

Programme concept test study of the Amber programme

Final report

Cordis Bright
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- Youth Futures Foundation is an independent, not-for-profit organisation established with a £90m endowment from the Reclaim Fund to improve employment outcomes for young people from marginalised backgrounds. Our aim is to narrow employment gaps by identifying what works and why, investing in evidence generation and innovation, and igniting a movement for change.
- The Amber programme is operated by the Amber Foundation and provides supported accommodation for young people aged 16 to 30 who are experiencing homelessness and unemployment, alongside other complex needs (defined as a range of challenges, for example substance misuse, mental health issues and/or a history of offending). The programme provides individuals with a temporary, safe place to live, and aims to support residents to secure sustainable income, employment, education and accommodation, and to lead healthy and fulfilling lives.
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Executive summary

Overview

This is the final report for the programme concept test study of the Amber programme. This was commissioned by the Youth Futures Foundation and conducted by [Cordis Bright](#) between June 2021 and April 2023. The aim of this study was to identify how the Amber support model operates and its underlying mechanisms of change, and to support the Amber Foundation to understand which elements of delivery work most effectively and why. The study also aimed to support improvements to the Amber programme and data collection processes, and to build capacity for potential future impact evaluation.

This executive summary presents an overview of the Amber programme and its underlying support model, key findings from the study, and recommendations for further research and evaluation. The findings presented here are based on qualitative research conducted across two phases with 75 residents, 29 members of staff and 14 external stakeholders, and analysis of quantitative data for 203 residents, which was collected between May 2022 and February 2023.

The programme

The Amber programme, operated by the Amber Foundation, provides supported accommodation for young people aged 16 to 30 who are experiencing or are at risk of homelessness, are unemployed, and who may have additional co-occurring complex needs (defined as a range of challenges, for example substance misuse, mental health issues and/or a history of offending). The programme provides young people with a temporary, safe place to live, and aims to support them to secure sustainable income, employment, education and accommodation, with the ultimate aim of leading healthy and fulfilling lives. The programme's key principles and approaches draw from a range of established theories and practices to support young people facing multiple disadvantage into education, employment and training. This includes holistic, person-centred support, multi-agency partnership working, and consistent structure and routine. Staff reported that the focus on education, employment and training (EET) support is integral, and sets the Amber programme apart from other supported housing providers.

The Amber programme is delivered across three centres: Farm Place (Surrey), Ashley Court (Devon) and Bythesea Lodge (Wiltshire). The programme takes a phased approach to support: residents move through three teams (Induction, Development and Move-on), and undertake activities across four themes (health and wellbeing, having fun and engaging with communities, independent living, and education, employment and training). By focusing on the "whole person", the programme takes a holistic approach to support, concentrating on initially addressing health and wellbeing support needs and building softer skills such as confidence and communication skills, in order to provide a strong foundation from which hard EET outcomes can be built.

Findings

Figure 1 presents an overview of the key findings from this programme concept test study, set against each of the main research questions, as well as recommendations for further research and study.

Figure 1: Summary of study findings

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How does the supported accommodation model used by the Amber programme operate?

- **Overview.** The Amber programme operates a residential model that aims to support young people experiencing homelessness and unemployment, alongside other complex needs. It is funded through a range of sources, including Housing Benefit payments from residents. Young people live at the centres and receive a mixture of structured group support and tailored one-to-one activities designed to help them stabilise their circumstances, develop key skills, and sustainably move on to work and accommodation.
- **Key principles and approaches.** The Amber programme is underpinned by established principles and approaches. These are: 1) holistic, flexible and person-centred support, 2) consistent daily structure and routine, 3) communal living and peer support, 4) partnership working with external organisations, and 5) resident input into programme design and delivery.
- **Referral sources.** The Amber programme receives referrals from a broad range of sources, including statutory and voluntary organisations. The most common referral sources (n=188) are self-referral (40%) and local authorities (30%).
- **Resident needs.** Of the 188 residents with prior accommodation data in this study, 45% were rough sleeping or sofa surfing before they were referred to the Amber programme, and 16% were in other unstable accommodation. Only 48% of the 203 with qualifications data were recorded as having qualifications prior to coming to Amber. Additionally, 52% of residents were reported to have a mental health diagnosis or difficulty, 43% had a history of substance misuse, 22% had a neurodevelopmental disorder, and 11% had a history of offending. Residents often presented with multiple needs, and 44% had two or more of these four primary needs.
- **Resident journey.** Residents move through three teams during the Amber programme: 1) Induction, 2) Development, and 3) Move-on. Residents spend approximately two months in each team. However, this is the “average journey” – the length of time spent in each team may vary substantially based on individual needs.
- **Programme activities.** Programme activities throughout the resident journey are delivered across four themes: 1) education, employment and training support, 2) health and wellbeing support, 3) independent living skills, and 4) having fun and engaging with communities.

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These activities are delivered through daily group sessions from 10am to 4pm in groups of 10, and fortnightly one-to-one support. Residents can also access an Employability Bursary Fund of up to £150 throughout the programme to enable access to EET opportunities (for example, covering the cost of travelling to and from job interviews and appropriate work wear), and a Rent Deposit Scheme (i.e., a repayable loan of up to £1,000 for rent deposits, and a non-repayable grant of up to £200 to purchase white goods) to enable residents to move on to independent living. Once residents leave the centre, staff deliver ad-hoc follow-on support for up to six months via phone calls.

- **Partnership working.** The Amber Foundation works with several external organisations to deliver the Amber programme. These include: 1) referral partners, such as local councils, 2) partners for drug and alcohol or mental health support, 3) volunteering partners, and 4) educational partners, such as local colleges.
- **Mechanisms of change.** Identified mechanisms of change include: 1) residents developing individual goals and aspirations, 2) residents building confidence and self-esteem, 3) residents feeling that they have a voice through structured forums for input and the co-creation of programme activities, 4) residents having the time and space to develop on their own terms, 5) residents feeling part of the Amber community, and 6) residents having positive, trusting relationships with staff.
- **Outcomes and impacts.** The programme aims to achieve short- and long-term outcomes for residents related to EET; improved health and wellbeing; stable accommodation; and reduced reoffending.

What aspects of the Amber programme are effective, and why? What aspects could be improved?

- **Findings indicate several strengths** to the approach taken by the Amber programme, which are also reflected in the literature on supporting young people facing multiple disadvantage. These include: 1) a broad range of referral pathways that maximise access to support, 2) holistic, tailored approaches that address a broad range of needs in the “right order” to build a strong foundation from which residents can progress, 3) compassionate, skilled and non-judgemental staff members, 4) a staged progression model that supports growth and development, 5) resident input into programme design and delivery, 6) developing individual goals and aspirations, 7) residents being able to move through the programme at their own pace, 8) opportunities for residents to connect with one another and

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their local communities, and 9) support to gain independent living and employment skills needed to progress into education, employment and training.

- **Findings also identified several areas for improvement**, some of which are already being addressed by Amber staff. These include improvements to: 1) programme manualisation to support consistent delivery between both individual members of staff and sites, 2) consistent progression between the three teams, 3) enhanced training for staff to support a broad range of needs (see below), 4) bolstering follow-up support to improve sustained outcomes once residents have left the centres, and 5) increasing opportunities for Team Leaders to exchange knowledge and good practice across the centres.

What factors have enabled or inhibited the delivery of the Amber programme?

- **Staff skills, training and capacity.** Compassionate, non-judgemental and skilled members of staff are an important enabling factor for effective delivery. Staff require a broad skillset to support a range of needs, and residents reported that they do this well. However, staff time can be limited, which impacts the delivery of daily group sessions, one-to-one resident support, and their ability to provide follow-on support to residents who have left the centre. There is scope for increased staff training around mental health, substance misuse, and neurodevelopmental disorders/learning disabilities.
- **Relationships with external support services.** Positive relationships between Amber staff and external support services characterised by trust and communication are key to generating appropriate referrals and delivering effective support. However, short support durations and long waiting lists for these services, particularly for specialist mental health support, often limit access to this support.
- **External factors.** There are several external, systemic factors beyond the control of the programme, which impact the likelihood of residents leaving the centres (“moving on”) successfully. Housing benefit requirements mean that residents must leave the centres within four weeks of finding a full-time job, which can heighten anxiety and uncertainty about moving on from the centres. Residents are also affected by limited availability of both accessible, affordable accommodation, and appropriate education, employment and training opportunities.

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How does the programme differ across the three different sites, and between resident groups?

- **Variation by centre location.** Two of the centres are in rural locations while one is in a town. The type of location impacts the needs that referred residents present with, access to volunteering and EET opportunities, access to external specialist support, access to “fun” activities, and may also impact resident housing outcomes.
- **Variation by resident group.** Interviews with staff and residents suggested that the Amber programme generally works well for the broad range of needs it supports. However, findings indicated that residents experience the programme differently based on their level of need, gender, age, neurodevelopmental disorders and/or learning disabilities and experience of care.

What intervening and final outcomes do residents in the Amber programme achieve?

- **Early evidence of change: “soft” outcomes.** Indicative and emerging findings show that 62% (n=60) of residents sampled reported improvements to their self-esteem after at least two months of support, and just over half of residents (56%, n=61) felt that their mental health and wellbeing had improved. However, this is not a pre-post analysis and these findings should be treated with caution. Future evaluation would be able to conduct more rigorous quantitative analysis.
- **Early evidence of change: “hard” outcomes.** Findings show that just under half of residents (44%, n=125) achieved planned move-ons from the Amber centres between May 2022 and February 2023. Of these residents, 33% achieved “hard” employment outcomes (i.e., secured employment, with 21% going into full-time work), and 30% secured their own accommodation (i.e., own or shared tenancy with or without floating support). Conversely, 56% (n=125) of residents leave the programme in an unplanned way, often due to eviction or behaviour or substance misuse.

What further evaluation might be feasible and desirable to fully evidence this model?

- **Strengthening data capabilities.** Data collection improvements have been integrated into service delivery as part of the capacity building elements of the programme concept test study. There are several areas where data capabilities can be strengthened further to

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enable robust future analysis. This report includes recommendations for improvements to data on needs and referral, activity and dosage, and outcomes.

- **Feasibility of QED and RCT impact evaluation.** Challenges to experimental designs include low acceptability to key stakeholders, practical challenges to randomisation, and high rates of attrition from both treatment and control groups. The primary challenge to quasi-experimental designs is the difficulty in identifying comparator groups with appropriate breadth of need and sufficient data collection structures in place.
- **“Small n impact evaluation” methodologies.** A theory-based, mixed methods approach to impact evaluation, such as contribution analysis, process tracing or qualitative comparative analysis, may provide the most feasible, robust approach for a “small n impact evaluation” of the Amber programme, as per TASO (2022) guidance. This is due to the complexity of support, the impact of systemic factors on the model’s effectiveness, and the challenges outlined above with experimental and quasi-experimental designs. Future research should scope out the most appropriate impact methodology in more detail.

1. Introduction

1.1 Overview

This is the final report for the programme concept test study of the Amber programme, which is delivered by the Amber Foundation. The study focused on how the Amber programme aims to improve education, employment and training (EET) outcomes for young people facing multiple disadvantage. The study sought to explore how the support model operates, identify improvements to the Amber programme and data collection processes, and build capacity for future impact evaluation. The study was commissioned by the Youth Futures Foundation and conducted between June 2021 and April 2023 by Cordis Bright. A full timeline of the study is presented in Appendix 1.

1.2 Background

Youth homelessness is a significant and growing problem in the UK (Loosemore et al., 2021), with up to 122,000 young people experiencing homelessness approaching their local authority for help in 2020/21 (Centrepont, 2021). The Youth Homelessness Databank suggests that these figures are still rising, despite government actions and investment to tackle homelessness throughout the pandemic (Centrepont, 2021). Homeless young people commonly face multiple disadvantage and have complex needs, which include mental ill health, substance misuse, young offending, and a history of domestic abuse (Keenan et al., 2021).

There are clear links between youth homelessness and youth unemployment. Young people experiencing homelessness face a range of practical barriers to accessing EET opportunities, such as disrupted education and a lack of qualifications, instability in their personal lives, and challenges with mental and physical health. Shelter (2018) highlights the impact of homelessness on young people's EET outcomes, with young people experiencing homelessness affected by lower concentration and ability to learn new skills, develop interpersonal relationships and gain qualifications, all of which have clear impacts on their ability to access and sustain employment.

There is some evidence that statutory services are not currently meeting the needs of young people facing homelessness, with Centrepont (2022) finding that six in 10 presentations to local authorities ended without the young person's homelessness being prevented or relieved, or them being in receipt of a main duty.¹ Evidence highlights that young people experiencing homelessness require distinct and tailored forms of support from statutory and voluntary services (Centrepont, 2021; Dixon, 2016; Keenan et al.,

¹ The main duty is the duty of local authorities to provide temporary accommodation. Local authorities owe applicants main housing duty when the duty to relieve homelessness has ended, and they are satisfied the applicant is eligible for assistance, in priority need, and not intentionally homeless.

2021). Supporting young people experiencing homelessness into EET opportunities is critical to successfully preventing and relieving youth homelessness.

1.3 The Amber programme

The Amber programme, operated by the Amber Foundation, provides supported accommodation for young people aged 16 to 30 who are experiencing homelessness (or are at risk of homelessness) and unemployment, alongside other complex needs (defined as a range of challenges, for example substance misuse, mental health issues and/or a history of offending).² The programme provides individuals with a temporary, safe place to live, with the aim of supporting residents to secure a sustainable income, employment, education and accommodation and ultimately, to lead healthy and fulfilling lives. The programme’s key principles and approaches have been drawn from established theories and practices to support young people facing multiple disadvantage into education, employment and training.³ This includes holistic, person-centred support, partnership working with local support providers, and consistent structure and routine.

The Amber programme is funded through a range of sources. Housing Benefit covers resident accommodation costs, and external bodies such as local authority departments and Police and Crime Commissioners also provide funding. The Amber Foundation also has a fundraising team, which generates funding accounting for around half of their income.

1.3.1 Programme overview

Figure 2 provides a brief description of the Amber programme using the Template for Intervention Description and Replication (TIDieR) checklist (Hoffmann et al., 2014). The Amber programme’s Theory of Change, which was developed and refined throughout the programme concept test study, is provided in section 3.3.

Figure 2 Description of the Amber programme using the TIDieR framework (Hoffmann et al., 2014)

Element	Description
Name	Amber programme
Why?	The Amber programme provides individuals with a temporary, safe place to live and a programme of support with the aim of supporting residents to 1) secure sustainable income, employment or education, 2) find stable and safe accommodation, and 3) lead healthy and fulfilling lives. ⁴
What?	Activities are delivered under four strands: <ul style="list-style-type: none"> • Education, employment and training (EET) support. • Health and wellbeing support.

² The term “complex needs” is used interchangeably with “multiple disadvantage” throughout.

³ This included evidence from a rapid evidence review conducted at the beginning of this study, which is outlined and attached in Appendix 2.

⁴ These are the overall aims of the programme and the main focus of this study. However, future research may want to explore the impact Amber has on other outcomes, particularly re-offending, in more depth.

Element	Description
	<ul style="list-style-type: none"> • Independent living skills. • Having fun and engaging with communities. <p>These are delivered through group sessions, workshops and one-to-one support. Residents undertake activities under these strands throughout their progression, through three teams within the Amber programme (Induction, Development and Move-on). Further information is provided in section 3.8.</p> <p>Residents can also access financial support as part of the programme. This includes an Employability Bursary Fund of up to £150, and access to both a Rent Deposit Scheme (i.e., a repayable loan of up to £1,000 to support rent deposits) and a non-repayable grant of up to £200 to support the purchase of white goods (such as fridges, freezers, washing machines) to support moving on from the centres.</p>
<p>Who provides?</p>	<ul style="list-style-type: none"> • Centre managers (one per centre) oversee the daily operation of the Amber centres, including co-ordinating with the admissions managers regarding the assessment of new young people entering the service.⁵ • Team Leaders (one per team, three per centre) plan and deliver group work and workshops. Each Team Leader has a maximum caseload of 10 residents. • Support workers (five per centre) assist with the day-to-day operation of the centres, including with residents’ welfare needs, and provide support overnight and at the weekend. • Specialist external support services provide supplementary support, such as for drug and alcohol misuse. <p>Amber staff receive a range of training both at induction and throughout their employment. At induction, this includes topics such as safeguarding and equality. Throughout employment, this includes continued professional development on topics such as group facilitation and conflict resolution, and more specialist training on peer mentoring support, suicide and self-harm, and trauma-informed support.</p> <p>Staff also have a broad range of expertise from previous related experience, such as from the homelessness and social care sector, teaching, probation services, and substance misuse and mental health teams. Additionally, some staff were reported to have lived experience of complex needs and multiple disadvantage.</p>

⁵ Each centre has an admissions manager except for Ashley Court where this role is combined with the centre manager role under the service manager role.

Element	Description
How?	<ul style="list-style-type: none"> • Most support is delivered in person, on site in “team rooms”. • Workshops and group sessions are delivered daily from 10am to 4pm in groups of 10. • Intensive one-to-one support is delivered on a weekly basis to each resident by Team Leaders. • The Amber Foundation commissions up to 12 hours of on-site counselling sessions per resident and works in partnership with specialist mental health services. • The Amber Foundation works in partnership with local substance misuse and voluntary organisations to signpost residents to off-site specialist support and EET opportunities.
Where?	<p>The Amber programme is run across three centres: Farm Place (Surrey), Ashley Court (Devon) and Bythesea Lodge (Wiltshire). A fourth centre was opened in 2022 in Kent.⁶</p> <p>Facilities at the centres vary but generally include team rooms, sports facilities (e.g., a gym), music and art rooms, kitchens and cooking facilities.</p>
When and how much?	Each Amber centre supports up to 30 residents, who stay at the centre for an average of six months.
Tailoring?	A key principle for the Amber programme is being person centred and holistic. The programme is tailored to meet a range of individual needs (for example, mental health or substance misuse) and residents move through the programme at their own pace.
Modifications?	Not within the study period. ⁷

1.4 Research questions

The programme concept test study aims were:

1. To understand the programme theory of the Amber support model and provide an outline of the underlying mechanisms/drivers of change.
2. To support the Amber Foundation to understand their Theory of Change and how to evidence the pathways/outcomes through the collection and analysis of consistent data.

⁶ As this centre opened in the middle of the programme concept test study, this centre has not been included in the study. However, future evaluation would be able to expand its remit to include this fourth centre.

⁷ There are planned modifications, following recommendations from the interim report, to improve the structure of the programme, specifically introducing a structured curriculum and team progression checklist. These were introduced towards the end of the programme concept test study and are due to be launched in 2023. These modifications are therefore outside the remit of this programme concept test study.

3. To capture a rich understanding of resident experiences and views of the support model.
4. To support the Amber Foundation to know which elements of delivery work most effectively and to refine practice to support further achievement of EET outcomes.
5. To provide recommendations and a plan for further evaluation.

Figure 3 outlines the research questions and overall framework for this programme concept test study. These were developed during the scoping phase, informed by documentary evidence, the evaluation specification and conversations during the evaluation launch meeting. The research questions and framework were then sense-tested with stakeholders from the Amber Foundation and Youth Futures Foundation to ensure they reflected stakeholders' priorities and the key aims of the study.

This programme concept test study was commissioned to examine the underlying mechanisms of the Amber programme and build capacity for future evaluation. As such, it did not aim to provide robust evidence of outcomes and impact. The research questions presented in Figure 3 highlight those in scope, and those which were not in scope, but for which emerging evidence may be uncovered over the course of the study.

Figure 3: Programme concept test study research questions

Domain	Research questions	In/out of scope
About the programme	1. How does the Amber programme’s supported accomodation and EET support model operate?	✓
	2. What aspects of the supported accommodation model used in the Amber programme feel effective, and why? What aspects could be improved? a) What elements of the model do staff and other stakeholders feel are effective? b) What elements of the model do young people themselves feel are effective?	✓
	3. How does the Amber programme work in partnership with specialist organisations to provide holistic support? What is effective or less effective in their approach to this partnership working, and why?	✓
	4. What factors have enabled or inhibited the delivery of the Amber programme?	✓
	5. How does the programme differ across the three different sites, in terms of resident needs, support journeys, staffing and outcomes achieved?	✓
	6. How does the programme differ between resident groups, in terms of resident needs, support journeys and outcomes achieved?	✓
Outcomes and impacts	7. What intervening and final outcomes do residents in the Amber programme achieve? What are the critical drivers of these outcomes?	~
	8. What difference, if any, is there in outcomes achieved by residents across the three centres?	~
	9. What factors influence the longer-term sustainment of employment and housing outcomes?	~
Learning and further evaluation	10. What lessons can be drawn from the evaluation for practitioners and for broader policy and practice?	✓
	11. What changes or improvements, if any, should be made to the long-term tracking of outcomes by the Amber Foundation?	✓
	12. What further evaluation might be feasible and desirable to fully evidence this model?	✓

1.5 Ethics and data protection

The evaluation team obtained young people’s informed consent to participate in the study. Young people were provided with an information sheet that described the evaluation, how their personal information and activity data would be shared with Cordis Bright, and their rights to opt in and out of the study and withdraw their consent at any time. Amber staff only shared personal information and participation data with the evaluator for young people who had provided written consent. All young people who took part in interviews also received information sheets prior to providing separate written consent for this element. A member of the research team discussed the information sheet with all young people to ensure they understood the information prior to taking their written consent to participate. Consent forms were then stored by the evaluation team in compliance with General Data Protection Regulation (GDPR).

Both the Amber Foundation and the evaluation team were data controllers. The lawful basis for the evaluation team to process this data under GDPR was “consent”, where participants provided their consent for Cordis Bright to use their personal information for evaluative analysis. This data was shared securely via encrypted software and stored on GDPR-compliant secure servers. A Data Sharing Agreement was signed between Cordis Bright, Amber Foundation and Youth Futures Foundation. Cordis Bright exercised best practice regarding the protection of personal data as part of its obligations as data processors under the Data Protection Act 2018. Residents maintained the right to oppose, have access to, rectify or remove personal or sensitive personal data held by the evaluation team. The evaluation will delete all personal data within 12 months of the project completion, i.e., by April 2024.

1.6 Report structure

The remainder of this report is structured as follows:

- Chapter 2: Methods
- Chapter 3: Programme theory
- Chapter 4: Outcomes and impacts
- Chapter 5: Intervention feasibility/operation of the model in practice
- Chapter 6: Readiness for further evaluation
- Chapter 7: Policy and practice findings
- Chapter 8: Conclusion

2 Methods

This study took a mixed methods approach, combining quantitative data collected from residents with qualitative data from interviews. This section outlines the methods for participant selection, data collection and data analysis.

2.1 Participant selection

2.1.1 Residents

Quantitative data was intended to be collected for each young person throughout the data collection period. The evaluation team aimed to recruit at least 60 residents for interviews over two years, i.e., 10 residents per centre, per year. Figure 7 in section 3.2.2 presents the sampling frame of interviewed residents.

2.1.2 Amber staff and senior management team

The evaluation team received contact details for 32 members of staff, including the senior management team, centre managers, Team Leaders, support workers, admissions managers and administrative staff. The evaluation aimed to conduct 30 interviews over two years, i.e., five per centre, per year.

2.1.3 External stakeholders and partners

The evaluation team received contact details for 31 external stakeholders including commissioners, funders, referral partners and external support services. The evaluation aimed to conduct 15 interviews with these stakeholders over two years.

2.2 Theory of Change development

The Amber Foundation's Theory of Change, including risks and assumptions, was developed in the scoping phase of the programme concept test study.⁸ The initial Theory of Change was reviewed and updated by Cordis Bright following a Theory of Change workshop with Amber programme staff and a review of programme documentation. Section 3.3 presents this refreshed Theory of Change.

2.3 Data collection

2.3.1 Summary of methods and rationale

Figure 4 presents an overview of the data collection methods used in the study.

A mixed methods approach was used to ensure the evidence base has sufficient breadth and depth to provide a holistic picture of the support model. Reporting was conducted at two points in time to enable formative and summative contributions to the ongoing delivery of the model. The sampling approach was selected to enable a sufficient spread of responses across experiences, characteristics, needs and centres. Qualitative research methods (i.e.,

⁸ Appendix 1 presents the full timeline of the study and activities.

one-to-one, semi-structured interviews conducted both in person and virtually), were selected to maximise participation.

Figure 4: Data collection methods for the programme concept test study

Data collection	Participants/data sources	Data analysis	Research questions
Monitoring data	<ul style="list-style-type: none"> Referral form, completed by referral organisation or resident for self-referrals. This captures referral sources, referral reasons, and needs identified at point of referral. Intake form and needs assessments, completed by Team Leaders within the first week of a young person’s stay. This covers gender, age, ethnicity, sexual orientation and religion. Needs data covers primary needs, secondary needs and open text information on mental health needs, substance misuse needs, offending histories and neurodevelopmental disorders. Move-on data collection, completed by Team Leaders when residents leave the programme. This includes data on 1) reason for leaving the programme, 2) education, employment and training destinations, and 3) accommodation destinations. 	Descriptive statistics and bivariate analysis.	1, 5, 6, 7, 8, 11, 12.
Outcomes data	<p>All outcomes data is collected every two months by Team Leaders.</p> <p>Outcomes measurement data collection processes were implemented in May 2022.</p> <ul style="list-style-type: none"> The Warwick Edinburgh Mental Wellbeing Scale. The Rosenberg Self-Esteem Scale. The Attitudes to Work survey (included in JET Framework, sub-scale sourced from Attitudes to Work module, LSYPE Wave 7). The Aspirations for Work survey (included in JET Framework, questions sourced from Young adults module, Understanding Society Wave 2: Main questionnaire). 	Descriptive statistics and bivariate analysis.	5, 6, 7, 8, 11, 12.

Data collection	Participants/data sources	Data analysis	Research questions
	<ul style="list-style-type: none"> • The Aspirations for the Future survey (included in JET Framework, scale sourced from NPC-designed survey). • The Confidence in Finding Employment Survey (included in JET Framework, scale sourced from National Career Service/ICM Job Confidence Index). 		
Semi-structured interviews	<ul style="list-style-type: none"> • Residents, Amber staff and external stakeholders. 	Thematic analysis.	1 to 12.
Workshops	<ul style="list-style-type: none"> • Workshop to sense check evaluation findings, held with Amber staff. • Workshop to discuss the feasibility of future impact evaluation, held with Amber staff and YFF colleagues. 	Thematic analysis.	11 to 12.

2.3.2 Quantitative data collection

At the start of the study, the Amber programme collected high-level monitoring and outcomes data through the Homelessness Outcomes Star (HOS). As part of the evaluation capacity building support element of the study, in August 2021, Cordis Bright conducted a brief review of validated outcomes measures and recommended that the Amber programme collect data on wellbeing, self-esteem and employability using the outcomes measurement tools outlined in Figure 4. The Amber Foundation then designed and implemented a new Customer Relations Management (CRM) system, which was launched in May 2022.

Because data collection processes were improved and developed throughout the study, the quantitative data available for the study covers the period from May 2022 to February 2023. It includes data on 203 residents. Future research with a longer time period of quantitative data would be able to conduct more meaningful analysis.

2.3.3 Qualitative data collection

In total, the research team conducted one-to-one, semi-structured interviews with:

- 75 residents. This included 39 interviews in October-November 2021 and 36 interviews in October-November 2022.
- 26 staff. This included 13 interviews in October-November 2021 and 13 interviews in October-November 2022. Of these, five staff members were interviewed at both timepoints to enable discussion of change over time (organised where possible considering staff turnover and availability for interview).
- 14 external stakeholders. This included seven interviews in October-November 2021 and seven interviews in October-November 2022.

The research team, in collaboration with Youth Futures Foundation and the Amber Foundation, developed three topic guides for use with each group. These are presented in Appendix 1. All resident interviews were conducted in-person during site visits to the three Amber centres and represented a mix of cohort groups and lengths of stay at the centre. The research was designed to maximise participation among Amber residents. Interviews were conducted using a “drop-in” approach, whereby the research team were posted at an Amber centre for a set timeframe, and residents were able to take part in an interview without formally booking a timeslot.

Benefits of this approach included residents’ being able to choose to have an interview when they felt most comfortable to, and fit it around their support. Interviewers were available for interviews during the day and the evenings, to ensure residents in voluntary work or employment were not excluded from the research. Additionally, interviewers monitored the sampling frame of residents spoken to, to ensure that interviewees were from a range of teams and offered interviews to specific residents if needed to help ensure a spread of views.

Resident interviews lasted between ten minutes and one hour. This variation was due to the semi-structured nature of the interviews, with some residents choosing to share more than others, as well as some having less to share due to their length of time at Amber. All residents received a high street voucher as a thank you for their participation.

Most staff and external stakeholder interviews were conducted via video call, with a few conducted onsite if time and availability allowed. They lasted between 45 minutes and one hour.

2.3.4 Workshops

The evaluation team also conducted two workshops, which covered:

- Sense checking findings from the interim report. This was held in April 2022 with Amber staff.
- Feasibility of future impact evaluation. This was held in January 2023 with Amber staff and YFF colleagues.

2.4 Analysis approach

2.4.1 Quantitative data analysis

Methods

All quantitative analysis was conducted in Excel by a member of the research team, which was quality assured by senior members of staff. Data analysis was conducted on monitoring data in four tranches (July 2022, September 2022, December 2022 and February 2023).

Due to the aims of this evaluation and the short data collection period (because the CRM system was introduced part-way through the study), data analysis focused on assessing data quality and evidence of promise to support potential future impact evaluation.⁹ This included the data quality being assessed on each tranche as it was received, with a final data analysis conducted on all data in February 2023 (see section 6.2 for data collection recommendations).

Change over time approach

At the time of analysis, the Amber programme did not systematically collect outcomes measurement data at the beginning and end of support, but rather every two months.¹⁰ As discussed above, data collection processes were improved and developed as part of the capacity building element of the study. As such, some residents were receiving support for

⁹ Please note, the data analysis presented in this report is not directly comparable to other published data about the Amber centres due to the changes in data collection that occurred over this study. Additionally, Amber reported that residents who leave a centre in four weeks or less are excluded from their data analysis, for both positive and negative outcomes, which was not done for this report.

¹⁰ As of May 2023, Amber reported they had started to collect baseline data at the beginning of support for all residents.

several months before their first data point was collected, and the sample sizes used are small.

The research team therefore compiled sample sizes for several different approaches to the change over time analysis to look at emerging findings. This involved two options:

- Imposing a strict time period onto the second time point, i.e., looking at change over four or six months.
- Using each resident’s first and last data point if they are a minimum of a certain length of time apart.

Figure 5 presents the different sample sizes for each approach.

Figure 5: Sample size analysis for quantitative analysis

	T1	T2	T2 criteria	Sample size range
1	First data point	2 months later	T2 is between 47 to 75 days after T1	38 to 45
2	First data point	4 months later	T2 is between 108 to 136 days after T1	18 to 19
3	First data point	6 months later	T2 is between 169 to 197 days after T1	6 to 10
4	First data point	Last data point	T2 is at least 2 months (60 days) after T1	56 to 61
5	First data point	Last data point	T2 is at least 4 months (121 days) after T1	31 to 33
6	First data point	Last data point	T2 is at least 6 months (183 days) after T1	16 to 21

Considering timeframes, sample sizes and approaches, the research team, in collaboration with colleagues from YFF, selected option 4, i.e., first and last data point if this was at least two months apart. This was because:

- It makes use of the “best” (i.e., longest) data gap for each resident.
- It reflects the fact that each resident is likely to have a different journey at Amber in terms of time spent at the centre (which imposing a change over a four- or six-months period doesn’t allow for).

- Most residents with unplanned move-ons leave the centre before four months, so excluding these residents would result in positive bias.

However, this analysis comes with some significant caveats:

- **Limited attribution.** Due to data collection implementation timescales, this analysis is not a pre-post analysis, but rather indicative evidence of change over time. As such, it does not produce robust evidence of impact or attribution to the Amber programme.
- **Potential for bias.** Many residents whose first and last data points were only two months apart may still have been at an early stage of support, in which case this analysis would underestimate the potential change over time achieved by the programme. This includes residents who had unplanned move-ons (e.g., due to eviction), and who were therefore likely to be less engaged with support, and may have moved on before completing two timepoints. Conversely, it may be likely that residents with multiple data points (i.e., who qualified for inclusion) may be those who had better relationships with staff and were more engaged with support, and therefore more likely to achieve positive changes.
- **Small sample sizes and missing data.** Additionally, samples sizes were too small to conduct meaningful subgroup analysis, such as by need, centre or other resident characteristics. This was in part due to missing data, which occurred due to questions not being mandatory, as well as data not being consistently collected before the new CRM system was introduced and whilst it was being implemented. Variations in base numbers and small sample sizes are therefore highlighted throughout this report.

Results of this exploratory analysis are presented in section 4.3. As recommended, future evaluation would be able to conduct a pre-post analysis, which would mitigate these concerns and limitations.

2.4.2 Qualitative data analysis

The qualitative evidence obtained from the interviews was recorded in a matrix, which mapped participant responses to key questions. Interviews were analysed using thematic analysis to identify recurring themes. This involved a process of coding using a mixture of a priori codes, which corresponded to key research questions, and priori codes, to take account of emerging and unexpected findings. These responses were drawn together to explore key themes and commonalities and divergences in responses.

Key themes were reviewed and discussed across the research team, subject to internal challenge and review, triangulated against evidence from quantitative data analysis, and robustly quality assured by senior members of staff with access to the coding matrix. All members of the research team carried out this process collaboratively, and any differences in interpretation of the data were discussed and agreed on collectively. This collaboration mitigated potential biases that individuals may have held when conducting the analysis and interpretation of results, through inbuilt internal and external challenge. This ensured that any biases related to the interviews that individual researchers conducted and the centres

they visited were mitigated, for example, if they had focused more on the strengths of Amber due to conducting more positive interviews than other researchers.

3 Programme theory

3.1 Key messages

- **Referrals.** The Amber programme receives referrals from a broad range of referral sources, including statutory and voluntary organisations. The most common referral sources are self-referral (40%) and over 50 different local authorities (30%).
- **Resident needs.**¹¹ Residents present with a range of complex needs. Only 48% of the 203 residents with monitoring data were recorded as having any previous qualifications on arrival at Amber. Additionally, 52% were reported to have a mental health diagnosis or difficulty, and 43% had a history of alcohol or drug misuse. Of the 188 residents with prior accommodation data, nearly half (45%) were rough sleeping or sofa surfing before joining Amber, and 30% were in unstable accommodation.
- **Resident journey.** Residents move through three teams during the Amber programme: 1) Induction, 2) Development, and 3) Move-on. Residents spend approximately two months in each team. However, the length of time spent can vary substantially based on individual needs (i.e., ranging from one day to 1,196 days at the centre).
- **Activities.** Activities throughout the resident journey are delivered across four themes: 1) education, employment and training support, 2) health and wellbeing support, 3) independent living skills, and 4) having fun and engaging with communities.
- **Partnership working.** The Amber Foundation works in partnership with several external organisations to deliver the Amber programme. These include referral partners, support partners, volunteering partners and educational partners.
- **Mechanisms of change.** Identified mechanisms of change included residents: 1) developing individual goals and aspirations, 2) building confidence and self-esteem, 3) feeling that they have a voice through co-creating programme elements and feedback forums, 4) having the time and space to develop on their own terms, 5) feeling part of the Amber community, and 6) forming positive, trusting relationships with staff.

3.2 Participants

3.2.1 Quantitative data

The evaluation team obtained quantitative data for 203 residents who received support between May 2022 and February 2023. Figure 6 presents the demographic characteristics of this cohort.

¹¹ Please see sections 2.4.1 and 6.2 for a discussion of sample sizes and missing data.

Figure 6: Quantitative demographic characteristics

Characteristic	Number	%
Gender¹²		
Male	161	79%
Female	38	19%
Non-binary	2	1%
Trans man	2	1%
Trans woman	0	0%
Grand total	203	100%
Age		
15 to 19 years old	44	22%
20 to 24 years old	92	45%
25 to 30 years old	67	33%
Grand total	203	100%
Ethnicity		
Asian/Asian British	1	1%
Black/Black British	6	4%
Mixed/Multiple ethnic groups	7	4%
Other ethnic group	0	0%
White/White British	149	91%
Valid total	163	100%
Not stated/not known	40	-
Grand total	203	-

3.2.2 Qualitative data

Figure 7 presents the breakdown of age groups, centres and teams for the 75 young people who took part in qualitative research across the programme concept test study.

Figure 7: Qualitative research participant sample

Characteristic	Number	%
Age		

¹² Future improvements to data collection processes may wish to avoid combining sex-based categories with gender-based categories (i.e., changing “male” to “cis man”).

Characteristic	Number	%	
15 to 19 years old		14	19%
20 to 24 years old		42	56%
25 to 30 years old		19	25%
Grand total		75	100%
Centre			
Ashley Court		21	28%
Farm Place		25	33%
Bythesea Lodge		29	39%
Grand total		75	100%
Team			
Induction		28	37%
Development		27	36%
Move On		20	27%
Grand total		75	100%

3.3 Theory of Change

The Theory of Change for the Amber programme is presented in Figure 8. This details the inputs and activities of the Amber programme, the key mechanisms of change (i.e., the “how and why” activities translated to outcomes), intended outcomes and impacts. The individual, institutional and community-level assumptions and risks that underpin it are shown in Figure 9. The Theory of Change is central to understanding and testing the Amber programme, and has formed the basis for the design of this programme concept test study.

Narrative surrounding each element of the Theory of Change and corresponding key findings is presented in subsequent sections of this chapter.

Programme concept test study of the Amber programme

Figure 8: Amber programme revised Theory of Change

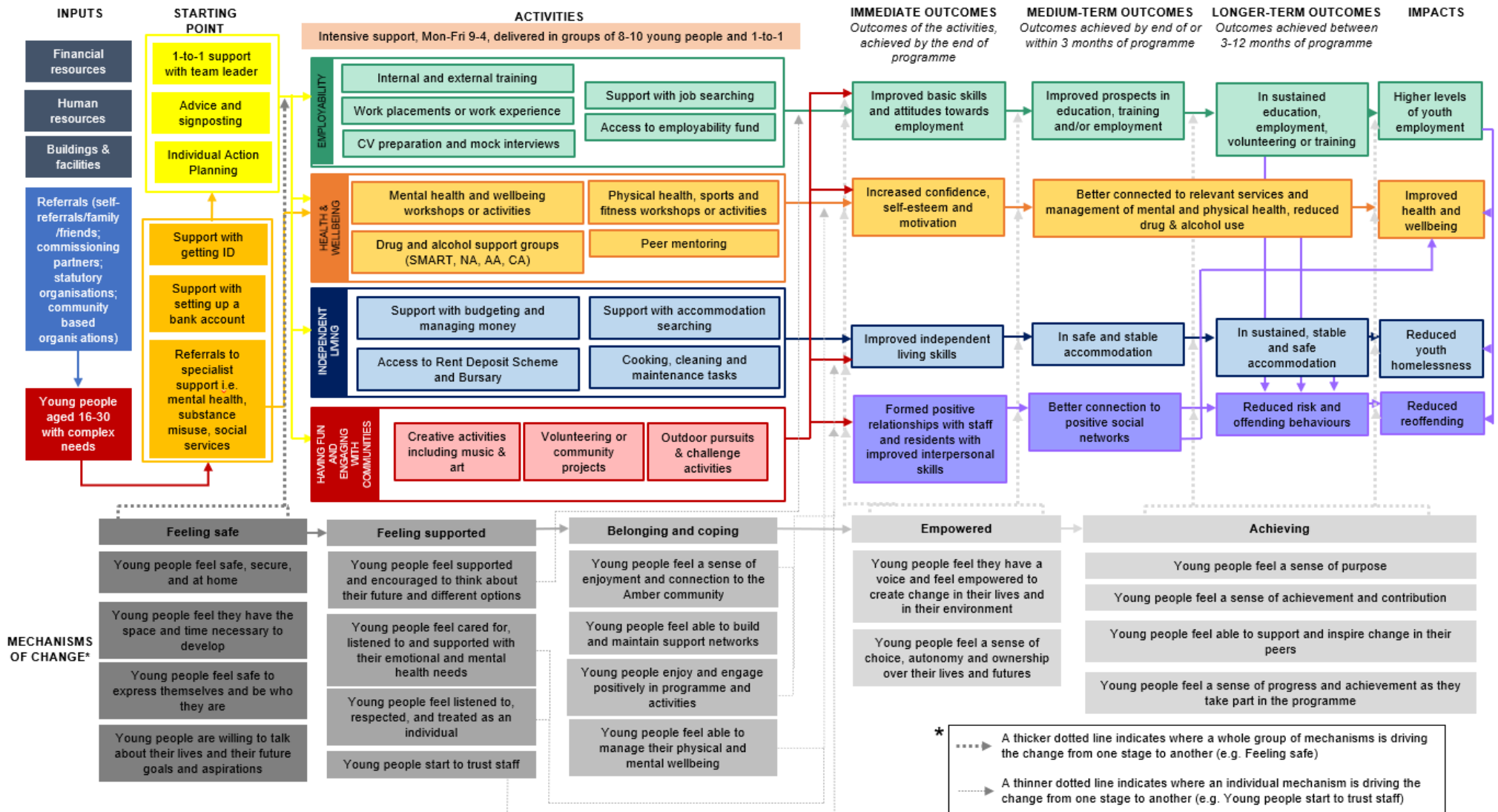


Figure 9: Theory of Change - assumptions and risks

	Individual	Institutional	Community
Assumptions	<ul style="list-style-type: none"> • Young people are motivated to change their lives. • Young people are open to working and forming trusting relationships with staff and peers. 	<ul style="list-style-type: none"> • Staff are trained and trauma-aware, and deliver consistent, nurturing, person-centred and empowering support. • Staff are able to support residents with their mental health needs and neurodevelopmental disorders. • Support and activities are person-centred, and young people are working towards outcomes that are suitable to their needs and goals. • Centres are safe and welcoming spaces. The programme is engaging and consistent, which allows residents to feel supported and empowered. 	<ul style="list-style-type: none"> • Good quality, affordable housing is available for residents to move on to. • Access to relevant support/services in local community, both throughout support and after residents have left. • Access to volunteering, education, employment and training opportunities.

	Individual	Institutional	Community
Risks	<ul style="list-style-type: none"> • Young people are unwilling or unable to engage effectively with the support. • Young people find it difficult to form trusting relationships with staff and peers. 	<ul style="list-style-type: none"> • Centres are unable to offer appropriate or necessary support or activities to the young person. • Operational pressures mean that staff do not have the time or capacity to provide consistent, person-centred support. 	<ul style="list-style-type: none"> • Access to relevant support/services is not available in local community. • Access to suitable volunteering, education, employment and training opportunities are not available in local community. • Access to affordable, suitable housing after the programme is not available in the local community.

3.4 Key principles and approaches to support

There are several evidence-based key principles and approaches underpinning the design and delivery of the Amber programme.¹³ Future iterations of the Theory of Change may benefit from incorporating these principles more explicitly.

3.4.1 Holistic, flexible and person-centred

At its core, the Amber programme provides person-centred, holistic and flexible support. Key to this is providing support to address the “whole person”, i.e., addressing a wide range of support needs, and allowing each young person to work through the Amber programme at their own pace. The importance of tailored, holistic support is a common theme in the literature, with several studies suggesting this is best practice to support young people facing multiple disadvantage (Keenan et al., 2021; DHS, 2010; Keats, 2010). This is due to the importance of ensuring that the broad range of needs that this cohort often present with are addressed meaningfully and in the right order to successfully progress (i.e., support that cannot be delivered through one-size-fits-all models)(Keenan et al., 2021; DHS, 2010; Keats, 2010).

Additionally, a tailored approach is also important for successful EET outcomes. Evidence suggests that ensuring young people with complex needs are encouraged to pursue EET outcomes that align with their aptitudes and interests is key to maintaining motivation and sustaining positive EET outcomes in the future (Dixon, 2016; Grace et al., 2011).

3.4.2 Consistent daily structure and routine

The Amber programme provides consistent daily structure and routine from Monday to Friday, with defined, daily household responsibilities for all residents (see below for an example “day in the life”). Residents across all teams follow a similar daily structure. The only exceptions are those who attend external education or support during the week, or who have started the move-on process and have begun working. Introducing a structure is highlighted in the literature as key to introducing stability and certainty about the future to young people’s lives, which may have previously been unstable and unpredictable, as this enables them to prepare for future employment and independent living (Keenan et al., 2021).

¹³ Cordis Bright conducted a rapid evidence review of existing evidence on effective practice in supported accommodation models to support young people facing multiple disadvantage into EET. This rapid evidence review can be found in Appendix 2.

A “day in the life” at an Amber centre

- **8:30am:** Morning registration.
- **8:30am to 9:30am:** Maintenance activities, i.e., household cleaning tasks.
- **9:30am to 10am:** Second registration. This typically includes an overview of activities for the day, and general announcements and updates.
- **10am to 1pm, and 2pm to 4pm:** Programme, i.e., structured group work activities that take place either within a team or for the entire cohort.
- **1pm to 2pm:** Lunch.
- **4pm to 6pm:** Recreational activities, followed by dinner.
- **6pm onwards:** Dinner.

3.4.3 Communal living and peer support

Communal living and peer support between residents is a key element of the Amber programme. There are several aspects of the programme that feed into this, such as an informal buddy system and group work in teams during the programme, as well as cooking and completing maintenance work together.¹⁴ Barker and Maguire (2017) found that peer support had significant impacts on the quality of life, drug and alcohol use, and social support for young people facing homelessness, and The Young Foundation (2016) established that peer support and strong social networks increase participants’ confidence, knowledge and motivation.

3.4.4 Trauma-informed support

A key principle to support provided by the Amber programme is that support is trauma informed. All staff reported the importance of understanding the impact of trauma on residents’ physical and mental wellbeing, the ability to feel safe and supported, and to develop trusting relationships with staff. This provides the rationale for several of the approaches undertaken by the Amber programme, including taking a time-flexible approach where residents can progress at their own pace and ensuring residents have input into the support provided (section 3.4.6). It has also been highlighted throughout the literature as an important foundation to enabling improvements to mental health and wellbeing for young people facing multiple disadvantage (Barker and Maguire 2017; The Young Foundation 2016; Cornes et al. 2011).¹⁵

¹⁴ Since this evaluation (April 2023) Amber introduced a formal peer mentoring programme.

¹⁵ Training for staff includes one on “Trauma-Informed Support and Practice”(Appendix 4). Future research could explore this element of support further, particularly as trauma-informed approaches are often not well defined or understood (EIF, 2022).

3.4.5 Partnership working

The Amber Foundation works in partnership with several external organisations to deliver the programme. These fall under the following categories:

- Referral partners, including Police and Crime Commissioners, the council, probation and prison services, and Voluntary and Community Sector (VCS) organisations.
- Support partners, including drug and alcohol services such as Turning Point and local Twelve Step groups, and mental health organisations such as TalkWorks and Community Mental Health Teams. Additionally, an on-site counsellor provides weekly one-to-one sessions at all centres.
- Volunteer partners, including Volunteer It Yourself (VIY), local VCS organisations and churches.
- Educational partners, including local colleges, an external job coach and Aspire Training Academy deliver courses to residents both online and on-site.

Collaboration with local statutory and voluntary services is an integral part of providing holistic support (Cornes et al., 2011). The literature also highlights that this collaboration is key to building skills and providing opportunities, all of which are key to generating positive EET outcomes for young people experiencing homelessness (Hart et al., 2020; Dixon, 2016; Ferguson, 2013).

3.4.6 Resident input into programme design and delivery

Where possible, residents are invited to feed into programme design and delivery, for example, they provide input into specific topics and approaches that will be included in the programme each week. Ensuring services are “developed with” and not “provided to” young people has been highlighted by several studies as key to improving young people’s engagement and buy-in, as well as the overall quality of the support (Hillman, 2010; Turner Research and Strategy, 2015; Savage, 2016).

3.5 Resident journey map

Figure 10 presents the Amber resident journey map, which outlines residents’ journeys from initial referral, through the three teams, to moving on from the centres. The activities and support provided across the programme are explored throughout the remainder of this chapter.

The resident journey map aims to describe the standard journey of a resident through the Amber programme. As such, it shows the options available to residents, which are then tailored to their needs. At the time of consultation (October 2022), the Amber programme took a flexible approach to programme delivery and progression, with no set curriculum across the centres.¹⁶

¹⁶ See chapter 11 for a discussion of updates since consultation.

Staff emphasised the variation across residents’ journeys, stating that support journeys are often not linear, and some residents may spend longer in one team than others. Data on the length of time in each team is not yet collected, however, moved-on residents’ length of stay at the centres ranged from less than a day to 1,196 days (see section 5.3.2 for discussion of the lengths of stay).

Additionally, some residents do not complete the full programme. This may be in a “planned” way, where staff and the resident agree that Amber is not right for them at that moment and alternative arrangements are made. However, some residents leave in an “unplanned” way, for example, being evicted or choosing to leave at short notice. Amber has an open-door policy where residents can return when they are ready for the programme.¹⁷

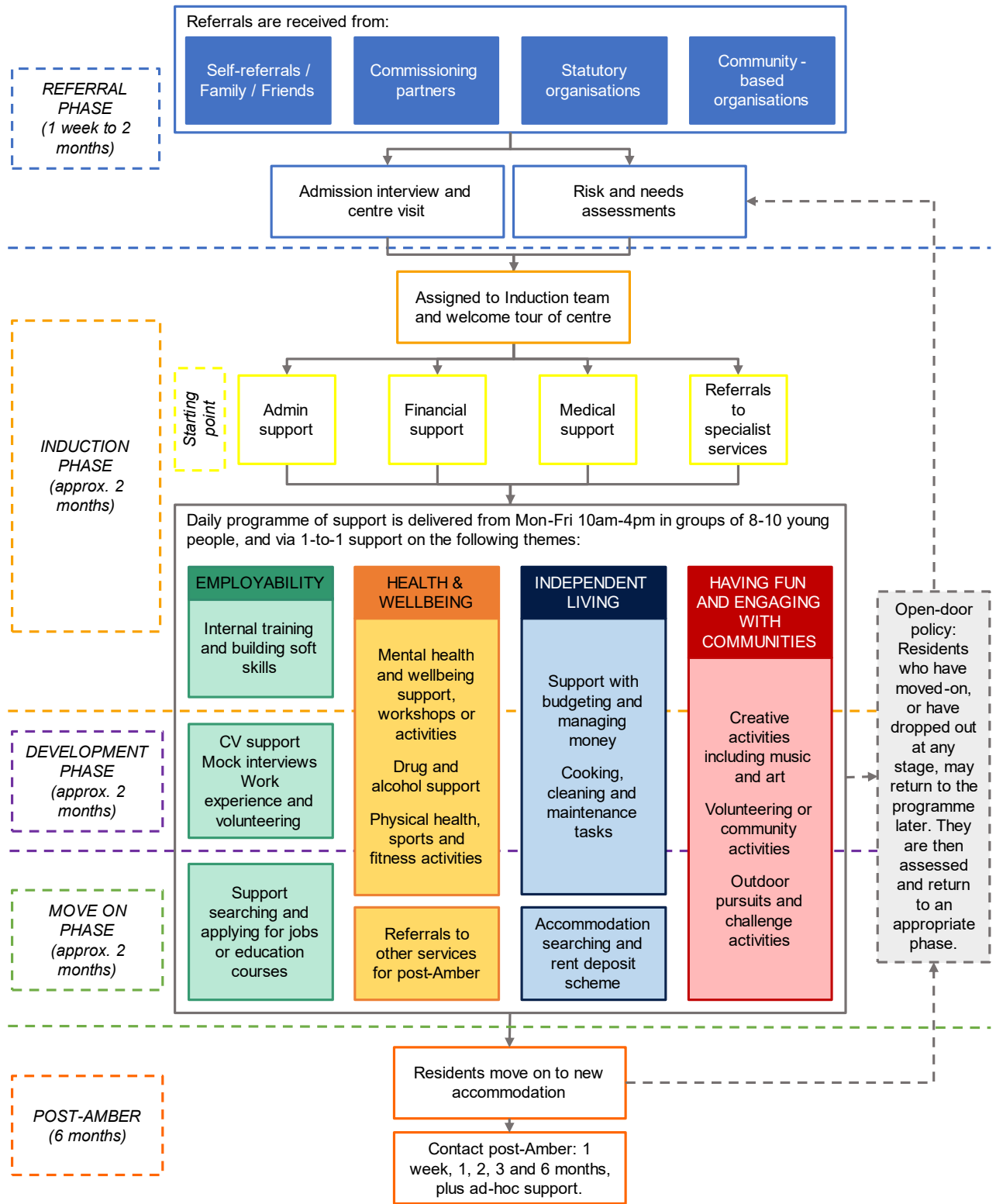
Mechanism of change: Residents feel they have the time and space to develop on their own terms

Staff were clear that each young person’s support journey is likely to be unique, and that it’s vital that this is accounted for throughout programme delivery. A key part of this is ensuring that residents can move through the programme at their own pace, they are not pressured into making changes they are not ready for, and they can use their time at the centre to reflect on what is important to them. This was a positive factor for most residents, who stated that this approach enabled them to feel safe, supported and listened to, and gave them the space they needed to focus on themselves.

“I can take a minute to really concentrate on myself here without having to worry about anything else. I can pick up my responsibilities slowly and gradually build myself back up again. That’s really something. I don’t know any other situation I’d be able to do that in.” Resident, Induction team

¹⁷ Amber has a policy in which residents who leave cannot return to a site for three months. However, staff interviewed stated that this is reviewed on a case-by-case basis with residents allowed to return sooner if staff are concerned about their needs escalating. This process is discussed further in section 3.9.

Figure 10: Amber resident journey map



3.6 Eligibility criteria, referrals and needs

3.6.1 Eligibility criteria

Young people referred to Amber are aged between 16 and 30, and are experiencing homelessness and unemployment, alongside other complex needs (defined as a range of challenges, for example substance misuse, mental health issues and/or a history of offending). Staff reported that they also accept those who are perceived to be at risk of homelessness and that they believe would benefit from the Amber programme. For example, they would likely accept a young person who is not in employment and has a history of substance misuse but who may be in a more stable form of accommodation, such as living with their parents.¹⁸

The programme also applies several non-negotiable exclusion criteria, such as a history of arson or sex offending; being ineligible for benefits; and some physical disabilities (due to inaccessibility of the centres, for example, issues with listed buildings or rural locations). The young person's use of drugs and alcohol is also assessed before acceptance to the centres, to ensure they can safely practice abstinence. Additionally, use of substitute drugs such as methadone or Subutex is not permitted due to these giving false positives on drugs tests.

3.6.2 Referrals

Referral sources

The Amber programme receives referrals from a broad range of sources, including self-referral, external voluntary or statutory organisations, and friends and family. Figure 11 shows that the most common referral source is self-referrals (40%). This is followed by local authority departments (30%), of which the majority are from housing and homelessness departments (n=42, 22% of all referrals).

In addition, residents move to the three centres from a broad geographical area. Monitoring data shows that residents arriving to the three centres between May 2022 and February 2023 came from 58 different local authorities.

¹⁸ Data on residents' prior accommodation is provided in section 3.6.3.

Figure 11: Referral sources

Referral source	N	% ¹⁹
Self-referral ²⁰	76	40%
Local authorities ²¹	56	30%
Advice agencies	13	7%
Community health services ²²	9	5%
Temporary accommodation provider	8	4%
Job centre	2	1%
Prison	2	1%
Other ²³	22	13%
Valid total	188	
Not stated/not known	15	-
Grand total	203	-

Staff reported that encouraging referrals through multiple pathways maximises access to the Amber programme. The literature indicates that referral pathways from a range of sources enables young people to access necessary support through whichever service they contact first (Lawlor and Bowen, 2017).

¹⁹ Percentages are rounded to the nearest number, therefore may not add to 100%.

²⁰ Further data on self-referrals was not available. A few residents reported that they heard about the Amber Foundation through friends. Future research could explore these referral routes further.

²¹ Of the 56 local authority referrals, 41 were from housing/homelessness departments; 7 were from children’s services; 3 were from probation services; 2 from adult social care; and 2 from other local authority departments.

²² These include substance misuse services and community mental health services.

²³ Additional information on “Other” referral sources was not available.

Referral process

Each centre has an admissions manager who processes referrals.²⁴ This process typically involves:

- **Initial referral.** Referrals can come from the young person themselves or from an organisation. These are made online via the Amber Foundation website, through a form that connects to the CRM system.²⁵ Additionally, staff reported some young people send private messages on social media asking for referral information. Young people can select which centre they wish to go to, subject to availability.
- **A phone or video call** with the young person, and referrer as appropriate. This is used both to inform the young person about the Amber model and to further assess their suitability for the Amber programme. Young people can also access information via the website or social media.
- **A visit to the Amber centre.** Where possible, young people are encouraged to visit the Amber centre before making their decision. Staff and stakeholders highlighted that this is an effective way of helping young people assess whether Amber is right for them.
- **Risk and needs assessments.** These are conducted using information from the initial referral form, police checks and internal risk assessment forms to screen for prior convictions and drug use. Admissions managers hold weekly complex case reviews to discuss the suitability of referrals with other staff and external referrers.

Both residents and staff reported the importance of quick turnarounds within the referral process, with one describing:

“I was only homeless for 12 hours before I had somewhere to stay again. Nowhere else takes you that quickly.” Resident, Induction team

This was reported to be particularly critical, as referrals are often made for young people who require urgent safeguarding intervention and support.

²⁴ At Ashley Court admissions are undertaken by the Service manager, a role which encompasses the Centre manager and Admissions manager roles.

²⁵ The online referral form replaced a paper form. Staff reported this has made the process smoother and referrals more accessible to young people.

3.6.3 Resident needs

A note on interpreting the data in this section

Please note that the evidence set out in this section is designed to provide an overview of the needs residents presented with. It therefore does not provide a comprehensive breakdown of every need. Additionally, due to timings around the implementation of the data collection processes, some residents do not have needs data. Throughout this analysis, missing data is treated as missing i.e. it is excluded from base numbers, which vary and are indicated throughout. Suggestions about distinguishing missing data and other data improvements are set out in section 6.2.

Monitoring data indicates that the Amber programme is generally successful at reaching its target cohort of young people experiencing unemployment and who are homeless or at risk of homelessness. For example, 90% of the residents in the data have “Eviction from current accommodation” selected as one of their reasons for referral. Data analysis also shows:

- **Accommodation needs (n=188).** Nearly half of residents with prior accommodation data (45%) were either rough sleeping or sofa surfing before they were referred to the Amber programme; 16% were in other unstable forms of accommodation such as hostels, shelters or temporary/emergency accommodation;²⁶ whilst 3% had been in prison. Those in more stable accommodation included 19% who were living with family or friends, 7% in supported housing and 3% who were in privately rented accommodation.²⁷
- **Education, employment and training needs (n=203).** Only 48% of residents were recorded as having any previous qualifications when arriving at Amber. Of these, the majority held Level 1 qualifications²⁸ (26%), while the remainder held Entry level qualifications²⁹ (6%), Level 2³⁰ (6%), or Level 3³¹ (6%).

²⁶ Unstable accommodation also includes “Squat” (n=1) and “Refuge” (n=1).

²⁷ Accommodation types with 2% or less were: “Hospital” (n=4); “Housing Association tenancy” (n=2); “Tied housing or rented with job” (n=1); and “Other” accommodation (n=6), which included “own flat” and “hotel placement via social services”.

²⁸ Level 1 included: “At least one GCSE pass” (a pass is currently grades 4 – 9. Before 2018 these were grades C – A*); “NVQ at Level 1”; “OCR Nationals Levels 1 and 2”.

²⁹ Entry level qualifications are below Level 1. They included: “Entry level awards, certificates and diplomas”; “Functional Skills at Entry Level”; and “Skills for Life at Entry Level”.

³⁰ Level 2 included: “5 full GCSE/IGCSE at grade A* to C”; “2 AS level (including VCE) at grade A to E”; “1 A/A2 level (including VCE) at grade A to E”; and “1 NVQ/full VRQ* pass at Level 2 or higher (*more than 325 guided learning hours)”.

³¹ Level 3 included: “4 AS level (including VCE) at grade A to E”; “2 A/A2 level (including VCE) at grade A to E”; “1 NVQ/full VRQ* pass at Level 3 or higher (*more than 595 guided learning hours)”;

and “2 Pre-U Principal subject or 4 Pre-U Short Course Subjects”.

Interviews and monitoring data also highlighted the range of co-occurring needs residents have.³² These include:

- Being in crisis and requiring urgent safeguarding intervention, for example, due to being recently made homeless.
- Mental health problems or illness, including experience of trauma, as well as higher-level needs such as self-harm.
- Substance misuse and dependency.
- Learning disabilities and/or neurodevelopmental disorders (NDDs).
- Criminal activity and/or a history of offending.
- History of domestic abuse.
- Experience of care.

Figure 12 shows that 52% of residents in the monitoring data (n=203) were reported to have a mental health diagnosis or difficulty, and 43% a history of alcohol or drug misuse.

Figure 12: Resident needs (n=203)³³

Need	N	%
Mental health diagnosis or difficulty	105	52%
Alcohol or drug misuse	87	43%
Neurodevelopmental disorder	44	22%
Offending history	22	11%

Staff reported that there have been recent increases in the level and complexity of needs that residents present with, and that they are receiving higher numbers of referrals for young people with learning disabilities and severe mental ill health. They suggested that this may be due to limited access to, and capacity of, social care and specialist mental health services.

3.7 Starting point

When a young person becomes a resident at an Amber centre, they are given time to settle in before taking part in activities. Following initial introductions to Team Leaders,

³² These needs were recorded in multiple ways including under “Primary need” or “Secondary needs”, as well as in individual checklists such as the “Ex-offender checklist”. Discussion of this is in section 6.2. Additionally, these needs were mentioned in interviews with residents, staff and stakeholders.

³³ Percentages do not sum to 100% as residents could have more than one need and are calculated based on the number of residents in the monitoring data (n=203).

roommates and centre facilities, residents receive a range of support as needed. This is primarily delivered by the Induction Team Leader and support workers. This support includes:

- **Administrative support**, such as ensuring they have a form of ID.
- **Financial administrative support**, such as support with setting up bank accounts, completing housing benefit applications and managing debts.
- **Medical support**, such as registering with a GP and dentist, and getting necessary medications.
- **Support making referrals to specialist organisations**. This will be done based on needs identified during the initial risk assessment and can include referral to mental health support and drug and alcohol support.

Both staff and residents emphasised the importance of ensuring residents feel safe, supported and reassured that their needs can be met through the Amber programme when they first join the centres. They stated that the initial transition can be overwhelming for some residents, who may have been referred to the centres following a time of crisis, including homelessness, mental ill health or substance misuse.

In order to ensure residents feel safe and supported, staff reported taking the following approaches:

- **Flexible and tailored**. To help build trust, rapport and confidence, staff reported that it is important to allow residents to take the first few weeks at their own pace and not push them into activities they are not ready for. This looks different for each resident, so taking a person-centred approach is key to helping reduce any feelings of anxiety or overwhelm from the initial transition.
- **Informal buddy systems**. Staff reported that this element of peer support can make less confident residents feel more comfortable at the Amber centres and help with the initial transition to the centres.³⁴
- **Initial conversations to discuss goals, aspirations and plan steps towards them**. To ensure that residents feel heard, staff ask all residents at point of referral whether they have come to the centres with specific goals in mind, and which steps may be required to reach them, with the understanding that these may adapt and change throughout their time at the centres.

Mechanism of change: Developing goals and aspirations

A key mechanism of change within the Amber programme is the support for residents to develop their own goals and aspirations. This is done through several activities, including:

³⁴ As highlighted in section 3.4, Amber has since introduced a formalised peer mentoring programme at all centres (as of April 2023).

- **“Dreams and aspirations” sessions** where residents are encouraged to reflect on their strengths and attributes, and to share the strengths of other residents on their team.³⁵ One resident shared that, following a dreams and aspirations session that involved discussions around their love for the sea, they decided to apply for and are now enrolled to study marine biology at university.

“Before I came here, I didn't really know what I wanted to do. But we [Team Leader and I] explored that together and called up universities to see what I could do. [Team Leader] is amazing at picking out qualities in people and seeing what they're good at.”

Resident, Move-on team

- **Regular one-to-ones with Team Leaders to identify goals and fill out action plans.** Discussions could include steps residents can take towards specific career paths or education courses; living independently; or prioritising improving their mental health or maintaining sobriety. Amber staff reported that all goals should be SMART (i.e., Specific, Measurable, Achievable, Relevant and Time bound), with clear actions and tangible steps documented to monitor progress towards them.

“Because of the way their life has happened, they're in fight or flight mode, a constant state of arousal with no room for long-term planning. Amber gives you a chance to take your foot off the accelerator emotionally and gives you a chance to grow.”

staff member

Identifying and working towards individual goals that matter to residents results in a sense of purpose, autonomy and achievement, according to both staff, residents and available literature (section 3.4.1).

³⁵ The “Dreams and aspirations” session will form part of the induction sessions under the new workshop curriculum (as of May 2023).

3.8 Programme activities

The Amber programme consists of three teams, which residents move through chronologically. Residents spend approximately two months in each team, which focus on the following themes:

- **Phase 1: Induction team.** Induction team focuses on “laying the foundations” for further support to build on. This includes addressing immediate needs, for example, ensuring residents are connected to local services, such as their GP and mental health support. Support then focuses on building “soft skills” (i.e., general attributes that are not specific to a job or industry) that will aid them in the workplace, such as communication, problem solving and conflict resolution.
- **Phase 2: Development team.** Development team focuses on getting “work ready”. This team involves greater focus on identifying goals and aspirations, CV workshops, gaining relevant qualifications, and work experience or volunteering.
- **Phase 3: Move-on team.** Move-on team focuses on achieving “hard” EET and accommodation outcomes, i.e., looking for a job and somewhere to live, and then setting up new support networks once new locations have been confirmed.

Within each team, residents take part in a range of programme activities that cover four themes:

- **Health and wellbeing.**
- **Having fun and engaging with communities.**
- **Independent living skills.**
- **Education, employment and training (EET).**

The focus across all four themes shifts as residents move through the three teams. These activities are described in more detail throughout this section.

3.8.1 Health and wellbeing support

Health and wellbeing support forms an essential part of the holistic approach to support that the Amber programme takes, where it seeks to address the wider needs of each young person. Staff reported that this is highly complementary to EET support and enables positive outcomes for residents.

“It’s about putting support in place for individual needs whatever they may be, substance misuse or mental health needs. Getting that support in early really improves outcomes for our residents.” Staff member

Residents reported that it was especially helpful having support from Amber staff with navigating and accessing external services, such as mental health services and substance misuse support. They stated that navigating different statutory pathways for support can often be challenging, so support from staff with liaising and co-ordinating appointments has been a positive enabling factor to achieving improvements to residents’ health and wellbeing.

The Amber programme aims to improve the health and wellbeing of residents through three, interlinked strands of support: mental health and wellbeing support, drug and alcohol support, and physical health and wellbeing support.

Mental health and wellbeing support

Mental health support includes access to up to 12 one-to-one, weekly, hour-long counselling sessions, which are delivered on-site by an external counselling service; workshops and sessions delivered internally on topics such as meditation, coping skills, healthy relationships and emotional management; and referrals and signposting to external support, such as Community Mental Health Teams.

Staff and residents noted that the on-site counselling sessions had been introduced in 2022 following high demand for more intensive mental health support that staff were not qualified to provide, and limited capacity and long waiting lists for external services. Residents were particularly positive about the support, stating that it had been valuable in improving their mental health and wellbeing.

“I found the therapy sessions extremely useful. For me, they were fantastic. They unpacked a lot of stuff that I would have never unpacked throughout my life.” Resident, Development team

The overall perceived effectiveness of mental health and wellbeing support was varied, in part due to the aforementioned limitations from external services (this is discussed in more detail in section 5.5.1). Other factors affecting the perceived effectiveness of Amber’s

mental health and wellbeing support included staff capacity and skill level(discussed in section 5.4.1).

Mechanism of change: Belonging and feeling part of the Amber community

A key mechanism of change to achieving positive mental health and wellbeing outcomes is that residents belong and feel part of the Amber community. Both staff and residents reflected that the communal living and peer support aspects of the Amber programme are beneficial. One resident highlighted the benefits of feeling part of a community with people who have similar experiences to them:

**“I loved it, I was so happy, I felt like I was part of a family again. There’s quite a few people here that haven’t been able to grow up in an environment which is stereotypically normal, so I think it’s a good place to feel part of a community.” Resident,
Development team**

Additionally, informal buddying was reported to be an effective approach to support the mentee and build the confidence and leadership skills of the mentor. Other benefits of communal living that staff and residents raised included improved communication and conflict resolution skills that will help residents in the workplace. They highlighted the contribution of achieving these “softer”, intermediate outcomes to working towards positive EET outcomes.

However, staff and residents both highlighted that there were some challenges related to having up to 30 young people living and attending the programme together. This included some residents having a negative influence on others, as well as peer pressure to misuse substances, and difficulties for residents with conditions such as social anxiety. The communal aspect can therefore be an inhibitor of change for some residents, and something staff have to manage (further discussion of factors that may mean residents experience the programme differently is in section 4.6).

Drug and alcohol support

Drug and alcohol support is provided both internally, through the Amber programme and internal policies, and via external organisations. This consists of:

- **Group sessions, workshops and one-to-one support.** The Amber programme includes workshops and sessions on topics such as managing recovery and responding to peer pressure. Staff also provide one-to-one support around recovery, with residents

reporting that they felt comfortable talking about drugs and alcohol to staff who are understanding and non-judgemental, particularly if staff have lived experience.

- **Internal policies.** All Amber centres operate as dry houses, and residents are subject to regular drug and alcohol tests. The programme has drug and alcohol-related rules and regulations. For example, if residents return to the centre intoxicated, they are kept separate from other residents. If this happens repeatedly, they may be asked to leave the centre.
- **Access to external peer or specialist support.** Residents can access on-site Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) sessions, and off-site support from organisations such as Turning Point.

Residents stated that the range of available drug and alcohol support, including both on-site and off-site provision, was highly valuable, and that this had helped them to stabilise their lives and focus on implementing wider changes.

“Amber’s a good place [to] get sober, get away from life, and take the time you need to focus on yourself and make changes.” Resident, Move-on team

Physical health and wellbeing support

Residents have access to regular physical activities through the facilities available at each of the centres, such as gyms and tennis courts; access to external sports and fitness activities, such as football training; and receive sessions and workshops on healthy eating, balanced diets, self-care and sleep hygiene. Both staff and residents highlighted that this strand of support complements mental health and wellbeing support, and drug and alcohol support, and that this was a particular strength of the two rural centres with access to sports facilities and open spaces.

3.8.2 Having fun and engaging with communities

This strand of support encourages residents to have fun and engage with the local community. This was seen as an integral part of the Amber model, and as particularly key to achieving mental health and wellbeing outcomes.

“I’m a crafts person ... It helps them slow down and concentrate and get them out of their head. Getting out of their own their heads is often half the battle with wellbeing.” Staff member

These activities are organised both on-site and off-site, depending on the facilities available and the skills and interests of staff members. These activities include:

- **Music, art and other hobbies**, including sessions in on-site facilities such as music rooms, arts and crafts sessions, and yoga.
- **Outdoor and challenge activities**, including swimming, high wire activities, tree surfing, escape rooms, cinema trips, spa and gym trips, go-karting, crazy golf and football.
- **Volunteering** with local community-based projects, including allotments, construction projects and church-related events. This is particularly a focus for residents in the Development team.

Residents also undertake fun team activities once a month. To do this, they are allocated a small budget and asked to decide as a team which activity they would like to do. They are then responsible for co-ordinating, planning and logistics. Residents emphasised how much they enjoy this task. They stated that they find the experience empowering, it gives them a sense of autonomy and contributes towards improved financial literacy and ability to manage a budget. Importantly, they also agreed that it gives them something to look forward to.

Mechanism of change: Residents feel that they have a voice

Ensuring residents feel empowered and that their voice is heard is an important mechanism of change in the Amber programme. Residents are encouraged to voice their views and experience in the following ways:

- Weekly “whole house” discussions, where residents can feed back to staff and suggest improvements.
- Ad-hoc discussions between Team Leaders and residents.
- Resident focus groups and consultations, which are often conducted before planned changes to the programme.
- Annual resident survey, which asks for feedback and recommendations. This is circulated before plans for the year’s budget are submitted.
- Team decision-making and planning for monthly “fun” activities.

Residents agreed that these opportunities to have their voice heard were vital, stating it was gratifying to see changes implemented based on suggestions they had made.

“It's certainly a good place to express and fully be yourself, and to learn that actually your voice does matter.” Resident, Development team

Staff also noted that providing consistent forums for resident input both improves the quality of the programme, and maintains engagement, buy-in and enthusiasm from residents.

3.8.3 Independent living skills

This strand of support aims to develop skills and confidence to support independent living and includes the following activities:

- **Cleaning and maintenance.** All residents complete cleaning and maintenance tasks each morning, including individual responsibility for bedrooms and an area of the shared living space.
- **Cooking.** This is done on a weekly rota, often in groups. Residents plan and cook meals using a combination of food that has been donated and ingredients that residents have budgeted for, planned and bought from local shops.
- **Budgeting and financial support.** This includes income maximisation and benefit application support, financial planning, budget making and debt management. Practical Training Units (PTUs) were used for some sessions.
- **Sessions on life skills.** Some Team Leaders supported running additional optional sessions on skills such as ironing, sewing and using a fuse box, as well as talks to understand the ongoing cost-of-living crisis.

Residents across the Amber centres reported that support to develop independent living skills provided them with a sense of achievement and autonomy.

“You’re doing stuff independently – that builds up your confidence within yourself while you’re here.”

Resident, Move-on team

This enables residents to feel ready and able to progress through the programme and successfully move on from the Amber centres.

Mechanism of change: Introducing consistent daily structure and routine

Consistent structure and routine form a central element of the Amber programme, with all residents expected to wake up, complete household tasks and be in the programme at the same time each day.

“I’ve always wanted a routine. It’s what it’s like on the outside. You have to be up early with jobs – Amber gets you ready for that structure.” Resident, Move-on team

This was highlighted by residents, staff and external stakeholders as a strength; enabling the following changes:

- **Introducing stability, consistency and certainty about the future** to young people, whose lives may have previously been chaotic and unpredictable.
- **Preparing residents for future jobs and independent living routines.**
- **Aiding recovery from addiction**, with residents reporting that the consistent use of structure helped them keep busy and stave off boredom, which can lead to relapse.

3.8.4 Education, employment and training (EET) support

EET support is an integral part of the Amber programme, which staff described set Amber apart from other supported housing providers, which do not provide EET or health and wellbeing support. EET support takes place throughout a resident’s time at Amber, with the focus shifting from “soft” EET outcomes (i.e., building confidence, self-esteem, aspirations and communication skills) at Induction to “hard” EET outcomes (i.e., gaining volunteering experience, being in education or taking practical steps to access university or employment) at Development and Move-on.

Interviews with staff, residents and external stakeholders indicated that the main elements of EET support include:

- **Group sessions and workshops.** These are run by Team Leaders and may include sessions to achieve Practical Training Units (PTUs);³⁶ interview training; CV support; discussions around career planning; and support with job searches and applications. Staff reported that PTUs are a particularly useful tool for improving skills and knowledge, whilst also enabling residents to gain a sense of achievement from completing a qualification.
- **One-to-one, individually tailored support.** This focuses on identifying individual-level EET goals and providing support to access relevant opportunities.
- **Support from external organisations.** This includes gaining qualifications via local colleges or organisations such as The Prince's Trust; attending job fairs where external organisations present opportunities to residents; and, at Farm Place, access to an external job coach.

Example of effective practice: One-to-one support from a job coach

Residents at Farm Place have access to weekly, hour-long support sessions from a job coach. The support is tailored, based on the progress made by each individual, from building their confidence to helping them sign up for courses or work experience and tailoring their CV. Residents and staff were extremely positive about the support provided by the job coach, stating that the availability of one-to-one support had been key to building confidence, developing goals and had provided a helpful forum for activities such as mock interviews.³⁷

- **Financial support to access EET opportunities.** All residents can access an Employability Bursary Fund of up to £150 to support EET-related costs such as travel, clothes for job interviews, course or work-related equipment and application fees.³⁸ Residents are also supported to access external funding options, which vary by locality.
- **Volunteering opportunities.** These are provided by local voluntary sector organisations and include opportunities provided by The Prince's Trust, Volunteer It Yourself (VIY), Group 5, Build a Bike workshops and Shaw Trust.

³⁶ PTUs are AQA accredited training units that cover a wide range of topics related to employability, such as communication skills, as well as more subject-specific ones such as agriculture and hairdressing.

³⁷ As discussed in chapter 4, there is emerging evidence that this support may generate improved employment outcomes for residents at Farm Place. However, further information is needed to assess the impact of this support.

³⁸ Residents are unable to access the employability bursary fund if they have rent arrears. They also cannot access the scheme more than once unless in exceptional circumstances.

“One resident volunteers at a coffee shop, baking cakes and serving people. It gets them out meeting people in the real world and developing interpersonal relationships outside of the Amber bubble.” Staff member

The range of available on-site and off-site EET activities was described by residents and staff as providing an important mixture of building confidence and self-esteem, developing skills, goals and aspirations, and providing access to a range of opportunities and experience. In particular, access to volunteering opportunities was reported to support residents with developing time management, communication and sector-specific skills. This is supported by the literature, where access to on-site EET support has been linked to improved morale, wellbeing, tenancy sustainment and stable employment patterns (Crane et al., 2012), and volunteering and work experience opportunities are highlighted as key to building experience and soft skills (Crane et al., 2012).

Mechanism of change: Building confidence and self-esteem

Whilst increased confidence is described as an immediate outcome in the Theory of Change, it also functions as an important mechanism of change. Staff described how building confidence and resilience is key for helping residents achieve positive outcomes and move on successfully.

“Confidence and belief that they can do whatever, that’s the biggest thing. Lots of young people come here so broken and don’t believe that they’re worth anything. But if they want it, they can fight for it.”

Staff member

This was corroborated by residents, who noted that staff’s encouragement helped them to gain confidence to learn new skills and that this recognition helped to encourage them to progress towards positive EET outcomes.

“A lot of people come here with absolutely nothing, and from really troubling backgrounds. They build up your confidence so you can actually go out there and be a functioning human.” Resident, Development

team

3.9 Moving on from the Amber centres

Residents end their time at Amber in the Move-on team. Support during the previous two phases should prepare residents for this step. Once they reach this stage, they should have clear goals and relevant employability skills and experience. Support and activities in the Move-on team aim to support residents with practical considerations for successful move-ons, focusing on “hard” EET and accommodation outcomes.

This includes practical support with:

- **Finding accommodation**, including reviewing accommodation options, liaising with landlords and filling out paperwork, and administrative support with setting up and organising bills and council tax.

- **Access to the rent deposit scheme.** Residents can access a loan of up to £1000 from Amber to help pay a rent deposit to a private landlord when they have secured full-time or financially stable employment.³⁹ Residents can also receive a non-repayable grant of up to £200 towards the cost of items for their new home, such as bedding, white goods and furniture.
- **Finding a job, education or training,** including practical support finding and applying for jobs and preparing for and attending interviews, or completing college and course applications.
- **Accessing continued health and wellbeing support** from external organisations when they leave the centre, such as sourcing local NA meetings and mental health support.
- **Finding positive support networks** in the area they are planning to move to, such as through hobbies, friends or family.

Once residents have secured a job they must leave the centres after four weeks, i.e., once they have earned one month's pay. This is due to the Amber Foundation's financial model, as Housing Benefit covers accommodation and support costs, and this cannot be claimed if residents are working full-time. To help with this transition, staff emphasised the importance of ensuring that residents have support networks in whichever area they move to, including friends, family, hobbies and specialist support services as required.

“It’s bigger than [finding a job], it’s making sure there’s a holistic package around them. There’s nothing more isolating than going to work and sitting in a room in a shared house. They need hobbies and a support network, so they have a life.” Staff member

Both residents and staff stated that Amber’s open-door policy, whereby residents can return to a centre at any time once they have left, is an important part of the model. This recognises that support journeys for young people facing multiple disadvantage are not linear and provides a safety net for residents who move into independent living. As highlighted in section 1.1, this can look different for each resident, i.e., some residents may leave the centres part way through the support and return to the centre at a later date (either in a “planned” or “unplanned” way). Others may complete the full package of

³⁹ The loan is paid back over 12 months and is only available to residents who have no rent arrears. Residents cannot access the scheme more than once unless in exceptional circumstances and only when their previous loan repayment has been repaid in full.

support, move on to independent living, but return to the Amber centres if they face additional challenges.

All residents are re-assessed when they return to the centres and triaged back into support at an appropriate phase. This also varies by resident – for example, a resident who has previously completed the full package of support but has recently lost their job and needs support finding a new one may re-join the Move-on team. If a resident has faced more substantial challenges, they may re-join the centres in the Induction team and work through the full model again.

“The young person has to want to change, and the support has to come at the right time for them. That’s why it’s a flexible, open-door policy. That’s a great feature.” Staff member

The importance of this person-centred approach was particularly highlighted by residents who had left and returned to the centres. This included a few residents reporting that they appreciated knowing they could contact Amber for advice and could come back to the centre if needed. One resident, who was planning to move on, described how their Team Leader had talked in depth with them about their move-on, ensuring it was the right decision for them.

“I’ve had an in-depth discussion with my supportive Team Leader. He thinks it might be too soon for me to move on but has said he will leave the door open if I need it. They said they’ll support me, so my move-on is made correctly.” Resident, Move-on team

While residents reported appreciating the open door policy, one resident highlighted that it was left up to them to contact Amber for additional support once they had left the centres. Staff were keen to introduce more systematic follow-up support once residents had left the centre, but they reported that they are currently limited by available resources and capacity to implement this, with follow-up contact for moved-on residents therefore often being inconsistent and light touch. At the time of consultation (October 2022) there were plans to recruit for a voluntary resettlement worker position to provide follow-up support and collect long-term outcomes data.

4 Outcomes and impacts

4.1 Key messages

- **Intended outcomes and impacts.** The Amber programme aims to support residents to achieve outcomes relating to education, employment and training; improved health and wellbeing; stable accommodation, and reductions to reoffending.
- **Early evidence of change: “soft” outcomes.** Indicative quantitative analysis shows that 62% (n=60) of residents sampled saw improvements to their self-esteem over at least two months of support from the Amber programme, and over half (56%, n=61) saw improvements to their mental health and wellbeing.
- **Early evidence of change: “hard” outcomes.** Findings also show that just under half of residents (44%, n=125) achieve “planned” move-ons from the Amber centres in which they successfully complete the programme. Of these residents, 33% achieve “hard” employment and accommodation outcomes, with 21% securing full-time work, and 30% moving on to their own accommodation. Those with “unplanned” move-ons (56%) mainly left due to being evicted for either poor behaviour or substance misuse, meaning they did not complete the full programme and as such, did not have planned EET destinations.
- **Long-term outcomes.** Investment in follow-up support and data collection once residents have left the centres would enable analysis of how sustained their employment and accommodation outcomes are, and the mechanisms through which the Amber programme may or may not have enabled them.

A note on interpreting the findings in this chapter

Please note that as the programme concept test study did not seek to produce evidence of impact, the findings presented in this chapter are early and emerging. The methods used are unable to attribute evidence of change to the Amber programme, and as such these findings should be interpreted with caution. Further research conducted over a longer time period and with more rigorous methods, including the use of a counterfactual, is required to strengthen the evidence base behind these findings. Further information on the limitations of this analysis is presented in Chapter 2.

In addition, please note that the hard outcomes data in this report may differ from other published Amber reports, which do not include young people who leave Amber within 4 weeks as they have not yet fully engaged with the Amber programme.

4.2 Intended outcomes and impacts

The Amber programme aims to achieve a range of outcomes for residents, which cut across outcomes relating to education, employment and training; improved health and wellbeing; stable accommodation; and reductions to reoffending. Figure 13 presents the outcomes and

impacts that the programme aims to achieve, broken down by timeframe, and the ways in which the Amber programme now collects data against each outcome. As discussed in Figure 4 and section 2.3.2, these outcomes measurements were selected following a review conducted by Cordis Bright at the start of the study. This review and the outcomes measurements are presented in Appendix 1.

Figure 13: Outcomes and impacts of the Amber programme

Timeframe	Outcomes and impacts	Outcomes indicator
Immediate outcomes, to be achieved by the end of the programme.	<ul style="list-style-type: none"> Improved basic skills and attitudes towards employment. 	<ul style="list-style-type: none"> Attitudes to Work survey collected every two months. Aspirations for Work survey collected every two months. Aspirations for the Future survey collected every two months.
	<ul style="list-style-type: none"> Increased confidence, self-esteem and motivation. 	<ul style="list-style-type: none"> Rosenburg Self-Esteem Scale collected every two months. Warwick-Edinburgh Mental Wellbeing Scale collected every two months. Confidence in Finding Employment survey collected every two months.
	<ul style="list-style-type: none"> Improved independent living skills. 	<ul style="list-style-type: none"> Amber programme does not currently collect quantitative data against this outcome.
	<ul style="list-style-type: none"> Formed positive relationships with staff and residents, and improved interpersonal skills. 	<ul style="list-style-type: none"> Amber programme does not currently collect quantitative data against this outcome.⁴⁰
Mid-term outcomes, within 3 months of	<ul style="list-style-type: none"> Improved prospects in education, training, and/or employment. 	<ul style="list-style-type: none"> Education, employment and training destinations data, collected when residents leave the Amber programme.

⁴⁰ Please note that this is now asked about via an annual resident survey, which started in February 2023. However, the annual resident survey questions and data were not reviewed as part of this evaluation, and it is unclear whether this would enable individual level analysis of change over time.

Timeframe	Outcomes and impacts	Outcomes indicator
the end of programme.	<ul style="list-style-type: none"> ● Better connected to relevant services and management of mental and physical health, with reduced drug and alcohol use. ● In stable and safe accommodation. ● Better connected to positive social networks. 	<ul style="list-style-type: none"> ● Accommodation destinations data collected when residents leave the Amber programme. ● Ad-hoc check-ins conducted by staff at 1 week, 1 month, 2 months, 3 months and 6 months post-support.
Long-term outcomes, between 3 and 6 months of programme.	<ul style="list-style-type: none"> ● In sustained education, employment, volunteering or training. ● In sustained, stable and safe accommodation. ● Reduced risk and reoffending behaviours. 	<ul style="list-style-type: none"> ● Ad-hoc check-ins conducted by staff at 3 months and 6 months post-support.
Impacts	<ul style="list-style-type: none"> ● Higher levels of youth employment. ● Improved health and wellbeing. ● Reduced youth homelessness. ● Reduced reoffending. 	N/A

4.3 Early evidence of change

A note on interpreting the data

As discussed in section 2.4.1, the analysis presented in this section is not a pre-post analysis. As such, the analysis presented here is not evidence of impact and does not achieve the robustness of a Level 2 study on the Maryland Scientific Methods Scale,⁴¹ but can be characterised as exploratory evidence of the change that may be achieved over at least two months of support from the Amber programme. Future improvements to data collection should aim to collect this data at the start and end of support journeys.

Figure 14 presents initial change over time analysis for the “soft” outcomes measurements collected for a sample of residents. This compares the first (T1) and last (T2) data points collected for each resident between May 2022 and February 2023, if these are at least two months apart. This shows that:

- Over half of residents who met these criteria achieved improvements to their confidence, self-esteem and motivation.⁴² Specifically, 62% (n=60) of residents achieved improvements to their self-esteem, and 56% (n=61) of residents achieved improvements to their mental health and wellbeing.
- Around half of these residents achieved improvements to their attitudes towards employment. Specifically, 53% (n=55) achieved improvements to their aspirations to work, and 45% (n=56) achieved improvements to their confidence in finding employment.

Figure 14: Analysis of change over time where T2 was at least 2 months after T1.

Outcomes measurement	Sample size ⁴³	Number (%) of residents with improvements between T1 and T2	Average length of time between T1 and T2
Aspirations to Work survey	55	29 (53%)	145 days
Rosenburg Self-Esteem Scale	60	37 (62%)	146 days

⁴¹ For an explanation of the Maryland Scientific Methods Scale for assessing robustness see: [The Maryland Scientific Methods Scale \(SMS\) - What Works Growth](#)

⁴² Improvements are defined as an increase in score by 1 or more point. For example, increases in scores for the WEMVBS ranged from 1 to 37 (average increase: 9, max score: 70). The other 27 residents in this sample had scores either stay the same (n=2), or reduce (n=25, ranging from -1 to -25, average reduction: -8).

⁴³ Sample sizes vary for a mix of reasons including that questions were not mandatory, and data was excluded from analysis if there were any individual missing responses as this would affect scoring of the questionnaires. Additionally, collection may have been impacted by staff capacity as data is collected by Team Leaders.

Outcomes measurement	Sample size ⁴³	Number (%) of residents with improvements between T1 and T2	Average length of time between T1 and T2
Confidence in Finding Employment survey	56	25 (45%)	143 days
WEMWBS Scale	61	34 (56%)	147 days
Aspirations for the Future	56	18 (32%)	142 days
Attitudes to Work survey	59	18 (31%)	149 days

4.4 Planned and unplanned move-ons

As previously outlined, resident move-ons are either classed as “planned” (i.e., following agreement from staff and residents that they are ready for independent living, having completed the full package of support) or “unplanned” (i.e., when residents leave the centre without completing the full package of support, often due to being evicted for poor behaviour or substance misuse).

Across the data monitoring period, 125 residents left the centres. Just over half of the residents in this sample (56%, 70 residents) had unplanned move-ons, and 44% (55 residents) of residents had planned move-ons from the Amber programme (Figure 15). The proportion of residents who left in a planned and unplanned way was relatively consistent across the three centres. Sample sizes are too small for robust conclusions to be drawn when comparing the centres, however, findings indicate that exit reasons varied in the following way:

- Overall, residents were most likely to be evicted due to behaviour, but those at Farm Place were more likely to be evicted due to behaviour than those from Bythesea Lodge and Ashley Court (31% of all move-ons at Farm Place compared with 25% at Bythesea Lodge and 15% at Ashley Court).
- Residents from Ashley Court were more likely to be evicted due to use of drugs on the premises than those from Bythesea Lodge and Farm Place (17% compared with 2% at Bythesea Lodge and 3% at Ashley Court).

Figure 15 shows that the majority of residents with unplanned move-ons left due to eviction (66%, 46 residents).⁴⁴ Interviews with staff suggested that these evictions partly reflect the balance they try to achieve in providing support to individual young people in need whilst ensuring the communal living and group work runs effectively for other residents. This includes considerations such as accepting young people who may not be ready for the programme but are in crisis, as well as ensuring other residents’ support journeys are not disrupted by poor behaviour or substance misuse by individuals.

Sample sizes were not sufficient to effectively explore unplanned move-ons in this study. A few interviewed residents had previously left centres and returned, however, no other

residents who had left were interviewed. Future research may wish to explore further the experiences of residents who did not remain engaged with the programme, to explore what can be improved to decrease the proportion of young people who exit in an unplanned way.

Figure 15: Reason for exit⁴⁴

Reason for exit	Ashley Court	Bythesea Lodge	Farm Place	Grand total
Planned move-on	23 (44%)	19 (43%)	13 (45%)	55 (44%)
Unplanned move-on	29 (56%)	25 (57%)	16 (55%)	70 (56%)
Unplanned – evicted (behaviour)	8 (15%)	11 (25%)	9 (31%)	28 (22%)
Unplanned – abandoned ⁴⁵	6 (12%)	8 (18%)	0 (0%)	14 (11%)
Unplanned – evicted (use of drugs on premises)	9 (17%)	1 (2%)	1 (3%)	11 (9%)
Unplanned – evicted (use of alcohol on premises)	2 (4%)	2 (5%)	1 (3%)	5 (4%)
Unplanned – evicted (rent arrears)	0 (0%)	1 (2%)	1 (3%)	2 (2%)
Unplanned – other	4 (8%)	2 (5%)	4 (14%)	10 (8%)
Total	52 (100%)	44 (100%)	29 (100%)	125 (100%)

⁴⁴ Please note that these reasons were mutually exclusive, i.e., residents could not have multiple planned move-on reasons selected. As such, only unplanned move-on reasons are presented here. Future data collection improvements may wish to ensure that both accommodation and employment destinations can be selected.

⁴⁵ “Unplanned – abandoned” refers to residents who choose to leave the centre, at short notice, without a move-on plan. They may or may not notify staff that they are doing this.

4.5 Resident destinations

4.5.1 Employment, education and volunteering destinations

Figure 16 shows that there is variation in employment, education and volunteering destinations outcomes between residents with planned and unplanned move-ons. Specifically:

- There is a high incidence of unemployment across the cohort at the point of move-on (84%). However, this is higher for those with unplanned move-ons (97%) than for those with planned move-ons (67%).
- Of those who had a planned move-on, 33% left for employment destinations, of which 21% left for full-time employment, and the remaining 12% left for part-time, casual or self-employment. This is higher than those with unplanned move-ons (2% and 2% respectively).

This may reflect that unplanned move-ons in the monitoring data sample were often due to evictions, and that those with unplanned move-ons usually leave the centres at short notice. Future research should explore the factors that aid or inhibit residents achieving positive EET outcomes when they move on.

Figure 16: Employment, education and volunteering, and accommodation destinations for residents

Employment, destinations	Planned move-on	Unplanned move-on	Whole cohort ⁴⁶
Full-time employment	11 (21%)	1 (2%)	12 (10%)
Part-time employment	3 (6%)	1 (2%)	4 (3%)
Self-employed	2 (4%)	0 (0%)	2 (2%)
Temporary/casual work	1 (2%)	0 (0%)	1 (1%)
Unemployed	35 (67%)	61 (97%)	98 (84%)
Valid total	52 (100%)	63 (100%)	117 (100%)
Not stated/not known	0	7	8
Grand total	52	70	125

Similarly, Figure 17 also highlights this variation across education and volunteering destinations. Residents with planned move-ons were more likely to leave for both

⁴⁶ Please note that these totals do not always sum the “Planned” and “Unplanned” move-on columns, as some residents did not have data on their move-on reasons.

education or volunteering destinations than those with unplanned move-ons (12% and 2% compared with 3% and 2% respectively).

Figure 17: Education and volunteering destinations

Education and volunteering destinations	Planned move-on	Unplanned move-on	Whole cohort ⁴⁷
Education destination ⁴⁸	6 (12%)	3 (3%)	8 (7%)
Volunteering destination	1 (2%)	1 (2%)	2 (2%)
None	45 (87%)	61 (95%)	108 (92%)
Valid total	52 (100%)	64 (100%)	118 (100%)
Not stated/not known	0	6	8
Grand total	52	70	125

Figure 18 presents employment destinations broken down by centre. Sample sizes are too small to draw conclusions on variation across the centres. However, further research may wish to explore whether the locations of centres (rural compared to town centre) and differences in the support offered at each centre (for example, provision of a job coach) result in differences in employment outcomes.

Figure 18: Employment destinations broken down by centre

Employment destination	Ashley Court	Bythesea Lodge	Farm Place	Grand total
Full-time employment	5 (11%)	2 (5%)	5 (17%)	12 (10%)
Part-time employment	0 (0%)	4 (9%)	0 (0%)	4 (3%)
Self-employed	1 (2%)	0 (0%)	1 (3%)	2 (2%)
Temporary/casual work	0 (0%)	1 (2%)	0 (0%)	1 (1%)
Unemployed	39 (87%)	36 (84%)	23 (79%)	98 (84%)

⁴⁷ Please note that these totals do not always sum the “Planned” and “Unplanned” move-on columns, as some residents did not have data on their move-on reasons.

⁴⁸ This included: “Enrolled on an education course (still attending or waiting for term to start or restart)”, “Working or studying towards a qualification” and “Have had job-related training or education in the last four weeks”.

Employment destination	Ashley Court	Bythesea Lodge	Farm Place	Grand total
Valid total	45 (100%)	43 (100%)	29 (100%)	117 (100%)
Not stated/not known	7	1	0	8
Grand total	52	44	29	125

4.5.2 Accommodation destinations

Figure 19 details variation in accommodation destinations across those with planned and unplanned move-ons. The small samples mean conclusions cannot be drawn but indicative evidence shows:

- 30% of residents with planned move-ons left for their own accommodation (i.e., shared or private tenancy agreements, with or without floating support), and 30% returned to live with family or friends.
- In comparison, those with unplanned move-ons were more likely to leave to unstable accommodation destinations, with 49% returning to temporary/emergency accommodation, no accommodation or "other" accommodation.
- Those with unplanned move-ons were also more likely than those with planned move-ons to return to home, family or friends (48% compared with 30%). This is higher than the proportion of residents who arrive at Amber living with family or friends (18%).

Future research could explore the trajectories of residents over a longer time period and explore further the decision processes around the accommodation they choose. As with EET outcomes above, the short notice of unplanned move-ons may partly explain residents' destinations.

Figure 19: Accommodation destinations

Accommodation destinations	Planned move-on	Unplanned move-on	Whole cohort ⁴⁹
Own accommodation ⁵⁰	15 (30%)	2 (3%)	17 (14%)
Return to home, family or friends	15 (30%)	33 (48%)	48 (40%)

⁴⁹ Please note that these totals do not always sum the "Planned" and "Unplanned" move-on columns, as some residents did not have data on their move-on reasons.

⁵⁰ Defined as own or shared tenancy agreement, with or without floating support.

Accommodation destinations	Planned move-on	Unplanned move-on	Whole cohort ⁴⁹
Temporary/emergency accommodation	11 (22%)	8 (12%)	19 (16%)
No accommodation	1 (2%)	9 (13%)	10 (8%)
Other accommodation ⁵¹	8 (16%)	17 (25%)	25 (21%)
Valid total	50 (100%)	69 (100%)	119 (100%)
Not stated/not known	2	1	6
Grand total	52	70	125

Figure 20 shows that there is also some variation in accommodation destinations by centre. Residents from the urban-located Bythesea Lodge were more likely to move on to their own accommodation than those from Farm Place and Ashley Court (18% compared with 14% and 10% respectively), and less likely to return to home, family and friends (30% compared with 45% and 42% respectively). Future research may wish to explore the implications of each centre’s location on outcomes achieved in more detail, including availability of suitable accommodation in the area.

Figure 20: Reason for exit broken down by centre

Housing destination	Ashley Court	Bythesea Lodge	Farm Place	Grand total
Own accommodation	5 (10%)	8 (18%)	4 (14%)	17 (14%)
Return to home, family or friends	22 (42%)	13 (30%)	13 (45%)	48 (38%)
Temporary/emergency accommodation	11 (21%)	11 (25%)	7 (24%)	29 (23%)
No accommodation	3 (6%)	5 (11%)	2 (7%)	10 (8%)
Other accommodation	11 (21%)	7 (16%)	3 (10%)	21 (17%)

⁵¹ Other includes (n, % of all residents): “Hospitalisation” (n=1, 1%), Long-term care/support (n=1, 1%), Supported housing (n=1, 1%), Transfer to another centre (n=1, 1%), and “Other” (n=21, 18%).

Housing destination	Ashley Court	Bythesea Lodge	Farm Place	Grand total
Grand total	52 (100%)	44 (100%)	29 (100%)	125 (100%)

Data on the number of residents who return to the centres once they have left was not available. However, staff reported this figure to be significant, with both staff and residents who had left and returned to the centres reiterating the importance of their open-door policy and approaches to support, which enable young people to move through the programme at their own pace and return to the centres whenever they are most ready for support.

4.6 Exploratory comparisons across cohorts

Most staff and stakeholders reported that the Amber programme generally works equally well for the broad variety of needs that the programme supports, with this perceived effectiveness facilitated by the tailored, holistic approach to support. Staff, external stakeholders and some residents highlighted the importance of residents being motivated and engaged with the programme as a determinant of positive outcomes. However, it should also be noted that motivation is linked to an individual’s context and circumstances. Further research should explore what drives and what inhibits motivation and engagement with the Amber programme.

Sample sizes were not sufficiently large to conduct meaningful subgroup analysis based on demographic characteristics or needs. However, interviews with Amber staff, stakeholders and residents provided indicative evidence that residents may experience the programme differently based on characteristics such as their age, gender and level of need. These factors often related to the challenges of communal living and staff needing to balance meeting individual needs whilst delivering group work. Key characteristics included:

- **Levels of need.** Amber staff and stakeholders reported that the model works most effectively for residents who have less entrenched complex needs, with these residents likely to spend less time at Amber and have planned move-ons. For example, residents with less acute mental ill health histories or young people who had more recently been made homeless. However, staff reported that young people being referred to the programme had increasingly complex needs.
- **Gender.** Most residents supported by Amber identify as young men. Amber staff and residents reported that this can cause challenges for young women, with fewer facilities available for girls and women in the centres, and limited access to gender-specific support, particularly for women and girls who are victim-survivors of domestic abuse or have experienced trauma from men. Staff reported plans to conduct research into the experience of different genders at the centres, including women, non-binary and transgender residents, with a view to improving the support available to these different groups.

- **Age.** The Amber programme aims to support young people aged 16 to 30. Older residents, i.e., those aged 25+, reported that some aspects of the support around developing independent living skills were less relevant to them, and that they would prefer to focus on moving towards hard EET outcomes and sourcing stable accommodation more quickly. However, most of these residents reported that the support they received had been tailored accordingly, and that they had been able to engage with the elements of support they felt were most useful.
- **Neurodevelopmental disorders and/or learning disabilities.** Staff reported that there have been recent increases to the number of residents with neurodevelopmental disorders, such as ADHD, autism or dyslexia, and learning disabilities. They stated that certain aspects of the Amber programme, such as communal living and classroom-based learning, can be less effective for these groups of young people.

Positively, a few residents with neurodevelopmental disorders reported that staff are supportive and understanding, and that while communal living can be challenging for them at times, they felt sufficiently supported and that reasonable adjustments were implemented effectively. Examples of this included residents being able to listen to music or step out of sessions when feeling overwhelmed. The consistency of this understanding and adjustments by staff was reported to vary though, with further staff training to support residents with neurodevelopmental disorders suggested by staff and residents (section 5.4.1).

- **Experience of care.** Young people with experience of care were reported to respond less well to the Amber programme, perhaps due to perceiving Amber as another source of authority or institution. One staff member suggested that young people with experience of care need greater support moving towards independent living and are more likely to benefit from moving on to accommodation providers such as YMCA as a transitional stepping stone before living fully independently.

4.7 Sustained outcomes

Data on sustained outcomes was not available to the study due to data collection limitations. Planned investment in follow-up support and data collection once residents have left the centres will enable more robust analysis of employment and accommodation outcomes sustainment. Further qualitative research with residents who are leaving and/or have left the centres would enable richer insight into outcomes, how sustained they are, and the mechanisms through which the Amber programme may or may not have enabled them.

5 Intervention feasibility/operation of the model in practice

5.1 Key messages

- **Overview.** This chapter explores the feasibility of the Amber programme. This involves analysis of the intervention's Theory of Change and examines whether its intended outputs are practical and achievable in the chosen context. This includes an assessment of dimensions of implementation, and factors that may impact this implementation.
- **Programme manualisation.** Following recommendations from the interim report, there have been several improvements to programme manualisation. Amber is introducing a curriculum of workshops to the programme, and a structured progression checklist to ensure more consistent and standard delivery.
- **Dosage.** Between May 2022 and February 2023, 203 residents were enrolled across the three centres. Of the 125 residents who moved on across the period, the average length of stay was 114 days. Of all 203 residents, i.e., including those still in residence as of 28 February 2023, the average length of stay was 156 days. This is slightly lower than the expected length of stay (six months), however, these figures are likely to be skewed due to short data collection periods.
- **Staff skills, training and capacity.** Compassionate, non-judgemental members of staff who are skilled at supporting a wide range of needs are an important enabling factor to effective delivery. However, staff capacity is at times limited, which impacts delivery of the weekday programme, one-to-one resident support, and ability to provide follow-on support to residents who have left the centres. Staff also stated they would appreciate additional training to support the wide range of needs.
- **Model delivery across the three centres.** The three centres vary by location, which impacts referrals, access to volunteering and EET opportunities, external peer and specialist support, move-on accommodation, and "fun" activities.
- **The role of external specialist support services.** Positive relationships between Amber staff and external support services characterised by trust and communication generate appropriate referrals and enable the delivery of effective support. However, long waiting lists, limited capacity and short support durations offered by the services often limit the extent to which residents can access support that staff are not able to provide themselves.
- **Moving on successfully.** There are several factors external to the programme that impact the likelihood of successful move-ons. Housing benefit rules mean that residents must leave the centres within four weeks of finding a full-time job, which can heighten anxiety and uncertainty about moving on from the centres. Limited availability of accessible, affordable independent accommodation and stepping stone transitional

accommodation restricts options for residents, as does limited availability of suitable, supportive EET opportunities for this cohort.

5.2 Overview

This chapter explores the feasibility of the Amber programme. This involves an assessment of the intervention's Theory of Change and examines whether its intended outputs are practical and achievable in the chosen context. This includes an assessment of dimensions of implementation, and factors that may impact this implementation (EIF 2019). As such, this chapter examines dimensions of implementation (programme manualisation, fidelity and dosage), and factors that impact implementation (institutional and community-based factors).

5.3 Programme delivery

5.3.1 Programme manualisation and fidelity

There have been several improvements to programme manualisation throughout the course of the programme concept test study. At the start of the study, the Amber programme was not manualised. Key findings from the interim report (finalised in March 2022) stated that:

- Staff took a flexible approach to programme delivery, which they would adapt based on Team Leader skills and interests. This resulted in substantial differences in programme delivery within and between centres, and limited fidelity to the model.
- The three-phased approach was not consistently applied within or between centres, which resulted in highly varied participant journeys.

Following recommendations from the interim report, Amber staff have invested significant time in developing the programme plan and structure to increase consistency of delivery and manualise the programme and support model. This has resulted in the following planned developments to the Amber programme model.

Structured programme curriculum

Amber staff have designed a structured programme curriculum, which is due to be launched in 2023. This is provided in Appendix 3 and has the following features:

- Designed in collaboration with staff and residents, through resident focus groups and staff consultation.
- A total of 26 workshops (eight to ten core workshops per team), which map onto each of the four strands of support. Each workshop will take three hours to complete, and it is expected that each team will complete one workshop per week.
- Accompanying handbook for staff and residents. This will contain guidance for staff, and worksheets and activities for residents. Some workshops are also based around a specific PTU.
- Staff training to support delivery. As part of the roll out, all staff will be trained in delivering the sessions and workshops to support consistency.

- Linked to resident progression. Data will be collected, through the CRM, on which workshops each resident has completed. All residents must complete each workshop before they can progress to the next team.

A key consideration for the new curriculum design was balancing improvements to standardisation and consistency with the benefits of flexibility to adapt topics and approaches based on current needs and interests of residents. Staff reported that they hoped the new approach to programme delivery, i.e., one structured session per week with scope for tailored topics and sessions four days a week, would ensure that support is as effective, flexible and person-centred as possible.

“Part of what makes Amber special is that the Team Leaders have autonomy and freedom to be creative and do interesting things. We’ve tried to keep that balance.” Staff member

Progression checklist

Linked to the structured curriculum is a progression checklist to ensure activities and skills are completed by each resident before they move onto the next team. This will complement the new curriculum and generate a clearer, standardised pathway for residents as they move through the centres. The checklist will cover the entire resident journey, from starting point to Move-on, and will include administrative tasks, workshops that have been completed, goals and aspirations, and steps that are taken towards them. This will also facilitate more effective monitoring and data collection, as the checklist forms the basis of future activity data collection.

Staff reported that this new checklist would facilitate more effective tracking of each resident’s progress and generate a sense of achievement and motivation for residents. Staff stressed that when developing criteria for progression and adding more structure to the programme, it was vital to balance this against flexibility to accommodate each resident’s needs and pace of progression, as this is an integral part of the model.

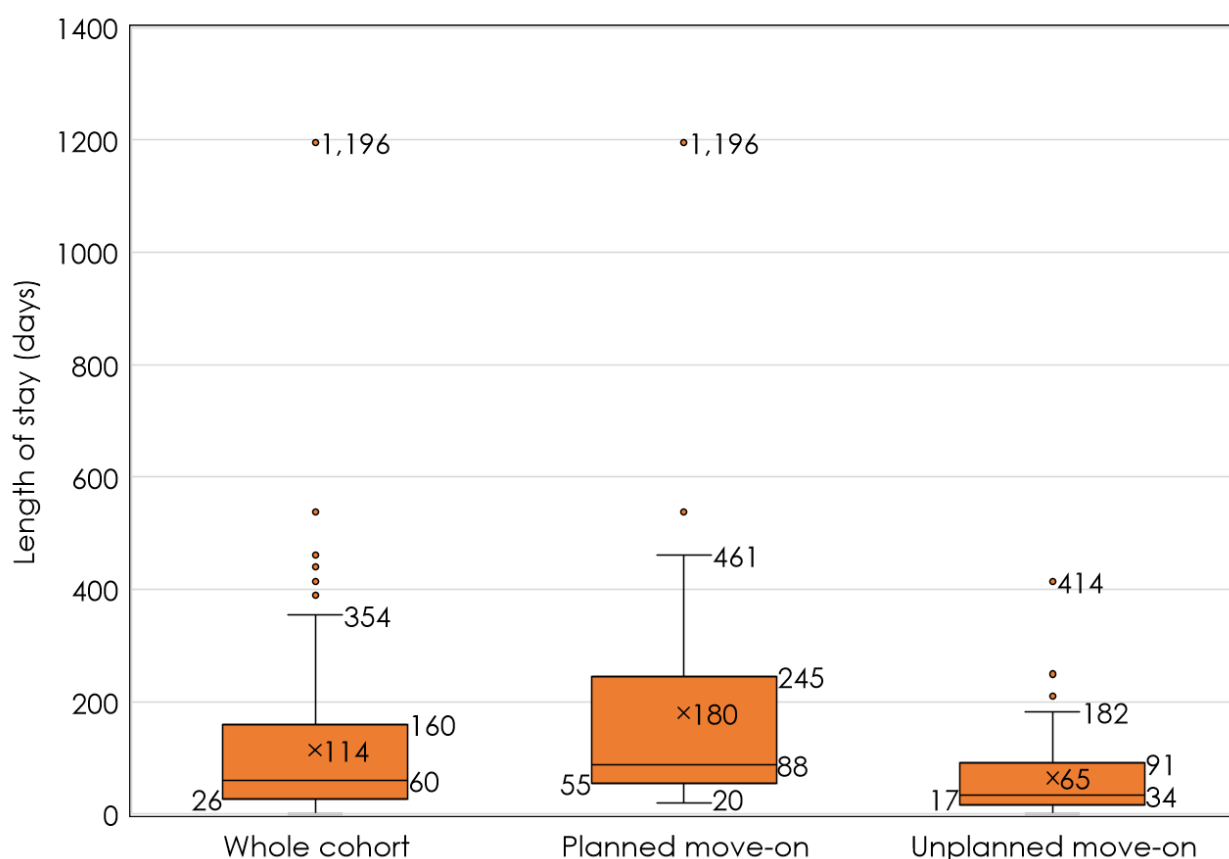
5.3.2 Dosage

Full data on dosage, including comprehensive activity data, was not available to the programme concept test study for the full evaluation period (June 2021 to February 2023), due to the point at which data collection processes were implemented. However, data analysis for the period May 2022 to February 2023 shows that:

- 203 residents were onboarded to the Amber programme across the three centres between May 2022 and February 2023. Of these, 82 (40%) were enrolled at Ashley Court, 67 (33%) at Bythesea Lodge, and 53 (26%) at Farm Place.

- 125 residents moved-on from the centres in this time period. Of those who moved-on, the average length of stay was 114 days, with moved-on residents most commonly staying for between three and six months (33%).
- The average length of stay for all residents, including those who had not yet moved-on (i.e., were still in residence on 28 February 2023), was 156 days.
- This is slightly lower than the expected average length of stay of six months (approximately 183 days). However, Figure 21 shows that the range of stays varied from zero to 1,196 days, and that those with unplanned move-ons stayed on average for much shorter durations (a mean of 65 days compared with a mean of 180 days for planned move-ons).

Figure 21: Box plot showing length of stay in days broken down by planned and unplanned move-ons



Given the short data collection periods, this analysis is unlikely to be representative (i.e., results are skewed towards those with shorter stays). Analysis over a longer time period would provide a more representative understanding of time spent at the centres. In addition, future qualitative research with residents who left the centre in an unplanned way may wish to explore the drivers behind this and short stays, to elicit further detail on these experiences.

5.4 Institutional factors

This section discusses institutional factors that impact programme implementation, such as staff capacity and centre facilities.

5.4.1 Staff capacity, skills and training

Staff skills and training

All interviewees highlighted that having skilled members of staff who can build strong, trusting relationships with residents is an enabling factor to effective delivery of the Amber programme. Residents reported that the non-judgemental, trauma-informed approach to delivery taken by staff puts them at ease, so they feel comfortable sharing their needs, which enables them to access the right support.

“You can tell every staff member does this because they genuinely care about us. The best thing about Amber is the staff; they really make it for me, 100%.”

Resident, Move-on team

Mechanism of change: Positive, trusting relationships with staff

Positive, trusting relationships between staff and residents was seen to be a key mechanism of change to enable residents to feel safe, supported and encouraged. Most residents stated that they had strong rapport with their Team Leader and other staff, describing staff as non-judgemental and approachable. This enabled them to ask for advice, information and support as needed, and contributed to them feeling listened to, supported and respected.

“[My Team Leader] helps me with emotional support, but I can also have a joke with them. I don’t feel like I’m being judged.” Resident, Induction team

All residents have their one-to-ones with their corresponding Team Leader. The member of staff they discuss their development with changes as they move through the programme. Most residents who had worked through multiple teams stated it was beneficial to have one-to-one input from a range of staff members, and that they had developed strong relationships with each Team Leader. A minority of residents noted

that strong relationships with their current Team Leader had made them reluctant to progress to the next team due to anxieties around losing the relationship.

The few residents who reported less positive relationships with their Team Leader suggested this was due to personality differences, and noted they had other staff members they felt more supported by. However, a few residents did report feeling their needs were not well understood by their Team Leader (see discussions in section 4.6 and below on the need for further staff training).

Staff highlighted several areas in which they would appreciate additional training, to enable them to support the broad range of needs more effectively. This was also reflected in interviews with residents. Staff reported that the wide range of needs means that providing effective support for all residents is challenging, and they do not always feel equipped to support all residents, particularly those with more acute and long-established needs. They stated that they would appreciate training on the following topics:

- **Mental health.** Staff generally reported feeling equipped to support those with minor mental health challenges and to refer externally for those with higher levels of need. However, both staff and residents reported that more training and processes for supporting those with more acute mental health needs, including self-harm and suicidal ideation, would be beneficial.
- **Drug and alcohol misuse.** Similarly, staff stated that increased consistency in drug and alcohol training would be helpful. Some staff had received SMART recovery training,⁵² while staff at Ashley Court had received relapse prevention training. Ensuring all staff receive effective training would avoid over-reliance on their lived experience and facilitate more effective support for residents in recovery.
- **Learning disabilities and neurodevelopmental disorders.** Amber staff reported seeing an increase in referrals of young people with learning difficulties and neurodevelopmental disorders, and that it was challenging to meet their needs. Staff stated they would appreciate further training on supporting residents with learning difficulties and neurodevelopmental disorders including implementing adjustments to programme delivery.

Staff capacity

Limited staff capacity was reported as a barrier to consistent delivery of the model across all three centres. Staff reported that funding constraints meant centres ran on minimum numbers of staff, with any changes to staffing – such as due to holiday, sick leave or staff turnover – having a large impact on the support provided to residents. Additionally, staff reported that capacity was stretched by recruitment challenges that occurred during the Covid-19 pandemic. They highlighted that these were still having an impact at the start of the programme concept test study.

⁵² <https://smartrecovery.org.uk/smart-recovery-programme/>

“Money is a massive challenge, it’s hard keeping it going. I’d like the staffing ratio to be higher if we had the funding. Staff are really tight on time and often get pulled away.” Staff member

Limited staff capacity was reported to impact several elements of model delivery:

- **Weekday programme delivery.** Staff reported that Team Leaders are often pulled away to “fire fight” and resolve incidents, which regularly disrupts the delivery of the weekday programme.
- **One-to-one resident support.** One-to-one resident support is currently also the responsibility of Team Leaders. However, limited capacity, high caseloads and a broad range of responsibilities mean that scheduled one-to-one sessions with residents may not happen as frequently as planned. Some staff also gave examples of additional support they would like to give to residents but do not have the time or resources to be able to, such as tailored work around unhealthy relationships, or one-to-one cooking skills sessions.
- **Follow-up support once residents have left the centres.** Staff and residents felt that continued support after residents have left the Amber centres facilitates sustained positive outcomes, but the extent to which this is delivered is currently inconsistent. Residents who had previously left Amber⁵³ shared that they appreciated access to continued, ad-hoc follow-up support from staff in the few months after they left the centres. They stated that this had helped them to settle into their new accommodation and employment and had helped them address issues that may have arisen.

However, the extent to which staff currently have capacity to deliver this follow-up support is limited. Staff aim to check in with residents within the first two weeks, then three months, six months and 18 months after they leave, but staff capacity issues mean this does not always happen.

Staff reported that, ideally, centres would operate with a slightly higher number of support staff. This would build in a buffer to address incidents and ensure there are sufficient staff with protected time to provide one-to-one support to residents, which would enable developing and working towards individual goals and aspirations.

⁵³ Feedback on the process of leaving an Amber centre was shared by some residents who had previously left a centre and then returned. The evaluation did not include interviews with leavers who had not subsequently returned.

5.4.2 Building facilities and physical environment

Each centre contains facilities including gyms, art rooms and music rooms. Residents were generally positive about the available facilities, stating that they were a positive distinguishing factor between Amber and other forms of support.

However, residents and staff highlighted several issues relating to physical infrastructure, including plumbing and heating. They also stated that a lack of IT equipment and internet connection issues posed challenges across all sites. This particularly impacts the capacity to deliver educational elements of the programme and residents' access to external opportunities, such as completing online courses and searching for jobs.

5.5 Community-level factors

This section discusses the community-level factors that affect implementation and the ability of residents to move on successfully.

5.5.1 Partnership working with external organisations

The Amber programme operates in partnership with several additional specialist support organisations. These relationships were reported to work well, and both external stakeholders and Amber staff stated that they bring mutual benefit through generating appropriate referrals and enabling the provision of holistic support to young people. This was reported to provide the following enablers and barriers to the intervention feasibility of the Amber programme:

- **Strong relationships facilitate partnership working between Amber Foundation and external organisations.** Positive relationships characterised by trust and communication were reported to be enabling factors. This was particularly important at the point of referral, to facilitate multi-agency risk assessments of the Amber programme's suitability for a young person. Some external stakeholders suggested that there is scope to build these further, for example, through more regular meetings with Amber staff and stakeholders, or regular attendance of Amber staff at local safeguarding hubs.
- **Limited capacity of external specialist support organisations restricts the extent to which residents access effective support.** This is particularly the case for specialist mental health support, with both residents and staff members reporting that long waiting lists and limited capacity means residents are unable to access external specialist support that staff are not qualified to provide. This also impacts residents who move across local authorities to come to Amber, who may then have to start from the bottom of support service waiting lists.
- **The impact of Covid-19 on voluntary sector organisations has significantly impacted available volunteering opportunities for residents.** A key finding from the interim report (March 2022) was that the Covid-19 pandemic had negatively impacted the capacity of local community organisations that provide volunteering and work experience opportunities to residents. Interviews conducted in October 2022

indicated that volunteering opportunities had started to build back up again following the pandemic, but that these were still not as extensive as before the pandemic due to multiple organisations permanently closing. This limits the extent to which the Amber programme can facilitate work experience and volunteering opportunities for residents.

5.5.2 Factors affecting successful move-ons

Both staff and residents reported several external factors that impact the likelihood of successful move-ons. These were:

- **Challenges moving on from the centres within four weeks of finding employment.** As described in section 3.9, all residents must move on from the centres within four weeks of finding full-time work. Residents reported that this can be extremely challenging, as it requires adjusting to both a new, full-time job and independent accommodation within the same month, which can heighten anxiety and uncertainty about moving on from the centres to live independently. One resident also reported that it does not give sufficient time to save up money needed for moving out, such as buying appliances.

Some residents highlighted that moving on too quickly due to this policy could undermine progress made, with one resident, who had left and returned to Amber, saying:

“I wasn’t 100% ready, but because of the amount I was earning, it meant that my benefits stopped. It meant I had to pay full rent here, so I ended up moving out even though I probably shouldn’t have. There wasn’t much else I could do; my hands felt tied.” Resident,
Induction team

An alternative model, such as Individual Placement and Support (IPS), might be more effective in supporting Amber residents to find and keep a job. IPS, developed in the USA in the 1990s as a way of helping people with severe mental illness into work, aims to help people to find the type of job they desire and then offers support to retain it. This contrasts with traditional “train and place” approaches where people are supported to develop skills, often in sheltered environments, before application. There is robust evidence that IPS is the most effective method of helping people with mental health problems achieve sustainable competitive employment (Bond et al., 2012). The approach is now being trialled in twelve areas of the UK for people with drug and alcohol dependence, and a trial is being considered for homeless people. The strength of evidence for the effectiveness of this approach suggests that it may be suitable for young people with complex needs.

Further research with a greater focus on exploring sustained outcomes and impacts for residents who have left the centres, would be able to explore this issue and its consequences in more detail.

- **Limited availability of appropriate, affordable accommodation.** High rents and limits to accommodation providers who will accept residents with offending histories or limited previous address histories were reported to limit opportunities for residents to move on successfully from the Amber centres.

“We do as much as we can but there just isn’t much housing availability. If they don’t have an extensive address history, that can be really difficult.” Staff member

Staff reported actively trying to overcome some of these challenges through building connections and relationships with local landlords. However, they reported that it is common to have residents at the centre who are ready to move on, but are unable to access appropriate, accessible accommodation to enable this. Some staff stated that, ideally, there would be wider availability of “stepping-stone” accommodation, to support the transition between living in supported accommodation and living independently.

- **Accessibility of education, employment and training opportunities.** To support young people into positive EET outcomes, the Amber programme is ultimately dependent on available EET opportunities. Staff and residents, particularly in the two rural centres, reported that it can be challenging to find appropriate opportunities for residents, particularly those with a history of offending. This was also highlighted in the literature, with Dixon (2016) highlighting that stigma and negative stereotyping from employers is a barrier to EET for many young people facing multiple disadvantage.

5.6 Comparison across centres

Findings indicated several differences in delivery of the Amber programme across centres, mainly due to location. Two Amber centres are located rurally (Ashley Court and Farm Place) while Bythesea Lodge is in the centre of a town. Staff and residents reported that this resulted in the following differences across centres:

- **Types of referrals.** Staff and stakeholders stated that residents with histories of drug and alcohol misuse are more likely to elect to go to one of the two rural centres, to escape negative peer networks, involvement in county lines, or previous abusive relationships.
- **Access to EET and volunteering opportunities.** Staff reported that EET and volunteering opportunities vary significantly across centres based on local availability and accessibility. Limited public transport around Ashley Court and Farm Place means that

residents are often dependent on staff for lifts to college, volunteering opportunities or job interviews. This limits the feasibility of applying for jobs or completing training courses while at the centre and impacts the likelihood of accessing EET destinations near to the centres.

- **Access to external specialist support.** There are variations in the drug and alcohol and mental health support available, with residents at Bythesea Lodge able to access organisations such as Turning Point within walking distance, while residents at Ashley Court were primarily dependent on groups such as Narcotics Anonymous (NA) coming on-site to run support sessions. Challenges with access are compounded by practical issues of staff capacity, discussed above, with residents relying on availability of staff to provide transport.
- **Building facilities.** There are more extensive sports facilities at Ashley Court, including tennis courts and sports halls, and there is a gym at Bythesea Lodge. Art and games rooms were regularly used at Ashley Court but were out of use at Farm Place.
- **Access to accommodation opportunities nearby.** The rural nature of Ashley Court and Farm Place means that residents must often move out of the region when they leave the centres. This can add to the anxiety of leaving the centres to go to somewhere new without existing support networks, which limits successful move-ons.

Staff reported that there is currently limited sharing of knowledge and exchange of good practice across the centres, mainly due to limits to time and resource, but that Team Leaders would find this helpful. This would support improvements to programme content and approaches to delivery, facilitate standardisation across the three centres, and support individual development of Amber staff and support workers. Staff reported that introduction of the new curriculum should result in more consistency across the centres, with planned implementation also including training sessions for Team Leaders from across the centres.

6 Readiness for further evaluation

6.1 Key messages

- **Data capabilities.** Data quality analysis indicates that Amber is now collecting good quality data on activity and service user outcomes, and staff appear to be collecting this routinely as part of service delivery. There are several areas for data collection improvement around needs and referrals, activity and dosage and outcomes.
- **Strong appetite for future evaluation.** There was consensus amongst Amber staff on the value of future evaluation work, and strong appetite to build on the work that has been conducted so far to explore questions around: 1) process, including what is working well and what could be improved with support, and 2) impact, both at point of exit from the programme and in the long run (i.e., analysis of sustained impact once residents have left the centres).
- **Experimental designs.** There are several challenges to implementing an experimental designs approach including the project scale, a large number of referral routes, ethical objections to randomisation and high rates of attrition.
- **Quasi-experimental designs** are more acceptable to Amber staff. Given the breadth of need presented by young people who are referred to Amber, it is likely to be challenging to find an appropriate comparator group with sufficient data collection structures in place.
- **Current gaps in the evidence base.** Challenges to identifying appropriate comparator groups are not specific to the Amber programme.
- **Qualitative impact evaluation methodologies.** A theory-based, mixed methods approach to impact evaluation, such as contribution analysis, process tracing or qualitative comparative analysis, may provide the most feasible, robust approach for impact evaluation of the Amber programme. This may be particularly appropriate given the complexity of support, the role that systemic factors play on the effectiveness of the model, and the challenges outlined above with experimental and quasi-experimental designs. Future research should scope out the most feasible and appropriate methodology in more detail.

6.2 Data capabilities and collection

The Amber programme has made significant improvements to data collection processes throughout the course of the study. Staff reported that the implementation of the CRM has been a success and that it has made data collection more consistent and efficient. The data is routinely collected as part of support delivery, with staff also reporting that conducting outcomes measurement with residents had provided a valuable means of tracking and reflecting on progress together.

Analysis of the data received by the evaluation team affirms that the CRM has helped set Amber up for future impact evaluation. Strengths of the data included that most variables use appropriate, closed categories; there was minimal missing data across demographic information and outcomes measurement scales; and there were consistent, person-level unique identifiers across all data types, which is important to facilitate data linking and analysis.

Data analysis conducted in February 2023 identified the following opportunities for future improvements to data collection processes:

1. **Improvements to needs and referral data.** The quality of this data is generally strong, with minimal missing data on key datapoints and use of closed categories. However, it would benefit from the addition of extra categories to ensure analysis can distinguish missing data, for example, from “not applicable” responses, as well as consistency checks between similar variables.⁵⁴ It would also be useful for the Amber programme to collect data on:
 - a) Previous resident location.
 - b) Previous employment experience.
 - c) Whether or not the resident is returning to the centres, having been there previously.
2. **Improvements to activity and dosage data.** It would be helpful for the programme to collect data on:
 - a) Length of time a resident spends in each team.
 - b) Programme activities residents have completed.
 - c) Number of residents accessing external support services, including which services and how often.
 - d) Take-up around financial support and bursaries.
3. **Improvements to “soft” outcomes data.** Improvements would enable more robust analysis:
 - a) Collecting soft outcomes measurement data at pre- and post-support. At the time of analysis, Amber staff collected outcomes measurement data every two months. This would need to be addressed to enable longitudinal analysis, and data collection processes should be changed to ensure that all residents have outcomes measurement data collected within their first and last week at the Amber programme.

⁵⁴ Some needs were recorded in multiple ways. For example, substance misuse can be listed as a primary or secondary need, or inputted under the substance misuse checklist. Future research should consider these different sources of data and where improvements could be made for ease of analysis and interpretation as data was not consistent between them.

- b) Collecting outcomes data against all of Amber’s short-term outcomes. Specifically, outcomes analysis would benefit from outcomes measurements collected against improved independent living skills, and positive relationships with staff and peers.
4. **Improvements to “hard” outcomes data.** The Amber programme currently collects data on reasons for move-on; EET destinations, including type of employment (i.e., full-time, part-time, temporary) and sector; and accommodation destination. Data quality analysis indicated scope to further clarify these categories. Move-on reasons should allow residents to select both accommodation and EET outcomes as planned move-on reasons, and the distinction between residents who leave the centres as “job seekers”, “not seeking jobs”, and those who are not seeking jobs because they are leaving for education or volunteering opportunities should be clarified. In addition, information on location destinations would enable analysis of travel.
 5. **Assessing the feasibility of longitudinal data collection approaches** for residents who have left the programme. This is likely to be achieved via the Amber Foundation’s proposed “resettlement worker” position who would be responsible for maintaining contact with, providing support to, and collecting data from residents who have left the Amber programme.

Since the evaluation data collection period, Amber have started to implement some of the improvements above. A summary of these is provided in Appendix 3.

6.3 Experimental designs

In designing and implementing the approach to the programme concept test study, the evaluation team considered possible approaches to further evaluation, and in particular, the feasibility of conducting an experimental design. The conclusions outlined in this section are based on discussions held in a workshop on further evaluation facilitated by the evaluation team and attended by Amber senior staff (Chief Executive, Operations Manager, Head of Fundraising and Impact Manager) and YFF (Evaluation Manager). The evaluation team prepared for the workshop by undertaking a rapid review of possible approaches and their implementation elsewhere and discussing these within the team. This approach was time and resource-limited, and we recommend that a more detailed scoping review of potential methodologies, including the studies included in the Centre for Homelessness Impact database,⁵⁵ be undertaken before embarking on a further phase of evaluation.

The workshop lasted for an hour and a half and covered:

- Experience of the evaluation so far.
- Overview of the impact evaluation, provided by the evaluation team.
- Practicalities involved in conducting a randomised control trial (RCT).

⁵⁵ [EPPI-Mapper \(centreforhomelessnessimpact.github.io\)](https://github.com/centreforhomelessnessimpact/EPPI-Mapper) (accessed 17 September 2023)

- Other possible approaches to impact evaluation.

The workshop highlighted that there is a strong appetite amongst Amber staff and stakeholders for further evaluative activity to build on the refinements and programme developments made over the course of the programme concept test study. Amber staff emphasised that they are keen to build on the positive progress made so far with clarifying their delivery model and embedding data collection processes. They stated that they would like to explore aspects relating to process and impact, embedding longitudinal outcomes measurement, and exploring the feasibility of different approaches to impact evaluation in more detail.

Discussions highlighted the following considerations to the feasibility of conducting experimental designs for the Amber programme.

Eligibility criteria

As described in section 1.1, while the Amber programme has clear eligibility and exclusion criteria, the eligibility criteria tend to be applied with a degree of flexibility when a young person is in clear need of support, and staff reported that they will accept most young people whom they perceive as being at risk of homelessness. As noted earlier, this model encourages and relies upon people who are motivated to change their lives, and this is difficult to construct as a counterfactual in data. For both experimental and quasi-experimental designs (QEDs), eligibility criteria would need to be tightened and applied universally to test the effectiveness of the intervention on its intended cohort of young people, and, for QEDs, to enable an appropriate comparator group to be identified.

Approach to randomisation

A stable referral route in and a randomisation partner are prerequisites to undertaking a trial. The high proportion of self-referrals and high number of referral partners mean that randomising in partnership with external organisations would be challenging. Staff reported that housing teams within district councils may provide a suitable option if they referred more people, however, these only account for 40% of referrals and would require co-ordination across multiple councils that operate with a different version of “business as usual”. Co-ordinating randomisation internally would be feasible as the Amber programme already has admissions managers who co-ordinate referrals and would be well placed to randomise young people to either control or treatment groups. However, all four Amber staff present at the workshop reported that they would feel ethically opposed to having staff referring young people at risk or in crisis away from support they feel would be beneficial.

Sample size, throughput and attrition

The available cohort at the Amber programme is relatively small (as above, the Amber programme supports a maximum of 120 residents across three centres, who each stay for up to six months). This may provide challenges to attaining a sample size with sufficient statistical power for a randomised control trial. There are also significant concerns around attrition and sample drop out from both the treatment and control groups, with high rates

of young people currently leaving the Amber centres with unplanned move-ons (57%, n=120). It is likely to be highly challenging to collect outcomes data for young people who drop out from either group, as young people move around and change their contact details. Therefore, analysing on an intent-to-treat basis may not be feasible, and high rates of attrition would undermine initial randomisation and threaten the validity of results. Further research could and should look at how to reduce attrition, and at how to follow up people who leave Amber.

Acceptability to key stakeholders

Amber staff had previously considered possible approaches to further evaluation and had a good understanding of what would be involved in a randomised control trial. They stated that randomisation feels problematic as young people are often referred to the programme because they are in crisis. There was initial consensus from the Amber team that they would not be comfortable with this. Business-as-usual, constituting safeguarding intervention and signposting to other support services, was still viewed as ethically problematic, given how at-risk these young people are. There was also concern that referrers and partner organisations may also not be receptive to a randomised control trial (RCT), and that it might cause reputational damage. Due to time limitations within a single workshop to cover the ethics and risk mitigations of an RCT, further engagement with stakeholders would be needed to ensure buy-in and support the integrity of a trial.

6.4 Quasi-experimental designs

Most young people who are referred to the Amber programme face multiple disadvantage and/or have complex needs. This poses challenges to finding appropriate comparator groups who have a similar breadth of need (i.e., are experiencing both homelessness or unstable forms of accommodation and unemployment, with a similar prevalence of co-occurring needs such as mental ill health and substance misuse). One example of this is the evaluation of the Fair Chance Fund (MHCLG 2019). This was a large-scale evaluation of interventions supporting 1,910 young homeless people aged 18 to 24. Of these, 623 entered employment (33%). The original evaluation methodology included impact and value for money elements, but these did not proceed as evaluators were unable to establish an appropriate comparison group.

In addition, there are likely to be challenges around data collection and information sharing. Any comparator group would need to have data collected on both the needs outlined above, and EET and accommodation outcomes at comparable intervals to residents receiving support from Amber (i.e., six-month basis) to be shared with the evaluator. This is challenging due to the varied support lengths residents receive and would require sustained relationships between young people and those responsible for data collection, with robust information sharing agreements in place. Nevertheless, discussion highlighted several options that could be explored as an appropriate comparator group. These included:

- **Administrative data.** Examples included data collection by Department for Work and Pensions, specifically their Employment Data Lab, and data collected by the Department

for Education, such as LEO. However, these options require substantial sample sizes and appropriate data collection infrastructures.

- **Other supported accommodation providers** who do not also provide holistic approaches to support. For example, those in the End Youth Homelessness network, YMCAs or other hostels.

Discussion between colleagues from Amber, YFF and Cordis Bright emphasised that the challenges to identifying comparator groups outlined above are not specific to the Amber programme but reflect current gaps across data collection.

6.5 Qualitative impact evaluation methodologies

There are several external, systemic factors that impact on outcomes for young people and the design of a future impact evaluation would need to take these into account. For example, place appears to be an important factor on the efficacy of the model. Local authorities have different eligibility criteria for support, and an issue highlighted in this study was the difficulty Amber residents have in simply transferring from one area to another and retaining the same support package. In addition, the availability of good quality, affordable housing is a key factor in determining whether or not Amber residents are able to move on successfully. This varies considerably from area to area.

Given the challenges outlined above and the important role that external, contextual factors play on the effectiveness of support, a theory-based, mixed methods approach to evaluation would be a particularly appropriate route for future impact analysis. As per TASO (2022) guidance on impact evaluation methodologies for small cohorts that operate in complexity, the most feasible, robust approaches for impact evaluation of the Amber programme may include innovative qualitative approaches, such as:

- Process tracing.
- Contribution analysis.
- Qualitative comparative analysis (QCA).

These methodologies were not the original focus of this programme concept test study, therefore further research and evaluation activity will be required to fully scope the feasibility and desirability of these methods.

7 Policy and practice findings

7.1 Key messages

This programme concept test study suggests the following findings for policy and practice for supporting young people experiencing unemployment and homelessness alongside complex needs:

- Promising practice to support young people experiencing unemployment and homelessness alongside complex needs includes: 1) person-centred, holistic and time-flexible support, 2) a focus on developing goals and aspirations, 3) positive, trusting relationships with staff, 4) consistent structure and routine, 5) phased support, 6) building skills through volunteering opportunities, 7) support preparing for independent living, 8) giving young people a voice, 9) peer networks, and 10) creativity and having fun.
- Effective support for this cohort of young people requires a broad range of holistic, tailored and time-flexible interventions, which focus on developing goals and aspirations.
- Effective support for young people facing unemployment and homelessness alongside other complex needs requires a multi-agency approach.
- There is a need for improved funding and investment into transitional accommodation provision and follow-up support to generate sustained outcomes.
- Housing Benefit funding models restrict the effectiveness of interventions that seek to support young people facing homelessness and unemployment.
- Sufficient funding for providers to implement robust data monitoring processes is key to generating evidence of what works.
- There is scope to improve the quality and availability of administrative data around young people facing unemployment and homelessness alongside complex needs, to enable robust impact evaluation of what works to support this cohort.

7.2 Promising practice

Findings from the programme concept test of the Amber programme have highlighted 10 examples of promising practice to support young people facing homelessness and unemployment. These build on the findings from the review of “what works” to support this cohort.⁵⁶ They are:

1. Person-centred, holistic and time-flexible support

Key principles include delivering support in a way that is tailored and bespoke with a menu of support options to meet the breadth of need, rather than a one-size-fits-all approach.

⁵⁶ See Chapter 10 for a rapid evidence review of what works to support this cohort, and Section 3.4 for an overview of the literature surrounding these key principles and approaches.

This includes flexibility across both dosage (for Amber, the length of time residents stay at the centres), and types of support delivered. Staff and residents highlighted that this is key to support young people facing homelessness, who are likely to present with a broad range of needs and therefore require different approaches. Taking an individually tailored approach enables young people to feel heard and understood, and to focus on addressing the needs that matter most to them.

2. Developing goals and aspirations

Providing clear forums for young people to reflect on their aptitudes, interests and strengths enables them to identify what matters to them, develop related personal goals, and take clear steps towards achieving them. Developing personal goals is highly conducive to developing positive aspirations for the future, generating motivation and a sense of purpose, and working towards EET destinations that are more likely to be meaningful.

3. The importance of positive, trusting relationships with staff

A key theme through interviews with residents was the importance of compassionate, engaging members of staff, who build strong relationships and rapport with young people and take a non-judgemental, trauma-informed approach to supporting them. This enables young people to feel safe, heard and understood, which facilitates honesty and openness about their needs, and enables them to access the support they need. This was particularly the case for staff members with lived experience of complex needs, who young people felt were able to understand them and so they felt comfortable disclosing their needs.

4. Consistent structure and routine

Implementing consistent structure and routine was reported by staff and residents to generate a sense of purpose and motivation, and to introduce stability and certainty about the future to young people who may have led unstable and unpredictable lives. Sticking to a consistent structure and routine was also reported to provide important skills to prepare for employment, such as punctuality.

5. Phased support

One of the key elements of the Amber programme is the phased support, whereby the programme aims to support residents to move-on throughout the programme, but places particular emphasis on addressing a broad range of support needs early on. This staged approach was highlighted by both residents and staff as critical to building a strong foundation from which employment and accommodation outcomes can be built.

6. Building skills through volunteering opportunities

Volunteering opportunities provided through the Amber programme were reported to help residents develop time management, interpersonal and communication skills, and sector-specific knowledge and expertise. This is supported by the literature, which highlights voluntary work experience as an important means of building confidence to progress towards independent living for this cohort of young people (Flynn et al, 2012; Turner Research and Strategy, 2015).

7. Support preparing for independent living

An important, complementary aspect to the EET support provided by the Amber programme is the support preparing young people for independent living. Cooking, cleaning, budgeting and sticking to a routine are “learnable” skills that provide an important foundation to achieve and sustain stable employment and accommodation outcomes.

8. Giving young people a voice

Forums provided by the Amber programme that allow residents to feed into programme design and delivery were reported to generate improved engagement and buy-in to the support. More broadly, witnessing changes to support following suggestions made by residents was described as gratifying and empowering.

9. Peer networks

According to Amber staff and residents, peer networks and informal peer support through initiatives such as buddying have positive impacts on mental health and wellbeing, and facilitate residents feeling supported, safe and part of a community. Residents also stated the value of learning from each other, and that this was key to building confidence, interpersonal skills and reducing loneliness and isolation.

10. Creativity and having fun

Findings from the interviews suggest that part of the “magic” of the Amber programme is providing space, time and resources for residents to have fun, be creative and enjoy themselves, for example, by engaging in sporting or artistic activities (see also Grace et al, 2011; Marr et al, 2019). This appears to be conducive to improved mental health and wellbeing and provides young people with the necessary time and space to reflect on what’s important to them, and to develop goals that are meaningful.

7.3 Learnings for policy

Findings from the programme concept test study, including from qualitative research and the rapid review of evidence, also have clear implications for policymakers, funders and commissioners. Several barriers to implementation faced by the Amber programme are emblematic of wider structural barriers to providing effective support for young people facing homelessness and unemployment, and represent existing barriers to identifying what works. These considerations were:

1. Effective support for young people facing homelessness and unemployment alongside complex needs requires a broad range of holistic, tailored and time-flexible interventions, which focus on developing goals and aspirations.

A key theme from the interviews with Amber staff and residents was the importance of person-centred, tailored interventions, which recognise that each young person is unique, with their own story, needs and ambitions (see also, for example, Quinton et al, 2021). To ensure that EET outcomes are sustained, it is vital that education, employment and training destinations are a “good fit”, and that they reflect each young person’s strengths, interests and aptitudes. Taking a strengths-based approach may improve the likelihood of sustaining employment, which in turn minimises the risk of returning to unstable accommodation.

2. Effective support for young people facing unemployment and homelessness requires a multi-agency approach.

Effective support for young people facing homelessness and unemployment requires input from multiple specialist organisations to generate appropriate referrals and address a broad range of needs. Support navigating these statutory and voluntary providers was an important benefit to the Amber model reported by residents, staff and external stakeholders, which reflects key findings from the literature. Collaboration between statutory and voluntary organisations to deliver joined up support is vital, and policymakers, funders and commissioners should ensure sufficient funding to cover the time and resource it takes to build these relationships. This type of joined up approach is reflected in programmes aimed at improving support for people experiencing multiple disadvantage, such as the “Changing Futures” initiative, funded jointly by the Government and National Lottery Community Fund.⁵⁷

3. There is a need for improved statutory funding and investment into transitional accommodation provision and follow-up support to generate sustained outcomes.

A key barrier to moving on from the Amber programme successfully is the limited provision of affordable, accessible accommodation for young people. These findings indicate a need for: 1) increased funding and investment for transitional “stepping stone” accommodation provision with lighter-touch support than is currently provided by the Amber programme, and financial models that allow young people to be working full time, and 2) capacity building support for existing supported accommodation providers to enable delivery of follow-up support. This would support young people who are ready to move on from supported accommodation, but who may not be ready to live fully independently, to transition into independent living and employment successfully.

4. Housing Benefit funding models restrict the effectiveness of interventions that seek to support young people facing homelessness and unemployment.

The Amber funding model makes it difficult to implement a different approach to supporting young people into employment. Currently, a young person is supported to find a job once they have completed previous support stages. An alternative model, such as Individual Placement and Support (see section 5.5.2), might be more effective in supporting Amber residents to find and keep a job. However, if young people were to find a job earlier in their Amber journey and continue to receive support from Amber, top-up funding would be needed to replace lost Housing Benefit.

5. Sufficient funding for providers to implement robust data monitoring processes is key to generating evidence of “what works”.

A key learning from this programme concept test has been the time, funding and ongoing improvement that is required to implement and develop data collection processes. Funding

⁵⁷ [Changing Futures - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

from Youth Futures Foundation was key to enable the Amber Foundation to improve and develop their data collection processes, and this process took sustained time and effort from staff. Policy makers, funders and commissioners should include proportionate funding in agreements with service providers to: 1) cover the cost of monitoring data capture, analysis, evaluation and reporting, 2) develop a robust and evidence-informed Theory of Change, 3) articulate and document their models of delivery, i.e., to support programme manualisation, and 4) ensure that comprehensive referral, needs, activity, dosage and outcomes data can be routinely collected. These steps will help to identify robust evidence of what works, and support replication, scale and spread of good practice.

6. There is scope to improve the quality and availability of administrative data around young people facing homelessness and unemployment, to enable robust impact evaluation of interventions aimed at this cohort.

There is scope to improve the quality and availability of administrative data across the homelessness and complex needs sector. This would enable more robust impact evaluation, including quasi-experimental designs, of interventions designed to support this cohort of young people. There is a need for further research to scope current data access and limitations, and for statutory bodies to build capacity to be able to better evidence the impact of interventions that aim to support this cohort.

8 Conclusion

8.1 Interpretation

Key findings from the programme concept test study indicate several strengths to the approach taken by the Amber programme.

The Amber programme takes a holistic, tailored approach, and supports a cohort of young people with a broad range of complex, entrenched needs. Particularly effective elements of the support include strong and trusting relationships between staff and residents; ensuring residents feel they have a voice; developing goals and aspirations; opportunities for residents to connect with one another and their local communities and enjoy meaningful activities; and support to gain the skills residents need to progress into education, employment and training.

There is insufficient data to draw robust conclusions about the Amber programme's impact on young people's outcomes. However, feedback from staff and residents was generally positive, and qualitative research and indicative quantitative analysis suggests the programme may have positive effects on self-esteem, mental health and wellbeing, and aspirations for work for residents who stay the full course.

However, there was also indicative evidence that the effectiveness of the programme varies: over half of residents have unplanned move-ons (leaving the centre before completing the programme), and interviewed staff and stakeholders stated that the effectiveness of the programme varies based on level of need, gender, age, neurodevelopmental disorders and/or learning disabilities, and experience of care.

This variation in outcomes is consistent with what is known about supporting young people facing multiple disadvantage and complex needs: that support journeys are not linear and that, for many young people, it takes significant time and support to achieve positive outcomes. It is not realistic to expect all young people to achieve positive EET outcomes within three to six months at the Amber programme, particularly for those who arrive with more complex and acute needs. This reiterates the importance of the time-flexible approach to support taken by the Amber programme.

The Amber programme faces several challenges to intervention feasibility, due to both resource constraints and wider structural barriers to effectively supporting young people experiencing unemployment and homelessness.

One of the main challenges the Amber programme faces is that the effective implementation of the model is constrained by lack of resources. Ongoing maintenance of physical buildings is a challenge, and staff teams are stretched thinly to the point where residents are sometimes not getting the programme of training and support outlined in the model. In Farm Place, the use of a one-to-one job coach appears to be an effective example of supplementing limited staff capacity with more intensive and tailored support. More widely, there are several structural issues that limit the effectiveness of the support. The funding model and reliance on Housing Benefit limits residents' ability to remain at Amber while transitioning more gradually into work, with both staff and residents highlighting that

as a disadvantage of the model. The Amber programme is also inhibited by limited education, employment and training opportunities for young people, particularly those with offending histories, and capacity of external specialist support services, both of which have been exacerbated by the Covid-19 pandemic. Limited provision of both stepping stone, transitional housing and accessible, affordable independent housing impacts the options that are available to residents for successful move-ons.

There is clear appetite for future evaluation, and the Amber programme has implemented several programme improvements to enable this over the course of the study.

Amber staff have strong levels of engagement and buy-in to the evaluation and have invested significant time and energy to implementing programme refinements and data collection processes. Improvements to the programme curriculum, the team progression checklist and the implementation of data collection systems have greatly improved the manualisation of the Amber programme, whilst maintaining the key principles of tailored support that recognise staff creativity and the impetus to adapt support based on the needs of each cohort. However, there are several challenges to both experimental and quasi-experimental designs. Experimental designs have low acceptability to key stakeholders and would be practically challenging given the high number of self-referrals and referral partners. While sample sizes should be sufficient, high rates of attrition from both treatment and control groups would be a significant concern. Identifying comparator groups with appropriate breadth of need and sufficient data collection structures in place also poses challenges to quasi-experimental designs. However, there are opportunities to use existing data sources, which may be appropriate, and future research may wish to explore this further.

8.2 Future research and publications

8.2.1 Theory-based, mixed methods evaluation

There are several challenges associated with experimental and quasi-experimental designs for the Amber programme. In addition, external, contextual factors play a major role on the effectiveness of support. As such, a theory-based, mixed methods approach to evaluation, such as contribution analysis, may provide the most feasible, robust approach for impact evaluation of the Amber programme. This may answer the following research questions:

Potential future research questions

1. Has the Amber programme been implemented with fidelity to the co-designed Theory of Change, Logic Model and manual? Is this the case across all Amber centres?
2. Have data collection processes been established and embedded effectively?
3. Are the evaluation tools used reliable, valid, accurate and practical?
4. Does the Amber programme show evidence of promise in achieving outcomes for residents over and above the alternatives?

5. What outcomes are achieved by residents, according to staff, resident and stakeholder consultation? How and why are they achieved?

Potential further research methods could include:

1. **Review implementation of new support model**, including the extent to which it has been implemented with fidelity across all four centres, enablers and barriers, and staff confidence with delivering the workshops.
2. **Review and refresh of the Theory of Change**. The Theory of Change should be updated to reflect the changes to the delivery model introduced in March 2023. This should be supported by a robust evidence review to provide further evidence on causal links and mechanisms of change. The refreshed Theory of Change should include: 1) a refreshed list of activities, including the workshops implemented as part of the new standardised curriculum and activities mandated as part of the progression checklist, 2) the key principles and approaches discussed in section 3.4, which underpin the model.
3. **Review current data collection processes**. Analysis identified the following opportunities for future improvements to data collection processes:
 - a. Collecting outcomes measurement data at pre- and post-support.
 - b. Improvements to “hard” outcomes data collection at Move-on (see section 6.2).
 - c. Improvements to needs and referral data (see section 6.2).
 - d. Assessing the feasibility of longitudinal data collection approaches for residents who have left the programme.
4. **Pre-post analysis of outcome measurement data**, i.e., conducting analysis that meets the requirements for level 2a on the Maryland Scientific Methods scale. If the longitudinal approaches above are implemented successfully, this would also include analysis of long-term outcomes data.
5. **Qualitative consultation** with: 1) residents who have left the Amber programme to explore outcomes and experiences of the programme, 2) Amber staff, and 3) referral partners, stakeholders and those from other support services who have relationships with residents who have left the programme, for example, those from drug and alcohol services and social services.

8.2.2 Feasibility of future impact evaluation

In addition, a feasibility study for future impact evaluation could focus on the feasibility for experimental or quasi-experimental designs and potential comparator groups. This may seek to answer the following research questions:

Potential future evaluation feasibility research questions

1. Which options are there for feasible QED comparator groups? To what extent are these groups appropriate in terms of breadth of need? Do they have sufficient data collection structures in place?
2. What does “business as usual” look like for people who are not supported by Amber?
3. What sample size would be required for a robust RCT or QED? Is it likely that the Amber programme could recruit and retain this sample size of young people?
4. What might a feasible RCT design look like, and to what extent could this be established and embedded effectively? How acceptable would different RCT designs be to key Amber stakeholders?
5. Which qualitative impact methodologies would make rigorous alternatives to an RCT or QED approach, should these not prove to be feasible?

Research methods to answer the above feasibility questions could include:

1. **Consultation with key Amber stakeholders**, including staff and external stakeholders. This would explore: 1) potential comparator groups as above, and 2) the feasibility of experimental designs approach.
2. **Secondary research for potential comparator groups**. This could include: 1) a robust evidence review of QED approaches taken by evaluations of similar programmes, and 2) desktop research for supported accommodation providers, administrative data sources and other organisations that may be suitable to act as a comparator group.
3. **Primary research with subject matter and methods experts**, for example, academics and colleagues from What Works Centres. This would explore the key challenges and opportunities for identifying comparator groups for young people experiencing unemployment and homelessness in more detail.

Appendix 1: Methods




Introduction

This appendix presents the data protection documentation and programme concept test study timeline.

Data protection documentation

Figure 22 presents all relevant data protection documentation.




Figure 22 Data protection documentation





Document	Link
Resident privacy notice	 Residents Privacy notice.pdf
Resident information sheet	 Info sheet consent form YP.pdf
Data sharing agreement	 IGDP 04 Data Sharing Agreement

Research tools

Figure 223 presents research tools used in this study.

Figure 23 Research tools

Document	Link
Young people topic guides	 Amber evaluation - Young people topic
Amber staff topic guides	 Amber evaluation - Staff topic guide.do
External stakeholder topic guides	 Amber evaluation - Stakeholder topic gi

Document	Link
Referral form	 1 - Admissions Application - paper
Copps and Plimmer (2013)	 Copps and Plimmer 2013.pdf
Rosenburg Self-Esteem Scale	 rosenberg-self-esteem.pdf
Warwick-Edinburgh Mental Wellbeing Scale	 well-being-scale-wemwbs.pdf

Programme concept test study timeline

The programme concept test study used a mixed methods approach to capture the range of process factors and early evidence of impact on residents. Figure 24 outlines the methods and timeline for the programme concept test study.

Figure 24: Evaluation methods

Method	Research phase	Target sample number	Actual sample number
Scoping phase (June 2021 to August 2021)			
Review of programme documentation	June 2021	N/A	N/A
Programme staff scoping phase workshop	July 2021	N/A	N/A
Rapid evidence review on best practice for and impacts of supported accommodation approaches for young people with complex needs	July to August 2021	N/A	N/A
Process study phase one (September 2021 to March 2022)			
Outcomes measurement desktop review	September 2021	N/A	N/A

Method	Research phase	Target sample number	Actual sample number
Interviews with residents	October 2021	30	39
Interviews with programme staff	September to October 2021	15	13
Interviews with external stakeholders	September to October 2021	7/8	7
Analysis and reporting	November 2021 to March 2022	N/A	N/A
Interim report submitted	March 2022	N/A	N/A
Process study phase two (April 2022 to April 2023)			
Outcomes measurement training workshop for staff	April 2022	N/A	N/A
Reviews of referral, take-up, demographic, needs, case management, and outcomes measurement data	Quarterly (June 2022, September 2022, December 2022, February 2023)	N/A	N/A
Interviews with residents	September to October 2022	30	36
Interviews with programme staff	September to October 2022	15	13
Interviews with external stakeholders	September to October 2021	8	7
Future evaluation feasibility workshop with Amber staff and YFF colleagues	January 2023	N/A	N/A
Analysis and reporting	January to March 2023	N/A	N/A

Method	Research phase	Target sample number	Actual sample number
Draft report submitted	March 2023	N/A	N/A
Final report finalised	October 2023	N/A	N/A



Appendix 2: Rapid evidence reviews

Figure 25 presents the rapid evidence review that was conducted at the beginning of the programme concept test study. This provides an assessment of:

- Best practice in supported accommodation approaches for young people experiencing multiple disadvantage.
- How supported accommodation approaches affect education, employment and training outcomes for young people experiencing multiple disadvantage.
- Other approaches that improve education, employment and training outcomes for young people experiencing multiple disadvantage.

Figure 25 also presents the review of outcomes measures that was conducted as part of the scoping phase to support the Amber Foundation select validated measures that capture their intended outcomes.

Figure 25 Rapid evidence review

Document	Link
Rapid evidence review	 Amber Foundation_RapidE
Outcomes measure review	 Stop, Amber, Go evaluation - Brief rev

Appendix 3: Recent programme improvements

Introduction

This appendix shows the programme improvements that have been implemented following the completion of this programme concept test study and can be explored in future evaluation work. This includes improvements to data collection processes, a peer mentoring programme, a new programme checklist, and a proposed workshop curriculum that Amber have developed since this evaluation.

Data collection processes

Since the data analysis for this programme concept test study was conducted in February 2023, Amber Foundation colleagues reported that some recommended improvements to the data collection processes have been implemented. These are:

- Collection of residents' previous location.
- Addition of residents from previous years (since 2017) to the new CRM. This will allow long-term tracking of residents who have returned to the centres.
- Collection of activity data, including which external services residents have accessed.
- Collection of outcomes data at the start of a resident's journey. This will enable future pre- and post-support analysis.
- Launch of an annual resident survey in February 2023, which covers topics such as positive relationships with staff and peers.
- Simplifying of move-on destination EET categories.

These improvements will enable future impact evaluation into the Amber programme to conduct more in-depth analysis of individual change over time.

New peer mentoring programme

Since this evaluation, Amber have introduced a formalised peer mentoring programme (April 2023). Interested residents attended an external weeklong residential training programme. Nominated staff received training to help them supervise the peer mentors and a Peer Mentor Co-Ordinator has been appointed to oversee the ongoing recruitment, training and supervision of the peer mentors.

Proposed workshop curriculum

Following recommendations from the interim report, the Amber programme have designed a structured curriculum, which includes a plan of key workshops for each phase. They have also designed a progression checklist, which assigns activities to each team. As of May 2023, the checklist has been added to the CRM system and is being used on an ad hoc basis. It will

be fully implemented later in 2023, alongside the new curriculum. This curriculum and checklist can be seen below and in 0.

PROPOSED WORKSHOPS v5

(A total of 26 workshops to be delivered in each centre)

	INDUCTION	DEVELOPMENT	MOVE ON
EMPLOYABILITY	STRENGTH SPOTTING	WORKPLACE SKILLS (PTU: 116595)	WRITING A COVER LETTER (PTU: 114638)
	MY FUTURE: DREAMS AND ASPIRATIONS	EFFECTIVE COMMUNICATION	INTERVIEWS AND APPLYING FOR JOBS (PTU: 116594)
	DEVELOPING EMPLOYABILITY SKILLS	BUILDING A CV (PTU: 115894)	PROBLEM SOLVING AND ASKING FOR HELP
	BUILDING SELF-CONFIDENCE		
HEALTH & WELLBEING	DEVELOPING SAFE COPING SKILLS AND USING GROUNDING TECHNIQUES	SETTING HEALTHY BOUNDARIES IN RELATIONSHIPS	COPING WITH TRIGGERS IN MOVE ON
	SELF-CARE AND SELF-NURTURE	MANAGING DIFFICULT EMOTIONS	RECOVERY THINKING
	UNDERSTANDING MY HEALTH	HEALING FROM DIFFICULT EMOTIONS	DEVELOPING SUPPORT NETWORKS FOR MOVE ON
INDEPENDENT LIVING SKILLS	INDEPENDENT LIVING SKILLS: HOW TO TAKE CARE OF YOURSELF AND YOUR HOUSEHOLD (PTU: 105144 INDEPENDENT LIVING SKILLS - UNIT 1)	INDEPENDENT LIVING SKILLS: SETTING UP YOUR OWN HOME AND USING PUBLIC TRANSPORT	INDEPENDENT LIVING SKILLS: FINDING AND MOVING TO YOUR OWN ACCOMMODATION (PTU: 105146 INDEPENDENT LIVING SKILLS - UNIT 4)
	BUDGETING AND MONEY MANAGEMENT	BUDGETING AND DEBT MANAGEMENT (PTU: 92984 BUDGETING AND DEBT MANAGEMENT)	MAPPING THE LOCAL AREA & CREATING A MOVE ON PLAN (PTU: 112987 MOVING ON)
HAVING FUN AND ENGAGING WITH COMMUNITIES*	LIVING IN A COMMUNITY AND CELEBRATING DIFFERENCE (PTU 116597 POSITIVE FUTURES: CELEBRATING DIFFERENCE)		

*These activities involve creative activities (such as art and music), volunteering and community projects as well as outdoor pursuits and challenge activities. Each centre determines and builds these activities into their programme.

Programme checklist

Checklist of tasks to be completed at each phase:

	INDUCTION	DEVELOPMENT	MOVE ON
EMPLOYABILITY	Workshop: Strength Spotting	Workshop: Workplace Skills	Workshop: Writing a Cover Letter
	Workshop: My Future: Dreams and Aspirations	PTU: 116595 Positive Futures: Workplace Skills (unit 3)	PTU: 114638 Writing a Cover Letter
	Workshop: Developing Employability Skills	Workshop: Effective Communication	Template cover letter (to be adapted for each job application)
	Workshop: Building Self-Confidence	Workshop: Building a CV	Workshop: Interviews and Applying for Jobs
	Enrolment with functional skills: Maths and English (if not already achieved)	Template CV (to be adapted for each job application)	Submit job applications
		PTU: 115894 Building a CV	PTU: 116594 Positive Futures: Interviews and Applying for Jobs
		Complete a qualification or training (at college, school, university and/or online)	Workshop: Problem Solving and Asking for Help
		Complete work experience and/or volunteering	
HEALTH & WELLBEING	Register with a GP	New referrals to appropriate support services (if relevant)	New referrals to appropriate support services (if relevant)
	Receive medication (if necessary)	Workshop: Setting Healthy Boundaries in Relationships	Workshop: Coping with Triggers in Move on
	Register with a dentist	Workshop: Managing Difficult Emotions	Workshop: Recovery Thinking
	Referrals made to appropriate support services (mental health, substance misuse, neurodevelopmental team, counselling, etc.)	Workshop: Healing from Difficult Emotions	Workshop: Developing Support Networks for Move on
	Referral to Social Care for a Community Care Assessment (CCA) under the Care Act 2014		Set up transition of support services for move on
	Workshop: Developing Safe Coping Skills and Using Grounding Techniques		
	Workshop: Self-care and Self-nurture		
	Workshop: Understanding my Health		

INDEPENDENT LIVING SKILLS	Birth certificate	Workshop: Independent Living Skills - Setting up your own home and using public transport	Workshop: Independent Living Skills – Finding and moving to your own accommodation
	Photographic ID (provisional/full driving license or Citizen Card)	Workshop: Budgeting and Debt Management	PTU: 105146 Independent Living Skills Programme (Unit 4)
	Bank account	PTU: 92984 Budgeting and Debt Management	Workshop: Mapping the Local Area and Creating a Move on Plan
	Standing order for service charge set up	Budget plan review	PTU: 112987 Moving on
	Housing benefits claim set up		
	Workshop: Independent Living Skills – How to take care of yourself and your household		
	PTU: 105144 Independent Living Skills Programme (Unit 1)		
	Workshop: Budgeting and Money Management		
	Budget plan in place		
	Debt management plan (if relevant)		
Budget plan review			
HAVING FUN AND ENGAGING WITH COMMUNITIES	Workshop: Living in a community and celebrating difference		
	PTU: 116597 Positive Futures: Celebrating Difference (unit 4)		

Appendix 4: Staff training

This section outlines the training offered to staff as of May 2023. Not all training is mandatory for all staff, such as the Peer mentoring – Train the Trainer course. During the consultation, it was reported that some individual staff members have opted to do additional specialist training, such as the SMART (Self-Management and Recovery Training) programme for supporting residents with alcohol and substance misuse issues.

Pre-employment & Induction Training:

- Equality & Diversity
- Child Protection (NSPCC)
- Safeguarding Adults
- Safeguarding Children
- Safer Recruitment (NSPCC)

Continued Personal & Professional Development:

- Self-Awareness & Self-Care
- Case Management
- Action Planning
- Motivational Interviewing/MET
- Group Facilitation
- Managing Behaviour & Conflict Resolution
- Counselling/Helping Skills
- Preventing Abandonments and Evictions (Homeless Link)
- Level 2 Accredited Sector Induction (IEP - Institute of Employability Professionals)
- Neurodiversity Employability Support (IEP)
- Accredited Supporting Participants with Complex Needs (IEP)

Specialist Training:

- Mental Health First Aid (MHFA England)
- Trauma-Informed Support and Practice
- Complex Needs & Dual Diagnosis
- Sexual Exploitation, Violence & Young People
- Suicide & Self-Harm
- Understanding substance misuse and addiction
- Peer Mentoring – Train the Trainer
- Diversity in Practice – Working with Lesbian, Gay, Bisexual and Trans (LGBTQ+) Communities (The Diversity Trust)
- Black, Asian and Minority Ethnic (BAME) Communities and Homelessness training (Homeless Link)
- Employability Practice Level 3 qualification (IEP)

Appendix 5: References

- Barker, S.L. and Maguire, N., 2017. Experts by experience: peer support and its use with the homeless. *Community mental health journal*, 53, pp.598-612.
- Bond, G.R., Drake, R.E. and Becker, D.R. (2012). Generalizability of the Individual Placement and Support (IPS) model of supported employment outside the US. *World Psychiatry*; 11: 32–9.
- Buzzeo, J., Marvell, R., Everett C., and Newton, B., 2016. *Tackling Unemployment among disadvantaged young people*. London: Institute for Employment Studies. Available [here](#) [Last accessed 24/03/23].
- Centrepoint, 2022. Beyond a number: The scale of youth homelessness in the UK. Available [here](#) [Last accessed 24/03/23].
- Centrepoint, 2021. *Ending Youth Homelessness Together*. Youth Homelessness in the UK 2022 – a short review. Available [here](#) [Last accessed 24/03/23].
- Cornes, M., Joly, L., Manthorpe, J., O'Halloran, S. and Smyth, R., 2011. Working together to address multiple exclusion homelessness. *Social Policy and Society*, 10(4), pp.513-522.
- Dixon, J., 2016. Opportunities and challenges: supporting journeys into education and employment for young people leaving care in England. *Revista Española de Pedagogía*, pp.13-29.
- Early Intervention Foundation, 2022. *Trauma-Informed Care*. Understanding the Use of Trauma-Informed Approaches Within Children's Social Care. Available [here](#).
- Ferguson, K.M., 2013. Using the social enterprise intervention (SEI) and individual placement and support (IPS) models to improve employment and clinical outcomes of homeless youth with mental illness. *Social work in mental health*, 11(5), pp.473-495.
- Hart, J.A., Bassuk, E.L. and Donovan, E., 2020. Resetting policies to end family homelessness. *Annual review of public health*, 41, pp.247-263.
- Hillman, S., 2010. The Foyer Federation: aiming to transform the institutions and policies that currently help young people: Steve Hillman discusses the wrap around support offered by the 'Foyer' movement. *Criminal Justice Matters*, 80(1), pp.40-41.
- Hoffmann, T.C., Glasziou, P.P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D.G., Barbour, V., Macdonald, H., Johnston, M. and Lamb, S.E., 2014. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *Bmj*, 348.
- Gaetz, S. and Scott, F., 2012. *Live, learn, grow: Supporting transitions to adulthood for homeless youth—a framework for the foyer in Canada*. Canadian Homelessness Research Network.
- Keats, H., Maguire, N., Johnson, R., and Vostanis, P., 2010. Meeting the psychological and emotional needs of homeless people.

Keenan, C., Miller, S., Hanratty, J., Pigott, T., Hamilton, J., Coughlan, C., Mackie, P., Fitzpatrick, S. and Cowman, J., 2021. Accommodation-based interventions for individuals experiencing, or at risk of experiencing, homelessness. *Campbell Systematic Reviews*, 17(2).

Loosemore, M., Bridgeman, J., Russell, H. and Zaid Alkilani, S., 2021. Preventing youth homelessness through social procurement in construction: a capability empowerment approach. *Sustainability*, 13(6), p.3127.

MHCLG, 2019. Evaluation of the Fair Chance Fund. London: UK.

Savage, M., 2016. Gendering women's homelessness. *Irish Journal of Applied Social Studies*, 16(2), p.4.

Shelter, 2018. The impact of homelessness and bad housing on children's education A view from the classroom. London: Shelter. Available [here](#). [Last accessed 24/03/23].

TASO, 2022. Impact evaluation with small cohorts: Methodology guidance. Available [here](#). [Last accessed 22/09/2023].

Turner Research and Strategy, 2015. Haven's Way Evaluation Report. Canada: Turner Research and Strategy. Available [here](#) [Last accessed 24/03/23].

Young Foundation, 2016. Saving lives, saving money: how homeless health peer advocacy reduces health inequalities. The Young Foundation, Groundswell, The Oak Foundation. Available [here](#). [Last accessed 24/03/23].