴ and maintain employment⁶⁵.

The specific mental health or behavioural difficulties that may be experienced by a care leaver, and the way it uniquely affects their life, will influence which areas of life they find most challenging. These individual differences are another indication of the need for personalised services.

According to a study by Stoep et al.⁶⁶ adolescents diagnosed with a mental health condition and transitioning to adulthood were:

- 13.7 times less likely to complete secondary school
- 3 times more likely to engage in criminal activity
- 6.5 times more likely to have, or cause someone to, become pregnant

Although the link with mental health problems is not entirely clear these additional barriers are likely to have a significant impact on a care leaver's ability to achieve basic educational qualifications, engage in prosocial endeavours and,

ultimately, to make a successful transition to independent living. Alongside the direct impact on their wellbeing, mental health problems can therefore pose a significant barrier to looked after children leaving care.

Finally, care leavers with disabilities have additional needs yet may face negative attitudes and unequal access to services which could compound the challenges⁶⁷. Bullying, for example, could have a profound impact on a young person's mental health.

Poor mental health and having a disability can therefore act as a barrier to successful transitions. However, as explained in the above section on resilience, some people remain resilient to such experiences of mental ill health, disability and associated experiences to achieve successful outcomes.

Housing, homelessness and the Criminal Justice System

Simon²⁷ reported on care leavers' experience of accessing housing. Whilst leaving care brought a feeling of greater freedom for many young people, participants shared a variety of sentiments:

- Living alone, with the associated responsibility of doing everything independently, was very difficult
- There was great variation in the involvement of young people in decisions about their housing
- Some young people found housing services to be impersonal, felt they were not listened to, and lacked personal spaces

Youth leaving care are also at higher risk of becoming homeless, and increasing this likelihood are factors such as:

- Running away while in foster care
- Placement instability
- Being male

- Being a victim of physical abuse
- Engaging in delinquent behaviours
- Having a mental health condition⁶⁸

As for offending, a report from the House of Commons Justice Committee⁶⁹ remarked that “some of the most disturbing evidence we heard concerned the effective abandonment of looked after children and care leavers in custody by children’s and social services, with devastating implications for their outcomes on release”.

However, two themes relating to successful interventions to prevent reoffending were identified by the Justice Committee: relationships and family involvement.

The level and quality of contact with support workers was more important to young offenders than the kind of intervention offered. However, there exists a tension between the emphasis on positive and engaging relationships, and the risk-focused approach which emphasises accountability, as well as high caseloads (as explained above).

The second factor, family involvement, was also seen as crucial in achieving successful outcomes, although this is not always possible or desirable for care leavers.

In summary, systemic factors can present significant barriers for care leavers, echoing the gaps identified in policy implementation at the start of this section. In the case of youth justice, failure to implement supportive services for care leavers could exacerbate institutionalisation and life-long problems. Turning next to a brief review of the policy context will provide an idea of how governments have tried to mitigate these disadvantages, preventing the occurrence of barriers where possible.

Policy context

Over the last 20 years, government policy and guidelines have attempted to make clearer what responsibilities corporate parents have towards care leavers. The following section provides an overview of key policy drivers that have informed the development of interventions and commissioning strategies for this group.

The government’s 2016 Keep on Caring strategy⁴⁷, titled Supporting Young People from Care to Independence, identified five key outcomes to support care leavers:

- Be better prepared and supported to live independently
- Have improved access to education, training and employment
- Experience stability and feel safe and secure
- Have improved access to health support
- Achieving financial stability

Policy changes have seen progress toward these outcomes; transitions for care leavers have been increasingly supported both financially and personally.

For example, the Children (Leaving Care) Act 2000⁷⁰ set national standards for the responsibilities of local authorities toward care leavers, including an assessment of needs, provision of a Personal Advisor, and a pathway plan. The responsibilities of a corporate parent were therefore clearer than they had previously been.

The Children and Young Persons Act 2008 extended the age at which care leavers could receive support from Personal Advisors from 18 to 21, or from 21 to 25 if they are enrolled in education.

The Children & Families Act 2014⁷¹ further helped looked after children delay their transition from care through the Staying Put

arrangement, which supports them to remain with foster families if mutually agreed.

The Homelessness Act 2002⁷² recognised the increased risk of homelessness for young people leaving care by requiring they be given priority for services. The associated Homelessness Reduction Act 2018 is hoped to make it easier for care leavers to demonstrate a local connection so that they may receive support from the relevant local authority⁷³.

The Homelessness code of guidance published in 2018⁷⁴ outlines responsibilities of local authorities towards care leavers, including corporate parenting duties, setting up joint working arrangements, and taking into the unique needs and circumstances of the young person when considering housing arrangements.

The findings reported in the present review highlight the multiple factors involved in a young person's transition from care and reinforce the need for such improvements in policy, such as strategies for combating the overrepresentation of care leavers in criminal justice system and specialist support for specific groups of care leavers such as unaccompanied refugees.

However, there are still gaps in provision with variability in quality across the country. Policy informs services what they must do, but not necessarily how to do it. Therefore, the next section will review some approaches to transitional housing programmes currently implemented in the UK and internationally to support care leavers.

Summary

The above evidence recognises the ineffectiveness of tackling complex

problems in isolation, thereby promoting a holistic view of the problems care leavers face. Indeed, factors affecting a care leaver's transition out of care are many, varied, and interrelated.

This research also suggests that it is important to monitor and respond to different support needs including physical and mental health, as well as accommodation and EET needs in care leavers, whilst recognising and maximising the positive aspects of their situation. To achieve this aim, tools such as the Transitional Housing Placement Checklist provided in Appendix A.

TRANSITIONAL HOUSING PROGRAMMES

The cross-governmental care leaver strategy, *Keep on Caring*⁴⁷, acknowledges inconsistency in support for care leavers across England. Examples of interventions aiming to improve transition outcomes for care leavers may serve to elucidate common challenges and recommendations for effective services.

Overall, there is a lack of research about the impact of housing interventions on preventing homelessness⁷⁵, one area in which care leavers are at greater risk and which would pose a significant barrier to their progress. A review⁷⁶ into the transition of looked after young people to independent living found that those who received transition support services were more likely to gain qualifications from compulsory education, be employed, be living independently, and were less likely to be young parents. However, again, the evidence was limited, and the authors noted the lack of long-term evidence.

To fulfil the *Keep on Caring*⁴⁷ strategy, there is a need to provide evidence-based interventions. The following section will therefore review interventions that have been developed for care leavers as well as homeless youth and young offenders, which is appropriate due to the strong cross-over between these populations. The interventions being reviewed come from both the UK and international literature in order to learn what constitutes a successful intervention for care leavers.

Services as enablers

There are several observations in the literature about what might constitute a successful service in relation to supporting

care leavers, drawing on quantitative and qualitative investigations.

Drawing from a study into engagement and needs of care leavers with complex needs, Malvaso and Delfabbro⁷⁷ concluded that the difficult behaviour often demonstrated by care leavers with complex needs should not lead to rejection from services, but to an attempt to understand how the factors that led to the behaviour has affected them. They suggest that staff working with this group require high tolerance, resilience and persistence, and an understanding of the impact of trauma on behaviour.

The above study also identified disengagement as a significant and often overlooked factor. Engagement is related to an individual's attitudes towards services, their intra- and inter-personal skills, and the ability of services to engage with them. This suggests services must find ways to:

- Create services and programmes that are accessible and inviting
- Build quality relationships that can facilitate engagement
- Develop care leavers' skills and confidence

There is also a theme of cooperation between services and departments. Mendes, Snow and Baidawi⁷⁸, for example, call for greater inter-agency collaboration when working with care leavers with multiple and complex needs, such as between children's services and criminal justice systems. Furthermore, Simon²⁷ suggested that care leavers who received their desired choice of accommodation often did so thanks to the collaboration between housing departments and social services. Furthermore, as Dworksy and colleagues identified, innovative services are those that combine multiple sources of support⁸⁰.

Trauma is experienced disproportionately by complex need care leavers. Hopper, Bassuk and Olivet⁷⁹ recommended trauma-informed training staff at all levels of an organisation for those experiencing, or at risk of, homelessness.

Hopper et al. recognised that there are barriers to achieving these types of services, such as lack of resources and commitment, and staff not feeling competent in the delivery of trauma-informed service, highlighting the need for training, ongoing support and realistic appraisal of the required resources.

By examining transitional housing services and interventions in the following sections, we may learn more about how some services have tried to capitalise on these recommendations and overcome these barriers.

Housing interventions from outside the UK

Most research into transitional housing programmes has been done in the US, so findings from such studies should be interpreted with caution given the differences in context and experiences.

Innovative approaches

A review for the US Department of Housing and Urban Development⁸⁰ identified several innovative and replicable programmes for young people aging out of foster care. Innovative programmes were those that combined components, provided housing assistance and supportive services in a novel way, or relied on a unique mix of funding streams.

Examples included:

- ***Seventh Landing*** focuses on community building, resident leadership, and self-determination. It

also hosts a coffee shop for on-the-job training and employment support.

- ***Transitions Permanent Supportive Housing*** uses a Housing First approach to deliver services only after housing is secured. Prospective tenants get a choice of houses and services and are viewed primarily as tenants rather than clients.
- ***Interfaith Housing Development Corporation*** is an intergenerational approach which provides housing and support to care leavers, as well as families with children in the care of grandparents or other relatives. The two groups of residents are hoped to support each other.

The authors of this review noted that none of the 58 programmes they identified had been rigorously evaluated. This presents a challenge for the field, as evaluation data is critical to determine the effectiveness of these programmes. The authors noted that evaluations would likely require creative or quasi-experimental techniques (comparing two groups who differ in the service they receive) in order to meet this need.

The authors noted barriers to conducting such evaluations:

- Small sample sizes
- Following up young people after leaving the programme
- Ethical issues associated creating a comparison control group by withholding a service

My Life Model (MLM)

Powers et al.⁸¹ described the My life model (MLM) of support for young people transitioning from foster care to independent adulthood. MLM is implemented over 9-12 months and involves one-to-one, youth directed coaching and peer mentoring workshops.

This programme is completed by young people before leaving care. Although a pre-transition programme, it contains elements that may inform transitional and post-care services.

Key components for success of the MLM programme, as explored through qualitative interviews with both participating youth and coaches, included:

- Setting and accomplishing goals
- Identifying support networks
- Self-direction and developing self-determination skills
- Engaging in experiential activities

Aspects of relationship support from staff that were considered essential included:

- Non-judgemental acceptance, trust and respect
- Consistent and reliable support
- Transparent communication
- Compatible personalities and shared experience

A Spot of My Own (ASOMO)

ASOMO is a subsidised housing programme in the US, described in a qualitative study by Schelbe⁸². Care leavers are provided with an apartment, case management, and life skills classes for 30% percent of their income over 2 years. Recipients must be in work and working towards educational goals, and at risk of becoming homeless.

Overall, the young people taking part in this study were successful, although the author acknowledged that entrants to the programme were probably those most likely to succeed. However, the findings that even these young people continued to experience struggles and setbacks in multiple domains, including employment and forming a community, demonstrate the difficulties many care leavers face even

when housing is available and relatively secure.

Schelbe's findings reinforced the complexity of the situation for many care leavers, particularly those with complex needs and concluded that although there is a lack of evidence about transitional support programmes, housing support alone may be insufficient.

St Luke's Anglicare

Tested in rural Australia, St Luke's Anglicare programme⁸³ for young people transitioning from care takes a strengths-based and developmentally informed approach which considers a young person's age, state of maturity, and other factors such as intellectual disability.

They aim to provide secure and safe housing, which is a basic factor in transitional success, and help young people access a range of housing options. The programme emphasises strengthening links with family and community and addressing the cultural needs of indigenous young people.

Due to high unemployment rates in this group, and the fact that care leavers struggle to develop social relationships with adults outside the welfare system, two programmes were added to the service:

- *An employment programme* including structured and supported employment and work placement programmes, aiming to increase engagement in employment and strengthen connection to the community
- *Mentoring* to improve access to EET opportunities, support engagement and positive outcomes, address isolation, loneliness and alienation, foster sense of self, and support development of independent living skills

The authors of this case study found the model to be successful in promoting social inclusion of care leavers and highlighted the potential to take advantage of other community resources to help with, for example, parenting skills, education, and pursuit of recreational activities.

Walkabout Programs

The Walkabout housing programme⁸⁴ in the US provides:

- Room and board for up to 1 year
- Counselling services
- Career and education planning
- Information, referral and advocacy

Participants, homeless adolescents between the ages of 16 and 21, sign a contract upon entering the programme, which specifies their responsibilities as clients, as well as guidelines, detailed information about the staff, and other help about money management, food preparation, and housework which are also requirements of the programme.

Residents meet with a social worker once a week for the duration of their stay, starting with the development of life goals. Residents are also allocated a career counsellor to help with employment, finance, and education plans.

There is a focus on discharge planning from the start. At 9 months of residency, the social worker begins the end of the relationship and individual discharge plans are formulated.

Those who need support after this time can enter the Walkabout II programme, which requires residents to demonstrate the skills they learnt during the first year and act with more independence. Walkabout I focuses on acquiring life skills, Walkabout II focuses on applying those skills.

Based on the programme goal that “in a safe, nurturing environment, homeless youth will acquire the independent living skills needed to live independently”, outcome indicators showed that:

- 93% of young people acquired or continued practicing independent living skills
- 91% were in education, employment or training
- 87% were discharged to move into appropriate independent living arrangements

Interventions in the UK

Psychologically-Informed Environments (PIE)

The need for psychologically informed environments (PIE) is predicated on the importance of meeting people’s emotional and psychological needs. PIE was developed to address issues around homelessness, and its original form – Psychology Informed Planned Environments (PIPES)– was developed for working with offenders⁸⁵. The learning from both can be applied to care leavers, particularly considering the overlap demonstrated in this review.

PIE services apply psychological knowledge and therapeutic-like methods to working with people even in non-clinical settings⁸⁶. In working with care leavers, this may involve an understanding of the barriers they may have faced, formulating plans to maximise individual resources and resilience, and provide an appropriate network of support.

PIE services comprise five key areas:

- A psychological framework (e.g. psychodynamic, cognitive behavioural)

- Thoughtfully designed physical and social space, adapted for the client group and co-designed when possible
- Staff training and support based on evidence including provision of reflective practice and therapeutic-type tools
- Managing relationships, with a belief that relationships are the main drivers of change. Staff are encouraged to provide opportunities for clients to self-manage, and the same applies for managers toward their staff
- Evaluation of outcomes on an organisational and individual level⁵³

Several homelessness services throughout the UK have implemented a PIE approach, each with a different psychological framework, way of working, or community context.

In Birmingham, St Basils, a youth homeless charity specialising in youth homelessness, developed and adopted its own PIE model in 2011⁸⁷.

Their model includes a multi-level organisational approach, including PIE for both staff (e.g. training and reflective practice) and young people (e.g. the MST4Life™ programme).

St Basils' PIE. St Basils has a focus on youth homelessness, and a high number of service users are care leavers. They provide step-down care through supported living and other services to young people who are at risk of becoming or are currently homeless.

PIE, drawing from the psychological evidence-base, is trauma-informed. That is, staff are trained to have a basic understanding of the prevalence and impact of adverse experiences during childhood and adolescence.

St Basils staff are also equipped with several psychological tools, such as formulation and chain analysis. Alongside training on how to develop quality relationships with young people, these tools are designed to help young people navigate the transition to adulthood.

Staff are also supported by a clinical psychologist with whom they engage in reflective practice.

An evaluation of St Basils' PIE based on a survey of St Basils staff produced several findings regarding how PIE has affected their work with young people. Staff reported:

- High work engagement, low burnout, and moderate to high job satisfaction
- The most frequently used PIE tools were empathic listening and motivational interviewing
- Staff reported relationships as being another important aspect of their PIE work⁸⁸

My Strengths Training for Life™. As a component of St Basils PIE, the MST4Life™ programme takes a strengths-based approach to help raise young people's aspirations, especially those with complex and high needs, and who require further support to engage in or maintain education, employment, or training⁸⁹. Groups include a high proportion of care leavers who have become homeless.

The 10-session and 4-day residential programme is based on mental skills training in sport to enhance performance. The same skills and techniques practiced by athletes are adapted to fit with the needs and experiences of homeless young people who engage in the programme.

Sessions are group based, include experiential activities and reflective discussion, and aim to help participants use

mental techniques and develop mental skills. Specific session topics include guiding participants to:

- Identify personal character strengths
- Explore personality traits
- Raise their emotional awareness and ability to self-regulate
- Plan and run a fundraising activity

Building on findings reported after the programme's second year⁹⁰, MST4Life™ has now been delivered across 20 different project sites to over 400 young people (attending at least one session). Evaluation of the programme has found:

- An increase in the proportion of young people in education, employment or training, from 49% before the programme and 69% after the programme
- Improvements in self-reported engagement, optimism and happiness
- Participants rated the programme as highly enjoyable
- Through the method of personal Strengths Profiling⁹¹, participants rated themselves as perceiving an increase in personal strengths and being more satisfied with their personal strengths by the end of the programme
- Qualitative data from interviews with young people and support staff revealed a range of positive outcomes in, for example, self-regulation, self-confidence, social engagement, and reduced disruptive behaviour. A process evaluation detailing mechanisms of change for the programme is in preparation.

Summary

There have been several approaches trialled to mitigate the higher risk of poor outcomes experienced by care leavers with complex

needs. They feature commonalities that appear to be valued and helped these interventions to be successful, from which important insights and examples of best practice may be gleaned, such as:

- A safe, nurturing and supportive environment
- Employment support and programmes
- Opportunities for choice
- Experiential interventions
- The need for evaluation, despite the associated challenges
- Developing quality relationships with young people

However:

- Research in this area is reliant on qualitative data, drawn from interviews with young people and providers of services
- Examples from the US maybe not be directly applicable to the UK context without appropriate tailoring

Therefore, evaluations of support systems designed for care leavers, utilising both care leaver experience and quantitative outcomes, including follow-up beyond one year, are greatly in need for the UK.

Services aiming to support care leavers, who are at higher risk of homelessness, have tended to adopt PIE ways of working. PIE involves emphasis on developing quality relationships, building a quality physical and social environment, engaging in reflective practice to adapt to changing needs, monitor outcomes, and provide staff with basic psychological training to better understand challenging behaviour. This approach includes interventions at multiple levels, with support for both staff and young people: a two-pronged approach to maximise the likelihood of producing successful outcomes for young people.

RECOMMENDATIONS FOR SERVICES AND PRACTICE

Alongside other national and international examples, the PIE approach has been developed and incorporated by the youth homelessness organisation St Basils who were hosts for the pilot evaluation made available with this report which this literature review accompanies⁹².

Through this model St Basils have emphasised co-production, implemented organisation-wide training to help staff understand the difficulties of care leavers facing homelessness as outlined in this report, and aimed to raise aspirations and improve well-being in this population, for example through the MST4Life™ programme.

What is clear from the above interventions, including the St Basils PIE case study, is that services do have the ability to implement these recommendations. A checklist-type tool was developed from the findings of this review and provided in Appendix A. The Transitional Housing Checklist tool is intended to aid implementation of these recommendations on a practical level.

The tool could be used by frontline staff such as social workers or those assessing the suitability of placements for care leavers and would complement existing tools such as the Outcome Star. Its aim is to guide transition planning with young people by outlining important aspects of transitional accommodation (e.g. quality of the physical and social environment) as well as the process of transition (e.g. involvement of the care leaver in planning).

Understanding trauma and challenging behaviour

There is a need for staff to have tolerance and understanding for challenging behaviours. This is often easier said than done but is essential to helping young people out of a cycle of exclusion.

This understanding should then drive autonomy-supportive practices (i.e., staff behaviours that encourage independence and self-motivation in young people), strengths-based, and respectful relationships with appropriate boundaries between staff and service users.

Staff training and support

The understanding of challenging behaviours may start with trauma- and/or psychologically-informed training. These initiatives may help practitioners see care leavers more holistically and to depersonalise challenging behaviour that may be directed towards them.

Ongoing training as continuing professional development may also help staff feel more competent in implementing this approach.

Reflective practice is an additional source of support for front-line staff, not only to 'debrief' after stressful events or ongoing challenges, but to facilitate a systematic understanding and formulate action plans.

Training and support may then help frontline staff build quality relationships, which are the driving force of interventions. As we saw in the social support section, trusting and supportive relationships with adults can have a transformative effect for some individuals.

Co-working and collaboration

Receiving specialist support from multiple stakeholders and services is a likely requirement to adequately support the multiple, co-occurring needs of many care leavers.

Care leavers who require support with mental health problems, for example, would therefore benefit from efficient linkages between housing providers and local mental health services. Although PIE services are not necessarily equipped to deliver specialist clinical services, PIE services aim to promote these collaborations.

Consequently, supporting multiple and complex needs requires significant time and resource investment from multiple stakeholders. On the frontline, this work involves formulating the individual needs of the care leaver to inform appropriate intervention and support, signposting them to the relevant agencies and supporting them to engage with these services.

Planning and empowerment

From the positive youth development literature, we know that “problem-free” does not mean being fully prepared for adulthood⁹³. It is also therefore important to provide young people with opportunities to achieve and develop their interpersonal and intrapersonal strengths. These are key features of some approaches that have been trialled to improve outcomes for young people leaving care.

This recommendation is mirrored in the homelessness code of guidance to local authorities is the regard “to take into account the views, wishes and feelings” of care leavers as part of their corporate parenting role⁷⁴.

Many programmes and services identified as innovative and/or that show promise aim to promote self-determination in clients. One aspect of self-determination, experiences and feelings of competence and mastery, may be strengthened by planning transitions in collaboration with looked after children before they become care leavers.

Empowerment could also be achieved through giving choice in the residency, co-producing interventions, adopting a strengths-based approach, and fostering a relationship-supportive atmosphere.

Evaluation recommendations

It is considered essential for research, policy, and practice to seek youth experiences to strengthen their commitment to engaging in services and to improve services over time⁹⁴.

On the other hand, according to Harder and colleagues⁹⁵, research in this area has focused on young people’s views and neglected the experiences and impact of parents. They suggest that, where applicable and appropriate, parents’ views, or those of other members of the family of origin could be sought, as they are often still part of the young person’s support network. This approach may therefore provide greater understanding the complexity of outcomes and processes in care leaver transitions. Similarly, they found that many studies neglect the process of care before the transition to after-care services.

As Jones⁹⁶ points out, the evidence regarding transitional living initiatives is very limited. Evaluations of transitional services for care leavers are therefore greatly in need. Policy and practice should be informed by full-scale evaluations which will ideally include multiple sites and follow

up individuals more than one year after participation.

Further recommendations for evaluations will be made in the evaluation report accompanying this literature review.

CONCLUSION

The experiences and circumstances of care leavers mean that they are at greater risk for a number of adverse outcomes.

Enablers and barriers tend to respectively increase or decrease the likelihood of care leavers making successful transitions into independent adulthood.

Whilst by no means destiny, this review suggests that adverse life experiences, poorly planned transitions, lack of social support, mental health or physical difficulties, and other factors, pose significant barriers for care leavers. This is particularly true when these factors are combined, as in the case of care leavers with multiple and complex needs.

On the other hand, positive and secure social networks, housing, education, and employment, as well as an individual's own sense of resilience act as protective factors, supporting care leavers towards positive outcomes.

Revisions in policy have improved the provision of support to care leavers. However, care leavers continue to experience inconsistencies in what support they are offered and how they experience it.

Transitional housing services for care leavers facing the 'accelerated transition to adulthood' have an important role in supporting local authorities fulfil their responsibilities toward care leavers.

Examples of innovative programmes from the UK and beyond demonstrate the advantages of strengths-based and psychologically informed services and interventions.

Taking the findings of this literature review into account, recommendations for local authorities, commissioners, and

practitioners include incorporating trauma-informed approaches, co-working and collaboration between housing, statutory, mental health and other services, and attempts to support care leavers' need to have control over their own lives

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APPENDIX A: TRANSITIONAL HOUSING PLACEMENT CHECKLIST

This checklist, based on findings and recommendations of this review, aims to help guide appraisal of a transitional housing placement (e.g. training opportunities) as well as the process of transition (e.g. care leaver involvement and choice in planning and decision making). It is hoped the checklist will be of value in discussions with looked after young people as part of their pathway planning pre-transition, especially in combination with other assessment and outcome tools. It also aims to add value beyond, for example, checklists for care leavers themselves which focus on practical aspects of leaving care (e.g. the Luton Transition to Adulthood Pathway Planning Checklist 2016/17).

The checklist is also not exhaustive; there may be other relevant factors to take into consideration when appraising transitional housing placements. One of these factors may be the specific needs of a particular care leaver, which goes beyond the scope of this checklist. Professional judgement should take precedence.

You are also encouraged to seek further guidance and information for each of the items, which can be sought from documents such as:

- ‘Creating a Psychologically Informed Environment: Implementation and Assessment’
 - <https://www.homeless.org.uk/sites/default/files/site-attachments/Creating%20a%20Psychologically%20Informed%20Environment%20-%202015.pdf>
- ‘Looked-after children and young people’ NICE guidelines
 - <https://www.nice.org.uk/guidance/qs31>
- 2012 Good Practice Guide – Psychologically Informed Services for Homeless People’
 - <http://mcnevaluation.co.uk/wpfb-file/2012-good-practice-guide-psychologically-informed-services-for-homeless-people-pdf/>

Item	Description	Comments
Care leaver’s involvement in planning process	To what extent has the care leaver been included in planning their transition from care (promoting self-determination)? Were they provided with choice for where to be placed? e.g. the ‘conversational’ approach; tour of facilities before making choice	
Planning for ending of transitional housing placement	What, if any, plan, is in place to support the end of the transitional tenancy? e.g. discharge planning well in advance of planned end of tenancy	
Physical and social environment	What is the quality of the physical and social environment? Physical – e.g. security; cleanliness; décor; lighting Social – e.g. privacy of key-working spaces; accessibility of staff; opportunities for activities and engagement opportunities	

Evaluation processes	<p>How does this service check what works? How does it evidence progress for clients to stakeholders including clients themselves? Does this evaluation include strengths-based as well as risk/need assessment?</p> <p>e.g. regular use of outcome star; monitors well-being of staff</p>	
Staff training and support	<p>What is the content and quality of staff training? Does it confer an understanding of trauma and its impacts? Opportunities for Continuing Professional Development</p> <p>e.g. regular reflective practice meetings; content of staff training conforms to guidelines; PIE training</p>	
Life skills programmes	<p>Opportunities to engage in programmes that transfer practical skills essential to one's ability to live independently (e.g. cooking, budgeting)</p> <p>e.g. Life Skills Award (OCN)</p>	
Psycho-social skills programmes	<p>Opportunities to engage in programmes that aim to enhance well-being, psychological skills, resilience and/or other psychosocial outcomes.</p> <p>e.g. MST4Life (St Basils)</p>	
Employment support and programmes	<p>Provision of employment support, for example, one-to-one or in workshops to help build employability skills (e.g. CVs, interview skills)</p>	
Allied/in-house employment support	<p>Opportunities to engage in job placements offered by the housing organisation for young person to develop employment skills and experience in real-life settings, with support;</p> <p>e.g. Live and Work scheme (St Basils); in-house café (Seventh Landing)</p>	
Mentoring	<p>Opportunities to engage with a mentor to help young person build support network / relationship skills / employment-related skills etc.</p> <p>e.g. St Luke's Anglicare mentoring programme</p>	
Links with mental health (or other specialist need) support services	<p>Clear links with services to facilitate a young person seeking support, for example for mental health concerns</p>	