

Young people in supported housing: Meeting mental health needs differently

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Young people who live in supported housing have more mental health needs, and yet are less likely to access timely mental health support and can make higher use of crisis and emergency services, which are more costly for services, and less effective for the young person.

We brokered projects to work differently with these young people and to learn about what works. The total delivery cost of all three projects was just over £94,000, and we worked with 90 young people.

Young people in supported housing were disproportionately affected by poor social networks and support, lack of stability, traumatic histories, structural inequalities, isolation and low access to education and work.

Many experience poor mental health and have a tendency to access crisis services rather than preventative help and support.



The project achieved good outcomes:

- Improvement in mental health management skills and resources
- Improved wellbeing and sense of hope
- Better access to employment and education
- Dramatic reduction in use of emergency and crisis services
- Better local working arrangements between partners.

In one project, cost of ambulance call-outs in the quarter before the project began was over £3,000 based on national benchmarks (there were also a similar number of police calls, likely to be a similar cost). In the final quarter of the project there were no calls to police or ambulance.

Effective features of the projects were:

- Partnership working
- Using youth work engagement skills
- Using positive activities
- Group work
- Having activities within housing settings but also bringing young people out into the community
- Skills development for young people
- Offering mental health planning, guidance and support for youth and housing workers
- Young people having autonomy, choice and control.



1. Introduction

In 2021 **Fullscope** was asked to broker funds in order to meet the mental health needs of young people who live in supported housing. Three projects were funded, and shared learning was facilitated by Fullscope. This is a summary report about this work, which aims to share our main findings and recommendations.

2. About the projects

The project was part of a larger strand of work delivered over a number of years by Centre 33. This work aimed to work in different ways to offer mental health support to young people facing health inequalities, to improve outcomes and learn.

Other projects within the VCSE strand included work to better understand the mental health experiences of LGBTQ+ young people, researching the experiences of young people who are not accepted by statutory mental health services, and offering creative opportunities to isolated young people. Centre 33 data had shown that young people for whom the current model of mental health support was less appropriate were more likely to be unemployed or not in education, more likely to have early experiences of abuse, trauma and being in care, and more likely to have experienced or be experiencing homelessness, and this resulted in an ambition to focus attention on homeless young people.

Calls went out for projects to deliver direct work with young people aged 17-25 who face housing insecurity, are homeless or in temporary or supported housing. Projects would need to involve a partnership approach and work towards outcomes of improved mental wellbeing and better access to help and support.

This work has been funded by the VCSE Health and Wellbeing Fund from the Department of Health and Social Care with part funding from Cambridgeshire County Council, Cambridgeshire & Peterborough Clinical Commissioning Group and Peterborough City Council (Romsey Mill funding, £51,470). Later, additional funding was added from Cambridgeshire & Peterborough Clinical Commissioning Group to enable the Kings Ripton Court project (Kings Ripton Court funding, £43,350).

There was an ambition to learn from these projects, and we added an evaluation element to the projects themselves, and an overarching evaluation which would focus on models of clinical support to staff.

Romsey Mill

The project led by Romsey Mill worked with 42 young people and cost £51,470.

The focus of the work centred around young people in Queen Anne House (managed by YMCA Trinity Group) and Railway House (managed by Cambridge Housing Society – CHS) who between them provide support and accommodation to 75 young people aged 16 to 25 who have been homeless or are at risk of homelessness. As well as the YMCA and Railway House, Romsey Mill worked with Arts & Minds and Cambridge Junction to provide specific projects with some young people.

The project featured:

- Detached / Drop-in sessions in communal areas of the housing projects
- Sports sessions
- Creative workshops
- Music sessions
- One-to-one support from a youth worker
- Celebration events
- Monthly clinical supervision for youth workers delivered by the Young People’s Counselling Service.



Young People’s Counselling Service

The Young People’s Counselling Service (YPCS) provided clinical oversight for all 90 young people within the existing projects, and separately undertook an overarching evaluation.

The YPCS involvement was:

- To join the Kings Ripton Court project team, offering one-to-one counselling for young people, and formal and informal case reflections for staff, both housing and youth
- To offer formal and structured monthly supervision/ case discussion to the Romsey Mill team
- To observe and record the process and impact of this support, and to provide an evaluation of models for offering mental health support and clinical oversight in supported housing settings.

Kings Ripton Court

The Kings Ripton Court project worked with 48 young people and cost £43,350, though significant resource was added by Cambridgeshire County Council.

Kings Ripton Court (KRC) is a housing project for 16- to 25-year-olds run by The Salvation Army. The one-year project there was facilitated through a partnership between Cambridgeshire County Council Targeted Support & The Communities Team, Young Peoples Counselling Service and The Salvation Army. It set out to increase aspirations for young people whilst reducing crisis interventions. The aim was to improve future outcomes for the young people, as well as reducing the cost to public services.

The project featured:

- One-to-one counselling sessions provided by Young People's Counselling Service
- Trauma informed group work activities, alongside preparing and eating an evening meal together. Activities included communal shopping and cooking, boxing and other sports, courses, music projects and trips out.
- Opportunities for the KRC and youth staff to access non-managerial case discussions.

These activities were delivered on a "mental health day" at KRC.



3. What we learned about the needs and experiences of young people



From all three project evaluations, we noted these commonly mentioned issues facing young people who live in supported housing:

- They are a transient group of young people with frequent moves, which made building networks of support more difficult
- Lack of stability and routine
- Experiences of adverse childhood experiences, trauma and family breakdown
- Experiences of disadvantage and inequality
- Lack of respect or confidence in engaging with social or health services
- Isolation from family and friend networks
- Low access to education and work
- Frequent use of crisis and emergency services.

The outcomes that were achieved

Between the three projects, these outcomes were evidenced for young people:

- Improved ability to recognise their own feelings and issues
- Improvement in their ability to manage their emotions and seek help if needed
- Improvement in their compassion for self and others
- An improvement in hope for the future
- Increased engagement with employment and education.

These outcomes were evidenced for projects and the wider system:

- Reduction in onsite incidents (999, 101 and 111 calls from 22 in quarter before project began to 2 in final quarter, for Kings Ripton Court).
- Reduction in Police and Ambulance callouts (from 22 to zero for KRC)
- Better local relationships and co-working arrangements.

National benchmark costs:

Ambulance Services:	
Calls	£92
See treat and refer	£276
See treat and convey	£367
Mental health A&E contact	
Day bed, adult eating disorder service:	£645
High dependency secure provision (personality disorder):	£687



What worked well



Working in partnerships was successful. It worked when different and complementary skills and approaches were drawn in across the partnerships. The result was a broader offer for young people and better working relationships for the partners.

Using youth work engagement skills. Youth workers provided regular, predictable contact in the settings and were skilled in building relationships with young people. Trusting and open relationships developed, and these were a vehicle for bringing in other ideas and support to the young people. Being a regular presence at the housing setting meant that young people built trust in the project teams and felt more able to engage and participate. This in turn allowed for other people (e.g. to run creative or sports sessions) to engage via this first trusted adult contact.

Using positive and creative activities in groups worked. In both projects, staff observed that these had mental health value for young people, through trying new things, finding and using metaphors and other learning from the activities, modelling positive and respectful language for staff, self-expression and space for reflection. Positive activities resulted in joy, resilience and optimism. They were an opportunity to try out self-care and coping strategies, which clearly resulted in better wellbeing.

In particular, KRC noted that cooking and eating together each week made the biggest difference to the young people. This provided social interaction and bonding, distraction, safe space to communicate about mental health and positive memories and experiences to draw on.



What worked well

Both projects offered skills development for young people. 3 young people from the YMCA, and one young person from the Foyer, took the Level 2 qualification in Youth Work Principles and Practice. Also volunteering roles and onward development, and accredited courses were offered at KRC. Formal and informal learning was a catalyst for young people to think about engaging in volunteering, learning and work in future. Practical skills such as problem solving, communication, budgeting and planning were also observed by staff.

Young people having autonomy, choice and power helped. This could be by choosing activities, stepping into volunteering or leadership roles, or by taking responsibility for supporting each other. This meant that the project model needed to be flexible so that young people could influence change meaningfully.

In both projects, activities took part within and outside the setting, and this was valued. Being in the setting provided a regular, predictable presence which helped build trust. Activities could be focused on improving the environment and routines of the home. Activities outside the setting helped by getting young people to see new perspectives and build different and new relationships. The Romsey Mill activities were in the local area, and this allowed young people to form relationships with people, spaces and resources in their community.

Offering guidance and support from a mental health practitioner presented a range of learning. Formal and structured clinical supervision^[1] meant that youth staff started to observe themes and challenges, resources, highlights and successes. They could process distressing themes and consider their impact.

The space validated their knowledge, skills, competence and relational approach. This in turn created a consistent, grounded and emotionally available adult presence for young people.



[1] BACP defines clinical supervision as: "A specialised form of mentoring provided for practitioners responsible for undertaking challenging work with people. Supervision is provided to ensure standards, enhance quality, advance learning, stimulate creativity, and support the sustainability and resilience of the work being undertaken."

What worked less well



Both projects encountered a lack of buy-in and commitment to the project from some areas of their partnerships, commonly from housing providers.

This could be at strategic level, resulting in lack of shared planning or release of staff capacity to support the work, or from front-line staff if they did not align with culture and values of the project. It seemed the barriers were both cultural and practical:



- It appeared that housing staff did not feel able or willing to join reflective practice discussions. There was a question about the extent of buy-in to working with the projects from senior staff.
- Both projects pointed to the challenging terms and conditions for many staff working in supported housing, with low wages and high incidence of zero-hour contracts. The housing settings may feel under-staffed and facing multiple challenges, and at times struggled to prioritise this work, or communicate proactively with the project teams.

During the project, one of the supported housing settings, Railway House, closed its accommodation and rehoused young people in group homes, and the Romsey Mill Team were aware of challenges for both young people and staff as a result.

Both projects identified a challenge in the dual role many housing staff experience, of needing to hold young people to the expectations and responsibilities of their tenancies, and to offer support, especially during a crisis.

Both projects felt that there was a high level of mental distress and complexity of mental health needs for these young people, and this could make supporting young people difficult for project staff without formal mental health training, though clinical supervision and group reflection with a mental health professional went some way to mitigating this. The YPCS supervisor observed that there was a high level of distress for staff when faced with challenging presentations from young people.

One project raised a concern that one-to-one work, including counselling, could risk young people becoming dependent. However, both projects successfully used one-to-one work as part of the offer.

While this was short term funding (one year), both projects were building on existing work, and plan to continue such work. They both reflected that short term funding is a barrier to developing a reliable and sustainable presence that these young people need.

The housing benefit system presents a real barrier to young people accessing work.

Recommendations



With thanks to our partners, Fullscope are pleased to present the following recommendations:

- 1** Delivering group work in supported housing settings. This should be mental health informed by having a mental health professional involved with the planning, helping delivery staff to consider how to use the activities to support better mental wellbeing, and to help with the management of group dynamics and complex mental health needs. The mental health professional need not be present, but is needed in the team for planning, clinical oversight/supervision and team reflections. Sessions should be regular in order to build trust and engagement
- 2** At groups or individually, young people should be offered the opportunity to explore and learn new positive activities and skills. This can include art, sports, music, skills for employment and for self-care.
- 3** Offering support for young people to leave their housing settings. This expands horizons and facilitates new relationships and ideas for young people. If activities are local, there is opportunity for young people to build new and different connections in their local community. A focus on enrichment, creativity, learning and celebration helps.
- 4** When working in partnership (which is recommended as a way of improving working across agencies and broadening the offer to young people), there must be good buy-in from all partners and an explicit ambition to negotiate shared values and aims.
- 5** Offering mental health support (including specialist help) in familiar and positive contexts (in housing or youth setting) will improve engagement and so outcomes and reduce use of crisis services. A focus on a social model of mental health worked better than a diagnostic approach.
- 6** Youth workers and housing workers are well placed to support the mental health needs of these young people, but they need training, supervision and time to reflect and develop, in order to do so effectively and sustainably.
- 7** Work such as this takes time to develop and learn in its context, and so funding and commitment needs to be in the long term.