

Qualitative Impact Evaluation of the Amber Foundation: Study Protocol

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Prepared for: Youth Futures Foundation (YFF)

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1. Introduction

This report constitutes the Qualitative Impact Evaluation (QIE) protocol for the evaluation of the Amber Foundation programme. Here we discuss the report structure and its potential uses.

1.1 Structure of the report

The QIE protocol presents the current state of the evaluation process at the end of the mobilisation phase and provides more detail on the next two phases: the second phase of data collection, and the third and final phase of data analysis, reporting, and dissemination.

After providing background information on the intervention and the evaluation (Chapter 2), including on the existing Theory of Change for the Amber Foundation programme, we outline and explain our choices for the overall evaluation design / approach (Chapter 3). In Chapter 4 we outline the tentative hypotheses which were built synthesising the learning from the mobilisation phase, explaining how this affected the design and planning of the data collection process. Chapter 5 outlines the specific design we have settled for in terms of case selection for the second evaluation phase (population) as well as participants' engagement. In Chapter 6 we share our plans for data analysis, the specifics of which will however depend on the characteristics of the data we manage to collect (breadth, depth, diversity, quality): different types of analysis will be possible or required depending on these features. Finally, Chapter 7 covers the outputs we are planning for the next two phases. The data annex presents results from a basic analysis of monitoring data, which confirms the complexity of the cases and the appropriateness of the selected design.

1.2 Uses of this report

While commissioned by the Youth Futures Foundation (YFF), we hope this report will serve as a basis for discussing the evaluation design with a wide range of stakeholders, including Amber staff, the residents, other service providers, lived experience panels, youth groups, and fora of experts. The National Centre for Social Research (NatCen) remains open to suggestions and comments, to continue discussing the evaluation design as it evolves and is implemented in the remaining phases of the evaluation, and invites the readers to consider this QIE protocol as Version One.

2. Background

This chapter introduces the intervention or “evaluand” (the Amber Foundation) and the evaluation, describing the programme and the activities preceding the evaluation which produced a first programme Theory of Change.

2.1 The Amber Foundation

The Amber Foundation was founded in 1994 to support young adults facing homelessness and to offer them homelessness support that helps them to transform their lives. Young people at Amber (aged 18-30) typically arrive at one of the four centres with complex needs; these include combinations of mental health and alcohol and substance misuse issues, histories of criminal offences, low educational attainment and unemployment.

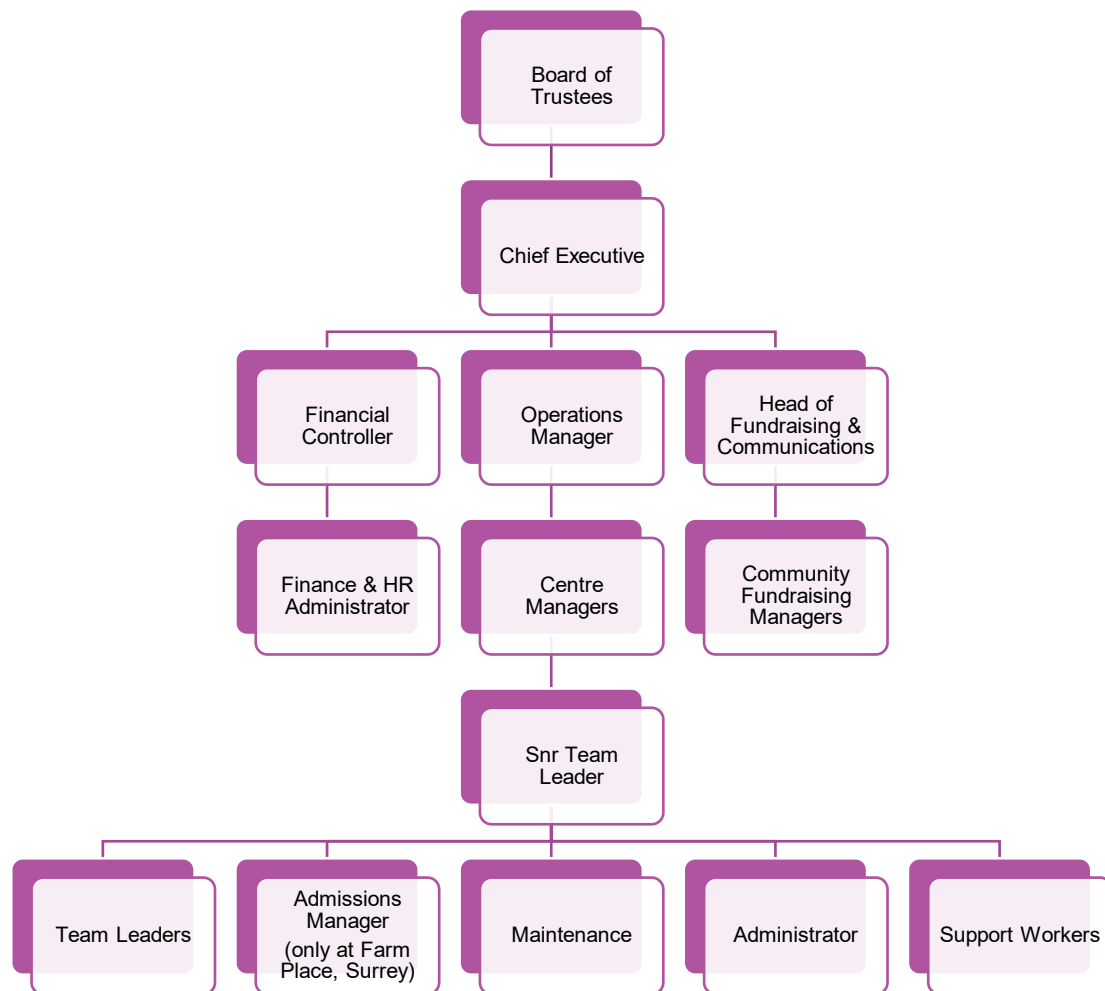
The Amber Foundation offers young people a temporary safe home, and supports them through a programme that addresses the specific combinations of their complex issues. As well as personalised support to develop healthier and happier lives, young people accessing Amber (hereafter referred to as ‘young people’) are provided with opportunities to develop new skills and experiences that help prepare them for *employment*, or a place in *education*, or *training (EET)*.

The Amber Foundation (hereafter referred to as “Amber”) is based in the South of England. It has four centres located in Devon (Ashley Court), Wiltshire (Bythesea Lodge), Surrey (Farm Place) and Kent (Downsview). These centres are located in both rural and urban areas, and all of them are designed to house the approximately 180 people that Amber helps annually through programme of skills development and practical and health support.

Each of Amber’s four centres are led by a service manager, who is responsible for the activities that take place in the centre, during both day and night. Centre managers are supported by team leaders and a senior team leader for day activities, support workers for the night shift, and administrative and maintenance workers.

The Senior Leadership Team (SLT) at Amber HQ is led by CEO Paul Rosam, who is supported by Operations Manager Sarah Johnson, Head of Fundraising Stephen Ballantyne, and Financial Controller Fiona Chesterton.

Figure 1: Amber organisational chart



Source: Amber documentation

2.2 The programme

The Amber Programme is delivered in three stages. The first stage, the **Induction** or Introductory stage, is where young people first encounter life at Amber and represents the period of time where they begin their journey of self-development, drawing on personalised plans and setting goals. At this stage, young people are also supported with fundamental independent life tasks such as obtaining an identity documentation (ID), opening a bank account, and are provided with specialist support as needed (e.g., on mental health).

The second '**Development**' stage is where young people begin to create positive changes for themselves by enrolling in education or training courses and prepare for employment. Young people who move into the development stage also continue to improve their independent living skills and commit to improving their physical and mental health.

The third stage, known as the **Move-On** stage, is where young people finalise their preparation for independent living and employment and/or education and training. At the end of this stage, the aim is that young people are equipped with the necessary skills, knowledge, and capabilities to successfully exit the programme and leave the Amber residence.

The delivery of the programme's three stages is carried out by each centre's team leaders and senior team leader. Much of the delivery of the programme occurs on-site, with dedicated rooms for each stage.

2.3 Context of the evaluation

This qualitative impact evaluation (QIE) of the Amber Foundation programme was commissioned to NatCen in 2023 by the Youth Futures Foundation (YFF). Its aims and research questions (see p.12), as set out by YFF, pertain to evidencing employment, education and training (EET) as well housing outcomes of programme participants, the ways in which the programme contributes to these outcomes, and other drivers and conditions needed to achieve and sustain these outcomes.

The Programme Concept Test

YFF's choice to deliver a QIE partly follows recommendations from a previous Programme Concept Test (PCT) study it commissioned in 2021. The PCT was conducted by Cordis Bright between June 2021 and April 2023. It aimed to examine the Amber Foundation programme's operational model and change mechanisms, to support improvements to the programme and its data collection processes, and to build capacity for a future impact evaluation.

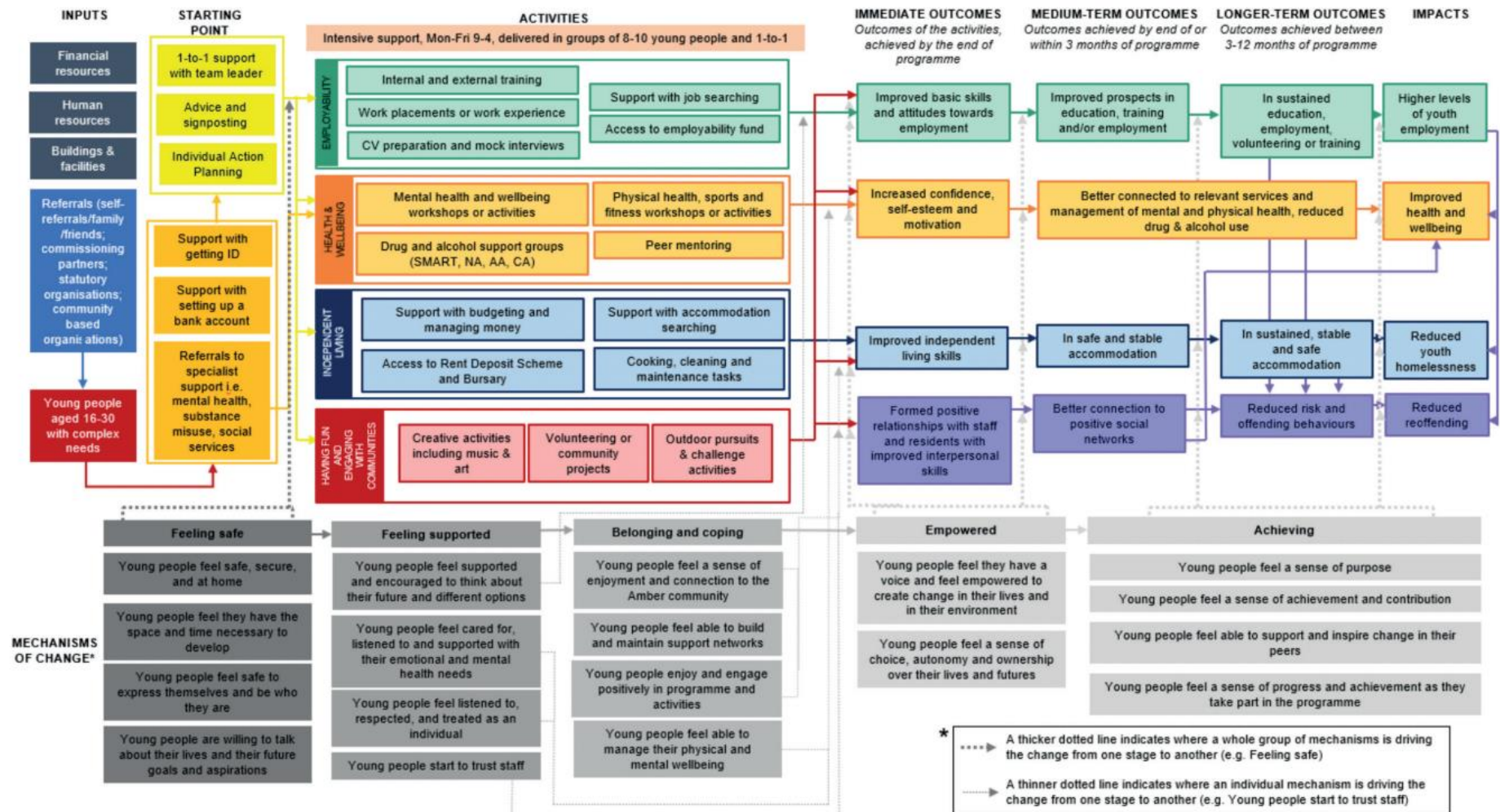
The study's findings included the recommendation that evaluating the programme using a Randomised Controlled Trial (RCT) or a Quasi-Experimental Design (QED) approach would incur challenges, given the difficulties connected with randomisation, finding an appropriate comparator group, and high rates of attrition. Given these shortcomings, as well as the complexity of Amber's support model and the influence of systemic factors on its effectiveness as identified in the study's findings, the PCT recommended that a theory-based, mixed-methods design would be the most feasible and appropriate approach for an impact evaluation of the programme.

This is the context which created the demand for a new evaluation in the form of a Qualitative Impact Evaluation (QIE). While the PCT study was focussed on understanding the operation of the model and did not seek robust evidence of outcomes and impact, that is what our evaluation is intended to do. Furthermore, the Downsview site in Kent opened whilst the PCT was underway and as such was not included in the earlier study.

Theory of Change

During the PCT study, the Amber Foundation co-developed a Theory of Change (ToC). It contains five mechanisms of change: young people feeling safe, supported, empowered, being able to cope, and feeling a sense of belonging, achievement, and purpose. These contribute to their engagement in programme activities and eventually to their outcomes. The activities are divided into four strands corresponding with the programme's four themes: (1) employability, (2) health and wellbeing, (3) independent living, and (4) having fun and engaging with communities. In turn, the programme activities and mechanisms of change lead to four immediate, medium-term and long-term outcome and impact areas. The first relates to the improvement of employment skills, attitudes and prospects, which gets young people into EET and contributes towards high levels of youth employment. The second outcome area covers personal development, whereby the development of confidence, self-esteem and motivation, coupled with the provision of relevant mental and physical health support, improves young people's health and wellbeing. Thirdly, where young people have improved independent living skills and are in sustained, stable and safe accommodation, this leads to reduced youth homelessness. The final outcome area concerns young people's development of interpersonal skills and positive relationships with staff, which helps give rise to healthy social networks and improved behaviour, culminating in reduced reoffending.

Figure 2: Amber Foundation's Theory of Change



Source: Amber documentation

3. Evaluation Goals and Methodology

This chapter provides detail on the innovative methodological approach selected for the Qualitative Impact Evaluation (QIE) as well as how the QIE work is organised in three main phases.

3.1 Evaluation Aims and Questions

The QIE has the following three aims:

- Development of the theory of change (ToC), ensuring that the finalised ToC accounts as much as possible for external factors which influence delivery and outcomes, including factors specific to the local contexts Amber operates within.
- Generating testable hypotheses, identified with reference to wider research literature and the theory of change. These will specify how the intervention is theorised to link to EET and housing outcomes, accounting for external and contextual factors.
- Establishing plausible causation with a high degree of certainty through collecting evidence (depth data collection at the case level) which is compatible with, or contradicts, the hypotheses.

The research questions explore: i) outcomes achieved by different participants; ii) how the Amber programme contributed to these outcomes; and iii) other conditions that support outcomes being achieved and sustained.

More specific evaluation questions are divided into two groups: questions about EET outcomes and questions about housing outcomes:

- EQ1: Has the Amber Foundation programme made a difference to residents' abilities to secure an EET outcome?
 - EQ1A: How does the Amber programme influence/ contribute to an individual's ability to secure an EET outcome?
 - EQ1A1: Are there any variations between different groups of young people and contexts?
 - EQ1B: What are the necessary pre-conditions, enabling factors and barriers for young people to secure an EET outcome?

- EQ1C: What are the necessary pre-conditions, enabling factors and barriers for young people to sustain an EET outcome?
- EQ2: Has the Amber Foundation programme made a difference to residents' abilities to secure a housing outcome?
 - EQ2A: How does the Amber programme influence/contribute to an individual's housing outcome?
- EQ3: What local level and systemic factors enable (or are necessary pre-conditions to) different types of EET/housing outcome being sustained?
- EQ4: What local level and systemic factors prevent different types of EET/ housing outcome from being sustained?
 - EQ4A: What are the main points of vulnerability preventing outcome sustainment?

3.2 A bespoke, multi-method approach

The main goal of this evaluation is to contribute to the evidence base on the interaction between stabilisation of complex needs and EET and housing outcomes for young people experiencing homelessness, by assessing whether and how these outcomes are achieved in the Amber Foundation programme. The aim is to obtain an as complete as possible picture of the causal factors affecting these outcomes, to enable answering the above causal questions; as observed for young people engaged in the programme, and using the most robust and cutting-edge qualitative impact evaluation (QIE) approaches.

The Amber Foundation (AF) programme is implemented in four residences situated in different localities and aims to support young people through a mix of structured group support and tailored one-to-one activities. While some elements of the programme are common across the residences and participants (for example, the division into three phases and four groups of activities, see Theory of Change), others are unique to the individual, and yet others are common in theory but implemented in slightly different ways in practice, depending on the residence and the staff involved. This diversity calls for an evaluation approach that can generalise findings while preserving the richness and complexity of single cases.

The evaluation questions in section 3.1 reflect this focus, mentioning explanatory mechanisms (how the AF contributes to achieving outcomes) but also the necessary pre-conditions, enabling factors, and barriers, leading to sustainable outcomes; paying attention to individual, local, and systemic factors as well as actors. Furthermore, the aim is to generate testable hypotheses and establish plausible causation with a high degree of certainty. These requirements call for a bespoke design, drawing on the latest, most cutting-edge theory-based evaluation methods. Namely:

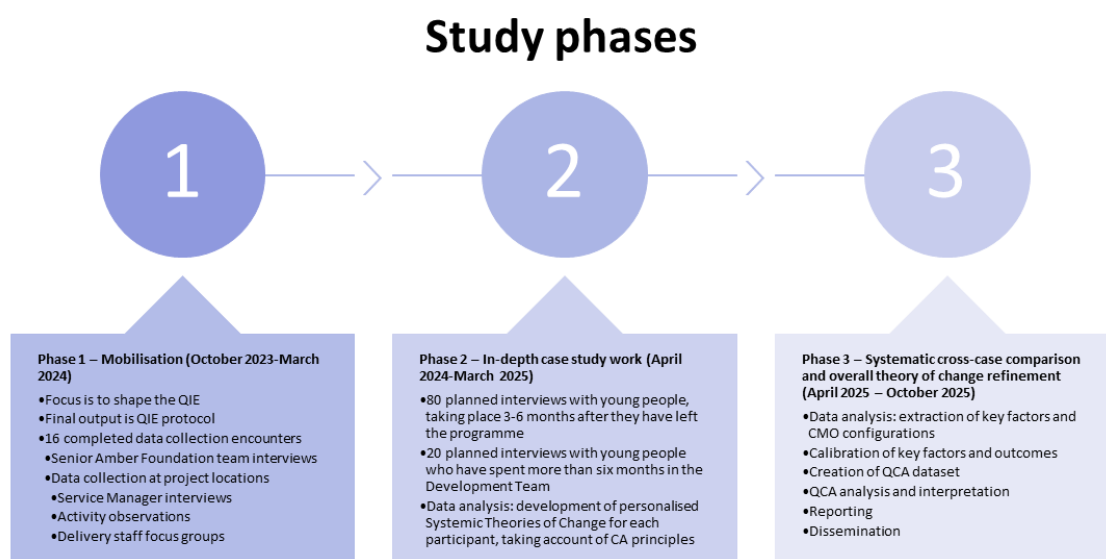
- **Contribution Analysis** – which ensures that the programme contribution is evidenced, as well as external factors, while accounting for potentially long causal chains with several intermediate outcomes, and complex dynamics (e.g., stalling or temporarily moving backwards)
- **Process Tracing** – which ensures that causal mechanisms are rigorously evidenced and confidence in their plausibility is measured in a transparent, replicable, reliable way;
- **Qualitative Comparative Analysis (QCA)**, where the QCA models are developed following a **realist evaluation approach based on CMO configurations**, which ensures a transparent, replicable, and rigorous case comparison, able to evidence the necessary pre-conditions, the enabling factors and hindering barriers; one that is able to do justice to the tension between regularity and diversity that is likely to arise in such a complex programme implemented on hundreds of cases.

In sum: principles from **Contribution Analysis** have been used to first develop the hypotheses and will continue to be used to develop the theory. The principles of **Process Tracing** and its rigorous link with empirical evidence will ensure that the hypotheses are empirically testable and will guide the design of data collection, with the aim of finding conclusive evidence (in either a confirmatory or dis-confirmatory direction) of what the hypotheses are claiming (and eventually establishing a clear degree of confidence in each hypothesis). **Realist evaluation** will be used to develop explanations and prepare the data for systematic cross-case comparison, where the causal factors will be grouped in key contexts, mechanisms, and outcomes (CMO configurations); and, finally, **QCA** will be used to make the cases practically and systematically comparable and extract generalisable information, with the aim of obtaining a well-evidenced, revised theory of change that applies across all the cases, but also includes local theories and pathways that apply to sub-sections of cases and contexts. The study design will be delivered to the highest ethical standards and overseen by our expert NatCen in-house Ethics Committee to ensure young people and staff are engaged in the evaluation sensitively, securely, and not overburdened.

3.3 The three phases of the evaluation

The evaluation is delivered in three phases. We have begun with a mobilisation phase (October 2023 to March 2024), which is leading to the mainstage QIE phase (April 2024 to March 2025). This will be followed by a Data Analysis and reporting phase (March to October 2025). Between Phases One and Two, approximately 116 data collection encounters are planned, aiming to maximise research coverage and depth. Figure 3 below visualises our approach.

Figure 3: Phases of the QIE



4. Phase One: Mobilisation

This chapter outlines the activities that were conducted during the first evaluation phase (meetings, desk reviews, interviews, site visits) as well as its results. It presents what we have learned from phase one in terms of how the service is delivered, what are considered successes and (positive and negative) outcomes, as well as some of the key factors (internal, external, individual, collective) that affect outcomes and programme success. This learning has allowed us to develop the first hypotheses and has helped us define the study population. Some of these findings are further discussed in the data annex.

4.1 Activities undertaken so far

The first phase of the study, which concludes with the writing and dissemination of the QIE protocol (this very document), is the mobilisation phase. The purpose of this phase was for the research team to establish working relationships with stakeholders and familiarise themselves with the programme to understand its scope and features. The work carried out in this phase helped us develop the first hypotheses on what factors are associated with EET and housing outcomes, both in general outside of the intervention, and including intermediate outcomes successively achieved during the residence. What we learned in this phase provides a basis on which future phases are built, as outlined in this protocol. We provide more information on each broad group of activities: the inception meeting, the document and literature review, site observations, monitoring data, and interviews and focus groups with staff. All activities have had the same aim, to gain clarity on such a complex and multifaceted service, aiming to achieve a high level of accuracy on the hypotheses describing what works for homeless youth to achieve stabilisation and achieve EET and housing outcomes.

Inception meeting

The study was officially inaugurated with the inception meeting, which included representatives from YFF, Amber Foundation, NatCen and City St George's, University of London. The meeting agenda included introductions, a presentation, discussion, and agreement on the terms of the study, e.g., the research activities, timelines, risks and mitigations.

Literature review

Shortly after the inception meeting, a literature review was conducted to review the factors that contribute to

unstable housing and EET outcomes for young people, as well as programmes to help tackle these issues. The review included recent studies focusing on areas within the south of England, the UK as a whole and programmes abroad (see Annex Three for references).

The search terms were “unstable housing”, “insecure housing”, “homelessness”, and “stabilisation of complex needs”. The target population were young people (16-30) with a history of unstable / insecure housing. The main question motivating the review was “What are the pre-conditions for achieving EET outcomes for young people (16-30) with a history of unstable / insecure housing?” The following sub-questions were considered:

1. What constitutes complex needs?
2. What is the range of complex needs?
3. What is needed to stabilise complex needs?

The review helped shape our understanding of the context in which the Amber programme sits and how it aims to support young people, as well as providing an evidence basis for the evaluation to build on (see Table 1). Factors identified as affecting outcomes can be divided in five categories, depending on whether they can be affected by a programme or not, and whether they are individual or not. Note that “problematic attitudes or behaviours” is included in two different columns, because it can partially be influenced by the programme, but not entirely.

Table 1: Factors likely affecting programme performance and outcomes as emerged from the literature review

	<i>Can be affected by the programme</i>	<i>Cannot be affected by the programme</i>
<i>Individual / psychological</i>	<ul style="list-style-type: none"> • Development of routines / habits¹ • Ability to build and maintain relationships • Skills to live independently • Problematic attitudes or behaviours • Development of “reasonable hope” • Change in the way participants talk about their desire to change 	<ul style="list-style-type: none"> • Pre-existing problematic attitudes or risk behaviours • Pre-existing substance misuse • Pre-intervention offending
<i>Social / contextual / relational</i>	<ul style="list-style-type: none"> • Ongoing positive and supportive relationships • Being encouraged to take control of their lives 	<ul style="list-style-type: none"> • Socio-economic disadvantage • Parental background / education • Council accommodation • Placement / education disruption • Age at leaving care • Quality of pre-existing relationships (e.g. positive / supportive)
<i>Related to service provision</i>	<ul style="list-style-type: none"> • Wellbeing of staff providing the service 	

¹

	<ul style="list-style-type: none"> • Adoption of intensive style of engagement on behalf of staff • Continuity of adviser during the intervention period • Personalised information, advice, and guidance • Long and continued support (around 2 years²) 	
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Document review

A desk review of documentation used by Amber was conducted to deepen our understanding of how the programme operates to support young people. The coverage of documents reviewed was extensive, including admissions tests and checklists, previous study reports, staff job descriptions, programme descriptions and delivery material. Insights from these documents helped shape topics explored during the interviews, in addition to helping contextualise the information given in interviews and presented in the monitoring data. For example, when talking about admissions, the documents showcased what the prospective young people were being asked during interviews, and how this information was recorded.

Observations

Site observations were arranged with service managers at each of the four locations to help the researchers gain a greater, tangible understanding of service delivery. In preparation, meetings with each of the managers were conducted to organise the logistics of visiting; and an accessible privacy notice and information sheet were sent over approximately two weeks in advance to assist with debriefing the young people about the purposes of the visit and what would be observed.

Notes were taken to help record what was occurring during the group activities but focus on specific individuals was avoided. A pro forma sheet (available in Annex 9) was prepared to tailor the observation notes. This included sections on: general profile of attendees, nature of the activities, where they fit within the programme, engagement, and how the activities seemed to contribute to EET outcomes as well as more intangible outcomes, such as confidence-building, so as to contextualise the relevance of the activities being observed and build further familiarisation with the programme. Activities observed were primarily workshop sessions delivered as part of the Amber curriculum. These include sessions on independent living, emotional wellbeing and physical health. The observation visits also included a tour of the communal facilities onsite and meetings with staff members and young people.

Monitoring data

The monitoring data collected and managed by the Amber Foundation was shared with NatCen for descriptive analysis. This information is recorded and updated on a continual basis, as residents join and move through the programme. The data we received had been pseudo-anonymised before transfer and included information about participants' background, referral, pathways into the service, needs, difficulties, and which phase of the programme they were on at the time of record.

² As part of the literature review, it was found that "changes do not occur in all parts of a participant's life at once, so they might be ready to become employed before abstaining from alcohol" (Alex Lord, Anna Tickle and Anna Buckell 2021)

This material provided an overview of young people who started the programme between April 2022 and February 2024. Building on the monitoring data, we designed individual interviews and focus groups aimed at gathering staff perspectives about residents and the service provided (see below).

Further detail of the insights from the monitoring data can be found in Annex 1.

4.1.1 Individual interviews and focus groups with staff

A series of data collection encounters with Amber staff were planned, using a cascading recruitment approach, beginning with executive Amber staff (CEO and Operations Manager). We were then introduced to the four site managers for each of the residences (and Surrey's admission officer) in a group meeting, after which we proceeded to schedule individual interviews with the meeting participants. After speaking to the service managers, they helped organise two types of focus groups, one with day and one with night staff for each of their respective residences (a total of eight focus groups).

Individual interviews

The in-depth interviews took place online, approximately one-hour in duration and were structured using a topic guide that was in part informed by the desk review activities (see Annex 9). The topics explored in these interviews included:

- Participant role in the programme
- Description of site areas
- Organisation structure
- Admissions procedure
- Programme delivery
- Young people's background and journeys
- Profile of young people's needs
- Programme outcomes and impacts and what is considered as success

The interviews consolidated our knowledge of the programme and helped shape our thinking around the next phase of the evaluation, for example which user profiles to include in our case selection, and what steps should be taken during the encounters with vulnerable young people.

Focus groups

The final part of the qualitative data collection for the mobilisation phase was initially planned to be four focus groups, one with each of the programme delivery teams for the residences. However, after speaking with site managers it was suggested we also conduct focus groups with the night staff, whose role puts more emphasis on care and less on programme delivery, compared to day staff. The night staff interactions with young people were said to be more informal as young people relax into the evening and were more likely to open up about their issues or those of other young people. Additionally, all parties felt it was important to include as many staff

members as possible, to contribute to a sense of ownership of the evaluation process for staff, as well as to cast our net as widely as possible and improve the breadth and depth of the information collected.

The focus groups took place online, lasted one-hour, and were structured around a topic guide similar to that of the interviews, though streamlined to focus on the profile of young people and how the programme meets their needs (see Annex 9). The focus groups aimed to have between four to six participants each, but due to availability and capacity restrictions, three sessions ended up being paired interviews instead. Broadly speaking, the day and night staff questions were similar, though the former had greater focus on programme activities whilst the latter had greater focus on the experience of residing in Amber and on the young people themselves.

4.2 What have we learned so far? Formulating hypotheses

Our literature and document review, discussions with staff, and our analysis of the monitoring data have been informative in many ways. In this section we summarise what we have learned so far, grouping the insights into the following sub-themes: basic information about the service, defining outcomes and success, and the factors which seem to affect service performance and outcomes. The section does not present summative findings nor answers any of the evaluation questions, and there are several evidence and knowledge gaps which must be addressed. The data and learnings collected so far and here presented provide familiarisation with the programme and will inform the next stage of research design and data collection. The section ends with a summary of the key factors that, so far, seem linked to success of both EET and housing outcomes. These hypotheses will be rigorously tested in the main evaluation phase (Chapter 5).

4.2.2 The service provided

The service provided by the Amber Foundation is highly complex and diversified. We first provide an overall description of its stages and main challenges; we then focus on the profiles of young people and conclude this section with reflections on the referral and admissions process and how important it is to achieve a good matching / fit between the service and young people.

Service delivery

As we mentioned in the introductory chapter, the programme delivered at Amber is structured around three stages: Induction; Development; Move-On. Young people are taught independent living skills, such as financial management and household tasks, as well as personal development skills, including emotional management and resilience, and they receive targeted sessions to help them achieve employment and educational outcomes. However, there are also optional activities, tailored to young people's needs and aspirations. This can include adapting sessions for learning difficulties or providing opportunities to pursue individual preferences and goals such as maintenance work or driving theory practice. Sessions to support mental health, mental wellbeing and substance abuse recovery are also delivered, and each residence has an onsite counsellor.

As mentioned above, Amber staff provide residents with practical support. This can include administrative tasks such as organising external appointments and accessing medication, food and toiletry shopping, setting up bank accounts and applying for Universal Credit. Residents also engage with external organisations and services; sometimes facilitated by partnerships that the residences have with these organisations and services, and sometimes not. Young people have, for example, volunteered in community projects, attended reading sessions at local libraries, and worked in local supermarkets.

Consistency in service delivery can be a challenge for many reasons, including different staff delivery styles, or the sites adopting slightly different policies. For example, there are disparities between sites' approaches to drug and alcohol usage, which is prohibited under Amber's rules. At Ashley Court, regular testing is carried out and residents are evicted if caught using drugs or alcohol. At Bythesea Lodge, on the other hand, staff acknowledge that relapse is common, so the site has a warning system rather than a zero-tolerance policy. In the past year, there have been efforts to standardise the programme across sites. However, the service is ultimately intended to be tailored to meet individual needs, and to some extent, disparities across sites appear meaningful and appropriate.

Young people's profiles

Several young person profile pathways and characteristics have been identified during the mobilisation phase (see also Annex One). Individuals may come from different combinations of care, prison, struggling families, street homelessness, hostels, bed and breakfasts, sofa surfing, and hospitals, as well as be escaping domestic violence or county lines exploitation. According to the monitoring data, homelessness and family breakdown are common experiences, which most of the young people referred to Amber have endured. At entry, many have experienced rough sleeping, sofa-surfing, and emergency accommodation. It is common for the young people to have experiences of trauma, substance abuse and addiction - including gambling addiction - as well as mental health difficulties, neurodivergence and / or learning difficulties, notably autism and attention deficit hyperactivity disorder (ADHD). There are reports of young people having physical and sensory impairments too, including chronic pain, chronic fatigue, physical injuries and epilepsy.

Some of the young people in the service have previously offended and might struggle with basic living skills and money management, have negative educational experiences and lack qualifications or training, as well as lack support, guidance and role models. Uncommon profiles include young people who are ex-military or refugees, young people who have happy and supportive families, but are looking to expand their social lives, and young people who are experiencing temporary issues such as sudden job or housing loss but have no deep-rooted, chronic difficulties such as substance abuse and mental health issues. Staff noted that, although through no deliberate decision-making, different sites tend to house residents presenting different needs. Downsvew, for instance, houses many residents with neurodevelopmental disorders and it is far quieter and more relaxed atmosphere compared for example to Farm Place, which has a louder atmosphere. Across the sites, residents are mostly men (an average of 73%).

Referrals and admissions process

Young people can arrive at the Amber Foundation through several different pathways. These involve varying levels of individual agency as individuals may refer themselves or be referred by an external agency or organisation. The admission process is completed by service managers, except for Farm Place in Surrey where there is a designated admissions manager. The screening and admissions process is broadly the same for each site but may involve subtle differences where the sites have different connections to different referrers.

Young people are referred to Amber by a broad range of referrers, some of which have long-standing relationships with the foundation. Referrers variously include community services, local authorities, charitable organisations, and the NHS. Equally, many external referrers aren't local as prospective young people may be looking to leave the area they're from. Amber staff also engage in outreach work, promoting the service to social workers and housing associations, which increases the avenues through which young people can discover the service. The monitoring data show that around 60% of young people are either self-referred or are referred to the service by the housing / homelessness department of their local authority.

The service has broad entry criteria:

-
- Homeless or at risk of homelessness
 - No couples, no children, no pregnant females
 - 18 to 30 years old
 - No pets
 - No previous convictions for arson, sexual offences, and serious violence
 - No dependency to alcohol or drugs or those currently receiving substitute prescription medication³

Information gathered from interviews and focus groups suggested that these criteria were sometimes flexible. It was stated that there could be contextual flexibility based on, for instance, the length of time elapsed since a young person's conviction, more so with regards to serious violence than arson and sexual offences. That said, if the conviction was for grievous bodily harm or attempted murder this would constitute a hardline for exclusion. It also emerged that, in practice, many of the young people have substance abuse issues (as discussed in other learnings in this section).

Beyond these official entry criteria, the mobilisation phase has highlighted two main areas of admission criteria prominent within the service's admissions and screening process, assessed on a case-by-case basis. The first is *the individuals' motivation to work*. This is asked as a direct question in the website's referral form⁴ and is further discussed during the interview assessment. It is not required that they be ready for employment on arrival, but they should already be aspiring to change and motivated to find employment. Staff hold conflicting views on the feasibility of assessing this in practice. It may be challenging to assess whether someone is genuinely motivated, but, at the same time, failure to mention work or stability during the assessment process is considered a red flag that the individual in question will lack the motivation to successfully move on from the programme.

The second main admission criterion is the *suitability of individual needs to the Amber Foundation intervention offer*. Given that it is not a care service as registered with the Care Quality Commission, it cannot provide medical care. *Some individuals' needs are therefore too high*, or certain profiles may be inappropriate, for the service. As such, people diagnosed with *serious mental health problems* may not be admitted. This is assessed on a case-by-case basis during admissions, when Amber conducts a needs assessment and risk assessment to build a profile of a young person and determine whether the service is suitable for them. Beyond their motivation to work, this assessment accounts for a range of factors including, but not limited to, the time elapsed since a particular mental health crisis, any interventional mental health support they may have received or be receiving, and progress reports from previous rehabilitation centres. Staff also stated that for young people with *ADHD and autism* whose needs are assessed to lie primarily with managing their ADHD and autism, the service's focus on employment may not be fitting. Staff indicated that the profiles of the young people coming to Amber have become more complex over time due to wider social contexts, such as a lack of resources and capacity in mental health services, and admissions have become increasingly flexible when assessing mental health needs and risks. It was stated that there are young people in the service who self-harm and experience suicidal ideation. Mild to moderate mental health support is indeed considered one of the top needs at admission.

³ The service uses the ASSIST-Lite screening tool to assess substance dependency.

⁴ https://amberweb.tfaforms.net/f/referral_form

If referrers are not fully transparent on prospective young people's profiles and needs, and when individuals' behaviour issues worsen or are greater than expected based on their admissions forms, challenges can arise, sometimes leading to evictions.

4.2.3 Outcomes and Successes

Amber's official outcomes relate to young people entering employment, education, or training, and obtaining housing. However, several other "unofficial" successes are highlighted by staff, either as intermediate outcomes on the journey to employment and housing or as satisfactory outcomes in and of themselves, depending on the young people. Senior management emphasise the centrality of EET and housing outcomes more than onsite staff do, as the latter's understanding of success appears to depend more on the young people's individual circumstances. They feel that employment and accommodation are not achievable for certain individuals whose current mental health issues, for instance, preclude it. Depending on individual circumstances, success could be any sign of improvement in a particular area, varying from gaining independent living skills, to improving confidence and mental health, volunteering, abstaining from substance use, joining other services better adapted to one's needs than Amber, engaging in activities and with staff, and rekindling relationships or forming healthy new ones.

4.2.3.1 Factors Affecting Performance and Outcomes: first ingredients for an explanation

The mobilisation phase has highlighted several factors, both contextual and individual, considered to affect young people's performances on the programme and their eventual outcomes. These constitute the hypotheses to test, or the first ingredients of a full explanation, which will be achieved on completion of the second evaluation phase. Are these findings or hypotheses? Both: they are hypotheses we will test in the main data evaluation phase, but also findings in the sense that they emerge from the exploratory data collection and desk review activity of the mobilisation phase. Hypotheses are usually based on previous theories and findings that need clarification, articulation, or simply a stronger evidence base, for example to delineate domains of applicability.

The testing approach will not be merely deductive, in that, given the complexity and sensitivity of the subject matter, we will continue to develop the hypotheses as we talk to young people; we will conduct a full synthesis only when data collection is complete.

Many of the factors identified in this phase pre-date the programme and are unlikely to be influenced by it, such as the state of local housing and labour markets, pre-existing social networks, and site geography at the systemic / contextual level. Moreover, standard education (e.g. years spent in school and quality of school education), and work experience (years spent being employed and experience accumulated in past jobs). Finally, at entry, Amber focuses on whether prospective residents are ready to engage with the service and to benefit from the experience it offers. At the moment we call this state "readiness for Amber" but we are willing to revise this definition as the research progresses.

Other factors identified can be worked on and developed during the residents' time at Amber: from an individual perspective, engagement with routines, confidence, mental health, substance abuse; and, from a social / relational perspective, socialisation, relationships, local connections. These factors, organised in Table 2, are often interlinked and influence each other, as well. We address these in more detail below.

Table 2: Factors affecting programme performance and outcomes as emerged from fieldwork in Phase One

	<i>Can be affected by the programme</i>	<i>Cannot be affected by the programme</i>
<i>Individual</i>	<ul style="list-style-type: none"> • Engagement with routines • Self-confidence • Mental health • Substance abuse • New knowledge, experience, and skills 	<ul style="list-style-type: none"> • Standard education • Previous employment / work experience • “Readiness for Amber” • Pre-existing knowledge and skills
<i>Social / contextual / relational</i>	<ul style="list-style-type: none"> • New social networks • Ability to socialise and form / sustain relationships 	<ul style="list-style-type: none"> • Local housing and labour markets • Site geography (urban / rural) • Pre-existing social networks • Local availability of Mental health services

The sections below discuss all of these factors in more detail, shedding light on the nature of our current hypotheses.

4.2.4 Pre-Existing Factors Unlikely To Be Affected By The Programme

4.2.4.1. Individual Factors

Education and work experience – Having work experience or qualifications is considered an important factor for success, whereas lacking this makes it considerably more challenging for young people to achieve employment outcomes. It is therefore important for them to develop their educational and/or work experience during their time at Amber, and ideally to obtain qualifications. There are, however, barriers to this. Young people with previous negative experiences in school and problematic attitudes towards authority can often be less willing to engage. Those lacking basic skills, such as in English and Maths, may also lack the confidence to go to college or get a job. Furthermore, prison leavers face the additional challenge of their criminal records potentially being a barrier to employment, and residents with experience of earning considerable amounts of money, such as through drug dealing, may also feel disincentivised to get a low-paying job. Certain senior management staff feel there is very little to be done over the average timeline spent at Amber (6 – 12 months) to help someone obtain employment if they have never previously worked.

“Readiness for Amber” – The first relevant factor, highlighted most by staff and central to the service’s admissions process, has been defined by staff as “readiness and motivation to change and succeed”. For some residents, this concerns the desire to enter employment and accommodation, but also the ability to improve one’s mental health and overcome substance addiction. However, as more digging into this concept was done, and specifically for other residents, it referred more closely to the readiness to engage with Amber routines and respect Amber’s rules for cohabitation.

Young people’s motivation to change and engagement with the programme may be linked to their backgrounds and referral pathways. According to staff, residents who have self-referred and actively want to be at Amber, such as those coming from street homelessness, may engage better than those who have been referred by an institutional agency with limited other options. Indeed, whilst residents coming from the care or prison systems are perceived by staff to adapt well to the service’s structure and routines, they may not be motivated to fully engage due to animosity towards institutionalisation and the desire for independence which they have previously

lacked. Not all staff agree with these distinctions, as some feel, for instance, that it can be difficult to tell the difference between residents who have come from the care system and those who haven't as they may have had other similar life experiences. That said, the literature review found that care leavers are disadvantaged in facing challenges entering and sustaining post-16 EET. Moreover, unlike prison and care leavers, adapting to Amber's structure may be more difficult for young people coming from hostels, where they are used to a lack of routine.

Staff noted that motivation sometimes appeared correlated with age, time, and experience. They identified that young people who had returned to Amber for a second or third time were generally more focused than during their first stay. They also felt this was true of older residents. Younger residents, by contrast, could be more likely to glorify and want to engage in negative behaviours such as substance abuse. They may also be reluctant to leave site and engage in external activities due to feeling ashamed of being at Amber and not wanting people outside the residence to know.

The literature review undertaken addresses this topic. A study⁵ examining change readiness amongst individuals experiencing multiple complex needs and homelessness in the UK found that, amongst other factors, actual change amongst individuals was preceded by the development of 'reasonable hope' and changes in the way they spoke about their desire to change. However, it also noted that people may not be ready for change in all areas of their life at once, and that change can take a long time⁶.

Other factors - Other background and profile characteristics which may affect young people's experiences and outcomes include experiences of domestic violence and sexual abuse (which may incur ongoing legal matters as well as make the experience of living with other residents additionally challenging), and dysfunctional family backgrounds (which can cause attachment issues and make it more difficult for residents to move on and form healthy relationships). Moreover, residents may distrust other support organisations if they have had negative experiences in care or with homelessness teams, for instance, and thus not seek support when moving on from Amber. Language barriers also incur challenges as it is more difficult for staff to support residents with low English skills, and certain staff equally expressed uncertainty as to whether women with autism spectrum needs and LGBTQ+ young people are sufficiently supported by the service.

4.2.4.2 Social, contextual and relational factors

Local housing and labour markets – A lack of social housing and affordable rental property prevents young people from moving on or pushes them into insecure private renting, which may result in them returning to Amber. Housing offers are especially difficult for young men, who are often not prioritised among social housing applicants. This housing inaccessibility may equally disincentivise individuals to pursue employment, if they feel it is impossible to find a job that will pay enough to afford rent. This can exacerbate, or be exacerbated by, other struggles such as mental health issues and bereavement.

A lack of full-time, stable jobs was also identified in the labour market. Staff in Wiltshire noted that whilst there are local job opportunities, namely in the industrial sector, these are often zero-hours contracts and agency work, which makes them insecure and may undermine the sustainability of young people's outcomes.

⁵ Lord, A., Tickle, A., & Buckell, A. (2021). Change Readiness in Individuals Experiencing Homelessness and Multiple Complex Needs. Available at https://irep.ntu.ac.uk/id/eprint/42998/1/1443613_Buckell.pdf

⁶ In the service being studied, it was found that people had to be on the service for two years before they started making positive changes.

Site geography – Site geography factors into the young people's experiences and outcomes. Both Ashley Court in Devon and Farm Place in Surrey are remote sites, with poor transport links and a lack of nearby job opportunities. This makes access to employment more challenging but is beneficial insofar as it makes it difficult for residents to see other people outside of Amber, in turn creating group resilience amongst peers, and removing young people from their previous, triggering environments. By contrast, Bythesea Lodge in Wiltshire and Downsview in Kent are in or near towns and therefore have improved access to support and service providers, including GPs and mental health services, as well as to employment opportunities. Staff also suggested that Surrey and Kent's proximity to London may benefit employment opportunities, but that moving on into employment may be easier in Devon where the cost of living is lower.

Local connections – Young people's own connections to a local area are also significant. It can be negative for a young person to reside in an Amber site in the same area as where they've come from, as relationships with peers outside of the service can persist throughout the programme and negatively influence residents. Moreover, it is important for the sustainability of outcomes that individuals do not return to their previous environments after moving on from the programme. Returning to negative environments, including problematic relationships, friendship groups, and housing situations, will undermine the sustainability of success if individuals revert to their old lifestyles and, for instance, relapse into substance abuse.

Availability of mental health services in the area – This is also a crucial factor affecting the sustainability of outcomes. These services have been identified as under-resourced and difficult to access, and certain staff members feel that GPs tend to medicate patients rather than seek to address the root causes of their mental health issues. This is all the more problematic when individuals may have a past of self-medicating and substance abuse. Such a lack of adequate mental health support may thus affect the sustainability and stability of young people's outcomes once they've moved on from Amber.

4.2.5 Factors The Programme Is More Likely To Affect

4.2.5.1 Individual factors

Engagement with the programme and Amber routines – Engaging with the programme's structure and routines is considered both an indicator of a young person's success and a contributing factor to this success. It indicates positive future outcomes by highlighting whether an individual is ready and motivated to change, and / or has changed. It contributes to these outcomes by creating healthy habits and order in residents' lives, and mirroring the structure of life in employment, thus familiarising people with such structure and suggesting they are capable of maintaining sustainability in their outcomes. Engaging with routines may equally positively contribute to other factors for success, such as mental health improvement. Young people who do not adapt to the service's structure and routines may be deemed unsuited for Amber and continued failure to engage can lead to eviction.

Senior Management viewed readiness and motivation in a binary light, where the programme either works if individuals are ready for it and commit for a long time, or it doesn't, if individuals aren't ready and leave quickly. In hindsight, they believe the programme works if there is readiness and motivation when the resident joins Amber. Onsite staff, on the other hand, place more emphasis on the process of young people developing this readiness and motivation if not already present. They describe how individuals experience 'light bulb moments' on the programme. This can occur, for instance, after residents have experienced a particularly low point, when staff help residents acknowledge their own agency, or even when residents decide to return to Amber after having left. Certain staff members do, however, believe that certain individuals may never change their attitudes

and behaviours, especially those harbouring significant resentment against society and government. Accordingly, a lack of motivation is a barrier to success and a reason for leaving the service.

Acquisition of relevant knowledge, experience, and skills – Amber’s programme covers a range of experiences such as trips, contact with employers, training schemes, and volunteering, which can enhance the human and social capital of young people. Building on their pre-existing education and work experience, these can increase the chances of young people achieving EET and housing outcomes.

Confidence – Building up the young people’s confidence and self-esteem has been identified by staff as positive progress in itself but also as a contributing factor towards achieving employment and housing outcomes. This can be achieved through staff support, being given responsibilities in the residence, addressing challenges such as dyslexia which may be preventing individuals from attending educational or training courses, attaining achievements such as gaining qualifications for the first time, and engaging in community activities such as volunteering. In turn, increased confidence encourages services users to further engage with the programme, work on their other skills, and strive towards their goals.

Mental health – Addressing and improving young people’s mental health plays a significant role in shaping their journeys at Amber and affecting their eventual outcomes. Not only can it be considered a success in itself, but it is a contributing factor in achieving housing and employment outcomes and ensuring their sustainability. Indeed, unaddressed mental health issues may prevent young people from fully engaging in the programme, undermine their motivation to change, and impact the stability of their employment and housing after leaving Amber. For those who have substance abuse issues, relapsing or worsening mental health may lead to relapse. Mental health and wellbeing is integrated throughout the programme and in staff training.

Substance abuse – According to all sources, abstaining from using drugs and alcohol, as well as engaging with substance misuse support where necessary, is considered crucial for young people’s success. As with the detrimental effects of not addressing someone’s mental health needs, failure to abstain from substance misuse undermines the sustainability of seemingly successful outcomes, as substance abuse and relapse can affect the stability of employment, accommodation and relationships. The document review highlights the significance of substance abuse throughout young people’s journeys with Amber. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)-manual indicates that substance abuse is a factor that leads young people to the service in the first place, that affects their experiences on the programme, and that may affect the nature and sustainability of their outcomes.

Furthermore, substance abuse can itself mask or relate to other underlying problems and must therefore be addressed in conjunction with other issues such as mental health needs. Literature review findings highlight that young people with multiple and complex needs have greater difficulty transitioning to independent out-of-home care than those without such needs, and that treating co-occurring disorders, including substance misuse and mental health issues, improves affected individuals’ housing outcomes. Indeed, onsite Amber staff expressed doubt about the service’s ability to get to the root of such issues in situations of multiple and complex needs. They felt that achieving successful outcomes is more challenging for service users with complex needs, including combinations of substance abuse, mental health and trauma, and learning difficulties. It has been noted that while the service’s entry and admissions criteria exclude young people with alcohol and/or drug dependencies as well as young people whose mental health needs are assessed to be too high for the service provide by Amber, there appears to be flexibility in implementing these criteria in practice.

4.2.5.2 Social, contextual and relational factors

Socialisation and relationships – Similarly, socialisation amongst residents is a sign of successful engagement and contributes to successful outcomes as social skills are an important employment skill. Residents can also form bonds, gain confidence and encourage each other to succeed through their interactions. Those who isolate themselves from their peers are likely not ready for the programme and for change. Furthermore, it is also important to develop open and trusting relationships with staff, as they help young people successfully progress through the programme and succeed. Such relationships encourage individuals to communicate, seeking support and opening up about their ambitions and difficulties, as well as improving their confidence. They also help staff tailor activities to be inclusive and to accommodate individual circumstances and preferences.

Staff feel that individuals coming from care are more difficult to build trusting relationships with. They maintain that socialising with peers and connecting with staff can also be more challenging for young people coming from abusive backgrounds, as they may have difficulties expressing trust or confidence in other people. In these cases, the programme seems to help them build trust-based, healthy interactions and relationships.

4.2.6 Contextual support for the identified factors and emergent framing

The themes emerging from the Amber interviews and documents are consistent with several key frameworks and theoretical approaches. Classic ecological systems theory established that interventions need to recognise multiple levels of influence (Bronfenbrenner, 1979). Maslow's hierarchy of needs notes how fundamental needs, such as safety, housing, food, and emotional security, need to be met before a young person can move towards long term training and employment (Maslow, 1943). Amber's programme is consistent with a capabilities approach, with its focus not only on access to resources but also on young people developing lifelong skills such as autonomy and critical reflection (Sen, 1999). Hope theory is a more recent approach developed by Snyder and which fits with the value placed on Amber's support for young people setting goals, finding pathways to achieve them, and the motivation to pursue them (Snyder, 2002). Other relevant and current approaches to service delivery that align with Amber's include operating in a trauma-informed way (SAMHSA, 2014) and recognising that 'recovery' will be a personal journey for young people that recognises set-backs (Winsper et al., 2020).

4.2.6.1 Individual level factors

A recent systematic review of general youth provision and life outcomes concurs with many of these emergent factors. The review screened over 25,000 studies from 22 research databases, with 77 meeting the review criteria (SQW, 2024). This found support for programmes drawing on multiple personal, social, educational and economic aspects of young people's lives. It highlighted how many of these – as pre-existing context or as outcomes - can be hard to measure (e.g., resilience, social skills, wellbeing, and job readiness), indirect (e.g., developing social skills through community service or group activities), or relate to the avoidance of negative outcomes (e.g., reducing substance abuse). The review did highlight, consistent with the emergent hypotheses from the engagement with Amber staff and materials, that focusing on skill development and supporting learning have strong associations with achieving EET.

Other research emphasises that when working specifically with young people with complex needs, readiness for change was crucial for programme success. Consistent with Almqvist and Lassinantti (2017), this highlights how the development of 'reasonable hope' and a shift in self-narrative were identified as precursors to actual change.

4.2.6.2 Social, contextual and relational factors

Wang and colleagues (2019) in their systematic review ‘the impact of interventions for youth experiencing homelessness on housing, mental health, substance use, and family cohesion’ stress that while individual therapeutic options are needed, EET cannot be achieved without addressing management of contextual factors such as housing stability. Consistent with highlighting the neighbourhood context, Blum and colleagues (2022) support the focus on social and relational factors including peer and community connectedness.

5. Phase Two: Data Collection

This chapter clarifies our plans for the data collection phase, including information on the population: the principles and criteria we used to select participants and engage them ethically and in a way that is consistent with the research aims. The discussion clarifies how the learning from the first phase informed these decisions.

5.1 How we used the learning from the first phase to plan the second phase

The main learning point from the first phase of the evaluation was that it is not appropriate to sample participants on the basis of a certain number of characteristics because of the wide variety of factors affecting outcomes and the uniqueness of each case. Upon estimation of response rates to invitation to former residents take part in the research, however, currently estimated at around 30%, we realised we would not need to select participants on the basis of factors affecting the outcomes: we could aim to potentially include all residents we can recruit, as our ceiling for interviews in this phase is 100, and the total number of Amber residents on which data exist is lower than 300.

However, before we reached these conclusions, the two main questions that needed answering when planning the second phase have been the following: “which participants do we recruit for interviews” (case selection) and “how do we engage in recruitment of these participants” in a way that allows us to uphold our ethical and scientific standards, as well as keeping Amber staff engaged and motivated to co-design and co-organise the evaluation with us.

5.2 Case selection

As for case_selection, the principles we focused on were the following:

- Inclusion of both successful and unsuccessful cases: this is necessary to answer causal questions, particularly in comparative studies and to answer questions about causal sufficiency, i.e., “making a difference” (EQ1, EQ2)
 - Inclusion of both leavers (residents who have left with a planned exit) and exiters (residents who have left with an unplanned exit). This allowed us to investigate different degrees of “success”.

- Inclusion of cases in the development team who have stayed in the Development Team (DT) for longer than average.
 - This principle is dependent on the assumption (which might be revised later) that young people who stay in the DT for longer than average might be struggling getting the most out of the programme. Together with the inclusion of exiters, this would allow us to observe a range of success levels and types of outcomes, with the goal of achieving an overall balanced and generalisable overview.
- Primary focus on former residents: It was deemed very important to focus primarily on residents who have left Amber, for two reasons: a) to observe evidence of “official” EET outcomes common to many evaluation questions); and b) to collect evidence on sustainability of outcomes (EQ3, EQ4)
- Inclusion of cases that would allow us to achieve generalisable findings, at least in terms of Amber resident population
 - Coverage of multiple cohorts, i.e. inclusion of a high number of cases, covering a broad and diverse range of participants
 - Every activity of the mobilisation phase has stressed the extreme diversity of Amber residents’ background and experience, and sampling on the basis of any category would have risked excluding important cases. For this reason, case selection has aimed to maximise breadth, diversity, and inclusion; and our multiple wave design aims to engage all leavers / exiters of the current cohorts, as well as those residents in the DT who have stayed there longer than average.
- Mitigation of systematic bias in responses
 - Former residents who have ideally left their Amber centre for between 3 to 6 months
 - This would allow interviewees sufficient detachment from the Amber experience to form a balanced view of it, while at the same time being close enough so that recollection of the events would not be a major issue, particularly if Amber had a significant impact on their lives. This group will be prioritised, however in case of low response rates, reaching out to other groups might be necessary.

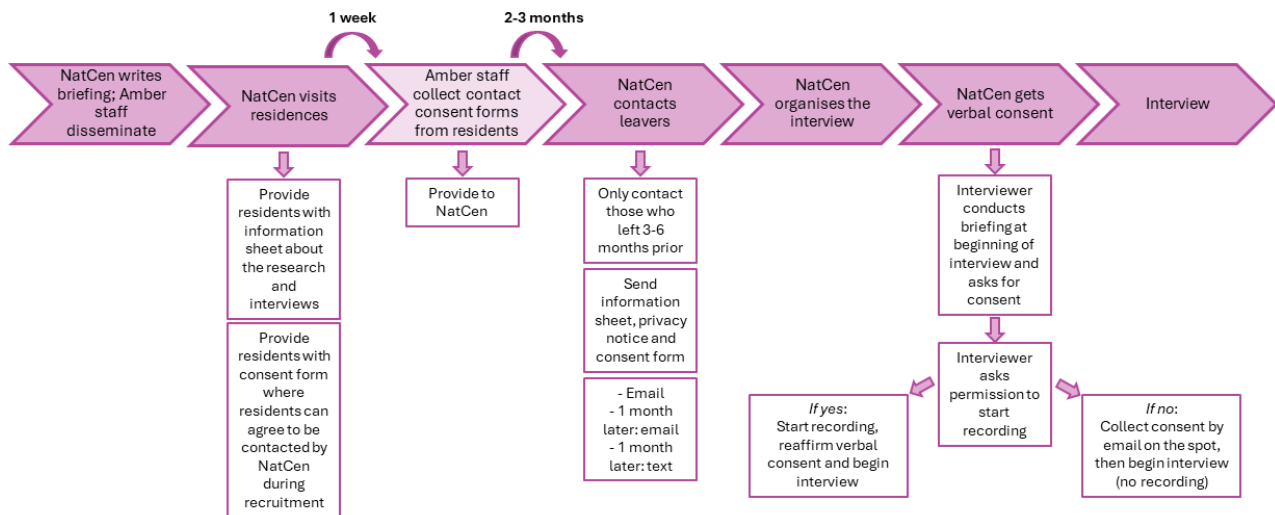
5.3 Engaging and recruiting the participants

As for engaging with the participants, we undertook in-person visits to the Amber residences, to engage with young people in the Move-On teams in anticipation of future interviews, providing them with the opportunity to familiarise themselves with the research and express informed consent to be contacted after leaving Amber.

Three separate processes have been designed for engaging residents, two for former residents and one for current residents in the Development Teams. Figure 4 illustrates one of the two processes for former residents: NatCen visits residents while the target participants are still in the Move-On Team, sharing information on the research and the participants’ role in it. When those participants have left, NatCen contacts those who have expressed consent to be contacted aiming to organise the main participant interview.

Figure 4: Recruitment process for Former Residents

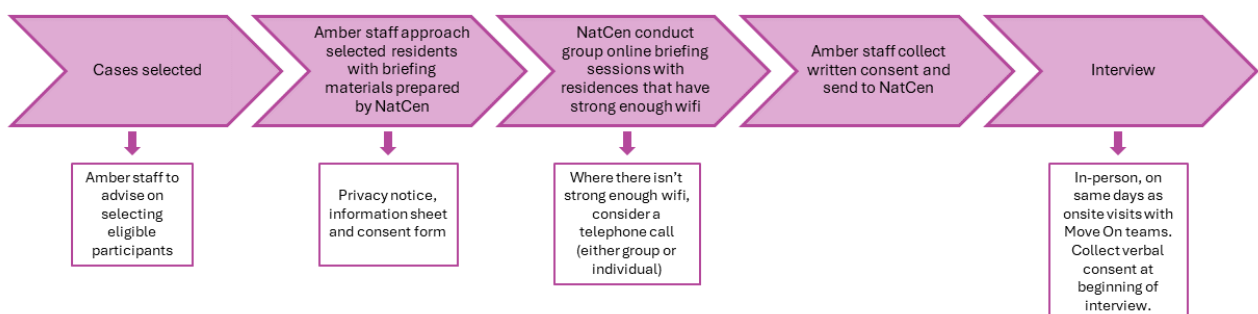
Recruiting former residents



For the Development Team, the process is illustrated in Figure 5: in this case residents are approached by Amber staff with briefing materials prepared by NatCen, and after an information session, consent to participate in the interview is collected by Amber staff.

Figure 5: Recruitment process for the Development Team participants

Recruiting current residents in the Development Team who have been in the DT for >6 months



Thirdly, residents who left Amber before or during the mobilisation phase are contacted by Amber with information about the research and are given a weblink they can use to opt in. The link takes them to a webform where they can input their contact information and consent to be contacted by NatCen researchers for the interview. In this way, NatCen only has access to the resident's contact information if the resident provides this themselves through the weblink; and no other stakeholders outside of NatCen have access. If the response rate is low, alternative ways of reaching former residents can be considered, like phone calls or texts from Amber staff, or providing information on Amber social media, in the hope that former residents following the account might want to opt in. In all of these cases, NatCen will not access the resident's contact information unless provided by the resident themselves.

5.4 Other features of the data collection process: tools, risks, timeline, and ethical aspects

We propose to undertake between 50 and 100 interviews with as many participants. We are currently expecting to reach between 40 and 80 former residents (depending on response rates) and between 10 and 20 development team residents meeting the above-mentioned requirements. Our strategy is to maximise the number of residents reached, so if response rates are lower than expected, we are planning to use snowball sampling to reach former residents known to young people we have interviewed (interviewees would share the weblink with them, so that NatCen only has access to their personal information when they give provide it themselves via the webform). Finally, if response rates are still low, we plan to interview residents while they are still in the Move-On teams (following the same consent process as for the Development Team).

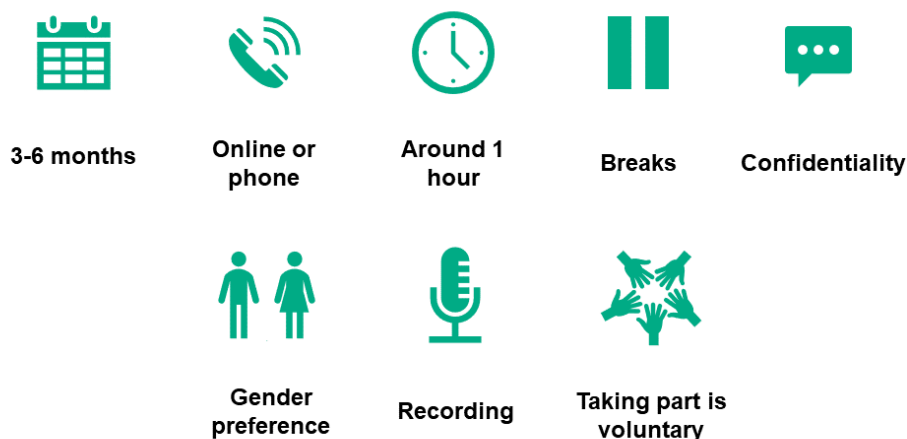
This order of priority is guided by the idea that a fuller range of outcomes is observable in residents who have left Amber, and because of sensitivities connected to the interviewing process, it is preferable to meet them in advance and allow them to familiarise themselves with the project and the interviewers, before they express consent to be contacted and eventually to be interviewed.

The interviews will cover the young person's journey from before joining Amber, during Amber, and after leaving Amber (if applicable). The topic guide for former resident interviews is enclosed in Annex 9.

The interviews are planned to last an average of 60 minutes, but we are expecting a large variation in actual duration, as some YP will be much more talkative than others. They will take place mostly online because, if response rates are high, it is unlikely we can afford face-to-face interviews at a venue the young person feels comfortable in; but we are currently not ruling out this option as it will depend on response rates. Figure 6 illustrates the key features of the former residents' interviews, including the option for participants to withdraw consent at any time, to choose the gender of the interviewer, and to not have the conversation recorded if they so wish.

Figure 6: Main features of the interview for former residents

What would taking part involve?



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5.4.1 Communication and Ethics

A key recruitment challenge would be to ensure young peoples' consent to participate in the study is informed. To this end, we will take the following steps:

1. All our recruitment materials will be accessible and use plain English.
2. Our recruitment materials will clearly outline what participation involves and emphasise that it is voluntary and the decision to take part/not take part will not affect the programme service they receive now or in the future.
3. We will make it clear their insights will be kept confidential, not in an attributable way to anyone in the location or in our publications, and
4. We will use a phased-consent process, which involves providing study information and checking in with participants at different stages, including at the start of the interviews.

All our interviewers are highly trained and experienced, with enhanced DBS clearance. We have a track record interviewing vulnerable population and will create the optimal conditions for young people to feel they can speak openly. This includes

5. Being open to doing interviews online, by phone, or face to face
6. Ensuring the topic guide is kept broad to allow for a good pacing of the discussion, and
7. Being open to the young person having another person present of their choosing in a supportive capacity.

We also offer a £25 high street voucher after the interview to thank participants for their time and for them to use to support their participation if needed.

From our experience of conducting research with vulnerable people, we have developed robust protocols that ensure that disabled people are able to fully participate. We have found it is important to be flexible about the length and format of qualitative interviews. Ethical considerations will be particularly important for this project, given the target participant groups. The NatCen team will pay particular attention to ensuring that:

8. Consent is fully informed so that participants are prepared for the conversation;
9. The design takes account of the importance of not causing distress for participants;
10. The team conducting the fieldwork has extensive experience interviewing vulnerable people, is trained on trauma-informed approaches, and feel supported and appropriately trained to manage difficult discussions.

Our team has experience conducting research online with this participant group and has a clear policy for disclosure of harm which will be explained to participants at recruitment and before interviews. NatCen's in-house Ethics Committee has scrutinised the design to ensure the research is conducted in an ethical way and participants will be signposted to suitable support at the end of the research interviews.

6. Phases Two and Three: Data Analysis

This section adds more detail to what is already presented in the methodology section in terms of how data analysis will be conducted; however, much of the specifics will depend on the quality, breadth, depth of information, as well as the diversity of cases. We are not in a position to confirm these details until a first review of the data collected is conducted.

In the methodology section, we outline how we will use principles and guidelines of QIE methodologies to design data collection and analyse collected data. Broadly speaking, the young person's interview is designed to reconstruct the key features of participants' "system" depicting the factors that affect programme performance, and how they are interrelated. In doing this, we use principles of Contribution Analysis in the sense that we focus on long-term journeys, including the situation before joining Amber, during it, and after. While reconstructing these journeys, we include both programme characteristics and experiences and pre-existing factors and conditions (or "alternative explanations", the way it is typically done when developing "contribution stories").

The latter feature is also relevant to Realist Evaluation; (RE) in line with RE, we also aim at unpicking the change mechanisms that allow the programme to work, already addressed in the theory of change; but in addition to the current theory of change, following RE, we want to understand the conditions under which different change mechanisms are or are not triggered.

As our current case selection includes several dozens of cases, it is likely that a systematic synthesis of case-based information will require a method for systematic cross-case comparison such as Qualitative Comparative Analysis (QCA); to this end, we plan to create lists of relevant causal conditions that we can systematically compare across either all the cases or subsets of cases. Such conditions will then have to be calibrated and provide the basis for the creation of a QCA dataset. Several options are available for the analysis of Boolean datasets; we will select the most appropriate options on the basis of the dataset characteristics.

Finally, we will use Process Tracing principles when evidencing pathways and mechanism-based explanations in reconstructing participants' journeys: to the extent possible, we will assess the strength of evidence by trying to reconstruct participants' motivations to provide particular answers, as well as triangulating the content of their claims with as much external evidence we can find (for example in documents, on the web, or on social media).

7. Phase Three: Reporting

This section details the planned outputs for the remaining two phases of the evaluation, including interim reports and briefing papers.

The main reports and annexes will be accompanied by 2-4 page briefing papers, summarising the key points, and will be communicated in a language that's accessible for a wide range of policy and practice audiences, young people, parents, and other public stakeholders.

Furthermore, we will also produce two interim reports, one during Phase Two on Contribution Analysis and Process Tracing, and one during Phase Three on Realist Evaluation and QCA (Qualitative Comparative Analysis). These papers will outline how we used the methodologies, the results each method has allowed us to obtain, and which challenges we have encountered along the way. We will also present the final report findings at a final learning / dissemination event, where we also plan to discuss policy and practice implications. We will finalise the details for this final event and other learning events during Phases Two and Three. During Phases Two and Three of the study, the Research Team will continue to meet with YFF regularly to share updates on the progress of the study. Committing to continuing the positive and established relationships between the Research Team and YFF will help facilitate this sharing of progress.

Below is an update on the completion of Mobilisation Phase, and a list of planned outputs and related dates for Phases Two and Three. Our timeline allows for generous time for the YFF team and external reviewers, and in some cases the Future Voices group, if their schedule allows them to review draft outputs (both reports and working tools like data collection and analysis protocols).

5.5 Mobilisation Phase Update

The mobilisation phase of the study has established working relationships with stakeholders and allowed the research team members to familiarise themselves with the Amber programme and develop the QIE protocol. This Protocol is the second intended output of Phase One, the first being the Data Protection and Ethics statement.

5.6 Outputs Table

The intended outputs for the remainder of the study are listed in Table 3.

Table 3: Planned outputs for phases 2 and 3

Outputs	Timeline
1 Interim report One; 2 Slide deck; 3 Briefing paper on Contribution Analysis and Process Tracing.	May 2025
4 Briefing Paper on Realist Evaluation and Qualitative Comparative Analysis)	September 2025
5 Draft final report with slide deck	October 2025
6 Published report 7 Learning event (and optional youth PG creative outputs)	November 2025

8. Annex One: Monitoring Data Analysis

This annex presents the results of a monitoring data analysis conducted to ascertain the participants’ basic characteristics, needs, referral pathways, length of stay in the programme, and type of exit.

5.7 Basic participants data, needs, and referral pathways

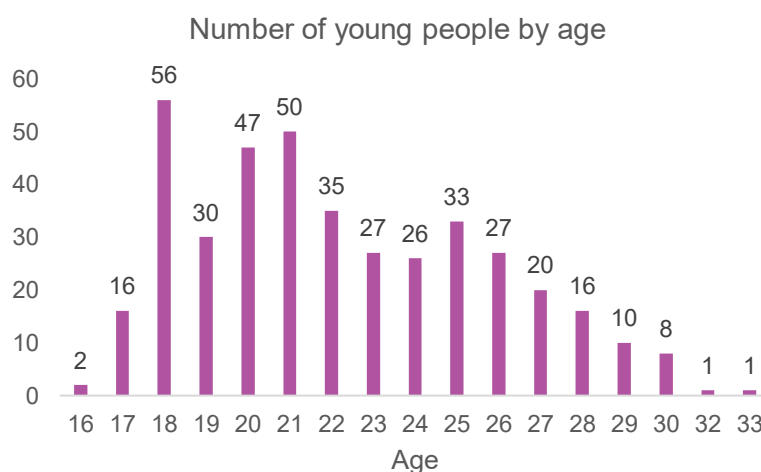
The monitoring dataset provided by YFF is composed of 405 observations about the young people that became part of the programme between Q2-2022 and Q1-2024. As it can be seen in Table 4, there are slight variations in participant distribution across different centres. Ashley Court and Bythesea Lodge each account for approximately 30% of participants, while Farm Place and Downsview make up approximately 20% each. This proportions are similar for past and current participants throughout the assessed period.

Table 4: Distribution of participants across the centres

Centre	Status		
	Current	Past	Total
Ashley Court, Devon	28	96	124
	29.2%	31.1%	30.6%
Bythesea Lodge, Wiltshire	27	84	111
	28.1%	27.2%	27.4%
Downsview, Kent	18	59	77
	18.7%	19.1%	19.0%
Farm Place, Surrey	23	70	93
	24.0%	22.6%	23.0%
Total	96	309	405
	100%	100%	100%

The average age of the young people in the dataset (Figure 7) is 21.9 years, with the programme having included youth between 16- and 33-year-olds. The most common participant age range is between 18 and 21, yet the distribution does not sharply decrease until the 25 years old value. All Centres follow the same trend, yet Wiltshire has a higher proportion of 18-year-olds (23.81% vs 14.24%) than the rest.

Figure 7: Age distribution of participants



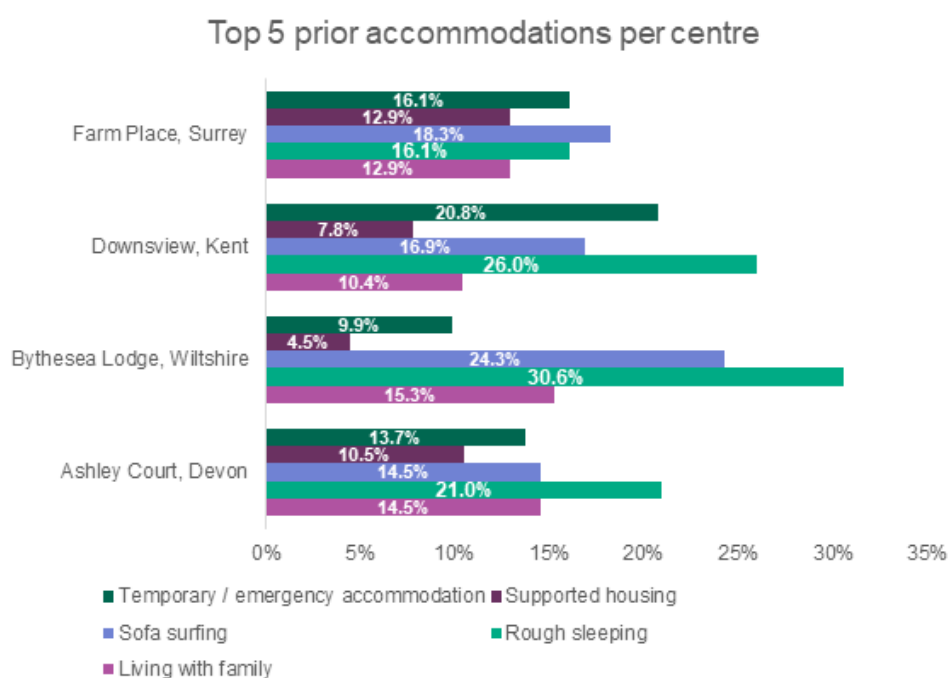
In terms of gender, 73.8% of the young people are male, 22.5% are female and 3.6% are either transgender, non-binary or prefer not to say. Although all centres follow similar trends, there is a slightly higher proportion of females in Downsvue (29.9%) and slightly higher proportion of males in Farm Place (80.6%) compared to the overall proportions of the programme. Moreover, in terms of sexual orientation, 74.6% of participants claim to be heterosexual, 9.6% identify as LGBTQ+, 6.0% are unsure and 10.6% prefer not to say.

Regarding the ethnicity of participants, 83.1% report being white, 2.7% black and 2.5% mixed, with similar proportions observed across centres. The rest of participants come from diverse ethnic backgrounds that do not appear to follow any trend. Information about ethnicity is consistent with information contained in other variables such as Country of Origin, Nationality and Fluency in English.

The most common reason of referral is homelessness (32.8%), followed by family (21.8%), friends (10.9%) and leaving care (8.2%)⁷. This information is consistent across centres and with the sources of those referrals, with self-referrals and local homelessness departments accounting for 37.8% and 24.7% of total, respectively. This information is consistent with the current housing status at the time of referral, where four out of the five primary accommodations indicate a high prevalence of homelessness. Moreover, there are some differences in prior housing status by centre: Surrey exhibits a lower proportion of individuals with previous rough sleeping accommodations, while Wiltshire shows a lower proportion with previous Supported Housing arrangements (Figure 8).

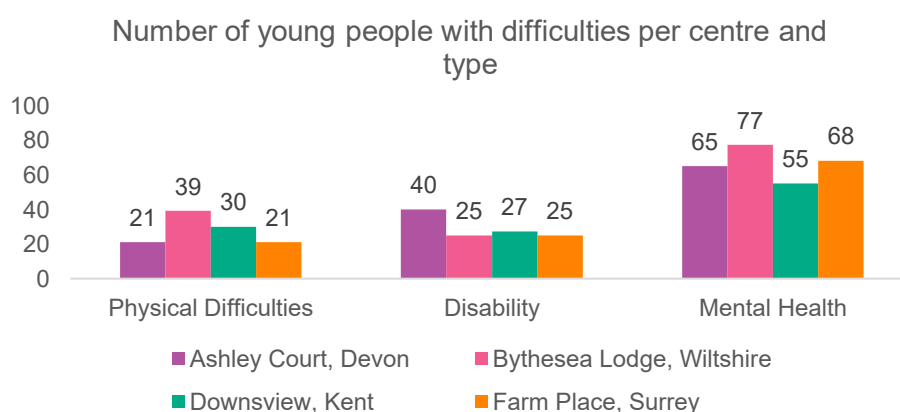
⁷ As the monitoring data did not have metadata describing the questions and response options, it was not entirely clear what responses such as “family” or “friends” meant in this context. The analysis was done assuming that these options refer to either group asking the young person to look for help.

Figure 8: Top 5 prior accommodation types per centre



In terms of participants' needs, Developing Independent Skills, Mental Health and Employment, Training and Education are the most recurrent⁸, which is coherent with the three main services provided by the programme. Moreover, these needs are consistent with the difficulties participants are facing when entering the programme, which are highly concentrated on mental health conditions. As seen in Figure 9, Wiltshire has the highest proportion of people with mental health and physical difficulties, whereas Devon has hosted the largest number of recipients with disabilities.

Figure 9: Number of residents presenting specific difficulties, by centre

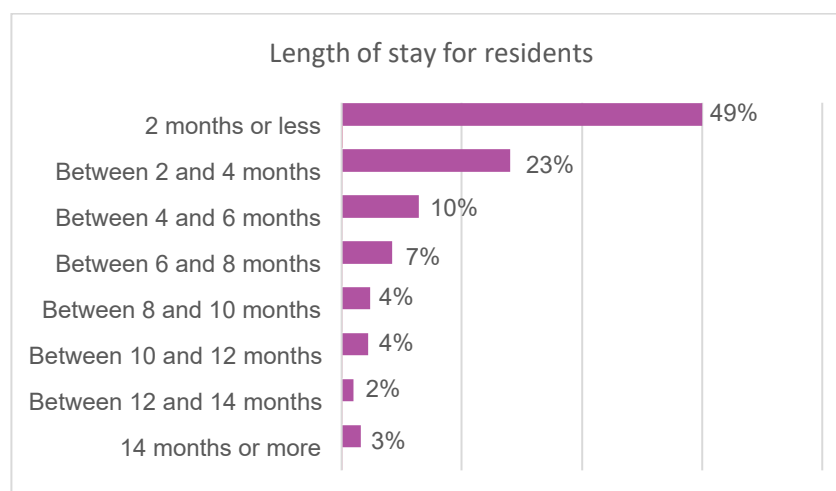


5.8 Duration of the programme and exit pathways

⁸ Other response options where, from most to least recurrent, History of Drug Dependency/Use; Single Homeless with Support; Past Trauma; Rough Sleeping/Street Activity; and History of Alcohol Dependency/Use.

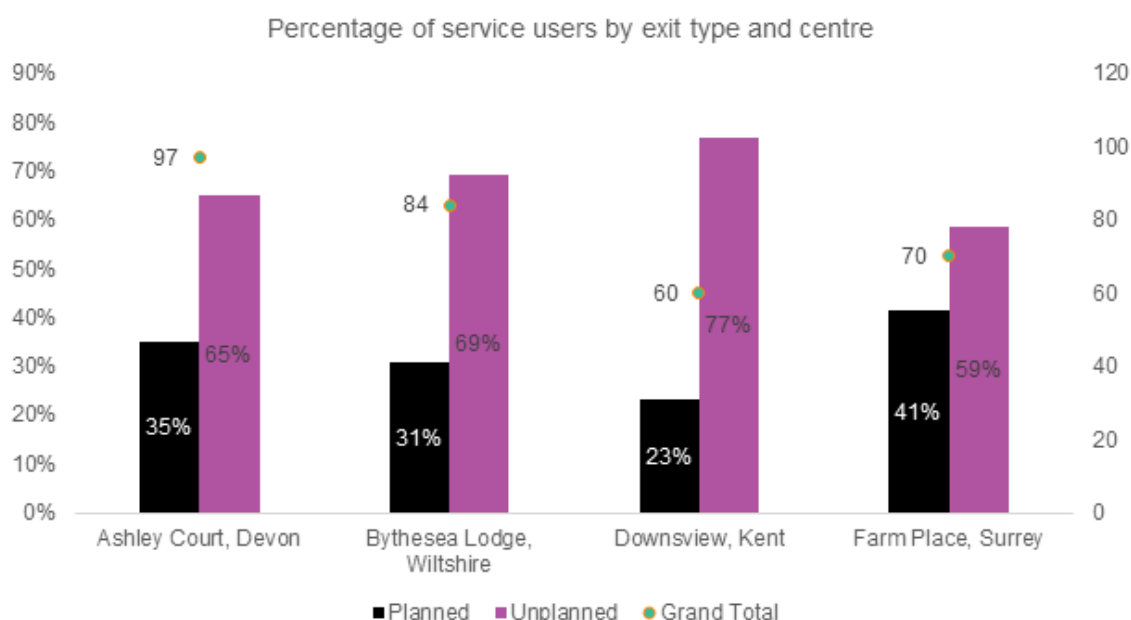
Regarding duration in the programme (Figure 10), 48.5% of past participants stayed two months or less in the programme and only 28.8% stayed more than 4 months. Bythesea Lodge has a slightly higher proportion of people leaving the programme less than two months into the intervention (54.8%), whereas Downsview has the highest percentage of participants staying for more than 4 months (35.0%).

Figure 10: number of residents by length of stay in the programme



This finding aligns with the proportion of young people exiting the program based on different reasons (Figure 11). Among those receiving the intervention, 66.9% leave the program unexpectedly, whereas 33.1% leave in a planned manner. Surrey stands out as the top performer in planned exits, with 41.0% of young people leaving in a planned manner, while Kent has the highest percentage of unplanned exits at 77.0%.

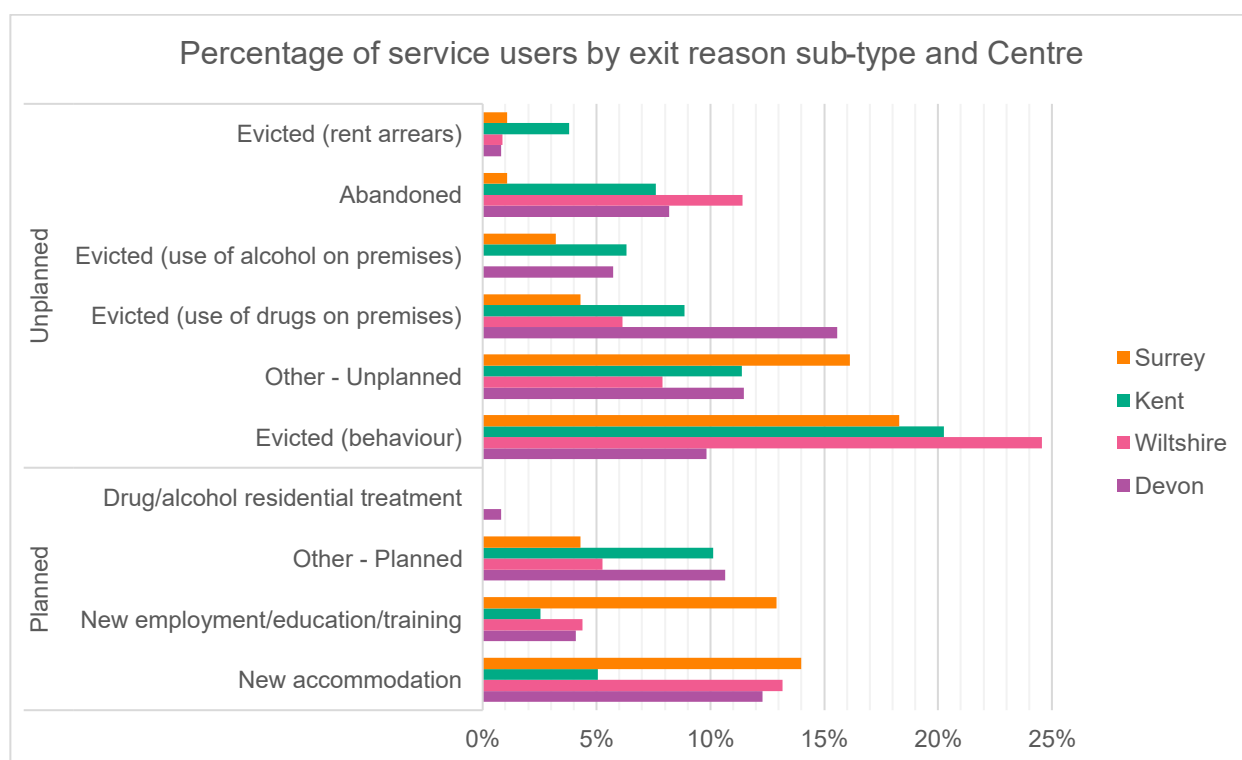
Figure 11: Percentage of young people by exit type and centre



When examining exit types by centre and subtype, additional trends emerge (Figure 12). Surrey appears to excel regarding participants leaving for new jobs, education, or training positions, accounting for 12.9% compared to around 4% in other centres. Conversely, Kent struggles with the percentage of participants leaving due to finding new accommodation, with only 5.1% compared to around 13% in other centres. As for unplanned exits, Wiltshire has a slightly higher proportion of people leaving due to program abandonment or behaviour issues, while Devon has a higher rate of participants leaving because of drug use on the premises, especially when compared with Surrey.

When we examine the destination after the programme in terms of accommodation or employment⁹, of both planned and unplanned leavers, certain trends emerge. Concerning accommodation, it's notable that approximately half of the young people who leave the program return to their homes, families, or friends, regardless of whether their exit was planned or unplanned. However, planned exits tend to lead to more stable destinations than unplanned ones. For example, if we exclude Home, Family, or Friends, the top three destinations for planned exits are private rented accommodation without support (20.4%), Local Accommodation Allocation (4.8%), and Supported Housing (4.8%). In contrast, the top three destinations for unplanned exits are No Accommodation (24.5%), Emergency Accommodation (5.8%), and Bed and Breakfast (4.3%).

Figure 12: Percentage of service users by exit reason and centre



Destinations of young people exiting the program in a planned manner vary across different centres (Figure 13). For instance, Downsview has the highest proportion of individuals returning to their Homes, Friends, or Family, while Surrey shows a similar distribution between this destination and Local Accommodation. Additionally, it's evident that the number of potential destinations also varies depending on the centre. In Kent, for example, the planned exit destinations are concentrated in only four accommodation types, whereas the other centres report a

⁹ Missing values account for 24.0% of observations, distributed similarly across centres.

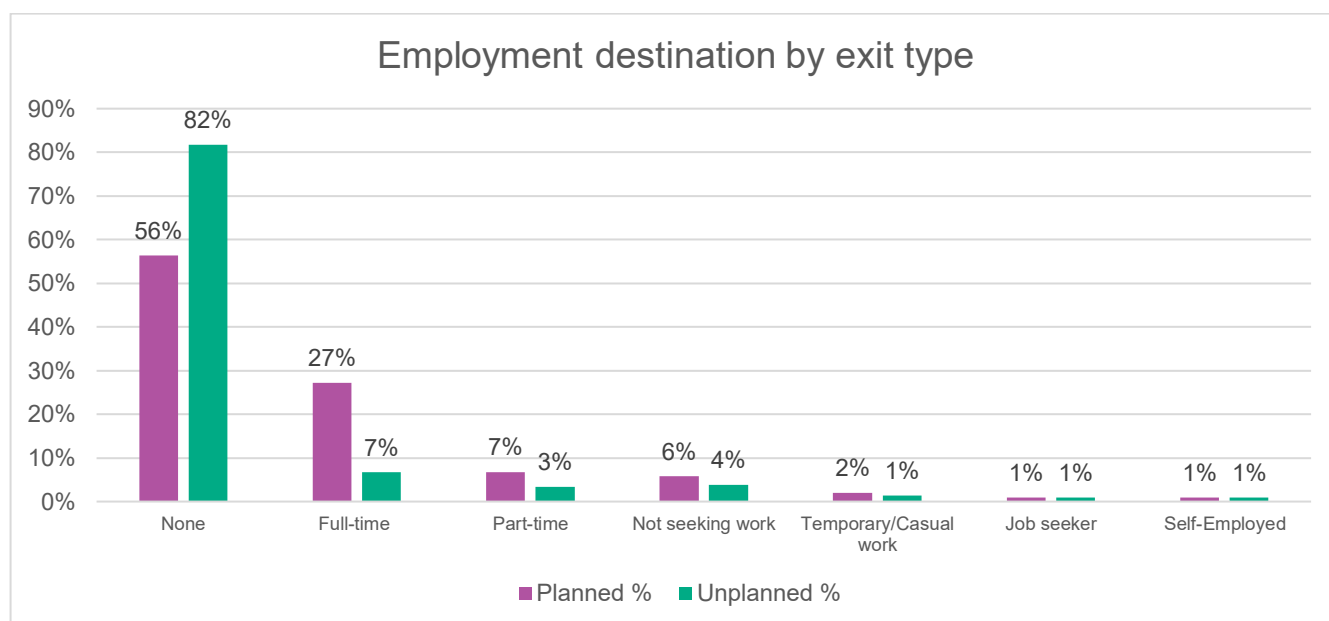
more diverse pool of accommodation destinations (less than 80% of total planned departures are concentrated amongst the top five destinations).

Figure 13: Housing outcomes for planned exits by centre



As shown in Figure 14, a similar pattern emerges when considering employment outcomes. In total, only 56.1% of young people leave the program to enter employment. However, those who leave unexpectedly are less likely to secure jobs, especially full-time positions. Ashley Court and Farm Place stand out in this regard, with 41.2% and 42.3% of planned departures leading to employment, respectively. However, their employment profiles differ slightly: while 2.9 percentage points of total employment at Ashley Court are part-time roles, this figure rises to 15.4 percentage points for Farm Place. On the other hand, Bythesea Lodge appears to have the lowest performance in this area, with 31.0% of their planned departures transitioning directly into employment.

Figure 14: Employment outcomes by exit type



Note: Where full time employment is 35 hours or more per week and part-time is less than 35 hours per week.

5.9 Relation between participants characteristics and exit pathways

We also analysed the monitoring data to understand if there were any young people's characteristics that correlated to the exit type, using a dichotomous variable taking the value of 1 when the young person left in a planned manner. When examining sociodemographic characteristics, we found that only gender showed a statistically significant association with exit type, although weak. Specifically, the correlation coefficient for females was -0.12, while for males, it was 0.11, suggesting that planned leavers tend to be males. In terms of previous difficulties, the only statistically significant correlation with exit type arose from having been in prison with a correlation coefficient of -0.16, suggesting that planned leavers tend to not have been in prison.

Regarding needs, there were only two variables with a statistically significant correlation with the exit type: Needs Intensity and Developing Independent Living Skills (Table 5). "Needs Intensity" is a composite variable derived from monitoring data, indicating the number of identified needs per young person during the initial assessment, either categorized as primary or secondary. Conversely, "Developing Independent Living Skills" is a binary variable denoting whether this need was identified during the initial assessment.

Table 5: correlation matrix between planned exit and needs

Pearson's Correlation Matrix	<i>Planned</i>	<i>Needs Intensity</i>	<i>Developing Independent Living</i>	<i>Mental Health Needs</i>	<i>Homelessness Needs</i>	<i>Substance Abuse</i>	<i>Care Leaver</i>
<i>Planned</i>	1						
<i>Needs Intensity</i>	-0.1215*	1					
<i>Developing Independent Living</i>	-0.1195*	0.3565*	1				

<i>Mental Health Needs</i>	-0.0391	0.6834*	0.0231	1			
<i>Homelessness Needs</i>	-0.0593	0.2661*	-0.0493	0.0257	1		
<i>Substance Abuse</i>	-0.0387	0.5026*	0.0085	0.2325*	-0.1287*	1	
<i>Care Leaver</i>	-0.0182	0.2696*	-0.0369	0.1137*	0.0771	0.0513	1

*. Statistically significant correlation coefficients at the 95%.
 Pearson's Correlation was chosen to ensure comparability because some variables were continuous and others categorical. However, point-biserial and Chi Squared tests were conducted accordingly as a robustness check. Statistical significance results were consistent across tests.

As can be seen in Table 5, our findings indicate that the depth of vulnerability, rather than specific needs, exhibits a negative association with young people exit patterns. While most needs individually are not correlated to leaving the programme in a planned manner, having a higher need intensity is negatively correlated with planned exits, with a coefficient of -0.12. However, it's important to note that while these correlations exist, they are relatively weak, with coefficients below 0.3. Furthermore, while other variables individually show no significant correlation with exit type, we observed significant associations among them. Correlations such as those between care leaver status and mental health, as well as homelessness and mental health/substance abuse, underscore the potential association between needs intensity and exit type. Finally, we also ran correlations (not shown) for the ETE, Rosenberg Self-Steem, and Warwick-Edinburgh Mental Wellbeing Scales¹⁰, at both first and last estimation dates, and none showed statistically significant correlations with leaving the programme in a planned manner.

Generally, the low coefficients of these correlations confirm the complexity of individual pathways and the appropriateness of the selected evaluation methodology.

¹⁰ Together, these scales represent tools for evaluating key aspects of psychological health: how we feel about ourselves, our general emotional well-being, and specific traits or abilities

9. Annex Two: Data Collection Tools

This annex presents the data collection tools used in the mobilisation phase and the draft of a topic guide to be used in the main data collection phase.

5.10 Observation Pro Forma



Amber Foundation Observation Pro Forma

The aims of the observation are to understand the services that the Amber Foundation provide, and how these services help support young people through the stabilisation of their complex needs. The following guide lists the key learning and observations to record.

1. Activity identifier	
Date and TIME	
Activity/observation title	
NatCen Observers	

2. Who is participating and how?

Briefly describe who is delivering the activity and briefly describe the profile of attendees (no specific details on individuals).

3. Nature of the activity

Describe what the beneficiaries are doing/expected to do in this activity, and the role of the activity lead.

4. The Activity in Context

Describe the stated aims of the activity, which programme phase it belongs to (Induction, Development or Moving-on), and the theme in the ToC that it relates to.

5. Engagement

How do the beneficiaries engage with the activity? How does the activity lead keep the beneficiaries engaged and focused during the activity?

6. Outputs and outcomes

How does this activity help the service users on their journey? Through either tangible outputs (see below) or intangible outcomes (e.g. confidence building, lightbulb moments, acquisition of knowledge, discovery of new possibilities, changes in attitudes, etc).

Describe any produced outputs- ((e.g., materials, recordings, objects, data?)), and how (or if) they will be used in future.

7. Overall thoughts

Describe how you believe the activity will feed into the desired programme outcomes and why (see themes of ToC)

5.11 Senior Staff Topic Guide



Amber Foundation Evaluation – Senior Staff scoping interviews

- **Research aims and questions:** To better understand the programme context, the delivery of the programme, types of beneficiaries, achieved outcomes and impacts, as well as the factors affecting how these were achieved.
- **Overview of topics to be covered in interviews:**
 - Participants' involvement throughout the programme
 - Programme delivery and structure
 - Achieved and unachieved outcomes and impacts
 - External influences on outcomes and impacts
- **How to use this topic guide:**
 - This document is a guide to the principal themes and issues to be covered in interviews
 - Use appropriately whether interviewing executive staff or service managers
 - Fully formed questions are avoided to allow researchers to be responsive and flexible in their questioning
 - Probes such as 'why', 'how' etc. are not included in the guide. These are asked by researchers as and when appropriate
- **Interview preparation (for researcher):**
 - Appendix B of the ITT contains a programme delivery journey and the Theory of Change – both will be worth examining before your interview.
 - Amber Foundation website – particularly the 'Impact' section to see profile of residents and some outcomes data.

Introduction

- Introduction to researcher. Thank you for agreeing to take part
- Introduction to NatCen – independent research organisation, commissioned by the Youth Future's Foundation (YFF) to carry out this study
- The interview will last 45 minutes [CEO / Operations Manager] **OR** 60 minutes [Service Managers]
- Explanation of research:
 - Want to understand what service the Amber Foundation delivers
 - Who are the service beneficiaries?
 - What is it that they are aiming to achieve?
- The findings will feed into the QIE protocol and help inform thinking on the programme evaluation design
- There are no right or wrong answers. We may ask what may seem obvious questions, but this is to draw on your expertise to learn more about the project and to ensure we understand issues from your perspective. We are really interested in the learning across the RPF projects
- You can withdraw from the study at any time prior to analysis of interviews by the end of December 2023. If you wish to do so, please contact us on the email address used to arrange the call.
- What you say is confidential. We will not attribute views to specific projects but report the overall views of all the projects that participated. Further, we will not tell anyone else what you have personally said, nor will we include any names or personal details in the reports. However:
 - YFF will know we have spoken to your project, as we are interviewing all service managers and the respective executive staff
 - You may be identifiable in published outputs, given that we are speaking to a small number of projects and the uniqueness of your innovation and role
- We will be recording the interview, so we have an accurate record of what is said. Only the research team will have access to the recordings - they will not be shared with YFF.
- Recorder is encrypted and files stored securely on NatCen's computer system in line with General Data Protection Regulation (GDPR) 2018
- Identifiable data, including all recordings, will be deleted at the end of the project
- Questions?
- Ask for permission to start recording

Contextual information (5 mins)

Section aim: to understand participants' role in the programme

- Participant background in care sector
- Participant role and responsibilities over time
 - Their interactions with the Amber Foundation
 - Any changes to role and responsibilities over time

-
- Their involvement across the four residences
 - Whether involved
 - Nature of involvement
 - Extent of interaction with the other residences
 - [Service Managers only] Brief description of local area (place)
 - Local challenges and opportunities for young people aged 16-30

Programme set-up (10/20 mins)

Section aim: to understand what constitutes the Amber Foundation programme and who it is they are serving.

- Reflections on how the Amber Foundation is structured
 - What roles are there within the organisation?
 - What staff are involved?
 - Are there people who come in externally?
 - Who is involved and at which stage?
 - Researcher note: refer to the programme structure in Appendix B of the ITT
 - What assets do they have (buildings, facilities, land, etc.)
- Reflections on the nature of programme delivery
 - Core components of the programme (shared between the 4 residencies)
 - The relationship between ‘stabilisation’ and achieving housing / EET outcomes
 - How do the 4 residencies compare in the nature of their work? (researcher – only if participants’ have knowledge or experience of other residencies)
- [Service Managers only] Beneficiaries: background and journey
 - What is the general profile of the people who join the programme?
 - Demographics (age, gender,)
 - Are they local to the residency areas?
 - Types of issues they face (addiction / mental health, housing situation, contact with criminal justice system, family structures, education and employment backgrounds)
 - Explore the details of an individual’s pathways into the service
 - Self-referrals / Family / Friends
 - Commissioning partners

-
- Statutory organisations
 - Community-based organisations
 - Assessments of risks and needs

Programme delivery (15 minutes)

Section aim: to understand how the Amber Foundation delivers services and factors affecting delivery.

- Detailed overview of the services / activities delivered at the Amber Foundation
 - Aims of the services / activities
 - How they intend to contribute to programme outcomes
 - Prompt for subthemes:
 - Induction phase
 - Employability
 - Health & wellbeing
 - Independent living
 - Having fun and engaging with communities
 - Move-On phase
 - Post Amber
 - Who is involved in services / activities? (Delivery staff)
 - [Service Manager interviews] Researcher note – keep in mind we will want to recruit people for Focus Group's so we may need to refer to these answers in the *Closing* section,
 - Extent of services received by residents according to their needs
 - Is there much variation according to needs, age, other factors?
- Reflections on how delivery experiences differ between each of the residencies
 - Researcher note – do not ask if the interviewee has limited knowledge of other sites
 - Refer to subthemes above if required
- What has worked well / less well in delivering services?
 - Internal to the programme delivery
 - Structure and processes of Amber Foundation programme

-
- Staff / training / management
 - Facilities
 - Referral process – are the beneficiaries ready to receive the services?
 - External to the programme delivery
 - Availability of external services
 - Policy and support
 - Funding

Outcomes and impacts (20 mins)

Section aim: to understand how the Amber Foundation is intending to help its beneficiaries over time and what influences there are on these impacts.

- What are the overall objectives that the Amber Foundation programme is trying to achieve?
 - Probe according to themes of the ToC:
 - Employability
 - Health & wellbeing
 - Independent living
 - Having fun and engaging with communities
 - What are the expected timeframes for outcomes to be realised?
 - Researcher – refer to this given in the ToC if needed, but leave this open at first
 - Have these objectives changed over time?
 - If yes, then why? What were the factors influencing the change?
- How are these objectives evidenced?
 - What data are being collected?
 - What are the processes with following-up with former residents who have since moved on?
 - What works well for engaging people after their residency?
 - What hinders engaging people after their residency?
- Explore the sustainability of outcomes beneficiaries have
 - What proportion go on to succeed?

-
- Do some outcomes have greater sustainability (longevity) than others?
 - Conditions under which outcomes can be sustained
 - Key threats to sustainability
 - What role the Amber Foundation can play in addressing obstacles to sustaining outcomes (and where it has less or no influence) - how does this change the longer the beneficiary is away from the programme?
 - What factors have helped or hindered achieving the outcomes / impacts?
 - Internal to the programme
 - Structure and processes of Amber Foundation programme
 - Staff / training / management
 - Facilities
 - Referral process – making sure the beneficiaries are ready to make the most of the services
 - External to the programme
 - Policy and support
 - Funding
 - Local housing / job markets and education institutions
 - Factors that help address challenges relating to obtaining outcomes (safeguards / mitigations)
 - Relating to the programme (service support / provision)
 - Wider support (policy) and wider (housing provision, employment opportunities)

Concluding thoughts (5 mins)

Section aim: to bring together insights on outcomes and impacts (**researcher - cover lightly**)

- Key short-, medium- and long-term goals the programme is trying to achieve
- Summarise main things that need to happen for the programme to achieve its goals
- Key factors that will help or hinder the achievement of these goals
- Likelihood of the sustainability of outcomes and impact

Check if anything else to add, thank, close and end recording

- Questions
- Next steps: discuss recruitment for data collection activities:

- For Operations Manager interview: ask about putting his in touch with the Service Managers for each residency
- For Service Manager interviews: ask about suggesting staff for the Focus Groups

5.12 Delivery Staff Topic Guide



Amber Foundation Evaluation – Delivery Staff

- **Research aims and questions:** To better understand the programme context, the delivery of the programme, types of beneficiaries, achieved outcomes and impacts, as well as the factors affecting how these were achieved.
- **Overview of topics to be covered in Focus Groups:**
 - Knowledge and understanding of the Amber Programme (especially homeless young people aged 17-24, with previous prison sentences, substance misuse, and mental health issues moving stable housing and entering training, education and employment)
 - Typical service user profiles and pathways into the projects
 - Location of the projects and services delivered
 - Experiences of delivery
 - Views on project outcomes, including what works/ doesn't work, and improvements
 - Internal and external factors necessary for positive outcomes for the target group
- **How to use this topic guide:**
 - This document is a guide to the principal themes and issues to be covered in the focus groups
 - The guide will flexibly and build on knowledge from prior interviews senior staff at each location
 - Fully formed questions are avoided to allow researchers to be responsive and flexible in their questioning
 - Probes such as 'why', 'how' etc. are not included in the guide. These are asked by researchers as and when appropriate
- **Focus group preparation (for researcher):**
- Appendix B of the ITT contains a programme delivery journey and the Theory of Change – and should be consulted prior to conduct of the group.
- Amber Foundation website – particularly the 'Impact' section to see profile of residents and some outcomes data: <https://amberweb.org/our-impact/>

Introduction

- Introduction to researcher. Thank you for agreeing to take part

-
- Introduction to NatCen – independent research organisation, commissioned by the Youth Future's Foundation (YFF) to carry out this study.
 - The focus group will last 60 minutes and will build on prior interviews with senior staff for the project.
 - Ground rules
 - There are likely to be different views among the group and we do not expect people to share each other's views, but respect differences and views
 - Speak one at a time
 - Switch mobiles off/ put on silent
 - For this group, we are especially interest in your experiences of service delivery, who uses the service, and the outcomes for the young people you work with
 - The findings will feed into the Qualitative Impact Evaluation protocol and inform our thinking on how best to evaluate the programme.
 - There are no right or wrong answers. We are really interested in learning across the different Amber Foundation projects.
 - What you say is confidential. We will not tell anyone else what you have personally said, nor will we include any names or personal details in the reports. However:
 - YFF will know we have spoken to you, as we are conducting interviews and focus groups within all Amber residencies.
 - Given that we are speaking to a small number of groups and your project managers know that you might participate, you could be identifiable to some people in published outputs. You may want to consider your comments in this light.
 - You do not have to take part in the group or answer questions if you do not want to.
 - Can I check that you are all happy to go ahead with the group on that basis? If not, you withdraw at this point.
 - We will be recording the focus group, so we have an accurate record of what is said. The research team will have access to the recordings - they will not be shared with your managers or YFF. However, we will also share it with our trusted transcription agency, who are signed up to our information security agreements.
 - Recorder is encrypted and files stored securely on NatCen's computer system in line with General Data Protection Regulation (GDPR) 2018
 - Identifiable data, including all recordings, will be deleted at the end of the project
 - Questions?
 - Ask for permission to **START RECORDING**

Introductions (5-10 mins)

Section aim: to understand participant roles within the project/ service.

ASK EACH PARTICIPANT TO INTRODUCE THEMSELVES

- **Their role in the residence / service delivery**
 - How long in the role

-
- How they interact with users / clients (brief summary, not as below)

ASK TO THE GROUP (NOT INDIVIDUALLY)

- (Briefly) describe the work done at the site/residence.

Service user profiles, provision, and delivery (20-25 minutes)

Section aim: to understand what type of people use the project / service, the type of services provided, experiences of delivery to date.

- **Profile of service users they work with**

- Main types
 - Less usual types
 - Typical issues faced in their local areas (Employability, Health & Wellbeing, Independent Living, Having Fun and Engaging with Communities)
- Referral Pathways
 - Are they involved in assessment as well?
 - Any expected user types that do not apply to Amber but they think they should

Ask at the end if there is any profile / type of user that hasn't been mentioned and patiently wait for the answer, only move forward if there really is no one else. (compatibly with time constraints)

- **Activities / services provided: how service provision is designed (collectively and individually); please provide examples**

- Prompt from range of services / support below (*note*, after the FG we will ask the centre to provide any documentation of any tool and protocol they use / follow)
 - Training / accreditation (e.g. adult literacy/ numeracy, health and safety, food hygiene)
 - Tenancy housing-related issues
 - Structured daily programme – personal fitness, arts, cooking, maintenance
 - Substance misuse recovery workshops – on-site counselling, mindfulness, drug and alcohol support, AA/NA fellowship meetings
 - Employability skills: accredited training, workshops, CV writing
 - Access to community volunteering
 - Delivered in-house or referral to other support
 - Where the activities are provided

- **What services (at planning stage) work better / are more appropriate for the different profiles / service user types mentioned above**

- If they mention a specific service, prompt about the type of user it works best for

-
- How and how often service users are supported / managed (one-to-ones, etc)

- **User engagement**

- What does successful engagement look like?
- How is engagement measured/monitored, if in any way?
- Variance in engagement
 - Service user background
 - Various stages (Induction, delivering, moving on)
 - By curricula

Views on outcomes (15-20 mins)

Section aim: views on how well desired project and programme outcomes are being achieved, what is working well / less well for whom / when

- **How would they define programme success for different types of users**

- Once they have defined desirable outcomes, ask them to discuss desirable outcomes in the context of the different groups / profiles of service users mentioned in section 2; and other types of users if they think of any others. *For example, what would be a desirable outcome for this type of user? And for this other? And so on.*
- Prompts:
 - Stable accommodation
 - Entry into education or training (Type? – e.g. vocational/college)
 - Entry into employment (Type? – e.g. 0 hours contract or full-time employment)
 - Improved employability
 - Reduced substance misuse
 - Improved health and well-being
 - Better relationships with family and friends
 - More community engagement
- Can we classify these (intermediate) outcomes by service phase or activity?
 - For example some might be induction outcomes, some development outcomes, some moving-on outcomes.
 - Some outcomes might be related to knowledge, others to know-how, networking, exposure to particular experiences, others to stabilisation and mental health, etc
- Ask at the end if there is any other way to frame success that hasn't been mentioned

- **The role of the service in achieving outcomes**

- **Accelerating / facilitating / sustainability factors** (specify which outcomes if unclear)

-
- Factors that *accelerate* the achievement of desirable outcomes?
 - Factors that make the achievement of desirable outcomes *more likely*? (specify which outcomes if unclear)
 - Factors effecting sustainability of desired outcomes
 - Possible examples but these could be outcomes in themselves for some participants!
 - improved wellbeing, self-esteem, emotional regulation, accessing care services, rebuilding family relationships

- **Influences on outcomes outside of the programme. Prompts:**

- Labour markets
 - Housing markets
 - Availability of transport
 - Local education institutes

Ask at the end if there is any role played by the service that hasn't been mentioned

Concluding remarks (2-3 minutes)

Section aim: to bring together insights on outcomes and impacts (researcher - cover lightly)

- Final thoughts on delivery (what works/doesn't work)
- Final thoughts on what leads to successful outcomes for service users
- Anything else important to raise

Check if anything else to add, thank, close and [end recording](#)

- Questions

5.13 Former Resident Topic Guide (first draft)



Amber Foundation Evaluation – Former Resident Interview¹¹

- **Research aims and questions:** To better understand the life journey of the Amber Foundation Programme participant, and how the latter was affected by participation in the programme.
- **Overview of topics to be covered in the interview:**
 - Introductions
 - Their time before Amber: issues that led them needing the service
 - Time at Amber: admission process, activities, stages, relationships
 - Current status: occupation, living status, future ambitions
 - Closing thoughts / admin
- **How to use this topic guide:**
 - This document is a guide to the principal themes and issues to be covered in the interview
 - Fully formed questions are avoided to allow researchers to be responsive and flexible in their questioning
 - Probes such as ‘why’, ‘how’ etc. are not always included in the guide. These are asked by researchers as and when appropriate
- **Interview preparation (for the researcher):**
 - If consent has been given, request and access the participant’s monitoring information from Amber
 - Read through the fieldwork briefing PowerPoint slides
 - Go over the trauma informed approach to research resource (see footnote)
 - For more information about the evaluation, read the QIE protocol
 - See the study page website that the participants will have used to opt-in to the research

Introduction

- Introduction to researcher. Thank you for agreeing to take part
- Very brief introduction to NatCen – independent research organisation, commissioned by the Youth Futures Foundation (YFF) to carry out this study.
- Our study wants to look at how the Amber Foundation programme helps young people get into employment, education and training, and stable accommodation. We know everyone has a different story and so we want to know how Amber will work for some people and not for others.

¹¹ <https://aifs.gov.au/resources/practice-guides/how-do-trauma-informed-research-and-evaluation>

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- We are interested in understanding about journey before joining Amber, how you found the programme and what you've done since leaving.
 - We are looking to speak for **about an hour**, but this is flexible. We can take breaks too if needed.
 - Occasionally we might ask what seems like obvious questions – but we don't want to assume anything and want to hear it from you. There are no right or wrong answers, we wanted to talk to you because you are the person who's best placed to talk about your own experience!
 - There may be parts of this discussion that will be hard to talk about. You do not have to answer questions if you do not want to. **Say "Pass" if you do not wish to answer a question and we will move on immediately. If at any point you want to stop the interview, say "I want to stop the interview" and we will end it immediately.**
 - The insights we get from our conversations with previous Amber residents (like yourself) will help us understand what it does well and how can it be improved to help young people in the future.
 - The findings will feed into a report which the Youth Futures Foundations (YFF) and the Amber Foundation aim to read, discuss, and learn from, and which will most probably be published (without any recognisable reference to single individuals though).
 - What you say is confidential. We will not tell anyone else what you have personally said, nor will we include any names or personal details in the reports. However:
 - Confidential does not mean secret. If you said something that would suggest you are going to commit harm to yourself or others, we are obliged to tell Amber about this.
 - Given that we are speaking to around 100 people, there is a small chance that Amber staff might recognise elements of your story in published outputs. You may want to consider your comments in this light.
 - **With your permission**, we will be recording the conversation because we want to make sure we are listening to you and not having to write down notes all the time. Only the core research team will have access to the recordings - they will not be shared with Amber or YFF. We will share it with our trusted transcription agency for transcription purposes, however they are signed up to our information security agreements and will not share it outside of their own professional organisation. The recorded files are encrypted and stored securely on NatCen's computer system in line with General Data Protection Regulation (GDPR) 2018.
 - **If you do not wish for the interview to be recorded, we will not record it.** However, we will likely need to spend more time writing things down to make sure we have not missed anything.
 - Identifiable data, including all recordings, will be deleted 6 months after the final report has been published.
 - Can I check that you are happy to go ahead on that basis?
 - Questions?
 - **Ask for permission to START RECORDING**

Introductions (5 minutes)

Section aim: we want to ease the participants into the interview whilst getting an understanding of their profile. We may have some of this info from the monitoring data but it is just to ease them in / check it – it may also be useful to refer the answers from here in back in future sections. You may wish to share some information about yourself too (if you feel comfortable) in order to build up some rapport.

Researcher note: Introduce the next section: “Before we jump in, it would be good to get to know each other a bit more.”

- **Is [name] your preferred name or do you like to be called something else?**
- **What do you do now?**
 - Work / study (course)
- **Where are you based?**
 - Where do they stay
- **What do you like to do in your spare time? What kind of hobbies do you have?**
 - Sport / music / art / movies / cook

Life before Amber (15 mins)

Section aim: to understand the former resident’s life before joining the AF programme. Allow the interviewee to speak freely, focusing on what they say in terms of family, social networks, their interaction with public services, particular beliefs (if any), and mental health.

Whenever the participant says something, think if it would be possible to find evidence for what they are saying beyond their words, and if you think of a hypothetical piece of evidence that would be helpful in this sense, that the participant can help you find (for example on the Internet), please ask, without being too invasive (eg without asking for private content).

Researcher note: Introduce the next section: “Okay thank you for describing a bit about yourself. Next, I want to ask about your journey before Amber”

- **Overview of participant’s life before Amber**
 - Describe the environment where they grew up in
 - Housing (where, did they move often?)
 - Site geography: urban or rural environment?
 - Family (relationships, parents work)
 - School (same or different schools?) [note level of education]

- Work (unemployed or unstable work?) – parents and them
- Friendships (are they still in touch with them?)
- Any other social networks?
- Availability of local services (we can potentially check this later if we know the area / city / council)
- Anything else?
- Were there any big changes in your childhood that affected you? If so, how?
 - Relationship with family
 - Moving house / school

Note for researcher: Remind participants if they do not feel comfortable taking about this, we can move on to the next question

- **Circumstances under which they faced unstable housing or homelessness (if unclear so far)**
 - What were the factors that led to these circumstances

(Note to researcher: try to reconstruct the sequence of circumstances that led to them becoming homeless, starting from longer term to short term factors)

 - Family breakdown
 - Mental health
 - Addiction
 - Loss of house / job
 - Options considered before / in alternative to Amber
- **Is there anything else you want to discuss about your time before you joined Amber before we move on to the next part?**

Life at Amber (20 minutes)

Section aim: to understand how life at Amber was for the resident. Avoid asking questions about the impact of Amber directly: if Amber had an impact, the participants will say it spontaneously. If we ask directly we might get a courtesy answer... only if they don't say anything spontaneously about the role of Amber, we might ask, but as indirectly as possible.

Researcher note: Introduce the next section: "Now I want to ask about your time at Amber"

- **Journey into Amber**
 - Where the idea to join Amber came from (referral pathways: self/family referral, care system, Local Authority, etc.)
 - What was their impression of the application process (e.g. their interview with the service manager)
 - If they accessed other services, were these application processes similar to those?
 - Did Amber make it clear what the programme would involve? E.g. sobriety, routine, programme structure (4 themes and 3 stages)

-
- What site were they in? Had they been to the area before?
 - Their initial expectations of how Amber would help them
 - Did they leave and rejoin at any point? If so, for what reasons did they
 - (a) leave
 - (b) rejoin?
 - **What was the residence like where they stayed**
 - What facilities did they have?
 - [If Devon/Surrey] Did they like being in the countryside / the remote setting?
 - [If Wiltshire/Kent] Did they like being in a town?
 - Any (additional?) comment about Amber facilities and how it is organised (if not emerged earlier)
 - **Overview of the induction team – what they remember from their time there**
 - How they felt during the induction phase
 - Their first days: settling in, forming relationships with staff/peers
 - How they find adjusting to the Amber rules and routine?
 - The typical activities in that phase
 - What happened when they learned they would progress to the Development Team
 - **Development team – what they remember from their time there**
 - Description of the development stage (activities, rules)
 - How they felt during the development stage
 - What progression at the next stage (move on) involved
 - How they felt when they found out they were progressing
 - **Move On Team – what they remember from their time there**
 - Description of the development stage (activities, rules)
 - How they felt during the development stage
 - What was the process for moving you on from Amber?
 - How it felt when they found out they were progressing
 - **[If not mentioned already] Describe how you found the different types of activities Amber did**

See Amber ToC: (i) Employability; (ii) Health & Wellbeing; (iii) Independent living; (iv) Having fun & engaging with communities)

 - What types of activities did they do?
 - Which did they like the most? Which did they find most helpful and why?
 - Which did they not like as much and why?

-
- Did your enjoyment of them change over time?

- **Relationship with Amber Staff**

- Describe your relationship with Amber staff
 - Service Managers
 - Team Leaders
 - Support staff (night shift)
- Are they still in touch?

- **Relationship with peers met at Amber**

- Can they describe their relationship with peers met during their time at Amber
- Was it (un)helpful to have them around?
- Are they still in touch?

- **Further reflections**

- Overall, to what extent would you say Amber has either helped you or made things worse? In what way?
 - Engagement with routines
 - Self-confidence
 - Mental health
 - Substance abuse
 - New knowledge, experience, skills
 - New social networks
 - Ability to socialise and form / sustain relationships
- What could have Amber done better and how?
 - Length of stay
 - Structure of the programme
 - 4 key themes (ToC)

- **Is there anything else you want to discuss about your time at Amber before we move on to the next part?**

Life post-Amber (15 mins)

Section aim: to understand the current situation of the former resident and how the latter is linked to their past life, including the time spent at Amber

Researcher note: Introduce the next section: “Finally, in our last section of the interview, I want to ask about your journey since you left Amber”

-
- **First steps after Amber**
 - Where did they move to?
 - How did this come about? Through Amber or other connections?
 - Did they pick up work / studying?
 - If so, what was the process of applying for their job / course?
 - How did what they do at Amber help them get this position (if at all)? – e.g. CVs, finding the job/course,
 - **Overview of current occupation**
 - Details about employment, education, and / or training
 - Who they work for / with (or what they study / train for)
 - How many days a week do they work/study?
 - Job title (if not student)
 - How did they get the job?
 - Is this different to where they were before Amber?
 - Details about their housing situation
 - Where do they live? (we don't need the exact address)
 - Who they rent from (or who provides accommodation)
 - Who they live with
 - Is this different to where they were before Amber?
 - **Satisfaction with current situation**
 - How do they find their current job / course? Why?
 - How do they find their current living situation? Why?
 - How are their relationships with their friends / family / colleagues / course mates / flat mates
 - **Compared to the situation you were in before Amber, what has helped you get to where you are right now?**
 - What have been the most important changes
 - [important to mitigate confirmation bias so we do not prime them further with Amber as a key causal factor]
 - **[if not mentioned above] How did your time at Amber affect where you are now (if at all)?**
[Important]
 - Help manage their needs (support, structure, routine, sobriety, addiction)
 - Finding work / studying / accommodation
 - Building confidence
 - Help identify what their ambitions are
 - **What do you want to do in the future? What are your ambitions?**
 - How has your time at Amber helped you on your path to achieve them? (if at all)
-

-
- Confidence
 - Rebuilding relationships
 - Finding work / accommodation
 - Healthier (physically and mentally)
 - What do you need to work on to help you achieve them? (Things still to improve)
 - Do you feel supported on your journey to achieve them?
 - **Is there anything else you want to discuss about your time since leaving Amber before we finish the interview?**

Concluding remarks (5 minutes)

Researcher note: Concluding the interview: “Thank you for time and sharing your experiences and knowledge. Your insights today will help Amber know how they can improve their service for people in the future.

[IF RECORDING] I am now going to turn off the recording.

We can then re-cap on what we’ve discussed and where we go from here.”

End recording

- Do you have any questions about what we have spoken about today?
- Are you still in contact with anyone from Amber? If so, do you think we could talk to them as well?
- Signpost to support services linked on the website
- Is there anything you said that you would like us to not include in our analysis?
- If you would like to reach out to ourselves or the Amber team, you can find the details from the study website.
- Agree the best way to send over the voucher

10. Annex Three: Bibliographic References

This annex presents the bibliographic references of the literature used to draft this report, that is either cited in the text, or used in the Literature Review in Chapter 4 but not explicitly cited.

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