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# Preventing homelessness in care experienced individuals



October 2022

## A rapid review of literature, data, and the experiences of care experienced individuals and service providers

Claire Beynon, Laura Morgan, Laura Evans, Oliver Darlington, Lewis Brace,  
Manon Roberts and Louise Woodfine



*“Every child in the care system should be felt loved and supported and cared for, because – these guys will be able to back me up here – like most of us feel like we’ve been failed in the care system and that, that’s one big thing that stops us from moving on.”*

*Focus Group 1, Care Experienced Young Person*

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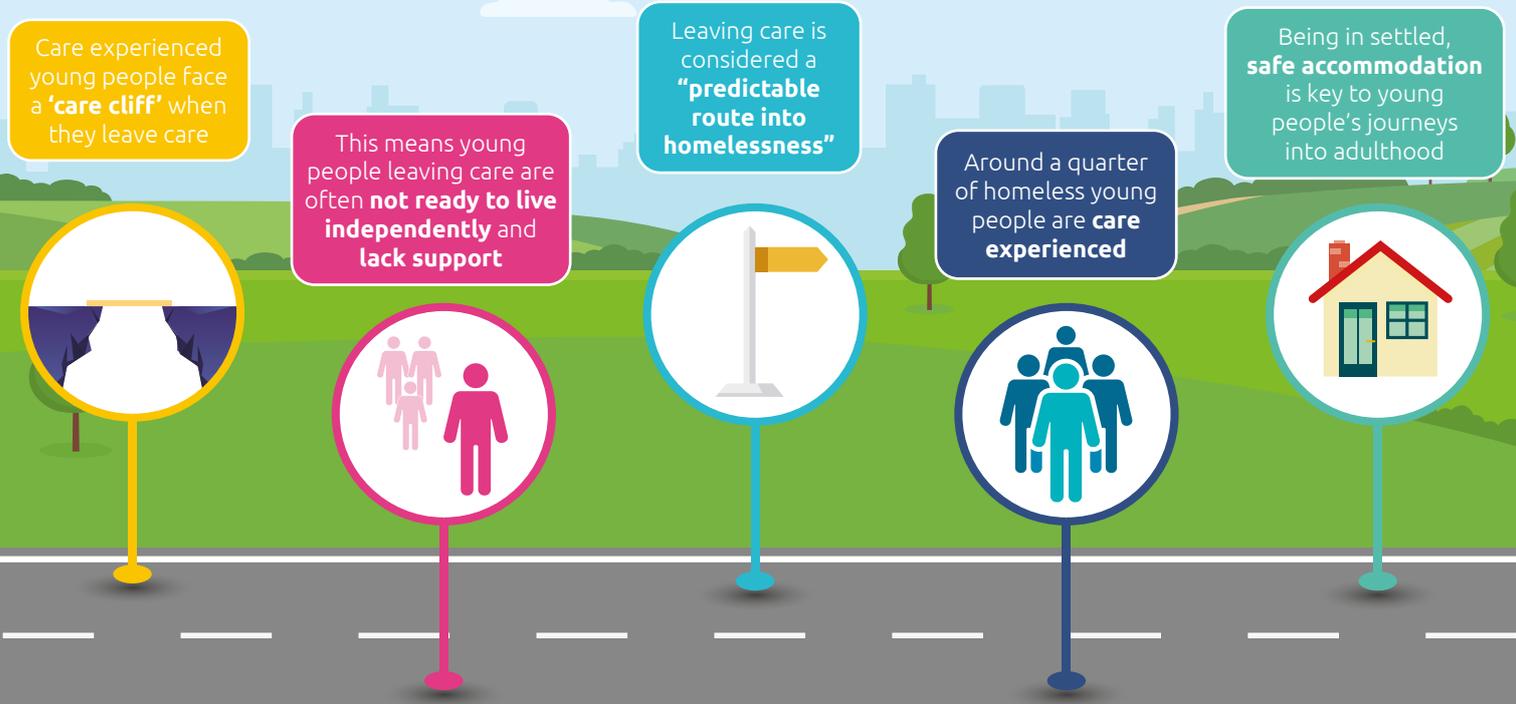
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## Priorities for the future

### EMPOWERMENT



"I think we perhaps as a society need to listen to them and ask them, what is it actually you want."

### PREVENTATIVE INTERVENTIONS



"It's about nipping it on the bud early not waiting years down the line to fix it because, I'm going to say it, sadly for us it's a bit too late."

### CONTINUITY OF CARE



"I've gone through, what, at least 25 social workers, so by the time I hit my fifth social worker I was like, I don't \*\*\*\*\* care anymore."

### READINESS FOR TRANSITION



"This is quite often more emotionally, not ready to be out, independent, rather than the practical skills which they have been able to develop, but it's that sort of big leap really."

### LOCAL PLACEMENTS



"Moving 50 miles to another authority is really difficult for some of them, they have no support whatsoever then."

### REDUCING STIGMA



"As soon as they find out we're care experienced they start labelling us as if we're different people, like we're not human."

### BETTER COMMUNICATION



"To put it in a simple way it's that you've got to be at breaking point for the support to be there."

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# Executive summary

**“If you can support a young person early on, that is least likely to cause homelessness in the future and it’s about nipping it on the bud early not waiting years down the line to fix it because, I’m going to say it, sadly for us it’s a bit too late.” FG1**

The number and rate of children in local authority care in Wales has been increasing year-on-year. As of March 2021, the rate in Wales was 115 per 10,000 population – higher than Ireland and England. This is equivalent to 7,265 children in local authority care in Wales, an increase of 6% (n=410) from the previous year. Care experienced individuals are more likely to experience homelessness than other adolescents.

There are various models of practice to support young people when they leave care with the aim of preventing homelessness. The aim of this study was to identify and analyse Welsh, United Kingdom (UK) and international models of response in relation to care experienced individuals (aged 16-25) and homelessness prevention, and to identify promising practice in this field and further areas for improvement.

This study comprised of four parts: a review of the literature; analysis of statistics to provide a population profile of care experienced individuals in Wales; a focus group with care experienced young people about their experience of homelessness (Focus Group 1 – FG1); and focus groups/interviews with service providers (Focus Group 2 – FG2).

Evidence points to strategies that have successfully prevented people from entering and returning to homelessness in Australia, the United States (US), England, Germany, and Scotland. Importantly, many of these countries have introduced legislation on the right to housing for all as part of their prevention mandate, positioning the government as leaders in prevention efforts.

This novel mixed methods study sought to give a voice to care experienced young people. It summarises the international evidence and the lived experience of care experienced individuals, and provides suggestions from service providers on new models of care and how these could best be implemented. It will be of interest to policy makers and housing practitioners alike.

There are a number of themes that were common across the review of literature and from the focus groups with care experienced young people and service providers, including empowerment; preventative interventions; readiness for transition; continuity of care; local placements; reducing stigma and better communication.

Finally, there was a genuine passion from those who have experienced the care system and homelessness to help make changes going forward and this enthusiasm should be harnessed to ensure that the services provided are focused on the needs of this group to prevent homelessness in the future.

**“To put it in a simple way it’s that you’ve got to be at breaking point for the support to be there.” FG1**

# 1 Introduction

Care experienced individuals are a vulnerable group<sup>1,2</sup> who have to deal with significant and multiple challenges in their lives and may experience a “very short and severe journey to adulthood”.<sup>3(p15)</sup> Transitioning from care is a key period in a young person’s life and is often associated with poor outcomes in areas such as health, education, housing and employment.<sup>1,4-6</sup>

There is substantial evidence on the association between experience of care and homelessness.<sup>7-9</sup> Leaving care is considered a “predictable route into homelessness”<sup>10(p14)</sup> with around a quarter of homeless young people being care experienced.<sup>11</sup> Experience of care (including foster care) and involvement in child protection services are all associated with a higher risk of housing insecurity and homelessness.<sup>12-14</sup>

While there is an increased risk of homelessness for all young people leaving care, those who are particularly vulnerable to housing insecurity include those:

- with social, emotional and behavioural problems;
- exiting care at 16 and 17 years old;
- who have a history of running away from care;
- who experienced negative placements or placement breakdowns;
- who experienced multiple moves (which is more prevalent in children entering the care system aged 11 and older).<sup>2,3,10,11,15-17</sup>

The term ‘Care Cliff’ has been used by the charity Become<sup>18</sup> to refer to the difficulties care experienced young people face, including financial and social challenges. These difficulties mean that often, individuals are not ready to live independently and lack support to do so.<sup>11</sup> This reflects reports from care experienced individuals of leaving care as feeling like a ‘cliff-edge’ with a sudden increase in responsibility and not enough preparation.<sup>17</sup> Evidence shows that many individuals leaving institutional or state care do not have housing and other support structures in place<sup>7,19</sup> or access to a suitable range of accommodation options.<sup>17</sup>

Housing instability, risk of homelessness and homelessness have been noted as the most common features of a poor transition to adulthood.<sup>2</sup> On the other hand, being in settled, safe accommodation is key to young people’s journeys into adulthood – however, this may be more challenging for those leaving care than other young people.<sup>3</sup> The transition out of care into independent housing therefore raises concerns for those working to address youth homelessness.<sup>14</sup>

It is clear that care experienced young people require targeted and appropriate support for the various challenges they face (including but not limited to potential homelessness), especially as they transition out of care. Care experienced individuals are likely to have poor independent living skills and no experience or knowledge of managing finances,<sup>11</sup> which may compound their risk of homelessness. Similarly, care experienced individuals are more likely than those who have not been in care to have poorer educational attainment and mental and physical health,<sup>16</sup> which may be detrimental to their housing security in the longer term. In addition, factors such as higher housing costs and a reduction in full-time, well-paid jobs for young people make it even harder for care experienced young people to obtain and sustain accommodation.<sup>7</sup> Barriers to paid employment faced by homeless and previously homeless

individuals, such as a lack of stable housing, may also be particularly felt by care experienced individuals.<sup>20</sup>

Various models and interventions exist that aim to reduce the risk of homelessness, however there is a lack of monitoring and evaluation evidence.<sup>21</sup> Overall, the evidence shows that it is the experiences before and during care, as well as the quality of support upon leaving care, that determine outcomes.<sup>17</sup> It is therefore recognised that a 'one size fits all' method is unlikely to be effective in tackling homelessness among care experienced individuals. Instead, there is a need for individualised and targeted approaches and interventions, with multidisciplinary and connected support services.<sup>9,22,23</sup> Targeted housing is viewed as crucial for certain at-risk groups, including young people without experience of maintaining housing<sup>7</sup> and evidence highlights the importance of access to affordable housing in mitigating the risk of youth homelessness.<sup>24</sup>

Much work has focused on the need to consider a preventative approach in addressing homelessness.<sup>7</sup> Preventing youth homelessness is vital for care experienced young people as they are less likely to have family support networks.<sup>25</sup> Services being targeted at 'known' risk points, such as at the point of leaving local authority care, is an example of a preventative approach.<sup>26</sup> Child welfare systems have a role to play in preventing homelessness in young people by supporting individuals in their transition from care.<sup>24</sup>

This study provides evidence on effective interventions and models of response in relation to care experienced young people (aged 16-25) and homelessness prevention, highlighting good practice models from the UK and internationally. Furthermore, this study identifies barriers and facilitators for care experienced young people in transitioning successfully to independent living and makes suggestions for approaches that could be implemented to reduce the risk of homelessness for this group. The work takes insights from care experienced young people (FG1) and service providers in the housing sector (FG2). This will add considerable value given there is a recognised need to better understand the housing situations of those leaving care in order to tackle homelessness amongst these individuals.<sup>6</sup>



## 2 Background: homelessness and health

“It weren’t our choice, like, we’ve been put in there for a reason and obviously, like, we’ve had bad pasts and our future just shouldn’t carry on like that, when we leave care that’s our time to change our future.” FG1

People who are homeless generally experience worse health outcomes than those with a stable home.<sup>27</sup> The average age at death for homeless people in England and Wales is 45 for men and 43 for women (compared to 76 years and 81 years in the general population respectively).<sup>28</sup> There is growing evidence that mental health problems are a serious issue for homeless young people.<sup>27,29</sup> Homeless young people are not only more likely to report depressive symptoms; they often have limited ability to cope with stressors experienced in their lives.<sup>30</sup> These limited coping skills coupled with experiences of rejection by parents and others have been associated with increased reports of self-injurious behaviours.<sup>30</sup> Homeless young people are also at elevated risk of psychological distress, psychiatric disorders, suicidal ideation and suicide attempts.<sup>31-36</sup> One study of predictors of depression among homeless young people confirmed the negative effects of family conflict but also noted the powerful effects of street victimisation on the development of depressive symptoms.<sup>37</sup>

However, young homeless people are unlikely to access mental health services.<sup>38-41</sup> Their situation is compounded by the need to prioritise food and shelter, a lack of financial resources, a lack of awareness of the need to seek assistance, mistrust, and previous negative experiences of these services.<sup>27,31,42</sup>

Homeless adolescents also report increased rates of physical health problems compared to their housed counterparts, including weakened immune systems<sup>43</sup> and HIV and other sexually transmitted diseases owing to risky sexual behaviours and intravenous drug use.<sup>31,44-47</sup> Substance use and abuse is also at much higher levels.<sup>31,34,44</sup>

Support for health and well-being, including for primary health care, mental health, quality of life, and general well-being are central to maintaining residence in a stable home environment. Harm reduction and substance use support are effective as part of housing stabilisation interventions<sup>48</sup> and improve mental health, including for lesbian, gay, bisexual, transgender, queer, and others (LGBTQ+) identifying young people.<sup>24,49</sup>

Researchers have pointed specifically to the need to consult homeless people directly about their experiences in order to develop effective health messages and interventions.<sup>50-54</sup> Ensuring that young people transitioning from foster care to adulthood are given the space to make their own choices, including allowing them to take the initiative and develop goals has also been shown to be important.<sup>55</sup>



## 3 Methodology

This is a mixed methods study comprised of four main parts:

1. A literature review providing an overview of the policy context; and the evidence on effective interventions and models of response in relation to care experienced young people (aged 16-25) and homelessness prevention, highlighting good practice.
2. Analysis of data, providing a population profile of care experienced individuals in Wales.
3. A focus group with care experienced young people (FG1) to talk about their experiences of care, housing and homelessness.
4. Focus groups/ interviews with service providers (FG2) to review promising practice in this field and identify areas for improvement.

The methodology undertaken for each phase of the study is detailed below.

### 3.1 Literature review

An initial rapid search was undertaken on Ovid using the Ovid Journals Database in July 2021, using the following limits: searching by title, abstract, full text and caption text, and papers published between January 2011 and July 2021. This search was supplemented by further rapid searches that were undertaken on ProQuest, using the ASSIA database and on Oxford Academic, and by other relevant journal articles identified through references contained in the literature.

The following search terms were used: (care leaver or leaving care or leav), (child\* or young people or young adult or adolescent or youth), ("looked after" or "looked after children" or "children looked after"), (transition\* or independ\*), (homeless\* or hous\* or accommodation), (good practi\* or best practi\* or example or intervention or evaluation or model\*), (18\*25 or 16\*25), (prevention or barriers).

A rapid search was also undertaken on internet search engines to identify any relevant grey literature; this focussed on the policy context. In addition, grey literature was provided by stakeholders in contact with the project team with expertise in homelessness and care experience.

### 3.2 Data analysis

The data analyses were undertaken in the following order:

1. Summary demographic statistics of care experienced individuals in Wales produced, including characteristics such as age, sex, substance abuse, and history of adverse childhood experiences for the child, and the proportion of children who become homeless following care.
2. Absolute numbers of care experienced individuals in Wales who could benefit from new policies and interventions identified.
3. Reductions in experienced homelessness for care experienced individuals in Wales estimated.

The project team requested access to specific data fields from the Looked After Children Wales dataset and the Children Receiving Care and Support dataset in order to complete the

above analyses. This was done by completing and submitting a data access request to the Welsh Government. A data access agreement was signed by both Public Health Wales and the Welsh Government.

In addition to the above, data on care experienced individuals and homelessness were collected to provide context for this work from publicly available official statistics available online such as the Office for National Statistics and StatsWales, as well as from organisational reports.

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### 3.3 Care experienced young people focus group

Care experienced young people were approached to input their views. The project team were introduced to staff from the charity Voices From Care Cymru<sup>56</sup> by the End Youth Homelessness Cymru<sup>57</sup> team, who then advised how best to approach and engage care experienced young people in the project.

A one-hour, in-person focus group was held on 24th March 2022 with members of Voices From Care Cymru. The focus group was attended by six young people (14-22 years) and was facilitated by two Public Health Wales staff members and a member of Voices From Care Cymru staff. Informed consent was given by all participants. Participants were thanked for their contribution with a £10 voucher.

The focus group took a semi-structured format. Questions that were asked of the care experienced young people are shown in Appendix 1. The focus group was transcribed and then analysed manually to identify the key themes. The care experienced young people focus group is referred to as FG1.

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### 3.4 Service providers focus group

Focus groups with service provider staff based in local authorities and third sector organisations in Wales were arranged and delivered virtually using Microsoft Teams on 15<sup>th</sup> December 2021. This was advertised through the End Youth Homelessness Cymru Care Experienced Young People Group. Those who signed up to attend also shared details among their networks. The focus groups were attended by 37 individuals and followed a semi-structured format. The questions are available in Appendix 2. The meeting was organised with a joint introduction to the purpose, then attendees were divided into four smaller group discussions using four breakout rooms, each facilitated by a Public Health Wales member of staff, with a final summary at the end of the session.

For those unable to join the focus group, interviews were offered as an alternative way of providing insight for the project. One interview was undertaken with a service provider staff member in December 2021. The interview was semi-structured and used the same questions that were asked during the focus group (see Appendix 2).

The focus group breakout room discussions and interview were transcribed and then analysed thematically to identify the key themes. This is collectively referred to as FG2.

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### 3.5 Governance and ethics

The project proposal was reviewed by the Public Health Wales Research and Evaluation Team, who confirmed the project would not be classified as research according to the NHS definition. As a result, there was no requirement for formal ethical approval as this was deemed service work. However, the project team ensured there was due consideration of ethical matters and consulted with the Public Health Wales Research and Evaluation Team, Information Governance Team and Safeguarding Team to put in place arrangements for the safety of both the care experienced individuals involved in the project and the project team.



## 4 Research findings

### 4.1 Literature review

#### 4.1.1 Policy context

Each UK nation has a slightly different definition of a care experienced child and follows its own legislation, policy and guidance. But in general, care experienced children are those who are or have previously been living with foster parents; in a residential children's home; or in residential settings like secure units. In all UK nations, children leaving care at 18 are entitled to support from their local authority until they are at least 21 years old.

##### 4.1.1.1 Support for care experienced individuals

All UK local authorities have a duty to assess and meet the individual needs of those leaving care and to develop a pathway plan, setting out the support that will be provided, including ensuring somewhere suitable to live. In Wales, as in England and Northern Ireland, care experienced individuals are also legally entitled to a personal advisor to help with the transition.<sup>58</sup>

The Welsh Government's current responsibilities towards care experienced individuals are set out in both UK and Welsh legislation. The Children (Leaving Care) Act 2000<sup>59</sup> and the Children and Young Persons Act 2008<sup>60</sup> apply to both England and Wales and aim to delay young people's transitions from care until they are prepared and ready, and for care and services to be of high quality and tailored toward needs. The Social Services and Well-being (Wales) Act 2014<sup>61</sup> sets out a legal framework that brings together social services law in Wales including Welsh local authorities' duties to children in their care.<sup>58</sup> The support provided under the Act should be equivalent to that which a non-care experienced child might reasonably expect from his or her parents. The Act also introduced the 'When I Am Ready' scheme<sup>2,58</sup> that enables young people to stay with their foster carers beyond the age of 18. However, the scheme is not available for all individuals leaving care, as it requires an agreement between a foster carer and the young person.<sup>2</sup> The Care Leavers (Wales) Regulations 2015,<sup>62</sup> made under the Act, set out support to be provided for young people who are no longer looked after by a local authority, while the Care Planning, Placement and Case Review (Wales) Regulations 2015<sup>63</sup> outline the responsibilities of local authorities to plan the care of care experienced children.

Support for care experienced individuals is detailed further in the Programme for Government 2021-26.<sup>64</sup> In February 2022, building on a commitment made in the Programme for Government, it was announced that a basic income scheme for all young people leaving care in Wales who turn 18 over a 12-month period would be piloted.<sup>65</sup> Those who take part will receive £1,600 per month for 24 months.

### 4.1.1.2 Housing and homelessness

The Housing (Wales) Act 2014 introduced new reporting arrangements for homeless people in general and was designed to provide a more accurate picture of national homelessness and housing need. It also placed a new duty on local authorities to conduct regular homelessness reviews.<sup>7</sup> An evaluation of the Act showed “an array of positive impacts” from the new statutory homelessness framework,<sup>66(p10)</sup> which had helped to shift the culture of local authorities towards a more preventative, person-centred and outcome-focused approach, leading to a much-improved service response to tackling homelessness.<sup>24,67</sup>

The Welsh Government’s Strategy for Preventing and Ending Homelessness,<sup>68</sup> which includes youth homelessness in its remit, focuses on prevention and rapid rehousing. The strategy is supported through education reform and a whole school approach to mental health and well-being. It aims to identify and support young people who start to show some of the risk factors that can lead to homelessness and to provide more targeted secondary prevention work, in collaboration with a range of partners. It commits the government to ensure individuals successfully transition from the care system into independent living.<sup>68</sup> The COVID-19 pandemic shone a light on homelessness and accelerated some changes in this arena.

### 4.1.2 Evidence on effective interventions and models of response

This section presents the evidence on successful transitions from care and the prevention of homelessness amongst care experienced young people. Examples of good practice in Wales, the UK and internationally identified from the literature review are summarised in Appendix 3.

Key factors associated with improved transitions towards successful independence and ending homelessness include:

- placement continuity;<sup>69-73</sup>
- the quality of support care experienced individuals receive prior to and during transition;
- characteristics, such as resilience and social skills that support relationships, including good relationships with trusted adults;<sup>2,5,74,75</sup>
- housing security;<sup>5</sup>
- access to income and employment (particularly minimum wage) and career and employment training and support;<sup>24,76,77</sup>
- educational attainment;<sup>2,3</sup> and
- empowerment and person-centred services.<sup>2,24,73,78</sup>

Some population groups may need more support than others to meet their needs, e.g. people with a disability.<sup>2,3,15,25,79</sup>

#### 4.1.2.1 Placement continuity

Even for those young people experiencing the greatest instability, continuity of support by services can prevent an experience of homelessness or provide a rapid escape from it. However, in the UK, support structures tend to fragment once young people leave care.<sup>5,80</sup> In Wales, differences have been found between authorities when it comes to their approach to, and provision for, young people who are homeless or at risk of homelessness, including care experienced individuals i.e. some local authorities provide more and different services from others.<sup>9</sup> The connection between what care systems can deliver and what service users want has been described as questionable.<sup>73,81</sup>

#### 4.1.2.2 Quality of support prior to and during transition

Although government policy and legislation aim to protect care experienced young people, many do not feel sufficiently prepared for living independently and experience multiple problems in transitioning from care to independence.<sup>82,83</sup> Young people leave care at an earlier age, on average, than other young people leave home, with many feeling they have left care too early.<sup>83,84</sup> Those who leave care at a later age are more likely to have a successful transition to adulthood, including being in 'settled, safe accommodation'.<sup>3</sup>

#### 4.1.2.3 Housing security

Successful approaches to service provision include good communication and collaboration between leaving care services and accommodation providers and carers.<sup>3,85</sup> Joint protocols and agreements between children's services, housing authorities, health, adult services and the third sector can increase the choice and range of accommodation options available to young people transitioning from care.<sup>3</sup> Leaving care services can play a role in accessing a range of accommodation options, including emergency accommodation. Commitment and ongoing support from care workers in helping young people sustain their tenancies and being available to assist them at times of crisis is also important.<sup>3,86,87</sup> Literature in the UK and US continues to emphasise the importance of independent living schemes (where young people gain skills in a supportive and semi-structured environment), which can also assist young people when they get into difficulties.<sup>3,4,69,88-91</sup>

#### 4.1.2.4 Relationships, social support and resilience

The process of becoming independent has become extended, with many more young adults delaying marriage, extending their period of higher education, and having an increased reliance on their parents for support than in previous generations. It is also increasingly common for parents to provide financial assistance, housing, and extensive guidance to their children well into their twenties.<sup>92</sup> It is important to consider this trend of increasing reliance on parental support in the context of emerging adults who lack such family support.<sup>13,93</sup>

Family support can play an important role in feeling supported and various relations may play different roles at different times.<sup>73</sup> Amongst young people placed into foster care, those who were reunited with families had a much lower probability of homelessness compared to those who were not.<sup>24</sup> A strong attachment with a family member, partner, partner's family or foster carer is also associated with better outcomes.<sup>3</sup>

#### 4.1.2.5 Peer support

Peer relationships are also crucial sources of instrumental and emotional support for young people who are facing homelessness<sup>94</sup> and for foster care experienced young people.<sup>6,95</sup> Friends (who may also be care experienced) can help alleviate feelings of alienation common among young people who lack family support, and may provide useful information that leads to critical resources or support services.<sup>13</sup>

#### 4.1.2.6 Building trusting relationships

However, establishing trust and connectedness with others can be especially challenging for young people with foster care experience given their past and ongoing maladaptive and/or disrupted relationships with biological family members, foster caregivers (due to placement mobility), and service providers (due to high turnover).<sup>96</sup> Because of this, young people with foster care experience may be much more hesitant to engage with services.

Proactively working to establish relationships of trust is seen as crucial to a successful transition to adulthood.<sup>5,97-99</sup> The success of leaving care is strongly associated with good relationships between the leaving care team and the young person and good communication between the leaving care team and housing providers.<sup>3,79</sup>

#### 4.1.2.7 Resilience

Research on resilience highlights the importance of a caring and consistent adult in the lives of vulnerable young people to help them overcome a range of problems, pointing towards mentoring as a potentially effective support mechanism.<sup>69</sup> Research also points to resilience as an important factor in understanding the successful transition of care across the life-course of care experienced individuals.<sup>3,100-102</sup>

Interviews with young people have found that the current system does not always meet the needs or expectations of young people who are in need of safeguarding.<sup>103</sup> Although care experienced young people have described the importance of relationships, they have also expressed frustration with how they felt the child welfare system impeded their ability to maintain relationships.<sup>14,104-107</sup> This has led to many feeling disconnected from social support when they leave the system. This is an area that has continued to receive less focus than material support, such as support relating to housing, education and life skills.<sup>97,104,108</sup>

#### 4.1.2.8 Income and employment

There is limited evidence in the literature that describes the ability of young people on low incomes, including care experienced young people, to access and maintain tenancies.<sup>109</sup> Local Housing Market Assessments (which assess the type, quantity and quality of housing options in a particular geographical area) could look at age and occupation in relation to local rents and house prices to support local authorities to plan for different housing options. Such assessments can also feed into 'reality checks' in preparation work with care experienced individuals and the professionals who support them.<sup>2</sup>

Most young people, personal advisors and housing workers consider leaving care grants to be insufficient in meeting the costs for moving into accommodation, setting up and maintaining a home.<sup>110</sup> Research by the Care Leavers' Foundation calculated that young people needed £2,500 for the most basic furnishings and essentials to enable them to live independently – but only one out of 150 local authorities surveyed in England provided this sum.<sup>3,111</sup>

Access to income supports and housing subsidies appear to have some of the most significant impacts on housing stabilisation for young people, in addition to access to employment (particularly minimum wage) and employment training and support.<sup>24,77,112,113</sup> Evidence stresses the role of carers in supporting young people to find and commit to employment including developing 'soft' skills that support employment, such as time keeping and managing everyday stressors.<sup>114</sup> In this respect, structured work experience and training programmes have been identified as producing positive outcomes.<sup>115</sup>

#### 4.1.2.9 Educational attainment

The educational attainment of care experienced young people is also a critical precursor to later employment and income levels: leaving care with some educational qualifications is one of the features of successful transition from care.<sup>2,3</sup> The poor employment outcomes of care experienced people compound the socio-economic inequalities that most are likely to have experienced prior to their care history, as well as the impact of placement and education instabilities.<sup>84,116-118</sup> In Wales in 2016, 39% of care experienced individuals aged 19 were not in education, training or employment (NEET) – the lowest rate in the preceding nine years<sup>119</sup> – compared to 16% of all 19–24-year-olds in Wales in 2019.<sup>120</sup> This places care experienced individuals at increased risk of poverty and social exclusion.

#### 4.1.2.10 Empowerment of young people

Engaging and elevating the voices of young people with lived experience is essential at all levels, particularly in enabling decisions about their own care, involvement in service design and evaluation, and ensuring their experiences, needs and desires are reflected in the creation of strategy, policy and practice.<sup>121</sup>

The current model for supporting care experienced young people means that they have not usually been able to directly shape the kind of support they need.<sup>2</sup> Young people express that they are misunderstood or have no real voice in contacts with youth services. Seeing care experienced young people as subjects with a voice is essential to ensure housing and other needs are understood and can be addressed, and that young people do not detach from care.<sup>24,73</sup>

Young people's perspective of life on the streets and the dynamic relationships that homeless young people form for survival is not well understood. Whereas much research has focused intently on the problems and deficits of homeless adolescents, little or no attention has been given to their strengths and competencies.<sup>78</sup>

In order to have a voice, young people need access to good information, advocacy and advice so they can make informed decisions. Having some control and choice over their primary support worker (e.g. someone from a leaving care service, a housing support worker, or an ex-foster carer) may also help to reduce role confusion and duplication of effort as well as give care experienced individuals more continuity.<sup>2</sup>

#### 4.1.2.11 Specific population groups

More attention needs to be given to young people with complex problems and those who may be at particular risk of poor housing outcomes at an early stage. These groups include:

- young disabled people;
- people with drug and/or alcohol problems;
- people experiencing violence or survivors of violence;
- those vulnerable to 'sex for rent'/'sex for house repairs' offences being committed against them;
- LGBTQ+ people; and
- those from ethnic minority backgrounds.<sup>2,3,15,25,79,122</sup>

Services for disabled care experienced individuals are not always coordinated and planned with mainstream leaving care services.<sup>3</sup> Particular consideration must therefore be given when planning transitions with young people with disabilities, to ensure they can live independently. This could mean ensuring the accommodation is accessible and adapted as necessary. Planning should ensure relocation does not reduce the amount of support from personal networks, and individuals do not need to move on from or change specialist provision including community mental health centres, due to geographical restrictions.<sup>123</sup>

More attention should also be given to the community and family links of black and minority ethnic young people when they leave care, and vulnerable young people returning from 'out of authority' placements.<sup>3</sup>

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## 4.2 Data analysis

The number and rate of children in local authority care in Wales has been increasing year-on-year. As of March 2021, the rate in Wales was 115 per 10,000 population, a rate above Ireland and England, equivalent to 7,265 children under 18 years old in care.<sup>124</sup> The majority of these children are aged ten or over, with those aged 10-15 years making up the biggest age group by number.<sup>124</sup> Currently, 46% of children in local authority care in Wales are girls and 7% are children from Black, Asian, or minority ethnic backgrounds. Most children currently under local authority care in Wales are in foster placements (70%), with 17% placed with their own parents or other persons with parental responsibility, and the remaining either placed for adoption; placed in residential settings; living independently or currently absent from their placement.

The analysis shows that children who are being looked after in Wales typically have adverse childhood experiences (ACEs), with 59% having experienced abuse or neglect, 17% living in an environment with dysfunctional family relationships, and 13% living through a period of acute family stress. These experiences play an important role in future outcomes, with children who experience stressful and poor-quality childhoods more likely to have poor mental health, perform poorly in school, be both victims and perpetrators of crimes and experience homelessness. Indeed, in people aged from five to 17 years old in England, young people in local authority care were four to five times more likely to have a mental disorder than those living in private households<sup>125,126</sup> and children in Wales who experience four or more ACEs are 16 times more likely to experience homelessness.<sup>127</sup> Only 13% of people who have experienced homelessness in Wales report having no ACEs and those who describe their family environment as supportive had almost 90% lower odds of experiencing homelessness compared with those who did not.<sup>127</sup> Furthermore, more than half of children in secure training centres and 38% of children and young people in youth offending institutions are care experienced compared with 2% of children in the general population in Wales.<sup>128</sup>

Care experienced individuals are a group of people who are at increased risk of homelessness when compared with others their age. Care experienced young people are significantly overrepresented in homeless figures: it is estimated that more than one in four of all young homeless people have been in care,<sup>2</sup> with 26% of care experienced individuals having sofa-surfed, and 14% having slept rough on the streets.<sup>129</sup>

Approximately 650 children leave their care placement in Wales each year, a figure that has increased by approximately 15% since 2011. In 2021, 28% of care experienced individuals continued to live with former foster parents until they were ready to live independently, 19% of them returned home to live with their parents, relatives or other people with parental responsibility, and 30% moved to an independent living arrangement. Most care experienced individuals moving to an independent living arrangement continued to receive formalised advice or support in their accommodation arrangement, with 74% moving into a hostel, YMCA, foyer or other projects for those leaving care; 26% did not receive any ongoing formalised support, living in bed and breakfasts, bedsits, their own flat, or with friends. While the majority of young people leaving care in Wales in 2021 moved to suitable accommodation, over 1 in 20 moved to unsuitable accommodation following their period of care. When followed up on their nineteenth birthday, almost two in every five of those with care experience were not engaged in either education, employment or training and 23% of them had obtained no qualifications.

### 4.3 Care experienced young people focus group

Analysis of the care experienced young people focus group yielded four main themes. These are detailed below with relevant quotes.

#### 4.3.1 Support mechanisms

The care experienced young people who took part in the focus group expressed their feelings and views about the different support mechanisms available to them, both in terms of their accessibility and the extent to which they trusted them. Overall, the participants spoke more positively about personal advisors (PAs) compared to social workers and support workers in supported accommodation. However, support provided by peers was said to have the most meaningful and positive impact.

*“I’d rather have someone like a group member as a PA because at least they, they actually are willing to help you, like, I just want a PA that’s going to listen, help, not just sit about and argue.” FG1*

#### 4.3.2 Inequalities

The focus group participants outlined a number of ways in which they felt they received unequal treatment. For example, many spoke of how those who ‘shouted the loudest’ were most likely to receive support. Linked to this was the view that reaching crisis point (e.g. becoming homeless or feeling suicidal) was necessary before support from relevant services would be offered, with a distinct lack of preventative care. Another common topic was how being labelled as care experienced or a care leaver led to unequal treatment and feelings of stigma. This labelling was said to persist after transitioning out of care.

*“No matter which aspect of life you’re talking, whether it’s living, or even work, it seems to be there’s a hell of a lot of stigma [...] as we are viewed as ‘problem children’ or ‘problem care experienced people’, I just think it’s really bang out of order.” FG1*

### 4.3.3 Lack of empowerment

A prominent theme to emerge from the focus group was the lack of empowerment or agency granted to care experienced young people when significant decisions were being made. Overall, there was a sense of things happening 'to' them. Examples provided included a participant reporting he was wrongly put into care/removed from his birth family; not being able to stay with a preferred foster carer; being put in unsuitable supported accommodation (e.g. others using drugs on the premises); and not being able to bring pets to the provided accommodation. Linked to this was also a feeling of a lack of trust from foster carers and services, which impacted care experienced individuals' ability to live independently after leaving care.

*"I used to live in a 'When I'm Ready' foster placement, and obviously I weren't allowed to use the cooker and everything because she didn't trust me but then, like, I weren't able to learn any of that, so I left care not being able to cook, not being able to wash my clothes, nothing, and obviously that has impacted me." FG1*

### 4.3.4 Models of care

Participants spoke of a marked reduction in care and support upon leaving the care system. Post-18 models of care, including 'When I'm Ready' placements, were said to suffer from a lack of adequate training in the needs of care experienced young people. In response to questions about how models of care could be improved, a complete restructure was suggested by participants. The ideal model would be person-centred, putting the experiences and views of care experienced young people at its core.

*"I'd quite literally just say 'here's how you can change the whole system', metaphorically take a sledgehammer, break it all down to the ground and start it all over again [...] basically, the easiest way to put it is, the foster care system is broken, it's beyond fixable, you cannot fix it. It's better off just breaking it down and rearranging it but from care experience. Care experienced young people should have the choice to make social services how they think it should be." FG1*



## 4.4 Service providers focus group

Analysis of the service providers focus group and interview transcripts yielded six main themes. These are detailed below with relevant quotes.

### 4.4.1 Readiness for independent living

Service providers identified a number of key skills that, when under-developed, can impede care experienced young people's transition to independent living. As well as the practical elements and skills needed to live independently (such as property maintenance or taking meter readings), the emotional readiness of the individual was also considered an important factor.

*"This is quite often more emotionally, not ready to be out, independent, rather than the practical skills which they have been able to develop, but it's that sort of big leap really [...] there needs to be something in between, sometimes." FG2*

### 4.4.2 Understanding needs

An understanding of the individual needs of care experienced young people and how these are assessed was discussed as being an important issue in the process of transitioning from care. These included possible unmet health needs, including mental health, a need for services to apply trauma informed practice, and an understanding of circumstances e.g. who and where is the care experienced individual's support network.

*"We talk about ACEs training, it would be really good, I think, if people in housing or any other support network was aware of the trauma these young people have been through and understanding how it impacts on their attitude." FG2*

### 4.4.3 Continuity of support

The value of maintaining continuous support for individuals, with the same team, was expressed by service providers. Difficulties in achieving such continuous and consistent support were reported, for example due to difficulties in maintaining contact with care experienced individuals, and the pressure and stress caused by staff workload, shortages and turnover, and the nature of the job.

*"They feel everyone's let them down." FG2*

### 4.4.4 Housing stock

Limited, inappropriate and unaffordable housing stock was highlighted as a significant barrier for care experienced individuals by service providers. Because of the limited options, those leaving care wait for long periods to be placed, often in unsuitable accommodation. This can also mean they are isolated from family and support networks, and are more vulnerable to exploitation. High housing and living costs can also act as a disincentive to work.

*"If there was an abundance of one bed properties and suitable affordable accommodation, I think everything would be resolved to be honest." FG2*

#### 4.4.5 Transition to adulthood

Service providers were of the general view that care experienced individuals are unlikely to have somewhere to go when they turn 18 years (or 21 years if leaving care after a 'When I'm Ready' or further foster placement). At this point, the housing department takes on the duty of care, however the application does not start until the care experienced individual presents as homeless, and often there is the assumption that they will have someone to fall back on.

*"They're not considered to be facing homelessness until they are homeless. There's nothing that the housing options advisors can do." FG2*

#### 4.4.6 Differences by local authority

One service provider argued that the availability of services in the area has the greatest bearing on the outcomes of care experienced individuals. A number of others shared specific differences relating to the availability of training flats, guarantors and mobile apps where care experienced individuals can find the information they need. A lack of funding and resources was highlighted as a key driver of these differences.

*"It just feels unfair on the young people then, doesn't it, that we [local authorities] can't work collaboratively because we are so limited on the resources we've got." FG2*



## 5 Summary of findings

There were a number of common themes across the review of literature and focus groups with care experienced young people and service providers, including empowerment; preventative interventions; readiness for transition; continuity of care, local placements, reducing stigma and better communication.

The order in which they are presented here is not indicative of the weighting of each element, but rather improvement is needed in each of these areas to avoid those who have experienced care falling off the 'cliff edge' and into homelessness.

### 5.1 Empowerment

The care experienced young people who took part in the focus group felt that the system had failed them and needed re-building with the service user at the centre. This study clearly outlines the need to shift from the stance of 'the service provider as expert' towards a service led by service users. This paradigm shift is needed to empower those needing services to lead their future design. This view was also supported by the literature and service provider focus group findings.<sup>24,73,121</sup>

*"I think we perhaps as a society, need to listen to them and ask them - what is it actually you want." FG2*

### 5.2 Preventative intervention

There was strong evidence and support for preventative interventions to avoid homelessness, but the young people particularly felt that they were not heard until they were in crisis, whether this was a housing or health-related crisis. Whilst there is a strong desire for early intervention and proactive action amongst service provider staff, challenges include staff shortages and heavy workloads.

*"For us to get support, we've got to have a battle... we've got to scream to be able to get support, where it shouldn't be like that... if this was your child, you know, you'd support them from the day they were born, so why aren't we supported." FG1*

The service providers told us that long-term funding was needed so that they could recruit staff, train staff and give people the job satisfaction that would allow staff to be retained. This was supported by care experienced young people who felt continuity was of high importance.

*"If you've got 8 staff and you've got 600 cases, there is not a chance that you can give every individual the attention they deserve." FG2*

### 5.3 Readiness for transition

There was agreement from the literature, the care experienced young people and the service providers that there is a need to support the development of life skills prior to leaving care, from practical cooking skills to money management, as an enabler to avoid homelessness. In addition, it was recognised that each individual becomes ready to make the transition to independent living at a different point in life as maturity is not reached in all people at a specific age.

*“Move on Training workbooks include understanding and maintaining a tenancy... they learn about bins, council tax, you know, meter readings, where you’re going to find the stopcock... once they’ve completed that, then they are given more priority with the housing department.” FG2*

Emotional readiness and skills were also highlighted as a key enabler of a successful transition from care.

*“We don’t always make sure they’re emotionally ready to actually live on their own.” FG2*

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### 5.4 Continuity of care

There was support in the literature and from all focus group participants that continuity of care was an important factor in avoiding homelessness, and successful transition. There were clear descriptions of the skills that are required in order to support people in this role. It was highlighted by service providers that these trusted relationships can take time to build and can be quickly lost.

*“You can’t just pick people off the street and work with our most vulnerable people. It’s just not possible.” FG2*

The high staff turnover in social care was described as a particular barrier to getting good support by those who were care experienced.

*“I’ve gone through, what, at least 25 social workers, so by the time I hit my fifth social worker I was like, I don’t \*\*\*\* care anymore.” FG1*

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### 5.5 Local placements

There was strong agreement amongst service providers that the location of any housing was a significant factor in success. Moving people away from their support networks was not appropriate and led to problems.

*“Some of our young people have had to be placed off the island ... moving 50 miles to another authority is really difficult for some of them, they have no support whatsoever then.” FG2*

## 5.6 Reducing stigma

The care experienced young people felt that as soon as they said they had experienced care, they were stigmatised, not supported, in a variety of settings. They could not produce examples of when having experienced care helped them access services or get better treatment; this was described as a significant disadvantage.

*“As soon as they find out we’re care experienced they start labelling us as if we’re different people, like we’re not human.” FG1*

## 5.7 Better communication

Across all three qualitative data sources (the literature review, the care experienced young people focus group and the focus group with service providers), better communication was a common theme. From simple things like not having the right telephone number, or to tracking people who move across local authority borders, there were a number of aspects of communication that could be improved.

*“The PA, it would be nice for them to be just a bit more like visit more and be a bit more hands on than just being over the phone and not helping whatsoever, because that is legitimately how it feels.” FG1*



## 6 Conclusion

The full details of the examples of good practice found in Appendix 3 and summarised in section 4.1.2 above demonstrate that there are actions that can be taken to resolve the issues described by both service providers and those who had experienced care in Wales. There are opportunities to learn from other areas who have tackled this issue successfully.

In Wales, the Well-being of Future Generations Act (2015) provides an enabling environment for organisations to take a long-term and collaborative approach and to focus on preventative measures. The Act supports the principles outlined in this report as being important to reducing homelessness in people who have experienced care including empowerment, preventative interventions, collaboration between organisations and better communication.

Whilst the COVID-19 pandemic has had a devastating impact on the UK, one of the legacies with which we are left is the ability to work across organisational boundaries, finding agile solutions to difficult problems such as homelessness, with the needs of the individual as the central driving force for action. If this can be retained and continually built upon moving forwards, this would be advantageous for care experienced individuals.

There is a desire amongst those who have experienced the care system to make the experience better for those coming behind them and this untapped resource should be utilised to best advantage. It is also important for organisations that provide an input to care experienced individuals to reflect on how to ensure care experienced individuals are placed at the heart of decision making.

*“I [am] hoping [...] we can change the system [...] because I want to make a change for the best and the only way you make a change is by helping the young people who are still in the care system, who you can help to stop in the future getting homeless.” FG1*



# Appendix 1 – Care experienced young people focus group questions



## Public Health Wales/End Youth Homelessness Cymru Care Leavers and Homelessness Project

### Care Leaver Interview Questions

#### Project aim

We are undertaking this project to find out what support is in place to support care leavers when they move from care to independent living, what works well and what does not and why. We will use the information we collect to suggest changes that will help to prevent young care leavers from becoming homeless; and to help those who do become homeless receive support which meets their needs.

#### Key people

The following people will be at the interview:

- Public Health Wales staff carrying out the project (2 people)
- You (participants)

#### Beginning of the interview

At the start of the interview the Public Health Wales interviewers will:

- Introduce themselves and organisation, and any others present. Participant to introduce themselves.
- Explain the purpose of the interview.
- Explain what will happen to the information that you (participants) provide – all personal information removed and will be kept confidential.
- Ask for permission to record the interview – the recording will be used to make notes from the interview and will be confidential. It will be shared with an external provider in order for notes to be typed up and then the recording will be deleted.
- Explain that you (participants) can choose to leave the interview at any point and that you don't have to answer any questions you don't want to.
- Go through the consent form and sign (information sheet and consent form will have been sent to service provider in advance of the interview).
- Provide email addresses so vouchers can be sent following the focus group.

# Questions (to be split between Public Health Wales staff)

1. Would you be OK to tell us about your housing situation since leaving care?  
(Prompt: do you mind sharing where you have lived since leaving care?)
2. Do you feel your experience of care has impacted on your living situation since leaving care?
3. Were you offered any support after leaving care? Would you feel comfortable telling us in what areas you were offered support?  
(Prompt: Was there anything you found particularly difficult/challenging?)
4. Did you have anything/anyone that helped you with any difficulties you faced?  
(Note: person: teacher/family member/social worker)
5. Did you feel supported in the lead up to leaving care?  
(Prompt: did you receive any support from foster family/another care provider?)
6. If you feel comfortable sharing, have you had experience of being homeless since leaving care? (If no, go to 9.)
  - a) Would you be ok to tell us about your experience of being made homeless?
  - b) What do you think led to you becoming homeless?
7. Did you have support when you became homeless?  
(Prompt: Did you go to the housing options team/council/friends/family?)
  - a) Did they know or did you tell them you were care experienced? Did they ask if you were care experienced?
  - b) Could you tell us how that went?
8. Looking back, what do you think could be improved to help prevent you becoming homeless? What support would you have wanted?

## Health and well-being

9. Would it be ok to talk a little about your health and well-being? (Yes – go to 10., No - go to 11.)
10. If you are OK to talk about this, do you think becoming homeless has affected your physical or mental health?
  - a) Would you feel comfortable sharing with us how it impacted your physical and mental health?

## Covid-19

11. Has the pandemic affected where you are living now? If so, would you be OK to tell us how?

## Questions about how services could be improved

“A few positive questions to close!”

12. If you had the chance to sit down with the First Minister of Wales and ask him to change things to prevent care experienced young people from becoming homeless, what would you ask him to change? (Note: for example financial support e.g. money/grant, help with getting a job, or non-financial support e.g. people, skills, training)
13. If you could make any changes to the support services available to young people who have already been made homeless, what would they be?
14. Finally, is there anything else you would like to add?

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### Close

At the end of the interview:

- Thank you for your time and explain/ask how the £10 voucher will be sent to you (via email).
- Go over one more time what the information provided will be used for.
- Explain the report will be published once finished and this will be available online on the Public Health Wales website – participants will be informed when report is available.
- The report will not include your name.



# Appendix 2 – Service providers focus group questions



## Care Leavers and Homelessness Project Service Providers Workshop

We would like to invite you to take part in a stakeholder workshop on Wednesday 15 December from 2.30 to 4.30 using Teams. The agenda, the purpose of the workshop and the questions we would like to ask you are provided below.

### Agenda

1.	Welcome and introduction
2.	Workshop
3.	Next steps

## Workshop programme

### *Welcome and introduction*

Welcome and overview of workshop aims and objectives

### *Homelessness prevention*

1. What elements are key to successful/effective models for young care leavers in their transition to independent living?
2. What are the barriers for young care leavers transitioning to independent living?
3. What do you think local authorities or other service providers can do better to prevent young care leavers from becoming homeless?
4. Has your organisation undertaken work specifically looking at how to improve services/support for young care leavers?
5. Could you share any experiences of successful/effective practices/processes in place to support care leavers?

### *Support for care experienced young people who are homeless/facing homelessness*

6. What are the key challenges facing young care leavers who are homeless?
7. What are the key challenges facing young care leavers who are facing homelessness?

8. What are the key challenges faced by service providers in delivering services for young care leavers who are homeless?
9. What are the key challenges faced by service providers in delivering services for young care leavers who are facing homelessness?
10. Who are the key organisations/professionals/individuals who play (or could play) a central role in helping young care leavers who are homeless or facing homelessness? eg. housing professionals, employers, teachers, foster parents
11. What do you think service providers can do better to help young care leavers who are already homeless?

### ***Further opportunity for comment***

12. Is there anything else that you would like to tell us about your experience of care leavers becoming homeless?

### **Next steps**

1. Following the workshop if there is any information (evidence/reports) you feel would be relevant to this project that you would be willing to share with us, please could this be provided to [publichealth.policy@wales.nhs.uk](mailto:publichealth.policy@wales.nhs.uk) - any information provided that is used in the report will be referenced using the organisation's name.
2. We will send you a copy of the workshop notes in order to verify the content and accuracy. Please contact us to notify us of any changes needed or if there is any information you do not wish us to use in the report.
3. We will produce a short report, which will include your views obtained via the workshop. This report will be shared with you.



## Appendix 3 – Good practice examples

The following good practice examples of interventions aimed at care experienced individuals/ young people have been identified in the literature.

**Table 1. Good practice examples in Wales/rest of the United Kingdom (UK)**

Good practice intervention/tool	Summary	Author(s)/ Organisation	Link to further information
'Positive Pathway' model	<p>Based on a flexible framework, is run by St Basils in England and aims to help prevent those aged 16 to 25 from becoming homeless and outlines support required by those who do become homeless. It was used in the development of a toolkit produced by Barnardo's and St Basils in 2015 specifically targeted at those leaving care.<sup>2</sup></p> <p>Welsh Government developed 'Preventing Homelessness and Promoting Independence: A Positive Pathway to Adulthood Guidance and Good Practice' based on the St Basil's framework. It operates alongside an adaptation of the toolkit to support those leaving care in Wales produced by Barnardo's Cymru and Shelter Cymru in 2016.</p>	St Basils	<a href="https://gov.wales/positive-pathway-guidance-and-good-practice">Positive pathway guidance and good practice (gov.wales)</a>
Host Homes	<p>Respite housing that is a short-term housing-led early intervention for young people who have left home (fled or been kicked out).<sup>24</sup> It is effective at diverting young people from shelters by providing temporary accommodation within the community. Examples include Nightstop in the UK.</p> <p>Community-based interventions to support young people and their families when a young person is homeless or at risk of becoming homeless, to help the individual either return home or move into age-appropriate accommodation.<sup>7</sup></p>		<p><a href="#">Respite Accommodation and Host Homes   The Homeless Hub</a></p> <p><a href="#">Emergency Host Homes   Intervention Tool (homelessnessimpact.org)</a></p>
Nightstop	<p>Nightstop is run by communities and charities in over 30 locations in the UK, and is led by Depaul UK.<sup>130</sup></p> <p>This is an example of a Host Homes programme and is cited as "the most extensive Host Homes programme in the UK".<sup>24(p35)</sup></p>	Depaul UK	<p><a href="https://depaulcharity.org/youth-homelessness-nightstop-emergency-accommodation">Youth homelessness - Nightstop emergency accommodation - Depaul UK (depaulcharity.org)</a></p> <p><a href="#">Staying Safe: An Evaluation of Nightstop Services   The Homeless Hub</a></p>
Torfaen Young People's Support Service	Provides a multi-agency approach to support those aged 16-21, focusing on the needs of the young person and helping them to reach their full potential as they transition to adulthood. <sup>131</sup>	Torfaen County Borough Council	<a href="#">CS20 - Torfaen Young People's Support Service</a>
Flintshire Children's Services and Housing	Provides an integrated service for both those who are care leavers and 16- and 17-year-olds at risk of homelessness. <sup>2</sup>	Flintshire County Council	<a href="https://wcpp.org.uk/provision-for-young-care-leavers-at-risk-of-homelessness-report">Provision for young care leavers at risk of homelessness (report) (wcpp.org.uk)</a>

Good practice intervention/tool	Summary	Author(s)/ Organisation	Link to further information
Camden accommodation and support pathway	Accommodation and support pathway, which young people can progress through. This is a collaboration between supporting people, housing options, children's services, health and third sector providers. <sup>2</sup>	Camden Council	<a href="#">Home - Camden Council</a>
SOLAS scheme	Scheme for care leavers which provides an alternative to foster care or residential care. <sup>2</sup>	SOLAS	<a href="#">Care &amp; Support - Pobl (poblgroup.co.uk)</a>
Housing First	<p>Provides permanent accommodation to those in need without a requirement to go through the homelessness system first.<sup>132</sup> Example of Housing First implemented in Anglesey.</p> <p>This approach is based upon the principle that housing is a human right.<sup>10</sup></p>		<a href="#">Housing First in the UK and Ireland (cih.org)</a>
Housing First for Youth	<p>Focused on prevention of youth homelessness and is an adapted model of the Housing First approach. Intervention for young people aged 13-24 who are at risk of experiencing homelessness or are homeless.<sup>133</sup> This approach has been piloted in Scotland with care leavers.<sup>10</sup></p> <p>There are a number of Housing First for Youth projects operating in Wales.</p>	Rock Trust	<p><a href="#">THIS is Housing First for Youth   The Homeless Hub</a></p> <p><a href="#">First youth 'Housing First' project launched in the UK - Scottish Housing News</a></p> <p><a href="#">HF4Y Report Exec Summary (housingfirsteurope.eu)</a></p> <p><a href="#">HF4Y Evaluation Report</a></p> <p><a href="#">EYHC Best Practice Briefings HF4Y (EYHC)</a></p>
Llamau Mediation Services	Provided across nine local authorities in South Wales, these services are aligned with statutory youth homelessness prevention services <sup>2</sup> and can act as a preventative measure to avoid homelessness occurring.	Llamau	<p><a href="#">Family Mediation - Jess &amp; James' Story   Llamau</a></p> <p><a href="#">Cymorth Cymru: Llamau Family Mediation Service</a></p>
Personal Housing Plans	Prepares a bespoke Personal Housing Plan for care leavers, providing an opportunity to look at young people's housing options. This is not a statutory requirement. <sup>2</sup>		
SnugBug House Share	Run by St Vincent's Housing Association in Manchester, this provides shared accommodation to any 18-24-year-old with a local connection. <sup>2</sup>	St Vincent's Housing Association	<a href="#">Home - SnugBug Homes Shared Ownership Homes</a>
'When I Am Ready' scheme	This scheme provides young people in foster care with the opportunity to remain living with their foster carers once they turn 18, up until the age of 21 or 25 if the individual is undertaking an agreed programme of education or training. Local authorities in Wales are required to set up local schemes. <sup>134</sup>	Welsh Government	<a href="#">When I am ready good practice guide (gov.wales)</a>

**Table 2. International good practice examples**

Good practice intervention/tool	Summary	Author(s)/ Organisation	Link to further information
Housing First for Youth model (HF4Y)	<p>An adaption of the adult Housing First model. The model has five core principles:</p> <ol style="list-style-type: none"> <li>1. A right to housing with no preconditions</li> <li>2. Youth choice, youth voice, and self-determination</li> <li>3. Positive youth development and wellness orientation</li> <li>4. Individualised, client-driven supports with no time limits</li> <li>5. Social inclusion and community integration<sup>135</sup></li> </ol> <p>“HF4Y is grounded in the belief that all young people have a right to housing and that those who have experienced homelessness will do better and recover more effectively if they are first provided with housing”.<sup>135(p7)</sup></p>	Canadian Observatory on Homelessness	<a href="#">THIS is Housing First for Youth   The Homeless Hub</a>
At Home/Chez Soi project	<p>A four-year, five-city project focusing on mental health and homelessness.<sup>136</sup> Application of the housing first approach in Canada to support those experiencing homelessness and mental health and other issues (e.g. alcohol, drugs).<sup>137</sup></p>	Mental Health Commission of Canada	<a href="http://homelesshub.ca/solutions/housing-first/homechez-soi">http://homelesshub.ca/solutions/housing-first/homechez-soi</a>  <a href="#">Canada’s At Home/ Chez Soi Project   Centre For Public Impact (CPI)</a>
The Infinity Project	<p>A housing first program, providing homeless young people with the support that a caring parent would provide to their young adult children leaving home for the first time. The project began in 2009 and was based on data and trends gathered by the Youth Housing Connection (YHC) and Calgary Youth Sector (CYS).<sup>138</sup></p>	Boys and Girls Club, Calgary	<a href="#">Infinity Toronto 2013 (ighhub.org)</a>
Reconnect Program	<p>A community-based early intervention and prevention programme that operates in Australia for those aged 12-18 (or 12-21) who are homeless or at risk of homelessness, and their families.<sup>139</sup></p> <p>An example of how effective community/school partnerships can identify young people at risk of homelessness and ensure they receive the necessary support.<sup>7</sup></p>	The Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)	<a href="#">Reconnect   Department of Social Services, Australian Government (dss.gov.au)</a>  <a href="#">reconnect.pdf (dss.gov.au)</a>
Geelong project	<p>An Australian school-based prevention project.<sup>24</sup> Began in 2010 and is based on a ‘community of schools and youth services’ (COSS) model of early intervention.<sup>140</sup> The project identifies and supports those young people who are at risk of homelessness. An example of how effective community/school partnerships can identify young people at risk of homelessness and ensure they receive necessary support.<sup>7</sup> This project was adapted and piloted in Canada, where it was referred to as The Upstream Project.<sup>7</sup></p>	Swinburne University, Barwon Child, Youth & Family (BCYF)	<a href="#">TGP Interim Report (bcyf.org.au)</a>  <a href="#">The Upstream Project Canada – Raising the Roof   Preventing Homelessness</a>

Good practice intervention/tool	Summary	Author(s)/ Organisation	Link to further information
HomeBase	<p>Early intervention homeless prevention programme in New York City.<sup>141</sup> Several features of this programme (stopping homelessness before it starts, using legal services and landlord mediation) were included in legislation in 2009 (the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act).</p> <p>The programme has three aims:            1) To prevent homelessness from occurring            2) To minimise the length of stays in homeless shelters            3) To prevent repeated shelter stays</p> <p>The programme involves providing services and support to those at risk of housing instability.<sup>142</sup></p> <p>It was launched as a pilot in 2004 and expanded citywide in 2007, and uses an evidence-based risk assessment tool to determine how likely it is for individuals to enter shelters in order to identify those individuals at risk of housing insecurity and provide support services.<sup>143</sup></p>	Department of Homeless Services (DHS)	<p><a href="#">ResearchWorks: Volume 6 Number 9   HUD USER</a></p> <p><a href="#">Homebase – HRA (nyc.gov)</a></p> <p><a href="#">Innovations in NYC Health and Human Services Policy: Homelessness Prevention, Intake, and Shelter for Single Adults and Families (urban.org)</a></p>
First Place for Youth – My First Place	<p>Helps young people aged 18-24 who are in or are leaving child welfare or probation systems to prepare for successful transition to adulthood.<sup>144</sup> Operates in California, with affiliate partners in New York and Massachusetts.</p> <p>Key programme is My First Place (MFP); this is an education and employment programme that provides young people with apartments in the community and a support team that helps young people work towards their own healthy living, education, employment and housing goals.<sup>144</sup></p>	First Place for Youth	<p><a href="#">First Place for Youth - Overview (firstplaceforyouth.org)</a></p> <p><a href="#">What We Do – First Place For Youth</a></p>
STEP Home (Support To End Persistent Homelessness)	<p>This has been operating since 2008 in the Waterloo Region of Canada and consists of a “set of interrelated person-centered programmes” that aims to prevent persistent homelessness.<sup>145(p1)</sup> The programmes are divided into three main programme areas: intensive support programs, supportive housing, and street outreach. STEP Home applies the Housing First approach to ending homelessness.</p> <p>Funding was obtained in 2014 for rent assistance to be added to the STEP Home programme.<sup>146</sup> Evaluation findings showed that rent assistance was effective at improving housing stability and recommendations included the continuation of investment in rent assistance as part of the approach to tackling persistent homelessness.</p>	Region of Waterloo	<p><a href="#">STEP Home 2012-2014 Report (homelessnesshub.ca)</a></p> <p><a href="#">Rent Assistance Community Report (2017) (iqhhub.org)</a></p>

Good practice intervention/tool	Summary	Author(s)/ Organisation	Link to further information
Youth specific housing system	<p>Housing services designed for young people and to meet the needs of these individuals.<sup>147</sup> Housing and related support is provided to young people who are in employment or in education, or who are seeking to be. It is noted that the housing provided by the Finnish Youth Housing Association (NAL) can be effective in helping those young people with experience of the child welfare system.</p> <p>NAL provides young person-focused, affordable housing, including the following services:</p> <ul style="list-style-type: none"> <li>- Accessible, youth-friendly application processes to apply for NAL housing</li> <li>- Housing counselling for all tenants, including financial and debt advice</li> <li>- Resources and guides to support young people transitioning into independent housing</li> <li>- Individual support (e.g. floating support) for some young tenants</li> <li>- Active referrals to additional services and support<sup>24</sup></li> </ul>	Finnish Youth Housing Association (NAL)	<p><a href="#">Ymra 3en 2015.pdf (helsinki.fi)</a></p> <p><a href="#">Finnish Youth Housing Association NAL   Youth Apartments</a></p>
Youth Advocates of Sitka	<p>“Provides youth aged 5-21 with temporary accommodation with a state-licensed host family for a maximum of 18 months”.<sup>24(p35)</sup></p> <p>This is an example of a Host Homes programme.</p>	Youth Advocates of Sitka, Inc.	<p><a href="#">Youth Advocates of Sitka (sitkayouth.org)</a></p>
Point Source Youth – Host Homes	<p>Point Source Youth provides advocacy and technical assistance to help with host home programme funding and implementation in the United States.<sup>148</sup> A Host Homes Handbook has been produced as a resource guide for Host Homes programmes.<sup>148</sup></p>	Point Source Youth	<p><a href="#">Point Source Youth Host Homes   Youth Homelessness interventions — Point Source Youth</a></p>
Making the Shift	<p>The project involves testing the Youth Assessment and Prioritization Tool (YAP), which screens for risk of homelessness amongst youth in Canada.<sup>24</sup></p> <p>The YAP is a strength-based tool, which means it captures the young person’s positive attributes as well as their vulnerabilities.<sup>149</sup> Completion of the assessment enables the interviewer (caseworker) to decide on the best service pathway for the young person.</p>	Making the Shift	<p><a href="#">THIS is a HF4Y Demonstration Project   The Homeless Hub</a></p> <p><a href="#">THIS is the YAP Tool   The Homeless Hub</a></p> <p><a href="#">Making the Shift Inc.</a></p>
The Foyer model	<p>An example of a transitional housing model for young people, which “offers an integrated living model where young people are housed for a longer period of time than is typically the case, are offered living skills and are either enrolled in education or training, or are employed”.<sup>150(p4)</sup> This model has been applied in a variety of countries including the UK, Australia and Canada. This model could be useful for thinking about how to address the housing needs of those leaving care.</p>	Canada	<p><a href="#">Foyers   The Homeless Hub</a></p> <p><a href="#">The Homelessness Report   Report #10 (homelesshub.ca)</a></p>

Good practice intervention/tool	Summary	Author(s)/ Organisation	Link to further information
Independent Living Programs (ILP)	<p>Provides young people with services and skills to support them in the transition out of foster care and into adulthood.<sup>151</sup></p> <p>The programme is for those aged 14-21 who are preparing to leave foster care.<sup>152</sup></p> <p>“Youth in foster care are taught skills such as career counselling, budgeting, healthy decision making and managing responsibilities through year-round activities designed to increase their independent living skills and develop positive peer relationships”.<sup>152(para3)</sup></p>	<p>Hopeful Homes</p> <p>Children’s Aid Society of Alabama</p>	<p><a href="https://hopefulhomes.co.uk/">Hopeful Homes supported living (https://hopefulhomes.co.uk/)</a></p> <p><a href="http://childrensaid.org">Children’s Aid Society: Independent Living (childrensaid.org)</a></p>
The Critical Time Intervention model	<p>This “is a time-limited evidence-based practice that supports people vulnerable to homelessness during periods of transition”.<sup>10(p110)</sup> This approach provides rapid access to housing to those at risk of homelessness. It involves moving through set phases as follows:</p> <ul style="list-style-type: none"> <li>- <u>Pre-critical time intervention</u>: Before transition to accommodation, a case worker starts building a relationship with the individual whilst they are still in the institution.</li> <li>- <u>Phase 1 – Transition</u>: Practical and emotional support provided by the case worker during the move into accommodation.</li> <li>- <u>Phase 2 – Try-out</u>: Support maintained but lessened (based on the needs of the individual) in order to assess how the individual is settling into the accommodation.</li> <li>- <u>Phase 3 – Transfer of care</u>: This is the final stage, where care is transferred to the support systems that have been put in place.</li> </ul> <p>This model has been adopted in the US and Europe.</p>		<p><a href="#">Critical Time Intervention (CTI)</a></p> <p><a href="#">Case Management / Critical Time Intervention   Intervention Tool (homelessnessimpact.org)</a></p>





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**Polisi Team, Public Health Wales.**

Please direct any enquiries to [publichealth.policy@wales.nhs.uk](mailto:publichealth.policy@wales.nhs.uk)