An Evaluation of the National House Project's Psychological Framework of Practice

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Glossary

CEO	Chief Executive Officer
CLNM	Care Leavers National Movement
CAMHS	Child and Adolescent Mental Health Services
CoP	Community of Practice
DBT	Dialectical Behaviour Therapy
DDP	Dyadic Developmental Psychotherapy
DTD	Developmental Trauma Disorder
DfE	Department for Education
EXIT	Exploring Innovation in Transition
FGD	Focus Group Discussion
HP	House Project
HPP	House Project Programme
IRO	Independent Reviewing Officer
LA	Local Authority
LHP	Local House Project
NEET	Not in Education Employment or Training
NHP	National House Project
NICE	National Institute for Health and Care Excellence
Ofsted	Office for Standards in Education, Children's Services and Skills
ORCHIDS	Ownership, Responsibility, Community, Home, Interdependence, Developmental Direction, Sense of Wellbeing
PACE	Playfulness, Acceptance, Curiosity, Empathy
PCSO	Police Community Support Officer
PL	Project Lead
SAMHSA	Substance Abuse and Mental Health Services
SDT	Self-Determination Theory
STAF	Scotland Throughcare and Aftercare Forum
TST-FC	Trauma-Systems Therapy Foster Care

UK	United Kingdom
USA	United States of America
YOI	Young Offender Institution

Acknowledgements

Executive Summary

Introduction

The research study on which this report is based reviewed the psychological framework that underpins the practice of the National House Project (NHP). Specifically, the research examined trauma-responsive practices within the NHP and Local House Projects (LHPs) and considers how these practices relate to outcomes for young people.

Background

The NHP is a national charity that supports young people leaving care to live connected and fulfilling lives. In addition to providing young people leaving care with sustainable homes, the LHPs work with young people to create a sense of belonging and community, and to develop their knowledge, skills and confidence as they transition into living in their own homes.

The psychological framework of practice that underpins the NHP's work contains a number of key elements. Of central importance to this framework are trauma-responsive principles. The application of these principles is supported by independent psychological services that offer psychological consultation and formulation. The NHP's psychological framework of practice is known as 'ORCHIDS'. ORCHIDS is an acronym that stands for Ownership, Responsibility, Community, Home, Interdependence, Direction and Sense of Wellbeing. These concepts are intended to guide everyday practice within LHPs, including the building of relationships between young people and staff, as well as indicating potential outcomes for young people. ORCHIDS is underpinned by a theory of motivation known as 'self-determination theory' (SDT) that emphasises that three psychological needs: autonomy, competence and relatedness are essential to a person's well-being.

Aims and Method

Working in collaboration with key stakeholders, staff, and young people, our research explored the following questions:

- What are the developmental journeys (outcomes) that young people achieve by being part of their LHP and the wider House Project Community?

- What are the psychological processes involved in these journeys and how do they link to the ORCHIDS framework of practice?
- What are the key features of practice in both the NHP and LHPs that facilitate young people's developmental journeys?
- What are the factors that enable or hinder practice in LHPs?

To answer these questions, we used a combination of semi-structured interviews, focus groups, and observations conducted over the course of eighteen months in 2020-2022. We worked with the NHP and five LHPs at varying stages of development. This report summarises the findings of this research.

Key Findings: Young People's Developmental Journeys within the House Project

With the support of the LHP, we found that young people made progress within their individual developmental journeys. We use the concept of young people's 'journeys' rather than the formal language of 'outcomes' in order to capture the nuances of young people's personal milestones within the project. In describing the journeys that young people embarked on within their LHPs, we identify a number of key findings. These findings (or personal milestones) are grouped under the following thematic headings: 'participation', where young people progressed in participating in the project itself, gradually become more able to join in and engage with their LHP; 'interdependence', where young people became increasingly able to reach out for support from others, and in particular from staff; 'ownership and responsibility', where young people adapted to the challenge of moving into their own homes and managing their own tenancies; 'relatedness', where young people's experienced developing a sense of community, and of becoming more able to navigate key relationships in their lives; and finally, 'sense of well-being and direction', where young people felt confident and able to develop and work towards fulfilling wider goals for the future. These journeys, and the significant 'extra-ordinary' moments that constituted them, are described in detail in composite case studies in Chapter Four of this report. This is ORCHIDS in action. This myriad of dynamic micro, yet extra-ordinary everyday moments, that we observed and found in our interviews, ultimately led young people to develop a sense of belonging and a sense of feeling competent and autonomous (having a sense of agency rather than 'doing it alone'). This mirrors the concepts in Deci and Ryan's self-determination theory (relatedness, autonomy, and competence) that underpins ORCHIDS. Such developmental experiences are essential for broader outcomes of

maintaining stable accommodation, improved physical and mental health, education, training and employment, and relational stability. While measuring such broader 'outcomes' was beyond the scope of this evaluation, we would argue that the cumulative effect of the extra-ordinary moments we observed in a young person's development, could have a direct positive impact on securing these broader categories of outcomes. However, importantly, these extra-ordinary moments are developmental outcomes in their own right and attending to these is crucial. Rather than positioning outcomes as fixed entities, the complexity of human interaction and relationships are revealed in these extra-ordinary moments, allowing for the appreciation of the relative, non-linear, idiosyncratic development of each young person. This is what needs to be 'held' in each and every interaction with a young person.

<u>Key Findings: 'Ways of Being With': Creating Secure Trusting Relationships</u>

We found substantial evidence of young people making positive developmental outcomes that were made possible due to their House Project experience. The key prerequisite to these positive outcomes was the creation of secure and trusting relationships between young people and LHP staff. We found that there are key qualities and practices of staff which supported the development of these secure and trusting relationships. These were:

Authentic and genuine care

Staff and young people emphasised that relationships characterised by feelings of authentic and genuine care were important to the development of secure and trusting relationships. Authentic and genuine care was further described as the ability of staff to demonstrate a strong commitment to, and passion for, their work, in which they viewed their roles as 'more than just a job'; a sense among young people that staff were their 'real' and 'authentic' selves at work; and the natural integration of the ORCHIDS framework into staff members' day to day practice, meaning that their work with young people did not feel prescriptive or formulaic. Staff and young people also described authentic and genuine care as facilitating a positive spiral. The more that staff were able to demonstrate genuine and authentic care, the more young people felt able to engage, further strengthening secure and trusting relationships between them.

Persistent and consistent care

Persistent and consistent care was a central component of relationship building. By this, we mean that staff were persistent and consistent in their attempts to meet, engage and continue to work with young people. For example, when young people were reluctant to meet staff members at first, facilitators demonstrated persistence and consistency by continuing to offer regular meetings. Young people described the importance of feeling that they could rely on staff, both before and after they had moved into their properties. This emphasis on persistence and consistency resonates with research that highlights the importance of creating the feeling of being cared for unconditionally for young people who have experienced some form of developmental trauma.

Ability of staff to manage and resolve conflict

Persistent and consistent care also related to the ability of staff to manage and resolve conflict that arose within their relationships with young people. In these situations, staff implemented boundaries but at the same time worked to resolve issues that had arisen, thereby maintaining a consistent and continuous approach to caring for young people. This process of repairing relationships was especially important to many of the young people in the project who had previously experienced rejection in the context of their relationships with adults. Rather than moving a young person to another professional, which could further feelings of rejection and deny young people the opportunity to experience ways in which relationships can be repaired, staff were able to reconnect with young people. Project Leads played a vital role in supporting their team to emotionally manage any ruptures and work towards repair.

Ability of staff to set and manage boundaries

It was important for staff to set and manage boundaries in order to facilitate secure and trusting relationships with young people. Boundaries allowed young people and staff to set out what they expected from each other within the relationship and allowed work to proceed at a pace that felt comfortable for young people. Furthermore, boundaries were important in setting limits to staff members' availabilities, preventing burnout, and thereby allowing staff to sustain a consistent offer of support in the long term.

Openness and honesty

Openness and honesty were also valued by staff and young people as important components of secure and trusting relationships. Participants referred to the importance of staff being open and honest with young people about the potential challenges of the project, and about any setbacks within it, and young people being open and honest with staff about how and whether they were struggling with aspects of the projects or their lives more generally. Staff and young people described this as a reciprocal dynamic: emphasising that when someone is open and honest with you, it makes it easier to be open and honest with them.

Play and humour

Staff and young people also highlighted the importance of humour, characterised as the ability to laugh with each other as an important quality of secure and trusting relationships. Humour was a meaningful part of work undertaken with young people, providing 'light relief' to help participants through difficult moments, and helping to ensure that young people felt more comfortable reaching out to facilitators in times of difficulty.

Ability of staff to hold young people in mind

A final key component of creating secure and trusting relationships between staff and young people was the ability of staff members to 'hold young people in mind'. By this we mean the ability of staff members to attune themselves to young people's specific emotional needs and to appreciate and adapt to their interests and preferences. In doing so, staff were able to provide care that demonstrated that they knew young people as individuals and understood their worlds. In addition, by 'holding young people in mind' we mean the ability of staff to work with young people on building skills for independent living in a collaborative and participatory manner, working alongside young people and on their terms where possible. The ability of staff to hold young people in mind facilitated the creation of a 'secure base' for young people, from which they could progress along their developmental journeys.

We found evidence of these 'ways of being' with young people and found that this was prerequisite for young people to develop secure trusting relationships with staff members. It was these relationships that were effective in supporting young people to move forward on their developmental journeys described above. Of note was that the relationship between the young people and staff then enabled them to develop connections with other young people in the House Project community.

<u>Key Findings: Enablers of Secure and Trusting Relationships</u>

Having established the nature of the secure and trusting relationships that can help to support young people on their developmental journeys, we identified the key enablers of these kinds of relationships that exists within the NHP framework of practice. Overall, we found that these relationships were enabled by trauma-responsive practice. In order to help young people achieve sustained positive developmental experiences, we found evidence of three inter-connected enabling factors, grouped together under three broad headings: leadership, resources, and practices.

Leadership

We found that sustaining secure and trusting relationships between staff and young people required leadership that acknowledged the impact of trauma at both the NHP and LHP levels. In this context, successful leadership involved creating a regulated system that contained and responded to trauma. We saw evidence that leaders (at national and local levels) were making trauma-informed decisions that enabled the whole system to become trauma-responsive. Where this practice was evident, there was a direct impact on the approach taken by facilitators in their response to young people. A key component of trauma-informed leadership was the ability of those with management responsibilities to hold the people that they managed in mind, supporting staff to manage aspects of their relationships with young people, including boundaries, risks and transitions. Importantly the active engagement between NHP leaders and LHP staff was key to ensuring a trauma-responsive approach was integrated into the language and culture of the LHP. The Project Lead played a pivotal role here too – it was important that Project Lead, and facilitators, had the NHP as part of their NHP identity, and that they believed in the value of a trauma-responsive framework to guide practice. This was required to sustain the relational approach highlighted above that underpinned the micro everyday moments of interaction.

Resources

We found that the resources available to LHPs had an impact on staff and young people being able to form secure and trusting relationships. While LHPs had varying degrees of resources available (depending on the local context), several key aspects stood out as being fundamental enablers. The first of these was the 'base', which provided a stable, consistent, and homely

setting that created opportunities for spontaneous and meaningful interaction between young people and staff. This was a physical space where staff and young people could come together, and which served as an anchor to the practice that was enacted. Other aspects included the fact that staff felt that they had time and capacity to build supportive relationships with young people; and the fact that staff were able to work flexibly and responsively, tailoring their work to young people's strengths and needs and responding to these as they arose.

Practices

Finally, trauma-responsive practices were essential enablers of secure and trusting relationships developing between young people and staff. We found that staff were supported by a wider culture of reflective practice at both the national and local level. This included informal check-ins within the local team and discussions within regular 'community of practice' meetings facilitated by the NHP. The NHP also engaged in frequent informal check-ins too. An essential component relating to practice was the independent psychological support that the NHP had commissioned and which was available to each of the LHPs via the membership agreement. This included the LHPs having formulation meetings, led by a clinical psychologist, for each young person who was part of the LHP. Staff described the formulation meetings as providing an opportunity to learn about a young person's background and history, which informed their understanding of, and response to, young people's behaviour, strengthening their ability to hold young people in mind. In addition, the framework included accessing monthly clinical consultation with the clinical psychologist in order to discuss not only young people but also the emotional and psychological impact of their work within the project, ensuring that staff themselves were also held in mind.

These enablers are prerequisites to scaffolding the development of secure trusting relationships between staff and young people. And, as mentioned above, these secure trusting relationship held the young people to achieve positive developmental outcomes.

Conceptual Framework

Drawing together these findings, we present a conceptual framework in Figure 1 below. We found evidence that the NHP psychological framework of practice was highly effective in enabling positive developmental journeys for young people. The conceptual framework below illustrates our findings on the key facilitating components of the NHP framework of practice and how that NHP framework relates to developmental outcomes.

Figure 1: Conceptual framework
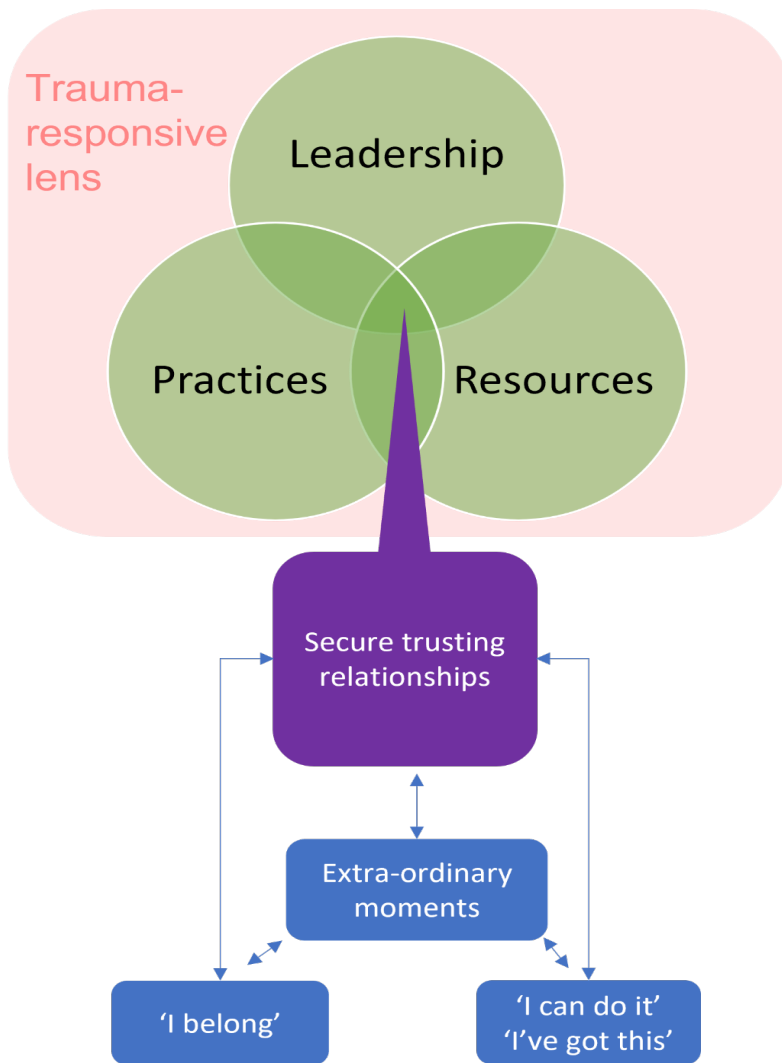
This diagram summarises the contribution of the essential key enablers to the development of secure and trusting relationships that facilitate, and are enacted within, the many extra-ordinary moments that make up a young person's developmental journey within the LHP. It is through these every day, yet extra-ordinary, moments that staff can demonstrate attunement to the needs of young people. Young people's developmental journeys are characterised by a growing sense of belonging and of being able to manage situations, which in turn further strengthens their relationships and enhances epistemic trust. It is the young people's incremental, idiosyncratic, and nuanced journeys that make up the positive outcomes of the LHP.

While the secure trusting relationships between young people and staff are the key focus of this report, we also identified the fundamental importance of secure trusting relationships between staff members, and between young people themselves. For example, just as enabling secure

trusting relationships between staff and young people can facilitate 'extra-ordinary moments' that help young people to progress, secure trusting relationships between staff and their managers – at both the local and national level – are also a vital facilitator for staff to grow and develop. Secure trusting relationships between young people can also perform this role.

Importantly, staff need to be held in mind by others in the system to enable emotional regulation in order to then be attuned to the needs of young people. We found evidence of this complex multi-layered process where attuned leadership from the NHP is pivotal and where the Project Lead of each project is able to offer a contained, emotionally regulated response to the needs of staff. This then enables staff to remain present, emotionally attuned, and responsive to young people, allowing staff to hold in mind the unique story of each young person and continue to build trust.

Recommendations

Based on our findings across the LHPs who participated in the research we identified ten key features that contributed to developing and maintaining 'successful' LHPs. We see these recommendations as prerequisites to effective practice and that should be in place when developing a LHP and enabling LHPs to be replicated across the UK. It is proposed that 'successful' LHPs need to:

Continue to establish secure and trusting relationships with young people that are characterised by authenticity and genuine care.
The psychological framework of practice offered by the NHP is inherently relational in its approach. It enables a developmental experience that has the potential to enhance the young person's sense of belonging and being able to manage situations, develops an agentic sense of self that allows the young person to achieve their goals.

Continue to provide opportunities for trauma-responsive leadership to develop at a national and local level.
When strong trauma-responsive leadership was in place we see many examples of positive progress in the developmental journeys of young people. Leadership, at both an NHP and LHP level, requires the values and vision of the NHP to be scaffolding the practice of others, embracing, and encouraging a trauma-responsive way of being, that can then be evidenced via the quality of relationships within the whole system.

Continue to attend to the nuance of the local context

Each LHP has a unique local context wrapped around it and this needs to be held in mind by leaders in the NHP and LHP. Contextual factors (resource allocation, service provision, local organisational history and cultures) will impact upon the delivery of trauma-responsive practice. LHPs do not exist within a social vacuum and it is important that there is a shared understanding of opportunities and challenges that exist locally.

Continue to make decisions about resourcing that are trauma-responsive

It is recognised that resources matter and that practical concerns, such as time, capacity and the flexibility to develop positive working relationships with young people are key to trauma-responsive practice. At every level of the organisation it is important that the young person continues to be at the centre of decisions that are made.

Continue to ensure that trauma-responsive practices are systematically embedded

Each LHP reported that having time to reflect within the team, formulation meetings, clinical consultation, and the Community of Practice, were important to enabling their practice. Having access to these spaces offered by the NHP enabled staff to be held in mind, offered support in relation to boundary setting and emotional regulation, and how to manage challenging situations that young people might be experiencing.

Continue to attend to dysregulation in the system

Dysregulation and trauma is held in the system and it is therefore important that NHP and LHP leaders continue to attend to this and to offer a contained and supportive response to staff and young people in the system. In order to do so the NHP and LHP leaders require a contained and responsive support themselves. Again, here the role of the NHP enabling access to an independent clinical psychologist is key to enable reflection and support.

Continue to attend to staff-wellbeing

'Properly caring' can elicit emotions in staff and it is important that staff continue to access support when needed. There will be complex, emotionally charged situations, that require a contained response from staff, and therefore, attending consultation meetings with the independent clinical psychologist is of paramount importance.

Continue to attend to staff transitions

While most of the staff in the LHPs involved in the evaluation remained in post, when staff move on to other posts it is important that the NHP continue to offer exit interviews and that the LHP engage in thinking around how best to respond to young people's needs when this occurs. It is important to continue to set this response within the context of the psychological formulation that has been developed for each young person.

Continue to provide young people with a voice and recognise the value of diversity in the HP community

In order to work collaboratively with young people recognition and amplification of their voice is critical. The NHP and LHPs provide opportunities for young people to have their voice heard and acted on. The links with Care Leavers' National Movement (CLNM) is of paramount importance here.

Continue to offer opportunities for young people to connect with each other

Positive relationships between young people within the LHPs and wider NHP community were extremely valuable. While young people vary in the extent to which they want to, or feel able to, form connections with other young people, it was apparent that young people valued the opportunities to connect with one another. The Base here is essential to help with these connections and the role of young people mentoring is worth exploring further.

Finally, given the importance of ensuring there is depth in relation to trauma-responsive practice across LHPs we recommend carrying out formulations of each LHP systematically as they develop over time. While LHPs are already connected extensively with the NHP, have access to their own consultation support from the independent psychology provider, and carry out annual reviews with the LAs involved, it would be of interest for the NHP to explore the development of systemic or organisational formulations of LHPs over time. This would further the understanding of each LHP's narrative or story on their own developmental journeys. Organisational formulations would offer further contextual understanding and would be an additional way of establishing what support is needed at different points in time as the NHP and LHPs develop.

We would recommend that each local authority in the UK consider implementing a LHP in their local area.

1 Introduction

1.1 Background

The National House Project (NHP) is an innovative way of working with young people leaving care that involves building a sense of belonging and community at this important transitional stage in their lives. Whilst obtaining a housing tenancy is a fundamental part of the NHP its mission is much broader than that. As one stakeholder from our evaluation said:

> *So, people often say to me 'oh, the House Project, it's about houses', and I always respond to that by saying 'no, no, it's about building a community for young people, so they've got a really solid place, and their home is, obviously, important to that, but it's about them, you know, developing as a network of connections.*

Being connected - having a sense of community- lies at the heart of the work of the NHP. The charity works with young people aged 16 and over and recognises that young people leaving care deserve and require support. This is an important developmental stage in young people's lives where services often become harder for young people to connect to. Indeed, the CEO within the NHP said:

> *People talk about it being a cliff edge, - leaving - 'cause, actually [...] lots of young people get services from children's services[then] won't get services from adult services.*

In 2015, through funding support from the Department for Education's (DfE) Children's Social Care Innovation Programme, the first LHP was formed in Stoke-on-Trent. Then, through further funding support from the DfE, from 2017-2020, a central hub was set up and five further LHPs were formed. By March 2022 there were 16 LHPs in existence and the charity aims to expand.

The NHP's expansion is indicative of its success. Since it started the HP community of young people has grown to over 400 by March 2022. Of these young people, 222 have moved into their own homes and there have been no tenancy breakdowns or evictions (NHP Annual Report, 2021-2). These successes stand out against the recognised precariousness of young people's transitions out of care with tenancy breakdown being a common cause of homelessness amongst young care leavers (Whalen, 2015) and many care leavers feeling alone and unprepared for their move to independent living (Ofsted, 2022).

What is it about the House Project approach that is making a difference to young people's transitions out of LA care? This evaluation seeks to answer this question by placing at the centre young people's personal journeys as part of their House Project experience. The evaluation identifies practices that support their transitions out of care and into in(ter)dependent living (Mendes and Moslehuddin 2022; Cameron et al. 2018). The practices of NHP range from the large-scale macro strategies to the minutiae of everyday interactions in a LHP. The evaluation focuses on five LHPs in England, each of which had a different persona, and were at different developmental stages in their formation. Some had been established for several years (with several cohorts of young people forming the community) whereas others were new and at the stage of forming their first cohort of young people. The evaluation identifies both core practices that are common acrossLHPs and local initiatives which reveal how LHP teams adapt the NHP framework of practice to support their young people within their local context. It describes and analyses successful and challenging experiences to provide a foundation for the further development and enhancement of the NHP's framework of practice.

The evaluation builds on earlier evaluations by researchers at the University of York who examined the pilot phase of the NHP (at Stoke-on-Trent) (Dixon and Ward 2017) and the second phase of the project (Dixon, Creswell, and Ward 2020). Our evaluation complements two other recent evaluations: a peer evaluation of the NHP practice framework (ORCHIDS) conducted by the Care Leavers National Movement (CLNM) and facilitated by Matthew Walsham from Partnership for Young London, and an evaluation of relational practice in three LHPs in Scotland by the Scotland Throughcare and Aftercare Forum (STAF). It also complements the Exploring Innovation in Transition (EXIT) a multi-site exploration of the ways in which innovation for care leavers' transition can best be supported to scale up and become part of widespread practice. The EXIT research with the NHP is led by Amy Lynch,

Jibril Mohamoud and colleagues at the University of Bedfordshire and University of Warwick. The independent researchers involved in the current evaluations of the NHP's work have joined together to form a 'community of research' with the NHP's Lifelong Learning consultant, Ronnie Wood, to pool resources and further develop empirical understanding of the processes and outcomes of the NHP. Our evaluation has been strengthened by our conversations with this community of researchers.

We start this report with an overview of the development of the NHP, the values of its leaders, and its psychological framework of practice, for these details form the important contextual backdrop to this evaluation.

1.2   The Development of the National House Project

I've always believed that you can't make decisions about policies and procedures and processes without holding in mind the people that you're making those decisions about (Staff Member, NHP).

The NHP team places significant importance on understanding the stories of the young people who form part of the NHP community. It is therefore apt that we start with the story of the development of the NHP. Indeed, the early life experiences and formation of values of the project are key to situate the findings of our evaluation within.

In 2012, Sue Hammersley (now Director of the NHP) was the Lead for Children in Care Services, Stoke-on-Trent, and with Tony Clifford (Virtual Head), she was regularly meeting with a group of young people who were leaving care. In these meetings young people said they didn't have a choice on their accommodation and were *'curious enough to say what might be better?'* Sue said that it was the young people who *'thought to do it differently – it really was a young person led project'*. It was then that the '*seed was sown*' and the question was asked: *'Why don't we just take a leap of faith and do things just completely differently?'* This starting point of curiosity is significant as it demonstrated an openness to make changes and enabled the voice of young people to be heard. From the outset there was the belief in young people, a respect to listen to them, and to take on board their views. Sue said:

I suppose I do have a real passion for it. I met this amazing group of young people, and ... was struck by the narrative, which was 'most vulnerable', 'most challenging', 'most complex', ' most difficult', 'most likely to end up in prison'. And yet that was not what I was seeing. I was just seeing these young people who I was thinking [...] if we could channel this, d'you know what? You know, yes, you're vulnerable by your circumstance, but you are not vulnerable as a person.

There was a determination for young people to be seen as having agency, being able to 'make their way', with that belief and hope needing to be ever present. Sue said:

I think what I saw were young people who had had the most traumatic starts in life, who had been taken out of that, but dropped into a situation that was equally traumatic, not in terms of being abusive, but do I fit? And yet, they made their way. They were still able, despite all of that. The skills that they'd got, and I suppose I was very struck with ... how would I feel if somebody just came to work one day and said you're not going home. You're going to go and live with this family? How would that be? And yet, look at the way in which they've coped, managed, that level of resilience.

Mark Warr, who was working as an Assistant Director at the time, supported the development of the project. In 2015 a bid was submitted to the DfE Children's Social Care Innovation Programme and the first project was formed with ten young people from Stoke-on-Trent. Mark was involved as the Assistant Director to write, sign off the first bid, and oversee the bid for a second wave of monies for five further LHPs. This bid was successful, and the five projects ran from Project D LA, and the NHP was formed as a charity. An NHP Trustee reflected that the solid working relationship between Sue and Mark was key to the establishment of the project '*that really firm grounding and a great working relationship*' and that the need to 'reach out' and 'connect' was essential. He stated:

I think that sense of the connection to the vision, but also them being, you know, just thinking outside the box about they know they don't just have to deliver work, they also have to generate funding, and they need to make partnerships, and so, that naturally, kind of, reaching out and growing and connecting with people.

The fundamental importance and recognition of young people's voice, agency, and expertise, also led to the Care Leavers National Movement (CLNM) being set up in tandem with the NHP. It consists of representatives from each of the LHPs across the UK and provides expert advice around the lived experience of care leavers to enhance and improve the lives of care leavers within LHPs and in the wider House Project community.

1.3   The Psychological Framework of Practice

They [the young people] make the biggest change, they are the people that make this work, and we provide the scaffolding and the framework for that to happen (Staff Member, NHP).

The NHP framework of practice (ORCHIDS) was set up to 'plan and deliver and direct work with ... young people' and to 'drive practice in a positive, energised and respectful way'. It also serves to provide a set of standards to recognise, celebrate and build on success' (National House Project, 2022).

ORCHIDS is an acronym which stands for:

- Ownership
- Responsibility
- Community
- Home
- Interdependence
- Direction
- Sense of Wellbeing

The ORCHIDS framework was developed jointly with young people and evolved over time with lots of refinements and discussions between young people and staff. The ORCHIDS framework is intended to provide structure to everyday interactions in LHPs. It informs the building and maintaining of relationships between staff and young people, between the young people themselves, and between young people and others in their lives. It serves as a reference point when engaging in the HPP:

.. the 13 modules [of HPP] sit to those ORCHIDS elements. If they didn't sit to the ORCHIDS element, we'd question why we were doing them. So, they're all linked, so we can see that thread through. If you were in a local authority now, you'd be talking about the golden thread, from your theory to your practice framework, to your modules, they need to be linked. That's where that sits. It's all around creating opportunities to develop those ORCHIDS elements, which put that young person in a better space [...] (Staff Member, NHP).

The ORCHIDS framework is underpinned by Self-Determination Theory (SDT; Deci and Ryan 1985) and attachment and trauma-responsive principles (Rogers and Budd, 2015).

Self-determination theory (Deci and Ryan 1985) is a theory of motivation. According to this theory there are three basic psychological needs: relatedness, autonomy and competence that are fundamental to a person's sense of motivation (or volition) and wellbeing. The theory highlights the importance of the social context which can facilitate or undermine the development of these three qualities and ultimately a person's self-motivation and well-being. The NHP's framework of practice (ORCHIDS) aims to facilitate the social environment that support the development of relatedness, autonomy, and competence. Indeed, as one clinical psychologist said, the NHP is about having: "*the opportunity to have relatedness, competence, and autonomy, and a roof over your head"* Another stated:

we spent a long time talking about ... that theory of self-determination. So, you know, that real need to have trusting relationships in your life, that real need to have some purpose, and to feel ... that you're good at something, to have that kind of... facility to value yourself, be able to say 'yeah, I'm really good at that'. And just that need to feel part of something, to feel connected. (Clinical Psychologist)

An understanding of attachment and trauma-responsive principles underpins the psychological framework of practice. The NHP has psychological support from independent providers of psychological services who offer training in attachment and trauma, collaboratively develop psychological formulations with the team, and offer psychological consultation. When a young person joins their LHP, professionals come together and develop a shared understanding of the young person's story to ensure that that the young person's narrative is held in mind when connecting and that their individual needs are met. Consultation support is offered to staff in

each of the LHPs to ensure the staff have an opportunity to reflect on their practice, including their own emotions in relation to the work. It is recognised that young people have experienced trauma and threat in their lives and there needs to be framework in place to help ensure that this is contained within the system. As one clinical psychologist explained:

> *once you get that framework, you can then start to manage the anxiety in the system, the trauma in the system, and then you can move forward to something that's a bit more sustainable, as opposed to well-meaning, really good ideas that will falter because the trauma will play out.*

In this evaluation we examine this framework of practice and its impact on young people's developmental journeys.

1.4   The Building Blocks of a Local House Project

The NHP supports LHPs who are based in their respective LA. Depending on the developmental stage of a LHP there will be a cohort or several cohorts of young people making up their community. Each cohort is made up of 8-12 young people who join at the same time and who then take part in the House Project Programme (HPP). They are supported by a Project Lead and at least two facilitators. The Project Lead works directly with the staff and young people, connects with the NHP, connects with the systems around the LHP, forming relationships with key partner agencies, and connects with the LHP facilitators and young people, ensuring they are supported in their practice. The facilitators connect with the young people and key professionals in the young person's life.

Whilst initial discussions about establishing a LHP are between NHP and LA staff, no LHP can be established without young people from that LA pitching with senior LA staff to the NHP. This engenders ownership at the outset and accountability from the Director of Children's Services to the young people. Once an arrangement has been set up with the LA and the NHP young people can be referred to be part of a cohort. There is flexibility in the process when it comes to how young people join. Mark Warr, the CEO, explains in relation to selection:

We have never given them an algorithm for working out which young people. What we say is that you need to have a group. So, it needs to be between around eight and 12 [..] for group work to be viable. But, actually you need to talk to your social workers, who have responsibility for the young people, you need to talk to your IROs, who review [...] you need to engage with your foster carers, and those professionals need to consider their young people, and talk to their young people, and consider whether those young people might want to join.

The application process was described as straightforward and asks the young person 'what can you offer?' Professionals engage in a discussion about the young people being ready or whether the next cohort might be more suitable for them.

Once a LHP has a cohort they make a pitch to the NHP for funding to run their own activities as part of the HPP which takes six to nine months for a young person to complete. Each young person works with their facilitator to write their own learning and safety plans and takes part in a range of collectively agreed activities and opportunities designed to develop their knowledge and skills for the present and the future. As part of our evaluation, we attended several HPP group sessions that focused on helping young people learn skills, for example, budgeting, cooking, and relationships. Also, as part of the group work programme young people attend a residential where there are opportunities to engage in activities away from their local area. When the young people are ready to move into their own place, the staff support them with choosing a property, moving in, and settling in. Young people can choose to remain a part of their LHP for as long as they wish to after they have moved into their home and, as they will always be a part of the NHP community, can reengage at any point in time.

The staff that we met as part of this evaluation were highly motivated and passionate about their work. The flexibility of the approach enabled staff to be recruited from different backgrounds. Indeed, when we asked the senior team the background the staff were recruited from, it was commented that there was:

a range of staff. So, we have care experienced professionals in those roles, we have staff that have come from a social care background, a housing background, a youth work background, so a whole mixture, really, that come with different, kind of,

background professions and, kind of, journeys into this work. From our observations this is a dedicated staff team (Staff Member, NHP).

In terms of physical space, each LHP should have a 'base'. The base is where young people can meet one another and with the staff. The base is an informal space owned by the LHP community where young people can come and hang out and engage in the HPP too. As you will read in the report, we found that this base, is an essential component of the NHP's framework of practice to enable positive developmental journeys.

1.5   The Centrality of Relationships between Young People and Staff

The relationships between young people and the HP staff are considered key to the success of the HP: '*so, relatedness, that's what.. is core. We know relationships have to be at the centre*' (Staff member, NHP). Following feedback from the CLNM peer evaluation project, recognition of the centrality of relationships has been reflected in the change of the 'I' in ORCHIDS from 'independence' to 'interdependence'. As the CEO said: *'we're not aiming for an ultimate goal of independence, we're aiming for good interdependence'*. Furthermore, it was recognised that relationships formed between young people and staff in the LHP needed to be demonstrably different to past relationships young people may have experienced which have broken down:

> *given the fact that a lot of young people aren't able to repair relationships, […] we've got to work out how …when you have a fight or you have an argument and a blow out, how d'you repair, how d'you build relationships? How do you…deal with disappointment? The projects need to hold them safe to be able to experience things and come through and take the learning without it all imploding and breaking down. So, it's that, kind of, approach around supportive decision making, which… enables them to have disappointments and just holds them safe whilst they work through those disappointments. (Staff Member, NHP).*

The sense of relatedness that is generated from the stable, supportive, trusting and trauma-informed relationships the LHP staff aim to establish with young people on the project is seen to strengthen well-being and self-belief:

young people talk about having hope, having some joy in their lives, feeling heard and respected... and, ... self-worth and self-confidence. That's the bit that comes out of it. It's the confidence to... take that step into adulthood with a support system and feeling stronger individually. (Staff Member, NHP).

1.6 Our Evaluation: Finding the Spark

The thing is, though, as well, it's dead hard, isn't it? Because these are not easy things to capture, but these are the spark, the moments that are so important. (Staff member, NHP).

The three researchers of this current evaluation set out on a journey of exploration to gain an understanding of the NHP approach across five LHPs. They examined the psychological framework of practice that underpins the NHP and how this approach relates to developmental outcomes for young people. Working in collaboration with key stakeholders, staff, and young people the following research questions served as a guide to the inquiry:

- What are the developmental journeys (outcomes) that young people achieve by being part of their LHP and the wider House Project Community?
- What are the psychological processes involved in these journeys and how do they link to the ORCHIDS framework of practice?
- What are the key features of practice in both the NHP and LHPs that facilitate young people's developmental journeys?
- What are the factors that enable or hinder practice in LHPs?

Our overall aim is to provide stimuli for the further development of effective practice. We acknowledge from the outset that to really appreciate what leads to effective practice is difficult. Our task is to find the 'spark', to find the 'energy points', moments that help young people psychologically and socially navigate their journey out of care. Through detailed interviews and observations of practice we endeavored to provide a thick descriptive account of practice. Rather than focusing on more generic outcomes such as employment, education, mental health outcomes (which have been covered in previous evaluations; see Dixon, Cresswell and Ward, 2020), this report sets out to provide an account of the nuanced developmental journeys and personal milestones that result from young people's involvement

in their LHP. These milestones can include - but also extend beyond - the generic outcomes mentioned above.

1.7   Structure of Report

Having outlined the introduction to the evaluation in this chapter, Chapter Two presents a review of existing research about young people's experiences of leaving care and the psychological enablers and barriers when making this significant transition. This chapter serves as contextual backdrop to situate the work of the LHP within. Chapter Three sets out the qualitative method and ethical approach of the research inquiry. The following three chapters present the main findings from the research. Chapter Four starts with the young people's experiences. It details the developmental journeys of young people who are part of the House Project and demonstrates how they are facilitated by the relationships with staff and other young people in the House Project community. Chapter Five focuses in detail on the qualities of the House Project relationships which facilitate young people's journeys. Chapter Six discusses the factors that underpin this effective relational practice and highlight the consequences when they are not present. In Chapter Seven we conclude and consider recommendations for practice.

2 Literature Review

This chapter provides an overview of existing research on the experiences and outcomes of young care leavers and the enablers and barriers to their transition into independent (or inter-dependent) living. The first section summarises research on young people's experiences of leaving care and how the experiences of their earlier lives shaped their experience of this transitional period. The next section describes research findings on care leavers' outcomes in accommodation, education, training, and employment, and health and wellbeing. The final sections consider the barriers and facilitators for successful outcomes for young people leaving care, which includes a discussion of research on trauma-informed practice. The chapter ends with a summary of key points of relevance for NHP practice.

2.1 What is it Like to Leave Care?

Multiple studies have emphasised that care leavers experience accelerated and compressed transitions to adulthood, that differ from the experience of most 16-24 year olds, who typically live at home with caregivers for much longer and experience far more gradual transitions towards independence (Stein, 2006; Andrew et al., 2014; Welch et al., 2018). Young people leaving care are also often expected to manage multiple transitions at the same time: moving accommodation, often moving area, leaving school and transitioning from child to adult health services (CELCIS, 2015; Memarzia et al., 2015). Research from Dima & Skehill (2011) emphasises that while many of these practical transitions happen relatively quickly, young people's psychological process of adjustment to leaving care may be much longer.

In terms of young people's own reflections on their experiences of leaving care, in a systematic review, Parry & Weatherhead (2014) identified three key themes in young people's experiences: navigating the system and building resilience as an interrelated process, coping with the psychological impact of surviving and then leaving care, and the complexities of 'growing, nurturing and keeping new roots in old and new soil' (Parry & Weatherhead, 2014: 270).

In addition, a number of small-scale studies consider young people's experiences of leaving care. Hiles et al.'s (2014) small-scale qualitative project with six care-leavers aged 16-21 and four professionals working with care leavers in the UK context emphasised the potential fragility of young people's support networks as they left care, and the importance of individually-tailored and reliable support, in contrast to support that felt forced and/or

pointless, as young people navigated changing expectations about their levels of independence. Overall, young people described experiences of leaving care as a challenging transition, in which their attempts to develop new identities for themselves were often undermined by a lack of adequate support. Mendes' (2012) interview study with 19 care-leavers draws attention to the importance of considering the local context in which a young person leaves care, highlighting specific challenges faced by care leavers in rural areas such as lack of accessible public transport as a barrier to finding employment.

2.2   What Do Young People Bring with them from their Experiences in Care?

Sarah et al. (2015) emphasises that young people in care have often had difficult lives, with 62% of children placed in care being there because of abuse or neglect. Analysis of LA data in England conducted by Neil et al. (2019) estimated that of the 2543 periods of LA care experienced by 2208 children between 2009 and 2015, 56% of these entrances into care were related to abuse and neglect. While many children do enter care due to parental abuse or neglect, other reasons for entry into care include disability and ill-health, either of the parent or of the child, situations in which parents are unable to manage the behaviour of the child for other reasons, low income, and death of the parent (Sinclair *et al.*, 2007). In addition, children may also enter the care system as unaccompanied asylum seekers (Sinclair *et al.*, 2007) and may have fled traumatic experiences of poverty and conflict. In addition, NICE guidance (2010) notes that the experience of entering into care itself can also often be a traumatic.

Terms such as 'complex trauma' and 'developmental trauma disorder' (DTD) are used to describe the adverse effects of 'multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma' such as 'abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practice, emotional abuse [and] witnessing violence and death' (Van Der Kolk, n.d.). These terms are intended to move beyond the limitations of the term 'post-traumatic stress', which has been argued to not necessarily capture the specific impact of prolonged exposure to trauma in childhood. However, the label of 'disorder' does continue to resonate with the notion of there being something 'wrong' with the young person and there is a gradual move beyond such thinking (Rogers and Budd, 2015). Nevertheless, the recognition of developmental complexity here is key and the need to move beyond a 'single' event explanation of trauma.

2.3   Understanding Histories of Trauma among Children and Young People who have Experienced Being in Care

The following section draws on the literature on child development and trauma to explore in more detail the potential impact of histories of developmental trauma on the experiences of young people leaving care.

In a systematic review of research with children living in children's homes and foster care in Europe and the USA, (Garcia Quiroga and Hamilton-Giachritsis, 2016) found that these children develop less secure and more "disorganised" attachments than those raised in adoptive and biological families (although the comparability between some of the review studies was limited). Concerns about the implications of experiences of care for children's chances of developing secure and meaningful attachments are also flagged by NICE (2010).

Golding (2017) summarises the four styles of attachment identified in the research literature as follows. Individuals with 'organised secure' attachment styles tend to have experienced 'good enough' parenting, in which the parent has been able to recognise and respond to the child's needs. As a result, the child feels comfortable eliciting care, and is able to explore the world, seeking comfort and support from a sensitive and attuned[1] caregiver when faced with adversity. When the caregiver provides support, they help the child to develop their own capacity for emotional regulation. (Golding, 2017: 99). Through these experiences, the child builds resilience, and develops 'a sense of self as effective, worthwhile and loveable, and others as loving, supportive and protective' (Golding, 2017: 84). When this care is experienced consistently and reliably, this creates both trust and appropriate self-reliance, enabling the child to experience feelings of unconditional love and security.

Individuals with 'insecure ambivalent' attachment styles tend to have experienced inconsistent and unpredictable parenting. Parents may have trouble making themselves available to their child in direct response to the child's needs but may be available at other times. Golding (2017: 85) summarises that 'when children can't trust in availability, they try to make sure of it through displays of coercive behaviours'. For example, the child may continually signal that they need the parent and will not be soothed even when the parent is available to provide care.

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[1] 'Attunement' refers to an emotional connection 'in which one person mirrors or matches the rhythm, vitality and affect of the other' (Golding, 2017: 236).

Individuals with 'insecure avoidant' attachment styles tend to have experienced parents who were unavailable at their times of highest emotional need, for example withdrawing when they were in distress. In response, children learn to cope by concealing their need of the parent, in order to maintain the parent's availability.

Finally, individuals with 'disorganised controlling' attachment styles tend to have experienced the parent as frightening or frightened, for example growing up in a family where there are issues with domestic abuse. When attachment and connection to others feels dangerous, children may learn to try to exert control within these relationships, in order to 'force predictability' (Golding, 2017: 90) in an attempt to remain safe.

The latter three styles of attachment will restrict the child's capacity to engage in meaningful exploration of the world, and to develop positive impressions of themselves – for example as unconditionally loved and worthy of love - and others around them – for example as safe, capable of offering care, and worthy of trust. The child's capacity for 'intersubjective relationships', relationships in which the child allows themselves to influence, and be influenced by, others emotionally may also be restricted (Golding, 2017).

The attachment styles that young people have developed in relation to their life experiences are adaptive to their survival. While these strategies might contribute to difficulties for the young people in their lives, these ways of relating have enabled them to navigate emotionally difficult experiences at the time (Rogers et al. 2015).

2.4   Outcomes For Young People Leaving Care

It is important to recognise that care leavers can have very good outcomes, often despite having experienced challenging starts in life. Gill & Daw's (2017) survey found that 20% of care leavers had completed AS or A levels, and 9% had reached degree level. Many survey participants had also made new friends, and found communities of support at work, in education and among other care leavers.

However, existing literature demonstrates that care experienced young people deserve better outcomes and improvements to systems to support young people are required. A literature review by Welch et al. (2018) highlights that care leavers are a diverse group, but that many young people leaving care face common challenges including homelessness, loneliness, isolation, unemployment, poverty and mental ill health. In addition, young people leaving care face additional difficulties stemming from the lack of a sufficient support network, and a lack

of support with the emotional and psychological aspects of transition. The following section provides an overview of current research into care leavers' outcomes in relation to housing; education, training and employment; health and wellbeing; and other outcomes.

2.4.1 Outcomes Relating to Accommodation

Existing research emphasises the challenges faced by young people leaving care in relation to young people accessing appropriate housing. In a study exploring the outcomes for 106 young people who left the care of seven LAs with well-established leaving care services in England, over the course of one year, Wade & Dixon (2006) found that 12% were living in temporary and unstable accommodation. 37% of the young people had experienced some form of housing instability and 35% had experienced homelessness. That homelessness and precarious housing is an issue for young people leaving care is further supported by more recent research, including a 2014 survey conducted by the Centre for Social Justice, which found that over half of participating care leavers found it difficult to secure somewhere appropriate to live when they left care. Furthermore, a survey of 87 care leavers by Gill & Daw (2017), found that 26% had sofa surfed and 14% had slept rough after leaving care.

Existing research identifies a number of contributing factors to homelessness and housing instability among care leavers. Gill & Daw (2017) identify lack of availability of social housing as a serious issue, in addition to the lack of accessibility of the private rented sector to care leavers. In the Welsh context, Whalen (2015) identifies tenancy failure as a major cause of homelessness among care leavers, and identifies tenancy failure as more likely for younger care leavers and for care leavers who lack preparation for managing alone. Whalen also notes that care leavers with complex and multiple needs are at a higher risk of homelessness.

Unsatisfactory outcomes for care leavers in relation to housing are not limited to issues of homelessness and housing instability, living conditions can also provide a significant challenge. A interview-based study involving 23 care-leavers aged 18-24 from Fortune & Smith (2021) highlighted the challenges experienced by care leavers in relation to accommodation that was unsafe, unsanitary and/or in very poor repair, in addition to the challenges of furnishing such accommodation in line with the suggested amount of £2000 for the 'setting up home allowance'.

Undesirable outcomes in relation to housing can have a knock on impact on other areas of young people's lives. Wade & Dixon (2006) describe a 'virtuous circle' closely tied to young

people's accommodation status, finding that young people who described themselves as having a positive housing outcome were also more positive about their mental health and general wellbeing. These findings are further supported by Stein (2010: 1) who finds that being in safe, settled accommodation is associated with 'increased wellbeing and engagement in education, employment or training'.

2.4.2 Outcomes Relating to Education, Training and Employment

While it is important to acknowledge that many care leavers make significant achievements in education and in the world of work, existing research suggests that there is an attainment gap between care leavers and their non-care experienced peers.

With regards to school and further education, Hollingworth (2012) emphasises discrepancies in secondary school level attainment between young people from a care background and the general UK population. Hollingworth (2012) identifies frequent placement moves, financial constraints and caring responsibilities as key obstacles to formal and informal learning opportunities for care leavers.

Understandably, disruption to primary and secondary education can have a knock-on effect on participation in further education. With regards to higher education, in a research paper drawing on two interview-based studies with a combined total of 680 young people leaving care in England, Dixon (2016) found that 3% were engaged in higher education at University, compared to 38% nationally.

With regards to employment, training and apprenticeships, Dixon's (2016) research found low rates of full or part-time employment (9%) and involvement in training or apprenticeships (7%), among care leavers, compared to 52% nationally. Similarly, research from The Centre for Social Justice (2014) found high rates of unemployment among care leavers aged 19 - at roughly one third this was almost twice the average for this age group.

Existing research also paints a picture of higher-than-average numbers of care leavers who are not in education, employment or training (NEET). Dixon (2016) found that 17% of care leavers who participated in the research were NEET, compared to 13% nationally. These findings are echoed by an interview-based study involving 23 care-leavers from Fortune & Smith (2021), which found that 39% were not in education, employment or training.

A variety of factors influence care leavers' trajectories in relation to education, employment and training. In Dixon's (2016) study, young people reported that their participation in education and employment was influenced by: levels of motivation and self-belief, perceptions of expectations for care leavers, and the impact of personal circumstances such as bereavement, accommodation issues, physical and mental health, and access to information and support. In a five country mixed methods study which included work with care leavers in England, Jackson & Cameron (2012) found that care leavers were less able to follow conventional pathways through school to college or university. This study identified: low expectations of care leavers from social workers and carers, limited horizons, and inadequate financial and personal support as key barriers to continuation in education. Facilitating factors for educational achievement included personal motivation, placement stability, satisfactory accommodation, financial support, and the support of a close adult.

2.4.3   Outcomes Relating to Health and Wellbeing

Research has highlighted that the emotional and psychological aspects of leaving care are often overlooked (Welch *et al.*, 2018) in transition work. This is despite the fact that existing research suggests that transitions out of care can have a negative impact on young people's mental health. A survey conducted by The Centre for Social Justice (2014) found that 77% of care leavers experienced difficulties with loneliness and isolation. An interview-based study with 12 care leavers with mental health needs, conducted by Butterworth et al. (2017) identified transitions from care as a key juncture that could exacerbate mental illness, and highlighted the importance of continuity of mental health support across transitions out of care. Similarly, in a study exploring the outcomes of 106 young people who left the care of seven LAs with well-established leaving care services in England, Dixon (2008) found evidence of considerable levels of health need, both mental and physical, among young people leaving care. Dixon found that young people's rates of mental health difficulties, substance misuse, and physical health problems all increased in the year after leaving care. The prevalence of this need was influenced by access to housing, and also by the extent to which young people had relevant life skills, were involved in education or employment, and had positive social relationships.

In addition, as described above, where children have experienced trauma this can make them hypersensitive to stress, and can make it difficult to respond to and cope with further life stressors, increasing the risk of mental health issues (Bollinger, Scott-Smith and Mendes, 2017). In a qualitative study with 51 care leavers in the Northern Irish context, Mullan et al.

(2007), show that the children experienced poor mental wellbeing as a result of the challenges of being in care, and of dealing with the experiences that brought them to care in the first place. These experiences can be further compounded by the fact that, if they remain unresolved, experiences of childhood trauma create barriers for young people in terms of accessing care and support (CELCIS, 2015).

2.4.4 Social Wellbeing: The Importance of Friendship

In a systematic literature review exploring research into experiences of friendship among care-leavers, Roesch-Marsh and Emond (2021) emphasise that, despite the established importance of friendship for health, well-being and happiness through the life-course, there is very limited evidence regarding how care-leavers understand and experience friendship.

Despite this lack of research, existing studies highlight a number of key findings in the UK context. While friendships arguably enhance the lives of care leavers in much the same way as they do for any person – providing a source of emotional and practical support (Emond, 2003; Roesch-Marsh and Emond, 2021), existing research also identifies specific benefits of friendships for care leavers. For example, qualitative research from Rogers (2017) emphasises the importance of peer relationships between care experienced young people as a tool for addressing stigma associated with being in care. In addition, research from Ridge and Millar (2000) demonstrates the increased importance of friendships, and the emotional and social support these provided, to young people who had little or no contact with their families.

These friendships may involve both on- and off-line interaction. In a qualitative study, Sen (2016) found that notwithstanding the barrier of 'digital poverty', the use of social media was an important aspect of care-experienced young people's friendships with those whom they also knew 'off-line'.

Care leavers may also experience specific barriers to forming and maintaining positive relationships with their peers. Barriers to forming friendships identified in the existing research literature include: lack of placement security and continuity, difficulties with trusting others, lack of support for friendships from care-givers (Roesch-Marsh and Emond, 2021; Ridge and Millar, 2000).

2.5 Facilitators and Barriers for Successful Outcomes

In a systematic literature review exploring the views of UK care leavers on the barriers and facilitators to the process of transition to adulthood, Atkinson & Hyde (2019) found that key facilitators included: authentic and consistent relationships with 'corporate parents', and flexible systems that responded to young people's feelings about their readiness to leave care; key barriers included: a lack of support and recognition of the emotional and psychological aspects of transitions to adulthood; the need for practical skills such as budgeting; lack of self-efficacy and shame around help-seeking and a lack of sufficient support networks. Additionally, a mixed methods study from Gill & Daw (2017) identified a number of barriers to successful transitions out of care. These included a lack of preparation for independent living and life after care – including lack of flexible, accessible and tailored pathway planning, poor relationships with social workers. Research from (Stein, 2010) also emphasises that age at leaving care is an important influence, with leaving care later associated with better outcomes.

2.5.1   Relationships and Relational Practice

Existing research identifies importance of relationships for successful transitions out of care. Systematic reviews from both Hiles et al. (2013) and Welch et al. (2018) demonstrate that reliable and consistent social support plays a crucial role for young people during their transition out of care, with both informal and professional networks of support playing an important role. Welch et al. (2018) highlights that young people viewed positive, trusted, long-term relationships, in which they felt valued, as a central part of their transition. Such relationships were important for building resilience, and thereby helping young people to attain better outcomes (Hines, 2015). However, a small-scale qualitative study by Adley & Jupp Kina (2017) emphasises the complexity of accepting support as a care leaver, with young people describing experiencing difficulties trusting those offering support, and feeling unable to accept support due to feelings of shame, pride, or difficulty relying on others. In this study, young people highlighted the value of support offered by professionals that was individually tailored and repeatedly offered.

2.5.2   Frameworks For Supporting Young People Leaving Care

At present, LAs have a range of duties aimed at supporting young people leaving care. The Children Leaving Care Act 2000 is aimed at supporting young people in the transition from care to independent living. It introduced requirements on LAs to assess the needs of the young person once they left care (e.g., by appointing Personal Advisers and developing pathway

plans). The Children and Young Persons Act 2008 introduced additional provisions, requiring LAs to assist care leavers in education, and extending support from personal advisors. Following this the Children and Families Act (2014) introduced the 'Staying put arrangement', which requires LAs to support young people to remain with their foster carers up to the age of 21, where both the young person and carer want the arrangement to continue. LAs have a duty to monitor these arrangements, and provide advice, assistance and support including financial support. More recently, the Children and Social Work Act (2017) introduces seven key needs, collectively known as corporate parenting principles, which LAs in England must have regard to whenever they exercise a function in relation to looked after children and care leavers. Examples of these principles include preparing young people for independent living, acting in the best interest of young people, and encouraging young people to express their views. This Act adds a new provision, extending the entitlement to a Personal Adviser beyond the age of 21 to all care leavers. LAs must provide a young person with access to their Personal Advisers until the age of 25. Also, this Act requires LAs to publish information about the services it offers to care leavers, assisting them in preparing for independent living.

Above and beyond these statutory duties, there are a number of existing frameworks and models that exist for supporting young people leaving care. Some of these provide more general guidance and others are more comprehensive working models of practice. In terms of guidance, Barnardos & St Basils (2019) have created a framework that draws together expertise from LAs, voluntary sector organisations and young people across England, on how to provide appropriate accommodation for care leavers. The framework highlights the importance of: supporting young people to gain the skills for increasing independence; planning young people's transition out of care, providing as much notice as possible and supporting young people to choose the accommodation that best suits them according to their changing needs and circumstances; supporting young people through housing crisis; and supporting young people to access long-term housing. The framework emphasises that the practices described above should aim to provide young people with as much information, control, and choice as possible, with supportive and unconditional relationships, with the space to make and recover from mistakes, and with flexible support that adapts to meet young people's needs.

While there are some independent programmes such as the New Belongings programme (Dixon and Baker, 2016) or the Fair Ways Staying Close Project (Neagu and Dixon, 2020) existing research shows that there is a real need for high quality models and frameworks for supporting care leavers. As of 2015, Ofsted inspections of care leaver services had found that

two thirds 'requires improvement to be good' or are 'inadequate'. Common shortcomings included issues with pathway planning and with adequate support from personal advisors (Sarah *et al.*, 2015). Sarah et al. (2015) also emphasises that support for care leavers varies widely between LAs , and that examples of good local practice is not developed or shared well enough nationally.

2.5.3   Trauma-informed Practice

As a result of the prevalence of experiences of developmental and other trauma in the lives of young people leaving care, there has been particular interest in the potential of trauma-informed interventions to support young people leaving care.

While there are multiple definitions of what constitutes a 'trauma-informed approach' in circulation (see Bendall et al. 2021), Cutuli et al. (2019: 1) provide a useful overview, stating that trauma-informed approaches aim to provide services in a way that is sensitive to the possibility that individuals have 'experienced past or ongoing traumatic situations with implications for their current functioning and response to interventions'. Drawing on the insights of UK experts and practitioners, Hassett and Strohmaier (2020) identify three key themes: a focus on supporting children to manage stress, the ability to involve caregivers alongside the child as partners in the recovery process, and an understanding of the long-term developmental impact of trauma on the young person as well as its potential impact on the practitioner. Furthermore, there has also been a shift to considering trauma-responsive practice rather than trauma-informed practice (Covington and Bloom 2018). The shift in language represents the need to attend to all aspects of an organisation (its planning, environment, language, values and looking after staff) when working relationally with young people.

No single approach provides a panacea for addressing the impact of trauma (van der Kolk, 2014). The exact nature of any trauma-informed approach will need to be tailored depending on an individual's experiences of trauma. Sachs (2017) emphasises that the impact of childhood trauma in a young person's day to day life differs depending on the nature of the trauma – specifically its frequency and intensity, whether the young person had any safe relationships, the extent to which abusive relationships are still present, and the extent to which the trauma was relational and therefore its impact on their attachment (Toof, Wong and Devlin, 2020).

While recent years have seen an increased interest in trauma-informed practice (Purtle, 2018), there are still relatively few trauma-informed programmes that are specifically designed for

young people who are leaving care. An exception is The Skills for Living service which provides therapeutic support for young people (aged 16-21) leaving care in Gwent, Wales. The approach uses Dyadic Developmental Psychotherapy (DDP) and Dialectical Behaviour Therapy (DBT). DDP draws on attachment theory and positions the service team as the attachment figures or 'secure base' from which the young person can work towards independence. Key components of DDP include 'intersubjectivity': the practice of joining children in their experiences, matching their emotional state (attunement) and exploring it with them; and 'PACE' a set of guiding attitudes for staff encouraging playfulness, acceptance, curiosity and empathy in their relationships with young people (Golding, 2017). Key elements of DBT include fostering the capacity for caregivers to regulate their own emotions in order to effectively support children to explore and regulate their own feelings. Emotional regulation is supported by the ability to 'mentalise', meaning the ability to conceive of your own and other's mental states (Duschinsky & Foster, 2021). This model has demonstrated improvements in young people's mood, social confidence and competence as well as reductions in self-harm behaviour, suicidal ideation, relationship difficulties and drug use. See Andrew et al. (2014) for more details. Additionally, an evaluation by Rouski et al. (2022) found that although young people initially reported being apprehensive and reluctant to participate in the programme, feeling heard understood and accepted helped them to engage, and their participation resulted in improved confidence with social skills, and improved ability to notice and cope with their emotions.

Research into experiences of delivering trauma-informed care has highlighted practitioners' positive impressions of such approaches, but also the risk of secondary traumatic stress (often referred to as burnout, vicarious trauma or compassion fatigue) among professionals working with trauma (Kerig, 2019). A survey of the attitudes of 31 staff using a trauma-informed approach in a residential care setting by Galvin et al. (2020) demonstrated that staff had positive attitudes towards the trauma-informed model at both baseline and follow up. However, research with practitioners has also emphasised both the importance of maintaining an emotionally regulated state in order to deliver such care, and the difficulties of doing so in the face of the emotional strain of trauma informed work (Steinkopf *et al.*, 2021). In a qualitative study of 15 social workers working with adolescents in residential care, Steinkopf et al. (2020) identified self-reflection and self-acceptance as key pre-requisites for emotional self-regulation in trauma-informed work and highlighted having a 'regulating' work environment and a trusted theoretical model underpinning one's work as additional factors of importance.

2.6   Summary

The findings from existing research highlight several issues of relevance for the evaluation of the NHPs framework of practice. These are as follows:

- There are some commonalties in the experience of young people leaving care, but each young person has a unique journey.
- Young people leave care at a significant developmental stage of their lives.
- The distinction between practical and psychological adjustments to leaving care and the much longer time it takes to address the latter.
- The difficulties that young care leavers can face in terms of housing, NEET and mental health but the importance of highlighting successful outcomes too.
- The potential fragility of young people's support networks as they left care, and the importance of individually tailored and reliable support.
- The importance of friendships in the emotional support that they provide.
- The importance of authentic, consistent relationships, and approaches that are tailored to individual young people's needs.
- The need for staff to recognise and take account of young people's earlier traumatic experiences for the practices of the present.
- The importance of staff wellbeing when working with young people leaving care.

3 Method

3.1 Research Approach

We selected a qualitative methodology for the evaluation as qualitative data are 'a source of well grounded, rich descriptions and explanations of process in identifiable local contexts' (Miles and Huberman, 1994:1). This methodology was most suited to gaining a deep understanding of young people's experiences collectively and individually and the meanings they assigned to their membership. The evaluation was underpinned by an investigative and interpretive logic (Mason, 2017). We gathered and assimilated multiple perspectives through:

- interviews with NHP staff.
- interviews with relevant stakeholders (i.e., trustees, those involved in consultancy roles).
- interviews and focus group discussions with young people in the LHPs.
- interviews and focus group discussions with project leads and facilitators in LHPs.
- interviews with local professionals connected to the LHPs (i.e., social workers, PAs).

These multiple perspectives collated individually and collectively, combined with our observations of meetings and informal interactions generated a full picture of the practices of the LHP, which enabled us to explain young people's experiences of the project and their personal journeys within it.

The research was participatory in that progress and early findings and interpretations were discussed with the NHP senior leaders and presented to staff and young people at the NHP project conference in March 2022. These interim discussions were valuable for testing and developing the research analysis. The feedback we received was integrated into the subsequent analyses.

3.2 Ethical Considerations

We wanted young people and staff to experience the research as a constructive and enjoyable experience during which they felt safe and in control. To this end, we followed the principles for a trauma-informed approach developed by the Substance Abuse and Mental Health Services

Administration (SAMHSA, 2014): Safety, Trustworthiness and Transparency, Peer Support, Empowerment. Recognition of cultural, historical and gender issues and Collaboration and Mutuality. Table 1 below illustrates how we applied the principles to our research practice:

Table 1: Trauma-responsive approach to research

Consideration	Research practice
Safety	✓ To ensure that participants felt physically and psychologically safe in any research encounters, we were careful to explain the purposes of the research and what participation would involve. ✓ The location of interviews and focus group discussions were agreed with the young person or staff member that they were spaces they felt comfortable to be in – whether online, in meetings at the LHP base or in the young person's home.
Trustworthiness and Transparency	✓ We aimed to demonstrate our trustworthiness through taking time to get to know staff and young people and build their trust in the research by visiting the projects and having informal conversations. ✓ We were open about the aims and methods of the research and what participation would involve. ✓ We provided young people with space to consider whether or not they wanted to participate after the initial information and they were given opportunities to ask questions to ensure that their consent to participate was fully informed.
Peer Support	✓ Our first encounters with research participants were with others in their group and young people were given the opportunity to be interviewed with another if they preferred to do so.
Empowerment	✓ Our interviews were semi-structured to allow space for participants to express their views and feelings in ways that were meaningful to them. ✓ We emphasised the voluntary nature of participation and that no participant was obliged to answer any questions and could choose to leave the research at any point.

Recognition of cultural, historical and gender issues.	✓ In our interviews we aimed to recognise cultural and gender identities and did not to probe into a participant's background or prior experiences where these were not offered by the participant ✓ Our interview schedules were designed to avoid triggering earlier traumatic experiences – we did not ask about past circumstances for example as these were not relevant to the experience of the programme in the present. ✓ Following their interview, young people had access to their LHP facilitator and could access follow up support if needed.
Collaboration and Mutuality	✓ We wanted to ensure that participants felt the research was a collaborative process by sharing our findings, discussing ideas, checking ideas and points made to ensure we had fully understood what they meant and had represented their views accurately. ✓ In recognition of their contribution each young person was given a shopping voucher of £20 in recognition of their contribution to the research.

Having put together our ethics protocols, we applied for and gained ethical approval from the Ethics Board at the University of Cambridge and from each of the LAs where the five LHPs were located.

3.3 Data Collection

The qualitative study combined multiple data collection methods in order to develop a clear and verifiable understanding of the workings of the House Project approach and young people's personal journeys. These comprised focus group discussions, interviews and participant observations of LHP meetings, visits between facilitators and young people and of formulation meetings.

We were mindful of the importance of taking time at the outset to build trusting relationships with staff and young people in their LHPs. To this end we started by introducing ourselves informally through initial online group conversations and once pandemic related restrictions were lifted, by going along to local and regional events to meet people and talk informally about the research.

Our fieldwork took place between July 2020 and May 2022. The majority of the fieldwork occurred in 2020-21, as a result it was necessary for certain elements to be completed remotely at the outset using either Microsoft Teams, Zoom, or the telephone. However, we also had opportunities for in person contact with many interviews taking place face to face in the later stages of data collection.

Figure 2: Summary of data collection process

3.4 Research Participants

We started our evaluation with initial interviews with NHP leaders and key psychological and educational consultants involved in shaping the strategic direction of the charity. We aimed for a total sample of all leaders, middle managers and stakeholders involved in the NHP in order to identify as full a picture of the aspirations and workings of the Charity Having an initial understanding of the key of aims and strategies of the NHP as envisioned by the central team, we began our fieldwork in five LHPs that had agreed to take part in the research.

The five LHPs were located in urban settings in different geographical regions in England. Some were well established with two of three cohorts of young people who had already completed the programme, others were comparatively newer and recruiting their first or second cohort of young people to work with. The positioning of the LHPs in the work of LAs varied

and ranged from projects that were part of the local council's 'business as usual' activities to others which were a new addition to the council's work with young people transitioning out of their care. Some had their own established base from which they could work from, others were still searching for a permanent base and were hiring local facilities for meetings in the meantime.

In each of the five LHPs we invited all project leads and facilitators to be interviewed aiming for a total sample. The project leads and facilitators spoke to the young people involved to see who were willing in principle to be involved in the study. Our aim was to speak to at least seven young people from each LHP who had different levels of experience and engagement with the project, aiming to garner 'maximum variation' (Ritchie and Lewis, 2003) in young people's experiences. Having completed the interviews with the young people we also interviewed local stakeholders who had direct contact with young people at each of the LHPs. Furthermore, we the interviewed again the project leads and facilitators to deepen our understanding further.

Table 2 presents a summary of the sample which is broken down by the method of data collection. In total 90 individual interviews were carried out across the evaluation and 45 people took part in focus group discussions.

Table 2: Summary of interviews and focus groups completed

Participants	Data collection method	Sample size
NHP stakeholders	Individual interviews	13
Local HP Staff	Focus groups	17 (5 focus groups)
	Individual interviews (phase 1)	17
	Individual interviews (phase II)	12
Local professionals	Individual interviews	11
Young People	Focus groups	28 (5 focus groups)
	Individual interviews	37

3.4.1   National House Project Staff

We completed individual interviews with 13 NHP Stakeholders. These were predominantly individuals involved in the high-level management and oversight of the project. These

interviews were conducted over Microsoft Teams and lasted an average of one hour and 10 minutes. The purpose of these interviews was to gain greater contextual understanding of the history and development of the project, its broad aims and goals, as well as a sense of challenges and future opportunities relevant to the project. In addition, we conducted a follow up interview with one NHP staff member.

3.4.2. Local House Project Staff

Focus groups

After holding initial introductory meetings to introduce the research to LHP staff, and to address questions and concerns, we invited these staff to participate in focus groups. Five staff focus groups were held, one for each LHP included in the research. A total of 17 local staff participated in the focus group discussions: three from LHP A, three from LHP B, four from LHP C, three from LHP D, and four from LHP E. The focus groups were conducted over Microsoft Teams and lasted an average of one hour and 15 minutes. The purpose of these focus groups was to gain a greater understanding of the LHP, from the perspectives of staff members, and to build rapport between staff and researchers in preparation for individual interviews.

Individual interviews

A total of 17 LHP staff members participated in semi-structured interviews during the main phase of fieldwork: three from LHP A, three from LHP B, four from LHP C, three from LHP D, and four from LHP E. In all cases, this represented a total sample of LHP staff at the time of these interviews. These interviews were conducted remotely via telephone or Microsoft Teams, or in-person. The interviews lasted an average of one hour.

At the end of our period of data collection, we conducted additional interviews with LHP staff. The purpose of these interviews was to explore themes raised in interviews with young people in more detail, from the perspectives of staff who had already participated in interviews. A total of 12 LHP staff members participated in a second interview: one from LHP A, two from LHP B, four from LHP C, three from LHP D, and two from LHP E.

3.4.2   Local professionals

In addition, semi-structured interviews were also conducted with other staff members who worked closely with the LHP's core staff team. These staff members were predominantly social workers and personal advisers who were supporting young people involved in the LHP. The

purpose of these interviews was to gain an understanding of the wider context in which LHPs were operating. In total, 11 staff members participated in these interviews: three from LHP A, two from LHP B, two from LHP C, two from LHP D, and two from LHP E. These interviews were conducted remotely via telephone or Microsoft Teams, or in-person. The interviews lasted an average of one hour and included social workers, personal advisors, educational mentors, and housing managers. All professionals had knowledge of the LHP and of young people who were part of the HP community.

3.4.3 Young People

<u>Focus groups</u>

Focus groups were also conducted with young people from each LHP. A total of 28 young people participated in the focus group discussions: six from LHP A, five from LHP B, six from LHP C, six from LHP D, and five from LHP E. The focus groups were conducted over Microsoft Teams or in person and lasted an average of 35 minutes. The purpose of these focus groups was to gain a greater understanding of the LHP, from the perspectives of young people, and to build rapport between young people and researchers in preparation for individual interviews.

<u>Individual Interviews</u>

A total of 37 young people participated in semi-structured interviews: ten from LHP A, eight from LHP B, five from LHP C, seven from LHP D, and seven from LHP E. These interviews were conducted remotely via telephone or Microsoft Teams, or in-person. The interviews lasted an average of 30 minutes. In addition, two young people from CLNM also participated in semi-structured interviews to discuss the role of CLNM in relation to the NHP.

In terms of the background demographics of the 37 young people who participated in the semi-structured interviews about their LHPS: they had an average age of 18, the youngest participant was 16 and the eldest was 20; in terms of gender 19 (51%) identified as women, 15 (41%) as men and three (8%) as non-binary; in terms of ethnicity, 20 (54%) were white, eight (22%) were Black, five (14%) had a mixed ethnic background, and four (10%) were Asian. Regarding nationality, 26 (70%) of the young people were British nationals, four (11%) were African nationals, two (5%) were Eastern European nationals, and five (14%) were of other

nationalities or held dual citizenship with the UK and another country[2]. In terms of work and education status, 14 (39%) were in full-time education, 10 (27%) were in full-time work, five (14%) were combining education and work, four (10%) were NEET, and four (10%) were not able to provide data. Young people had been part of the LHP for an average of nine months, with the shortest time being one month and the longest time being three and a half years. 10 (27%) of the young people had not yet moved into their properties, 14 (39%) had a property allocated to them and were preparing to move in, and 13 (34%) had moved in. Of those who had moved in, they had been in their properties for an average of 11 months, the shortest time was one month, and the longest time was just over two years.

3.4.4 Observational Work

In order to deepen our understanding of practice we carried out several periods of observations across different spaces in the LHPs. We attended formulation meetings, community of practice meetings, the CLNM conference, the NHP conference, and attended a project lead and facilitator training day led by the NHP education consultant. We observed several HPP group sessions across several LHPs. We also travelled with facilitators when they visited young people in their homes . Across all LHPs we were welcomed to spend time and project leads and facilitators talked openly about their practice.

3.5   Data Analysis

After transcription, interviews, focus group discussions, as well as notes from observations were coded using Nvivo. Thematic analysis (Braun and Clarke 2022) was used to analyse the data. We adopted an iterative approach to the data analysis, starting with an initial codebook compiled from stated aims of the House Project approach and related psychological constructs drawn from related theories such as Attachment Theory (Bowlby, 1973), Self Determination Theory (Deci and Ryan, 2000) and adding to the codes as new themes emerged from the data. We coded first for surface-level explicit meanings (semantic codes) and following discussions amongst the research team developed latent or themes which captured underlying assumptions and ideas to what was explicitly described. Feedback received from staff and young people in our early discussions of findings and presentations at the NHP annual conference helped to refine and develop the analyses.

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[2] Here we use regions rather than specific countries in order to preserve young people's anonymity.

3.6 Presentation of Findings

In order to capture the detail and moments of significance in young people's experiences of the LHP, while at the same time ensuring the anonymity of the young people who took part in the research, we have written up the young people's findings as composite case studies ('composite stories'). These blended vignettes of young people's stories combine comments and details from multiple young people interviews into a single narrative. The stories are on the theme underpinning the 'moments'. They aim to capture the momentary detail of relationships which are the key feature of our findings. These stories are the 'outcomes' of the HP approach but have been written in a manner that at once captures both the nuance and idiosyncrasy *and* the main thematic outcomes.

Composite stories are a widely used tool in psychological research as they can: preserve the anonymity of research participants, convey the richness and complexity of participants' experiences – offering an alternative to typologies and categorisation systems which may ultimately be reductive – and in addition they can help readers to focus not only on past outcomes, but on possible scenarios for future practice (Willis, 2019). Alongside these composite stories we mention some specific counterexamples of when things did not work as successfully, which serves to clarify by counterpoint what did work well in the moments we have combined into composite vignettes. These composite stories, and their counterexamples, are intended to provide stimuli for reflection on HP practice.

All names given here, apart from the names of the NHPs CEO and Director, are pseudonyms. The five LHPs who participated in this research have also been given pseudonyms with each project allocated a letter from 'A' to 'E'

3.7 Research Quality

The core criteria which signal the trustworthiness of the research: dependability of the research process, credibility of the data, confirmability of the research interpretation and transferability of the research findings (Lincoln and Guba, 1985) were held in mind throughout the research process. Research activities were planned systematically and according to the collective and individual strengths of the research team. Data were collected from multiple sources and using multiple methods to establish a rich contextual understanding of the House Project approach in practice and at least two team members visited each LHP and main event to enable comparison of observations. A constant comparative approach to the data analysis was employed

(Charmaz, 2008) whereby similarities and contrasts were actively searched for in the data in order to ensure a nuanced and robust interpretation. The analysis and write-up were collaborative reflective processes - regular team meetings were held to discuss and share ideas about the meaning and interpretation of the findings and to ensure that they were clearly grounded in the data collected. Lastly, the description of the research process in this report aims to be sufficiently clear and detailed to demonstrate the robustness of the research approach and interpretation of findings. The team took a reflective approach to the analysis of the data. Furthermore, reflexivity was also encouraged to consider the role of our own positionality in relation to the data. Trust needed to be established between us too; the three researchers had worked together on other projects relating to the experience of young people and therefore had an interpersonal connection. Trust and safety in the research team was needed to engage in meaningful conversations to then deepen the level of reflection and analysis.

4   Findings (I): 'Extra-ordinary' Moments -Young People's Journeys Within the House Project

We start our discussion of findings by describing young people's developmental journeys as part of the House Project experience and the 'extra-ordinary moments' that demonstrated the progress that each young person made. The developmental journeys made by young people are detailed here as the outcomes of this research. Importantly, though, when reporting these 'outcomes' resulting from the psychological framework of practice, we intentionally use the concepts of 'extra-ordinary moments' and 'journeys' rather than solely the formal language of 'outcomes' for two reasons.

Firstly, whilst conventional outcome measures associated with interventions to support care leavers, such as programme attendance, education, and employment status, and whether or not a young person is sustaining their tenancy have value they are too blunt to capture the subtleties of some of the significant achievements made by young people in this programme. As one facilitator said*: 'there's many little things that are life changing and amazing at the same time that happen every day in this project'* (Facilitator, Project D). Another facilitator said:

> *some people would see them as real small things, and we see them as actually, no, it's quite a big thing for this young person, even though it's a little thing in the grand scheme of things (Facilitator, Project D).*

We use the term 'extra-ordinary moments' to capture these significant milestones that might otherwise be overlooked by more conventional outcome measures.

Secondly, we recognise that each young person who is part of the House Project commmunity is an individual, and we aim to capture the progress they have made on their journey – the distance that they have travelled:

> *it's very much person by person, so it's not a case of here you go, this is a list of what a success story looks like, and it has to be one of these things. It's very much a case of depending on that young person, depends on the success (Staff Member, NHP).*

What constitutes a meaningful milestone will likely be very different for each young person and measuring young people's progress against homogenising outcome criteria would erase this.

Accordingly, to explore examples of the progress made by young people through the relationships that they formed while part of the House Project this chapter uses stories that are composites. As discussed in the methods section the use of composite stories (or 'case studies') helps to preserve the anonymity of the young people who took part in this research while at the same time capturing the significant detail of their lives and experiences in the House Project.

The composite stories are written in the third person but integrate direct quotes from staff and young people who had relevant experiences. We refer to these composite stories as young people's "journeys" to emphasise that these stories are ongoing, and we only capture a snapshot of their experiences during the year in which we carried out the research. These stories explore moments observed or described in interviews which might look small at first, but which take on powerful significance once situated within the young person's specific context and lived experiences. Some of these stories focus on progress made by staff and young people within challenging situations, emphasising the importance of recognising successes in the context of complex and difficult life circumstances. We describe here their stories which broadly follow young people's trajectories within their LHP from their first encounters to moving into their own homes and beyond. We found substantial evidence that the psychological framework of practice offered by the House Project resulted in the following positive developmental experiences for young people:

- participation ('joining in')
- in(ter)dependence ('reaching out for support')
- ownership and responsibility ('owning it')
- relatedness ('building community' 'working on other relationships')
- sense of well-being and direction ('thriving not surviving')

We also reflect on the connections in these composite stories to the ORCHIDS framework of practice and to the concepts of relatedness, autonomy and competence in Deci and Ryan's Self-Determination Theory (2000) which underpins ORCHIDS.

4.1 Joining in

A fundamental and initial milestone within the project was a gradual increase in young people's capacity to participate in the project itself, for example to attend group sessions, and to play a more and more active role – for example being able to speak in front of others. This progress

reflects the positive impact that being part of the project had on confidence and self-esteem for many young people. This progress is reflected in Shiv's story below.

4.1.1 Shiv's Journey

Shiv, aged 16, joined the LHP and initially found it difficult to attend the group sessions. He had arrived in the UK a year ago as an unaccompanied asylum seeker and was finding it challenging to adjust to life in a new country. When Shiv joined, his facilitator Zahra met with him several times one on one to get to know him, and to talk about what was involved, including attendance at group sessions. Shiv was nervous about going to the group sessions. He didn't yet feel ready to tell Zahra this, so he played the issue down and said that attending was no problem. Zahra accepted Shiv's assertions that he was completely happy about coming to the groups but resolved to keep an eye on how things went, and to revisit the conversation after the first session. While staff did pick young people up and take them to group sessions, Shiv's foster placement was a significant distance from the project base and staff were supporting other young people immediately prior to the session and were unable to make the journey. To get to the group session he had to catch multiple buses and found the new group environment intimidating: *'the time when I first walked in, it was scary because I couldn't find the place, and then when I did find the place I went in and everyone was looking at me'*. Although he was *'A bit scared, and a bit nervous at first'* he managed to take a seat at the table, keeping his hood up and his eyes on the floor. After ten minutes or so, Shiv was starting to feel really anxious about being in the session, and about the journey home. He picked up his bag, left the session and travelled back to his foster carer's house.

The next day, Zahra sent Shiv a WhatsApp message. Text messages sent via WhatsApp were Shiv's preferred way of communicating remotely as he often felt anxious talking on the phone. Zahra knew from talking to Shiv's social worker that Shiv sometimes felt shy in group situations. She praised him for making it to the session and asked if there was anything that she could do to help him feel more comfortable next time. Shiv said no, but the next week he did come to the session. This time his first bus didn't turn up, and he missed his second bus and was late. Shiv felt very nervous about walking into the session late and so he decided to leave.

The next day, Zahra checked in with Shiv via WhatsApp. Remembering Zahra's supportive words when he had had to leave the first session, Shiv felt able to tell her that he had missed the bus. Zahra suggested that he pair up with Naima, another young person from the group who lived on the same bus route, and that they travel in together. Shiv decided that he would give

this a go. The next week he met Naima at the bus stop and they made the journey together. Although they were a few minutes late, Shiv felt able to walk into the session with Naima. Although Shiv didn't actively participate in the session, this time he stayed until the end. Naima knew that young people sometimes felt worried about walking home at night in her area, so she made sure that Shiv got home safely. Shiv explained:

> *she said oh, I'll drop you off home because you look a bit scared to travel back at night on your own. Then she got off the bus, walked me to my house, and then walked… she got back on the bus to her stop.*

As the weeks went on, Shiv stuck with the group sessions. Although he didn't speak in front of everyone, and struggled to make eye contact, Zahra was able to continue to provide him with support and encouragement to keep attending over WhatsApp, and Shiv felt able to come to the one to one sessions with her. Shiv also kept travelling to and from the sessions with Naima and they would talk a little bit on the bus. After a few months, the group was starting to think about planning a group outing. Shiv and Naima had been working together to think about places to go, and Shiv felt able to feed back their ideas to the rest of the group: '*I was a bit nervous to speak to 'em, and then I spoke to them*'. The group was pleased with these ideas, and this gave Shiv the confidence to speak again over the next few sessions. Zhara said:

> *Shiv is chatting to everyone, he's telling everyone about stuff, he's more open…So, just promoting him as an individual and understanding what he is and how we can support him, that has actually built on massively on his confidence within the House Project and we can now see that he is more willing to be part of the community. Even with all the challenges that he's got, he's now ready to say okay, yes, I'm part of this.*

Gradually, Shiv started to join in with the sessions and share more of himself with the group. Over the next few weeks, Shiv played an active role in planning a group outing to a Go-Karting track, which he then attended. Zahra described this transition as follows:

> *I think for me it's seeing, like, even subtle changes or a feeling within that young person. So Shiv, when he started the project was, like, when he completed sessions he didn't really talk, he was very quiet, didn't really have much confidence, like you couldn't even really get through to him, like, with anything. He would just turn up and you wouldn't know anything about him. And as the project went on, he became more open and he started talking to the other young people and you, sort of, knew*

more about him. And for me, that was a success. You know, it's not like he has, you know, a dream job or I dunno…but for me, I found that amazing, because that's a young person coming out of his shell. That's a young person building skills for the future. So, I think that's successful, you know.

In this example, Shiv received consistent support from Zahra and Naima who recognised the challenges he was experiencing and were supportive without pushing him too far. As a result, Shiv felt able to keep coming to sessions, and gradually began to open up and become more of an active member of the group. As he put it: '*I have a voice. I want people to hear my voice.*'

Shiv's story shows how the process of gaining confidence to be with others and participate in group activities takes time and is achieved through ongoing, consistent, and unfailing encouragement and support. Notably it is not just the LHP facilitator relationship that is important but also the connection to the other young person, Naima, while travelling to LHP activities. Shiv's story highlights the fragility and significance of a young person's early encounters with the LHP. Shiv's interactions with both Zahra and Naima help him to gain confidence in spaces he initially felt insecure in. While not undermining his autonomy, they provide social 'scaffolding' which enabled him to gradually join in with activities and feel a sense of active belonging to the House Project community.

4.2   Reaching out for support

A significant part of success for many young people was being able to ask for help from facilitators, or another trusted adult, when they needed it. Whereas previously young people may not have felt able to seek care and support from a trusted adult, meaning that issues often got much worse before they were finally addressed, young people within the LHPs became more able to open up and to ask for what they needed. There was evidence of young people developing trust with staff which enabled this process. The following stories explore this process for two young people: Finlay and Aimee.

4.2.1   Finlay's Journey

Finlay, aged 18, recently moved into a shared house. He is a quiet member of his cohort but attends group sessions regularly and gets on well with Chantal, a facilitator, and Humzah, the Project Lead. One day, Humzah and Chantal took Finlay out for lunch at his favourite café. Chantal noticed that Finlay ate his meal very quickly. She asked him whether he wanted the

other half of her chips, as she was too full, and Finlay ate all of these too. Chantal began to wonder why Finlay was so hungry and whether he had enough food at home. She suggested that they go back to Finlay's house for a cup of tea and a chat. Finlay was worried that Chantal and Humzah would see that the house wasn't very tidy, and that he didn't have much food in the cupboard, because budgeting had been difficult that month. In the past, Finlay had always found it hard to tell his social workers when he was struggling with something. He worried that they would be upset or angry with him. One of his housemates, Fatma, could cook complicated meals from scratch and Finlay also worried that she would think badly of him if she found out that he struggled with cooking. Finlay made an excuse, and everyone went home.

The next day, Chantal suggested that she and Finlay go and get a jacket potato, after he finished college. Chantal wanted to show to Finlay that it was OK to ask for help, so she told him about her experience of leaving home and about a time when she fell behind on her rent and needed support. She told the story in a funny way that made Finlay laugh and explained that it had all been alright in the end. Seeing this, Finlay felt able to tell Chantal that he had been finding budgeting really hard – the money he received never seemed to stretch to the end of the week and he didn't have enough food at home. Chantal praised Finlay gently, recognising that it was a big step for Finlay to be able to tell someone that he needed help. She suggested that they stop by the supermarket, and that they go back over the work they had done on cooking and budgeting in their meeting next week. Finlay asked whether Chantal was going to tell his housemates. Chantal reminded him that their conversation was just between the two of them (that she wouldn't tell his housemates), which Finlay found helpful: '*it helps with your, like, building your confidence in…being able to, like, speak to people that you trust that are not gonna go around talking about what you're telling them'.* At the supermarket, they selected ingredients for a simple healthy meal that they had made before in a group session.

Reflecting on what had happened, Chantal highlighted the importance of reassuring Finlay that she was on his side and there to help him: '*I think those are the kind of conversations. And then, because they see, okay, everyone's there to support'.* Finlay had developed more of an ability to reach out for support, and this made it easier to meet his basic needs, like having enough food in the house. Finlay continued to face a variety of challenges in his life: in particular, staying in college was difficult and he experienced issues with anxiety and depression. However, the experience of reaching out for help with cooking and budgeting and of receiving support from Chantal, helped him to feel more able to ask for help when he experienced these challenges.

Finlay's story highlights the relevance of the shift from 'independence' to 'interdependence' in the ORCHIDS framework and demonstrates the importance of recognising that the concepts of independence and responsibility are not absolute. For Finlay, these two concepts meant being able to do everything himself. When he realised he was struggling with money and with cooking for himself, he did not want to ask for help for fear of not living up to others' expectations and revealing he was not coping as well as other young people. Chantal's collaborative and sensitive approach was fundamental to Finlay's 'journey' to asking for support: she discovered Finlay's struggles and was able help him because of what they shared together: the meal they ate with Humzah when she noticed his hunger, the common experience of similar difficulties, going together to shop for food. Again, like Zahra with Shiv, Chantal was careful not to undermine Finlay's sense of agency in the support she provided. Importantly he accepted her help and reached out to her again not just because she understood his situation but because he trusted her to not reveal his struggles to others.

4.2.2   Aimee's Journey

Aimee, aged 18, had just joined the LHP. Over the last few years, Aimee had been experiencing problems with self-harm and suicidal thoughts. Initially, she found this aspect of her life difficult to share with Dionne, her facilitator. A point of connection for the two of them was Dionne's dog Pippin, which Dionne had brought to one of the group sessions. Dionne described how this helped her to build a relationship with Aimee:

> *I tell you what has been successful, she loves the dog. So, in the professionals meeting yesterday, she had actually mentioned to one of the staff, even though she's turned me down a couple of times, she has said she loves the dog, and after the meeting she said can I have some time with Pippin? So, I took Pippin up there at six o'clock yesterday evening. And then she rang me this morning and she said… can I see you and Pippin again? And she just wants me to bring the dog to the garden. And I'm just, like, yes!*

Gradually, through meeting with the dog, Aimee and Dionne were able to build up a relationship, and Aimee was able to talk to Dionne about her experiences of self-harm and suicidal thoughts. Following this, Aimee began to contact Dionne each time she was struggling with issues of self-harm. Dionne recognised this as a positive step – Aimee seemed more able to reach out for support, and Dionne was able to explore her feelings with her:

She'll call me and say Dionne, oh, I done it [self-harmed]. I'm, like, right. It's okay. Let's… what happened when you felt that way? What happened when you did it? How did you feel? Why did you feel… you know, what made you do it? And we'll go through it together. So, yeah, it's really helpful.

However, managing Aimee's need for support was also challenging for Dionne. Often Aimee would call just as Dionne was about to leave work for the day. Dionne found this difficult to manage:

That, to me, is very hard. I want to, you know… I want to give her positive affirmations, but I'm not going to give her undivided attention because it means my boundaries are going to drop. I have to be boundaried, and I have to have work and home.

During this time, Dionne worked out a safety plan with Aimee. Dionne tried to encourage her to draw upon her wider support network, including the local mental health crisis team, but Aimee was reluctant to talk to anyone else. In addition, there was a long waiting list for CAMHS support. One evening, Aimee called Dionne to say that she was feeling suicidal. Despite Aimee's objections, Dionne felt that it was necessary to call an ambulance. Dionne described this experience below:

So, I said look, Aimee, I'm going to, even though you're 18 and you're not giving me permission to call the ambulance, I feel like your life is at risk here, so just being honest and saying that I don't agree with what you're saying, and I'm going to call that ambulance. And I did.

The ambulance arrived and paramedics made sure that Aimee was physically ok. Aimee was upset that Dionne had called the ambulance, but the safety plan that they had put together helped her to understand Dionne's course of action: '*she was angry with me at that point, but she understands why I did it*'. Reflecting back on the incident with her project lead and the project psychologist, Dionne was able to think about how to move forward. She said:

It was really full on. So, d'you know, I think I have a good trusting relationship with Aimee now. I think I had to feel my way around, find out what was going on. Now I have a bit of a better handle on the situation, I think we can probably plan something that is going to be beneficial to Aimee. I want to respond, but I don't want to react.

In a discussion between Aimee, Dionne and Aimee's social worker, the three decided that she was not yet ready to move into a flat on her own. However, Aimee said that she still wanted to continue with the House Project programme. Asked what enabled her to continue to attend the meetings she said: '*Having the support. People there if I broke down'.* For Aimee and Dionne this process of reaching out and accessing support had been complex and challenging at times, but ultimately there was progress towards consistent and meaningful support for Aimee. Dionne's calling of the ambulance for Aimee was a significant milestone in their relationship for despite Aimee's opposition at the time, the relationship did not breakdown and Aimee was keen to continue as a member of the HP community. Through joint reflection on the incident with Aimee's social worker they had been able to agree together a way forward. Aimee's continued engagement in the House Project Programme (HPP) and acknowledgement of the support she received there highlights the value of this collaborative approach to resolving conflict and maintaining a sense of relatedness.

Aimee's story also illustrates a relevant nuance to the concept of 'autonomy' in practice –a distinction between 'autonomy' as practiced in a reflective way and 'autonomy' as practiced in the moment. Aimee and Dionne had collaboratively drawn up a safety plan in which Aimee had agreed that in moments of crisis where there were concerns for her safety, the LHP team could intervene and override her autonomy-in-the moment. Although she did not agree to Dionne calling an ambulance that evening, as a result of her earlier considered decision about intervention in her safety plan, she could understand and accept Dionne's point of view.

4.3   Owning it

A significant focus of the House Project approach was encouraging young people to cultivate a sense of ownership over their lives. It manifested itself as young people feeling empowered to take active steps in order to get where they wanted to be. One young person described this as follows:

> *That's what it means to, like, me. And I think that's what it should mean to the House Project in general, you know, owning your stuff, owning your life, your future, the house, anything and everything in it…it's just about taking real strides in making your life work for you, and you owning your life instead of your life being owned for you by, like, your upbringing, or by being a care leaver. (Young Person, Project C)*

The composite story below explores this sense of ownership in the context of a young person getting to the point of being able to move into their own home, and then navigating the challenges of sustaining tenancies.

4.3.1 Aliyah's Journey

Aliyah joined one of the first LHP cohorts when she was seventeen. Aliyah was excited about the prospect of moving into her own home but did not have much experience with budgeting and managing and paying bills. Aliyah attended group sessions, completing the House Project Programme (HPP) and working with a facilitator to learn about the bills that she would have to pay. At this time, her social worker and a manager within the LA still had some reservations about her moving into independent living. Aliyah discussed this with a staff member from the LHP, with whom she had built a trusting relationship. The staff member, Sabina, described this conversation as follows:

> *I remember Aliyah saying "well d'you know what, I can, sort of, see, you know, you could say that they were worried about us, you know, us going into these houses on our own. But the thing is, Sabina, they haven't been to see what we're doing. They don't know what we're like. They've not seen us, they've not met us, I think we should invite 'em…We need to impress 'em, we need to show 'em how great we are, and we need to show them what we've done, how prepared we are." I mean, what… how great is that?*

Following this conversation, Aliyah asked for the social worker and manager to join a LHP group session, in which she spoke about why she felt she was prepared to move into independent living, in particular the work that she had done on budgeting and the safety plan that she had put together with LHP staff. This led to further discussions between Aliyah, LHP staff, and the social worker and eventually Aliyah was able to move into a flat of her own. Once she had moved in, Aliyah began to navigate the challenges of independent living. Although Aliyah had learnt about how to manage and pay bills, she did not feel that confident in dealing with service providers on the phone as this was still a relatively unfamiliar task. However, she demonstrated her ability to take responsibility, with the support of her facilitator Susie, when faced with a sudden change in her energy bills. Aliyah describes this in the extract below:

I pay £43 for my gas and electric, and they sent me through, and for whatever reason they bumped it up to £100. I don't need to pay £100 a month for my gas bill. And I sat there, called Susie, and she was, like, everything okay? No, they've just doubled my gas and electric. What do I do? She's, like, okay, ring 'em up. Be, like, why have you put it up this way? And what's the actual rate? And so, I rang them up myself…And they changed it down, but then they asked for meter readings. And I've never done a meter reading before, so I say to Susie how do I do a meter reading? And then she taught me how to do meter readings. So, it's, like, she encourages you to do it on your own, so she'll be, like, oh, ring up. And then if you're out of your depth again, then she'll step in and come and help.

Aliyah described the way in which this support during the early months of her tenancy helped her to develop the knowledge and confidence to be able do more tasks associated with running her house independently. This was an experience that Aliyah described as positive and motivating in and of itself:

When I first moved in I, sort of, had all this support, and then I was, sort of, looking at things thinking right, I did that with this one, so can I do that with this? Applying it. And then when you start applying it they come over next thing. D'you need any help with the thing? Well, actually, I've already done it….Yeah, if feels so good 'cause it feels like wow, I'm independent. I'm an adult. I'm 17 years old doing adult stuff and I was thinking oh, I'm Johnny big bollocks…[The House Project staff] sort of, motivate you to be oh, look at me, I'm an adult. And then you get this drive, and then when you do one, you get, like, an adrenalin rush thinking oh, my god, I've done it. So, then you do more and more and more and more, to the point they come up and go what have you done this time? And you wanna show them what you've done.

From starting in the LHP initially through to moving in and sustaining her tenancy, Aliyah was able to draw on the relationships that she had within the LHP in order to develop and cultivate a sense of ownership and competence to face and deal with the challenges of maintaining a tenancy. Highlights for Aliyah included fixing a dripping tap by herself using a video that she found on YouTube, and spending an afternoon with Sabina and Susie redecorating one room in her flat with pink glittery wallpaper.

4.3.2 Raheem's Journey

Raheem, aged 18, joined the LHP during a very difficult period of his life, having spent time in a Young Offender Institution (YOI) and having had multiple semi-independent placements since his release. Raheem worried about the possibility of going back to prison, and this made it difficult for him to think about his future. As Anjali, one of thefacilitators explained:

> *Raheem was ... in prison a couple of years ago…And I think that what you see with a lot of the young men in particular is that you see them really at, like, a bit of a crossroads, where they're...at the age where they could go in either direction, and if it goes well, I think the House Project can really help to steer them and buffer them from the other influences, give them that boost.*

Initially, Raheem found it difficult to trust Anjali. However, Anjali was able to build a relationship with Raheem by demonstrating her understanding of his situation and her awareness of his needs. Specifically, high rates of crime in Raheem's local area, involving people in his peer group, meant that he didn't feel safe in certain areas of the city. Anjali responded to this, making sure their meetings were in safe locations, and providing lifts where necessary. When the time came to look at properties for Raheem, Anajli worked with him to encourage the LA to be flexible with the options offered. Eventually they found Raheem accommodation where he felt safe.

Having a place to live that felt safe, in an area where the risk of becoming involved in violence again felt lower, helped Raheem to start to think about a future that didn't involve going back to prison: '*it's a new start for me, I can't really go to that area and, like, re-do the stuff that I've done in my past'.* Raheem described his excitement at moving in: '*I was so excited. Anjali took me to get the keys and I was, like, wow, I've got a flat. She laughed, and I was, like, oh, this is mine now. I've got the keys. I can come whenever I want. Tick.*' Raheem had also started to think about how he would personalise the space: '*My bedroom paint just came yesterday so I need to measure the back space. I'm going to paint it'.* Raheem felt able to invest in and take pride in his life in the flat and drew on the work that he had done at the base around budgeting and cooking. Anjali recognised that Raheem was starting to believe that life might get better and talked with Raheem about what an achievement this was. These conversations helped to build Raheem's confidence and his belief that he could live a fulfilling and independent life: In the extract below, Anjali describes this transition:

When his social worker came over, you should have seen the proud look in his face, and for him… d'you want to come around and have a look and eat? And to the point where he himself took it upon himself, like, to open the fridge. D'you want to see how much food I've got in? Whereas normally, when you would have gone and seen him in his placements, why are you checking that I've got food? D'you think I'm not eating? D'you think I'm not supporting myself? But he was actually taking that, and it's oh, come and have a look around my house, and it's just… it was really nice to see, and I think that's… I think it's the self-belief and the proud moment when they have actually been able to get to that point.

Raheem described the sense of ownership and belonging that he had gained from being in his flat: *'when it's your own thing you feel, like, right, I belong here. This is for me'* and was starting to think about the future.

Anjali's respect for Raheem's concern to feel safe in his new property and the action she took with the LA over accommodation choices to ensure that he did was fundamental not only to the establishment of a trusting relationship but also for establishing the living conditions in which Raheem's sense of independence and self-direction could grow.

4.4   Building Community

Young people who formed trusting relationships within the LHP, which provided them with a secure base, were also more able to contribute to creating and building a sense of community within their project. This is described in Courtnie's and Amber's journeys below:

4.4.1   Courtnie's Journey

Courtnie was part of one of the first cohorts in an LHP that has now been running for several years. She is living independently in her own flat, and really valued the opportunity to meet and connect with other young care leavers through the project:

You get to know other people stories and, like, and knowing you're not the only one going through the experience…you can talk to the other kids and know that they'll sit there and they'll understand it or they won't, like, judge you for what you're talking about 'cause they, kind of, get it. They're, like, yeah, no, I understand.

When she experienced challenges during the project, for example living alone for the first time and feeling lonely, she had found it helpful to be able to talk to other young people who had been through similar things:

> *I think it's, like, quite nice 'cause, obviously, we're all in the same boat as, like, leaving care… so, we're, kind of, we can, like, if there's an issue we can all, kind of, work together rather than have to, like, be alone with it. Kind of, like, there's everyone there, like, can support you with that and you can support them different things.*

Together, Courtnie and other young people in her cohort had successfully led a campaign to persuade the LA to give young people more flexibility with how they spent the allowance that they received to furnish their homes. This enabled young people to choose items for their flats that were more personal to them. Through working on this campaign and discussing other issues in the group sessions and in the LHP WhatsApp group and in group sessions, Courtnie came to really value the LHP as an important source of community and belonging. When a new cohort joined the project the next year, she decided that she wanted to play a bigger role in helping to support them: '*You can give back. As soon as you're done receiving, then you can give- I think that's really cool*'. Courtnie came to some of their first group sessions and talked to the new cohort about her experiences of moving into her flat:

> *I'm encouraging them to, like, so, with the budget that you get, the Universal Credit, you get £257 a month. And then, 'cause you've got to budget that, we're asking the cohort how are you going to budget that for a month? And so, if you split that into four and then you get a certain amount, about fifty-something, sixty-seven pounds a week, I'd say, you've got to put that onto food, gas or electric, water, everything else…I'm showing them this is what it's like. I'm in the middle of it. Look at how I'm dealing with things.*

This role within the group was important to Courtnie:

> *You take responsibility obviously of other kids, you listen to them, you help them as much as you could, and I'd say I've been through stuff that they had similar that they've been through as well, so I will completely understand them. You know, and try my best to help them.*

After this, one of the facilitators, Dan, suggested that she consider putting herself forward to be one of the Project's representatives for the Care Leavers' National Movement (CLNM). Courtnie agreed and on joining CLNM she helped to design and be involved in a peer-led evaluation of the House Project's work. Being a researcher on this project enabled Courtnie to put her passion for the House Project community into practice, and she began to reflect on ways that she might help others to feel that same sense of community. Courtnie described taking part in this research, and in particular carrying out interviews with other young people in other LHPs, as follows:

> *That makes us quite, like, concerned of how some young people are seeing themselves within the House Project, that they don't have that community. Whether that's the young people or the facilitators and, like, how can we make them feel that they're part of a community in their own way?... I think it's, like, talking to the facilitators and the young people and going look, this is what's happening within your cohort. How can we improve it? Or, with the new cohorts, try inviting that person in the new cohort so they can get to know them people and talk to them and probably make another community where they actually feel safer and better than they did in the old one.*

As well as being a place where she felt able to help make changes that would improve the lives of care leavers, CLNM was also a place where Courtnie was able to have fun and to make friends. She described CLNM as: '*everyone coming together in a, like, a place where we can all get along and talk to and have a laugh and just enjoy ourselves*'. A particular highlight was helping to run the CLNM conference, which opened up a lot of new experiences: '*We were just thinking oh, my god. It was just, like, it's a new experience, this, 'cause would you ever think oh, god, I've got a conference in Manchester…I felt like a right cool kid.*' The group trip to the conference was particularly enjoyable for Courtnie:

> *It was so fun, Dan [Project Lead] driving a minibus. Three-hour journey at six a.m. in the morning and Dan's sat with the tunes on, oldies radio, and we were just thinking oh my god. It was just like a new experience…you get to do things you never thought you'd find yourself doing.*

Ultimately, the communities that Courtnie had helped to create and sustain within the House Project and CLNM were an important source of support, that helped her to keep going at the

times when transitioning to independent living was challenging: '*It's not a house or a flat or anything like that, it's just people that you're around make it home.*'

4.4.2   Amber's Journey

Amber had been living in her first home for a year when she began a relationship with a new partner. After Amber became pregnant, this relationship became abusive and there were significant concerns about domestic violence and the risk of harm to Amber and her unborn child. This culminated in Amber's partner breaking into her flat after an argument and threatening her with violence.

As a result, Marek, the Project Lead, and Tessa, one of the project facilitators, met with Amber to discuss whether it was safe for her to stay in the flat. Marek emphasised that was a discussion with Amber at the centre: '*she needed to make a decision, and we supported her with that. We didn't just go in and, you know, terminate her, like, flat for her. We weighted (sic) out the pros and cons*'. In the end, Amber, Marek and Tessa came to the decision that it would be best for Amber to leave the flat and go into a women's refuge.

This move was difficult for Amber, as Marek described: '*she had worked so hard to get to where she was, and only yesterday she was saying to me it's going to take me a good five years to get to this point again, and I worked so hard, and I've lost everything*'. In this situation, staff worked hard to support Amber emotionally and to remind her of the progress that she had made: '*I think it's reminding her yes, you've lost that but [...] what you've achieved around that… It's about reminding them about their achievements*.' The staff reminded Amber of everything that she had achieved since she had joined the project, from travelling to a new city on her own for the first time, to finding and organising a locksmith to come out when she had gotten locked out of her flat at the weekend. All of these represented huge achievements for Amber in terms of building her confidence and independence. These reminders helped Amber to maintain a positive outlook and she ended the meeting '*with a smile on her face'.*

Marek and Tessa also reminded her that she would always be part of the LHP, and that they were committed to working with her towards being back in her own flat in the long term: '*the support's still there. In future, when the time's right, we will get there one day again*'. Marek emphasised that although she had left the flat she would always be part of the House Project community: '*if you are part of the House Project, you're just part of it forever*'. Amber emphasised this ongoing sense of belonging: '*So, even if you go out from the Project…it*

doesn't matter, like, if you want to, like, House Project is there every day for you.' While Amber was not able to stay in her own home she had worked successfully with her facilitators to find a safe housing solution to meet her needs at that particular point in time.

Amber also found it helpful to talk to another young person on the project who had been affected by similar issues: '*you want to talk to someone that's been through the same and knows what's going on*'. And when Amber joined an LHP activity – a picnic in the park – for the first time since the incident, Marek described how she was welcomed back:

> *When she came a few weeks ago, one of the group members, without us staff having to say anything, one of the group members said to her oh, where have you been? We really missed you, you know. You've been really missed. So, please stay. And even…we're going on residential this week for overnight, and she was, like, no, I'm not doing residential. I've never done residential before. And because she's been coming to group and they've all been talking about it and they've been saying to her oh, it'll be really good for you to come, she's actually attending that.*

Tessa emphasised the benefits of young people supporting each other: '*they're not just building the community around us as professionals, but they're building a community around the other young people that are in the project. So, that makes it rock solid*.' Amber remained part of the House Project community, which was there to support her in the long term.

Amber's story highlights that a young person's sense of involvement in the House Project process is a dynamic process which can fluctuate.

During our research we came across young people who considered themselves to varying degrees a part of the HP community. For some it was a central part of their lives and they saw it remaining so, for others there was less involvement. For example, one young person, Leyla, said:

> *I don't really speak to anybody. I just speak to [project lead] there's people that engage in the House Project more than others ... but then there's people like me who don't go to sessions and don't really speak to the staff.*

Leyla had already graduated and was living in her own home and decided not to attend further sessions.

One reason why some young people said they didn't want to engage with other young people was linked to a perception of having little in common:

they were just people that I never hung out with or spoke to. They were just… weren't my type of people, really. They were, like, messing about, like, smoking, and them type of people. It just wasn't for me. (Young Person, Project D)

However, as Courtnie's story demonstrates, for other young people the HP community became a central part of their lives and the contact and activities with their cohort were really important:

We used to cook for each other. We used to take it in turns to cook a meal once a week for each other. And it just brought us closer. (Young Person, Project D)

Everyone needs someone they can turn to. So, if something goes wrong or you're having a down day and you don't want to talk to the facilitators…and you want to talk to someone…I know that feeling. And you want to talk to someone that's been through the same and knows what's going on. (Young Person, Project D)

There was also recognition that in any community there can be relational tensions but what was cited as significant in terms of the peer relationships was the commonality of care experience and the resulting understanding of how other young people were feeling:

They're all going to fall out and stop being friends for a while, have arguments, but then they'll become friends in their own way because they know what they go through. (Young Person, Project E)

Recognising the fluctuations in relationships amongst young people in the LHPs and finding the common ground for moving forwards was a core part of the activity of sustaining a HP community as is shown in Archie's journey in the next section.

4.5   Working on other relationships

Where young people had a strong relationship of trust with a staff member, this could provide a secure base from which young people could start to address challenges in other relationships that were important in their lives and strengthen their sense of 'relatedness'. These relationships might be with others in their LHP or others, such as with family and intimate partners.

4.5.1   Archie's Journey

Archie was part of a cohort of young people whose attendance at group sessions was a bit hit and miss. The LHP staff, Maria, Jack and Britt had reflected with each other and at Community of Practice, about how best to engage young people, particularly when lots of sessions had to be online due to the ongoing pandemic, but still only one or two young people were coming to each session. This was a source of frustration for Archie, who felt angry with the rest of the cohort: '*half of them don't bloody turn up. They just turn up for two sessions, that's it*' and he also began to avoid attending the group sessions. There were some ongoing issues with conflict in the group that were playing out over WhatsApp. Maria described resolving this issue:

> *So, we've had an incident where there was a flare up on WhatsApp…It was just about fact finding initially, and then getting the young people together to address what happened and taking a, sort of, restorative approach. You know, just identifying the issue, speaking about it, and how that made each party feel, and why it's not acceptable, and revisiting the group safety plan. You know, we all agreed that we would respect each other, and if we didn't, you know, this is what would happen.*

Sometimes these disagreements also occurred in virtual group sessions, held over video calls, when young people did attend. Again, it was usually possible for the group to work things out, and things were gradually improving over time, as Britt explained:

> *It's very rare someone's not crying in a session…Someone's upset them, but their regulation's got so much better now, because now…They would just leave, or they'd cause a scene and leave. Now, it's, like, turn your camera off, you don't have to speak, just stay around. And then, at the end of the session, stay behind and when everyone leaves we'll have a chat with them. And sometimes, it literally is we find that the group will self-regulate themselves as well. What's up? I'm going to message you now. And then within 10 minutes, they're on the camera, their eyes are wet, but they're smiling, and whatever's happened they've sorted it out between themselves.*

These moments formed an important part of working with young people to practice repairing relationships. While it was possible to resolve these incidents using a restorative approach, later on in Archie's journey, having moved into accommodation, ongoing issues within the group were further complicated by challenges in the shared accommodation that Archie was living

in. As a group, they were struggling to agree on and maintain rules for the house. As Archie explained:

> *[My housemates] were smoking a lot in the house and, obviously, we had, like, a smoking shed built at the end of the garden but it was never used, and it's now sitting in disrepair at the bottom of our garden. So, that was annoying. Also, they had a lot of friends just sleep over in, like, the kind of communal areas, which is not good. And then they weren't really pulling their weight in terms of the communal cleaning, as well, which is obviously an issue, having friends round at all sort of hours, partying.*

This is an added complexity of this LHP, compared to other LHPs, given the accommodation was shared and that young people did not have their own tenancy.

Although Maria and Jack again tried to bring the young people together in order to engage in a restorative process, this time it did not prove to be as effective, as Archie explained:

> *I went directly to the House Project with, sort of, my issues, we had meetings with the other house members but they didn't really want to engage in any of the meetings, didn't really want to have any solutions forward of the meetings, so, obviously, I felt, like, half way through we would have a breakthrough, and then it would just, kind of, go back to the way it was, and then it was, kind of, banging my head against a brick wall.*

Archie explained that, unfortunately, the disagreements about house rules continued until '*there was this massive fight at the house and, obviously, it ended up in a break-in. And a, like, kitchen window got smashed*'. At this point, Maria, Jack and Britt felt like they had done everything they could to try and resolve the issues through a restorative approach. Britt explained:

> *we tried so much to try and engage them in a relationship and to try and solve these issues in the normal House Project way with meetings and let's talk about it. But basically, with the best will in the world, we realised as a team that we needed to find another solution.*

In the end, the team spoke with the young people involved and they collectively decided to change the configuration of housemates in the house. Archie moved in with a different group of housemates. Overall, the team felt that this had improved things for him. As Maria

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explained: '*he is like a new person…since he's moved and he's in, like, a happy home, he likes his environment, he's just a changed person.'*

Although Archie ended up moving in with a different group of housemates, and the challenges with attendance at group sessions were ongoing, Archie demonstrated a willingness and an ability to try and resolve conflict within the group. Importantly, the process of resolving conflict was a collaborative one with Archie, the other young people and the HP team working together to find a solution. Through this collective process managed by the HP team, Archie and the other young people in the cohort experienced how relationships could be repaired and reconfigured and a sense of community restored. However, this was a complex process, and while it did result in a resolution, it highlights the added interpersonal pressures associated with young people in shared accommodation.

4.5.2   Rikesh's Journey

Initially, Rikesh didn't appear to be very interested in engaging fully with the LHP, as his facilitator Izabelle described: *'when I first met him he had a very like, you know, oh, it is what it is. Tell me what I've got to do and when am I going to get my flat?'.* Izabelle was told by Rikesh's social worker that he was *'this challenging young person, oh, he'll kick off when he comes to your group. You really need to be careful.'* Each week Izabelle would ask Rikesh if he wanted to go for a walk in the park, but her messages usually went unanswered. Rikesh had had a lot of different foster placements and a number of different social workers over the past few years and wasn't keen on getting to know another person who might then leave.

Izabelle kept up with the invitations for walks, and when she became aware that Rikesh might be worried about travelling home from group sessions because of a dispute with another group of young people from his area, she also offered to give him a lift. '*We built that relationship up with him, and I used to pick him up, taking him to sessions, bring him back to sessions, and things like that'.* In the car they chatted about their shared love of rap music. Izabelle knew from the formulation meeting that Rikesh had a very difficult relationship with his mum, and in particular was angry that she did not see him very often. Through their conversations about music, Rikesh and Izabelle were able to talk a little bit about expressing anger and other emotions, although Rikesh often changed the subject.

As time went on Rikesh started to trust that Izabelle wasn't going anywhere, and began joining her for walks in the park, and often popped into the base to make a sandwich or have a cup of

tea. These meetings were a welcome source of comfort when his relationship with his mum was causing a lot of stress. Izabelle didn't push the topic of his relationship with his mum but reminded him that she was always there to talk. Eventually, this was something that Rikesh felt able to talk about: *'there was one day that he came in and he said Izabelle can I have a word? And he just burst out crying. And I said what's the matter? And he goes oh, I just want my mum to love me. Why doesn't my mum love me?'* Reflecting on their shared interest in music, Izabelle suggested that he wrote a rap for his mum explaining how he felt:

> *We worked on that, and we worked on that thought, and then he wrote a rap for his mum. Wrote the rap, and I feel that if he never had us at that moment and how messed up he was, he himself said I just want to go out and just, like, I'll kill myself. And I said no. Like, there's so much more. Like, you know, let's do some restorative with your mum, let's, you know, work with her.*

Having done this, Rikesh shared his writing with Izabelle and with Ali, the project lead. Ali said:

> *He actually came to us the first time, and he said I haven't shared this with anyone else, but can I sing the song and you guys tell me what you think? And so, he did, and he wanted our views, and then we were just, you know, praised him so much, and we said if you don't mind, are we able to record it and then if you're happy, share it back with your mum?*

Rikesh did share the rap with his mum and came back to tell Izabelle and Ali about it:

> *I remember him coming back to us, and he said d'you know what, that's the first time my mum said thank you, I understand what you went through as what happened with childhood. And he said she hugged me and just held me so tight.*

This was the beginning of a dialogue that led to an improved relationship between Rikesh and his mum, and Rikesh continued to go for walks in the park with Izabelle.

Rikesh's story draws attention to the relationships outside the LHP that matter to young people and the important role that LHP facilitators can play in addressing unresolved issues from a young person's past. The support that Izabelle and Ali gave Rikesh to restore his relationship with his mother might be viewed in terms of fostering 'a sense of well-being' in the ORCHIDS framework and the broader concept of 'relatedness' linked to Self-Determination Theory, however Izabelle and Ali were not acting instrumentally to achieve these outcomes rather they

acted out of a concern to address in the moment the distress that Rikesh was feeling. Indeed, Rikesh may not have accepted their support if he felt they were acting with anything other than a genuine concern to help.

In Archie's and Rikesh's stories the LHP facilitators helped to restore relationships that had broken down but they were also involved in helping young people to recognise the quality of relationships, in particular when a relationship may be detrimental to their or to others' well-being. These relationship values could be discussed as a group, for example, as part of their HPP programme or a LHP organised meeting where young people discussed how to recognise intimate relationships that were abusive. They could also be personal and direct, for example, in another LHP, Pete mentioned to his facilitator, Alex, that he had two girls who were "friends" that he stayed with on and off, Alex gently responded 'ah...we must have a conversation about 'respect' some time'. In more extreme cases, such as Amber's described above, HP facilitators would help the young person to move away from an abusive relationship to protect their well-being.

4.6   Thriving (not just surviving)

Within LHP, staff had aspirations beyond young people successfully sustaining their tenancies. Staff talked about experiences of young people 'thriving' rather than just 'surviving':

> *My slogan at the House Project is these young people aren't here just to survive, we've got to make them thrive in their environment… I just want to give them a chance not to have a… just an average life. (Facilitator, Project E)*

A member of the NHP said:

> *For a lot of young people just living in your flat and sustaining your tenancy, that's a massive achievement for some young people, and that's what they want for their life. But for me, we shouldn't be narrowing it down to say that's it. You know, we should be creating all these much wider opportunities for those young people that do want to walk through that door and take that opportunity. (Staff member, NHP)*

Trying new things, widening young people's horizons, and building and realising their hopes for the future was also an important part of the LHP experience.

4.6.1   Eboni's Journey

Eboni was really enjoying being part of her LHP and being a CLNM representative. In particular, being part of the LHP had led to a lot of new experiences. Her facilitator Elaina described the joy of sharing these experiences with her:

> *It's so rewarding to work with her because she's had so little experience, she's had such limited experiences in her life so far that she just gets so excited about doing stuff. Like, her first Nando's, you know, she was just, like, buzzing about going to Nando's. She's never been to the seaside, you know. So, we're going to organise a trip down to the seaside…. So, that's what is so lovely is, you know, the wonder that you can see and, you know, it's a privilege to show someone… I can't wait to take her to the beach. Like, what an amazing thing to share with somebody who's never seen the seaside in their life, d'you know what I mean.*

Through these experiences Eboni felt she had developed more confidence to try new things, and to put herself in situations that she hadn't experienced before. No matter the situation, she knew that she could look to Elaina for support. Eboni started to think more about what she wanted for the future, and the different options that she could look into for work. However, around that time Eboni lost two family members, who had raised her, to Covid within a short period. Understandably, this made it difficult to focus and plan for the future. In the interview extract below, Eboni describes how talking with Elaina helped her to work through this difficult time and start thinking about the future again:

> *I'd say my favourite memory, it's not… I wouldn't even say it's a happy memory, it just gave me more, like, clarity. We get one-to-ones once a month with our key worker. My key worker was Elaina and my first session was very, very, very, like, enlightening, 'cause it was about a month prior to that I'd lost both my grandparents within the space of, like, five days, and they raised me, so, just to talk to, like, someone who's not family about it was just very, very nice. And she, like, she really helped me. If she didn't… if we didn't have that conversation, I don't think I would have done my traineeship, I don't think I would be where I am today…Well, I was talking to her about my grandparents, like, I, kind of, slipped in, like, what my nan and granddad really wanted me to do, and then she just reiterated it, like, I can't really… you obviously loved them so much, like, you'd want to follow through with what they want, and what they want is beneficial for you, and all that*

stuff. But, yeah, she was just basically explaining how I'm very capable of doing more and being more.

Having the opportunity for a consistent one-to-one catch up was important for the young person and allowed them to be heard outside the group context. Eboni had gone on to complete a traineeship at a large company, which she was enjoying: '*'it's great fun'*. She had already used this experience to secure an apprenticeship, which she had found and applied for herself: '*this one was all me.'* She was also talking to two other young people in her cohort who were studying at university, to see if she might be interested in doing a degree. Through the experiences and relationships that she had within the LHP, Eboni was able to regain a sense of direction in her life and realise her potential in a way that she hadn't thought possible before.

4.7   Conclusion

The stories above provide evidence of the kinds of journeys that we see as a result of the psychological framework of practice. As emphasised at the beginning of this chapter, journeys are unique to each young person, and it is important to recognise the 'distance travelled' by each young person, regardless of generic standards or expectations about what constitutes a successful "outcome". At times, these journeys involved navigating some extremely sensitive and challenging situations. As can be seen from the journeys described here, the relationships that the young people with LHP staff are fundamental to young people's personal developmental journeys. In many of their stories the links to ORCHIDS framework of practice are clear but there is also significant work undertaken by LHP staff which arguably stretches beyond the framework and which links more closely to the broader concept of 'relatedness'. However, it is also interesting to reflect on the extent to which the fostering of 'relatedness' is fully explained through the instrumental lens of Self-Determination Theory or whether, as in Rikesh's story it is more an expression of shared humanity and genuine care. We develop this idea in the next chapter in which we describe the key features of relationships between LHP staff and young people which facilitate young people's developmental journeys.

5 Findings (II): 'Ways of Being With'- Creating Secure Trusting Relationships

As is clear from the young people's stories described in the previous findings chapter, at the core the LHP staff's work and fundamental to young people's developmental journeys were the relationships of trust that LHP staff formed with young people. Drawing on interview and observational data this chapter describes seven dimensions to these relationships: authenticity and genuine care; persistence and consistency; managing rupture and repair; managing boundaries, openness and honesty; holding young people in mind (including a focus on attunement and collaborative participatory work), and play. It details the LHP facilitators' 'ways of being with' young people, that is their actions and approaches that 'held young people in mind' and communicated to them that these relationships were ones they could depend on. This relational approach, which resulted from the psychological framework of practice, was a prerequisite to the 'outcomes' detailed in the young people's developmental stories detailed previously. Figure 3 below provides a summary of the 'ways of being with' described in this chapter.

Figure 3: Elements of secure trusting relationships between young people and staff
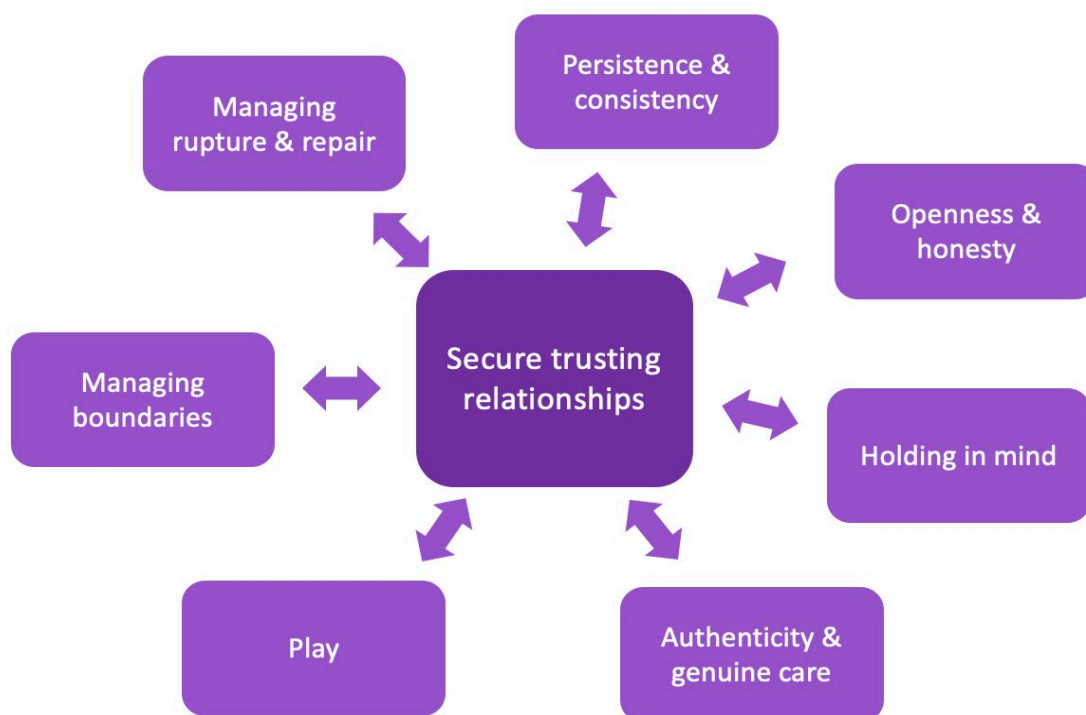
5.1 Authenticity and Genuine Care

Young people and staff emphasised the importance of genuine care inrelationships. Staff often expressed this as a fundamental sense of belief in and care for the young people with whom they worked:

> *We're here to support you and believe in you and we know that you can do it.' (Facilitator, Project D).*

> *[Staff] also have to have a fundamental belief in the young people that they are supporting. I think, the core of the House Project, and it just means you've got to believe in the potential of these young people. (Stakeholder, NHP).*

In practice, this also meant a sense that staff were able to be authentic with young people, showing their 'real', 'genuine' and 'natural' selves and emotions: '*I don't want them to, like, act like a different person. I want them to be themselves' (Young Person, Project C)*. Staff emphasised that 'being real' was an important factor in working successfully with young people:

> *You know when you work with young people they…can tell if an adult is pretending or being real…I think it is about being honest, but it's also about…it's about truly caring and wanting to really help and support that young person. Because you can be honest and not really care, but you can be honest and care about coming to a solution, and young people feel that, they can see that... If they can really tell that you really give a damn, then you're going to get a lot out of them.' (Facilitator, Project A).*

One way in which staff and young people characterised this sense of genuine and authentic care was through the commitment and passion that staff showed for their work: '*I think definitely the primary part is passion, and then actually being, like, believing in the project and doing it… knowing that you're doing good.*' (Young Person, Project C); '*it's the passion that comes through when they talk about young people. It shines out'* (Stakeholder, Project E); '*we are all very passionate about the young people, which is the key thing when it comes to the House Project*' (Project Lead, Project B). Young people felt that the passion and commitment of staff had a positive impact on their success within the LHP as well as facilitating the development of close relationships with them:

you can tell they love what they do 'cause it really shows…I think that's how you have a bond with them, as well. (Young Person, Project D).

They care about you more, and because of that they, basically, allow you to do better. (Young Person, Project A).

This view was echoed by stakeholders working with the project at the national level:

What I've heard is, over and over again, is their passion for their work and the authentic care they have towards those young people, which is the beginnings of having a relationship with them, which enables other things to be possible. (Stakeholder, NHP).

Staff also described this as believing in young people and their ability to achieve:

You've got to like young people, and you have got to fundamentally believe that actually, with the right support, they can do really well, and they can be involved in making sensible decisions about their lives. (Staff Member, NHP).

It was important for staff to maintain this belief – rather than being judgemental – even when young people experienced challenges: *'we don't judge, it's about understanding their journey to that process'* (Facilitator, Project D); *'it's not judging. It's I like you [facilitator], 'cause you don't judge me.* (Facilitator, Project E).

Staff and young people also described this quality of relationships as staff viewing their work on the programme as more than just a job:

They're definitely not like a job, you can tell. They want to do this. Yeah, they have the passion…See, you can't work with care kids without having that passion, 'cause with my carers in the past, like, a lot of them didn't really, like, have the passion to work, it didn't work out. So, I think for this kind of job you have to have a passion, but they've definitely got that. 'Cause if you could tell someone's, kind of, a bit, like, I'm just doing this job to get paid' (Young Person, Project D).

In addition, authenticity reflected in the ways in which staff engaged with the ORCHIDS framework. Staff described the elements of ORCHIDS as useful reference points to guide their approach to working with young people, rather than a prescriptive, overt model that dictated their work, similarly highlighting that with the latter approach '*a young person will go "are you doing ORCHIDS? …. they can tell you're doing something from a textbook*' (Facilitator,

Project E). Rather, staff highlighted that ORCHIDS tended to be naturally integrated into the work that they were already doing with young people '*you do [ORCHIDS] without realising you're doing them*' *(Facilitator, Project C).* Another said:

> *We don't always necessarily say to them right, we need to achieve this ORCHID, you know, this from the word. It's about the framework, and always in your approach in what you're doing, you're always empowering them to achieve. (Facilitator, Project E).*

These framings all capture a sense of staff who felt genuinely about their work with young people.

In addition, staff highlighted that being authentic in their relationships with young people could become part of a virtuous spiral, strengthening bonds between young people and staff: '*the young people genuinely care for you when you are real with them*' (Facilitator, Project E). Another staff member said:

> *The young people [have] got a real drive, and I think it is because the facilitator has that real drive. Like, she wants to do better for them, so they appreciate it, so they, kind of, see it as okay, you're doing something for us, we want to make the most of all this, and we, kind of, push for things. (Staff Member, NHP).*

They recognised the reciprocal quality of authenticity within relationships genuine care could inspire genuine care in others.

5.2   Persistence and Consistency

Staff and young people described 'persistence' and 'consistency' as being an important part of staff-young person relationships at multiple points within the work. Firstly, at the beginning of young people's interactions with the LHP, particularly with young people for whom traditional ways of working had not worked. The following examples demonstrate ways in which staff used persistence and consistency to cultivate young people's initial engagement:

> *I think I had about 10 hot chocolates that just didn't… just went cold, in the end. And then I was oh, I'm not buying you one now until you come. But I still sent her a picture of me sitting there drinking a coffee, like, still here…She said I'm very persistent. I'm the most persistent person she's ever met. So, for the fact that, like,*

even if she said no six times, I'll be, like, well, I'm still here next Thursday. (Facilitator, Project D).

[young person] would say oh, I'm busy, you know, on the appointments, and I used to just go. I used to go to his house, knock it, and for maybe a month, not interested. But he got used to seeing me knock the door. Like, I'd see him in the window before I got there because I come at the same time every week, knock on the door, and, like, his foster parent would come down and go oh, he said he's not coming out. And when I started seeing him coming to the window I realised I was getting somewhere. And then he would start coming to the door. And slowly but surely… so, that was a three or four month process. I'd be coming every week at the same time, and then we would walk round the block and he'd go I've had enough of you now, and off he would go. And then it's got to the point now where I can't get rid of him. (Facilitator, Project E).

In both the cases above, the need for a persistent and consistent approach is described not as an inconvenience but as an important part of facilitator's work with young people, with a focus on the gradual impact of this persistence and consistency as a real success.

This continuity of care, despite conflict, was recognised and valued by young people. They described feeling that the staff were consistently available to support them with problems that arose during the course of their involvement with the project: *'[Facilitator] helps you when you need it. Like, you can give her a message. With me, anyway, she's there, bang on.' (Young Person, Project D); 'It's just the sense that, like, everyone's around you so if you have got a problem it gets sorted and everyone's there to help you to sort it.' (Young Person, Project D); 'if you need help they're always there to support.' (Young Person, Project C).*

Each of these quotes evokes a sense that young people felt that they can rely on staff to be there to support them when needed. Offering consistent support through moments of conflict also allowed staff to engage young people in co-regulation, through which they could support young people to manage intense emotions in times of stress (Golding, 2017).

Finally, this consistent and persistent work extended beyond the core work of the project itself. Young people described feeling that members of the LHP would be available to support them in the long term:

They don't leave you. So, when you finish your cohort you can still go and talk to them. They're still gonna be there. They're never going anywhere 'cause you're part of it…You're never gonna leave that, they're gonna to be there. (Young Person, Project D).

While young people varied in the extent to which they engaged with the LHP after having moved into their accommodation, what was important was the possibility that they could re-engage at any point in the knowledge that support would still be available to them if and when they needed it.

This emphasis on persistence and consistency resonates with research that highlights the importance of creating the feeling of being cared for unconditionally for young people who have experienced some form of developmental trauma. Golding (2017) emphasises that such young people have often experienced care as conditional, inconsistent, or completely unavailable. As a result, they may infer that parental care is conditional on them minimising and managing their own need for care, on maximising displays of emotion that indicate their need of care, or they may have had few experiences of feeling cared for at all (Golding, 2017). In responding to these experiences of developmental trauma, it is important for caregivers to demonstrate unconditional care and support for the young person particularly in difficult times. Persistent and consistent work can help to demonstrate this.

5.3   Managing Rupture and Repair

Persistence and consistency were also identified as an important component of relationships where young people were struggling with an aspect of the project, or where issues of interpersonal conflict arose. Indeed, persistence and consistency were important to manage rupture and repair in the relationship. For example, a facilitator describes working with a young person who was struggling to manage budgeting and her relational response to this:

I always made her feel that no matter what, we're never going to give up on you. So, no matter how many times you tell me to fuck off or how many times you don't answer your door to us, or answer your calls, we're always going to be here for you. And we sat down and we said this what your arrears are, this is your income, this is your outgoings. Let's contact, you know, housing, let's contact the electricity guys, and let's see … if there's a leeway or if they can support you, let's tell them what your story is. And that's what we did. We came up with payment plans, we

contacted food banks, we contacted places that were donating fuel vouchers and things like that, so we got her out of that mess. (Facilitator, Project E).

Facilitators described the value of persistence and consistency when interpersonal conflict arose. In these situations, staff described how they implemented boundaries but at the same time maintained a consistent and continuous approach to caring for young people when conflict arose:

I might walk out of that door at that moment in time…you know, but I will be back, or I'll do a check in on that evening. And I think, for them, they realise then, actually, they do care, and they do, you know, okay, they're still trying to keep that relationship with us. (Facilitator, Project E).

We heard and observed evidence of staff being able to manage the emotional response from young people towards them when the young person felt overwhelmed. Keeping the concept of persistence and consistency in mind allowed staff to come back to the young person rather than engage in a cycle of rejection and avoidance. As we will see below, having a project lead who is attuned to the needs of the team was vitally important to allowing the facilitator to emotionally manage any ruptures and work with the young person towards repair.

The experience of repair is especially important to many of the young people in the project who have experienced fragile and rejecting relationships with professionals (and others) and have not had the opportunity for repair with others. Indeed, the response of professionals in the systems to a rupture in a relationship with staff might be to move the young person to another professional, furthering that sense of rejection, and blocking an experience that relationships can be repaired.

5.4   Managing Boundaries

Staff recognised the importance of boundaries being in place to develop safe relationships with young people. As one facilitator said: '*we have these boundaries. So, once you build that relationship up, we have the boundaries that you can't swear at me, you can't do this, 'cause I wouldn't swear at you*' (Facilitator, Project E); '*I think young people actually really want boundaries. And they actually really want, like, you to tell them no, that's not okay.*' (Facilitator, Project A). Staff recognised that boundaries were important to help young people feel safe and that they needed to work within a frame around what young people and staff expected from one another in terms of how they related to one another. Furthermore, in order

to provide a consistent approach, staff needed to be realistic about the level of availability that they could consistently provide. Staff needed to set a frame around this in a careful manner:

We're just really exploring what's going on for the staff, what might go on for the young person, and how can they get a balance between the two, and how can we be consistently available within boundaries. (Stakeholder, NHP).

However, understandably the need to set boundaries around availability still sometimes felt in conflict with staff's commitment to genuine and authentic care. In order to provide a consistent and *sustained* approach, staff needed to be realistic about both the importance of boundaries for staff and young people and the level of availability that they could consistently provide. Equally they need to be able to work closely with local mental health services when needed.

Young people also recognised the importance of boundaries and that there was a need for rules. This related to both interactions with staff and other young people. Indeed, joining as a cohort allowed for the opportunity for group rules to be established; this was a complex process that required scaffolding from staff.

Furthermore, young people referred to there being boundaries in terms of how staff connected with them in relation to encouraging them to become involved in specific 'moments'. In the quote below, a young person describes the importance of not feeling 'pushed' or overwhelmed by their level of interaction with staff:

they won't push you and push you, they'll, kind of, just encourage you a little bit, and then when you do it they'll be, like, really happy. (Young Person, Project D).

While it was important for young people to step into extra-ordinary moments of interaction this had to be at a pace that right for the young person and therefore required staff to negotiate this boundary in an attuned manner. It was only through being attuned to the young person's needs that these parameters, which are dynamic, can be understood, and for the young person to feel safe enough to take a step towards achieving a goal. This was a delicate process and we saw evidence of highly attuned staff who kept in mind the young person's story and emotional experience in the moment (and foresaw the potential emotional response in an imagined future moment), navigating this with careful reflection and authentic care.

5.5   Openness and Honesty

Related to consistency was the idea of relationships that were open and honest. Staff expressed the importance of always following through with what had been discussed with young people: *'that's the big thing. Anything you say you'll do, make sure you do.'* (Facilitator, Project E) or, where this was not possible, explaining to young people clearly why this was the case:

> *It's all about not letting them down and not saying you're going to do something and don't do it. Or if you do have to reschedule, you reschedule, you let them know why you're rescheduling, and you make the next appointment, and all of that kind of stuff, don't you? (Project Lead, Project D).*

> *This is authentic care. That, like, I properly care about you. I really, and the young people, so that staff do, if they say they're going to do something, then you're going to have to do that, or, if something absolutely happens that means you can't, you have to ring up, you have to explain yourself. (Staff Member, NHP).*

This transparency was an important part of demonstrating consistency, but also valued for its contribution to developing relationships of trust in its own right.

Young people referred to the importance of staff being open and honest with young people about the potential challenges of the project, and about any setbacks within it, and young people being open and honest with staff about how and whether they were struggling with aspects of the projects or their lives more generally:

> *I mean, the staff have been, like, really open and honest with me. They're, like, this is not going to be easy and stuff like that. There are going to be times where you might struggle a bit, and stuff like that…So, them, like, being open and honest with me I'm just, like, well, I need to be open and honest with them because if I'm not, then they're not gonna know when I'm struggling and when I need help. (Young Person, Project C).*

> *It's being honest, isn't it? They know. Our rule is…when I start working with young people, I will say to them I will be really honest with you, you just need to be honest with me too. Like, be open and honest otherwise it's not going to work going forward. (Project Lead, Project D).*

I think because they're able to see that you've been open and honest with them throughout, they open up a lot more to you. (Facilitator, Project E).

As the quotes above demonstrate, both staff and young people described this as a reciprocal dynamic: emphasising that when someone is open and honest with you, it makes it easier to be open and honest with them. We saw evidence of staff recognising the fundamental importance of establishing trust and that an adaptive response to many young people's past experiences was to be distrustful in order to survive and it is then through attuned caregiving that trust can be established (Orme et al. 2019).

5.6 Play

Staff and young people also highlighted the importance of humour, characterised as the ability to laugh with each other as an important quality of successful relationships. Asked to describe what they looked for in a member of staff, young people highlighted the importance of someone who could '*get our humour. They've got to, like, connect with us*' (Young Person, Project D)*, 'be able to laugh and everything'* (Young Person, Project D). Staff participants also emphasised the value of humour:

I feel like humour really helps, as well. Things like humour, 'cause, you know, already things can be quite heavy, so you need to be able to, like, laugh and joke with them and yeah, just have a good time with them, as well. (Facilitator, Project A).

As demonstrated in both quotes, humour was a meaningful part of work undertaken with young people, providing 'light relief' to help participants through difficult moments, and helping to ensure that young people felt more comfortable reaching out to facilitators in times of difficulty.

Interestingly, a particular aspect of humour highlighted by both staff and young people was having a joke: *''[Young person] and I have got a great relationship. We banter all the time, we take the mick'* (Facilitator, Project D). These dynamics, when thought about carefully and with warmth, could strengthen a relationship.

Of course, these opportunities for a more playful approach were balanced with more serious work where necessary. The quote below captures a recurring theme in the data around the ability to balance lighter and more serious moments with young people:

I think my favourite memory is what two young people have said to me, that [name of facilitator] gets serious when she needs to be. So, even though she's always, like, having a laugh, that we know when she's serious and we'll get the work done. And I think that I'll always take that is because they value what I say, or value the work that we do together. (Facilitator, Project E).

This ability to integrate fun and humour with work that was perceived as more serious was captured by the description used by some participants of facilitators as 'professional friends': *'I think they're more, sort of, like, friends than, like, workers. Like, [name of facilitator] especially at first, helped with absolutely everything, which I think is really good. She'd, like, sort of, get at me from then on. Professional. (Young Person, Project C).* An NHP stakeholder described this term as follows:

I heard one of the lads, one of the young people, he, basically, that they, I mean, they're involved in recruitment of new staff at House Project, for example. You know, which is brilliant, which is as it should be. And one of the lads was describing, said well, what d'you want from this person, or your project lead? He said, well, basically, I want a professional friend. And I thought that's such a wonderful phrase. I thought yeah, that's perfect, you know, because you want someone who is, has got all the qualities of a friend, but you want them to bring that, sort of, that professionalism as well, whereby they, sort of, they are doing it as a job, but they're also passionate about it and able to do, go the extra mile in terms of picking up the phone at odd times of day, providing that support, you know, being there for the young people, but adhering to strict boundaries in terms of what their role is within that, you know.

Accordingly, within these successful relationships, staff were able to introduce humour where appropriate as part of wider relationships of emotional and practical support. Existing research suggests that play can form an important aspect of developing trusting relationships with children and young people affected by developmental trauma. When a person enjoys feeling connected, for example, through the experience of play, this can build trust (Golding, 2017: 130).

5.7   Holding young people in mind

Ultimately, an important component of staff members' relationships with young people was the ability of staff members to 'mentalize' or to 'hold young people in mind'. As described elsewhere in this report, by this we mean the ability of staff to understand and take into account what a young person might be 'thinking, feeling, wishing believing and desiring' (Golding, 2017: 240). Holding young people in mind took several forms: attuning themselves to young people's specific needs and interests, 'doing alongside', working on young people's terms, and collaboration and participation. Each of these aspects is described in more detail below.

5.7.1   Attunement

Staff emotional attunement, which refers to an emotional connection 'in which one person mirrors or matches the rhythm, vitality and affect of the other' (Golding, 2017: 236) was central to establishing secure trusting relationships. Research from mother-infant interactions has demonstrated how attuned caregiving can lead to emotional regulation in the interaction between the caregiver and infant (e.g. Murray 1985). This process continues to be important throughout our development and we saw evidence of emotionally attuned interactions with young people and staff. When observing young people in group settings, we saw facilitators gently checking in with young people, sometimes finding a moment to have a conversation with them individually, but in a discreet and careful manner. We saw staff psychologically holding young people in mind, being aware of what the young person was experiencing and managing the interaction accordingly. When we accompanied a facilitator who was visiting a young person who had been finding it difficult to manage complex feelings, the facilitator took a relaxed approach with the young person, sitting outside in the garden, not pressuring the young person to speak or appearing to be in a rush. The facilitator eased the young person into a conversation about how they'd been the night before, offering encouragement and gentle checking in, without using diagnostic, labelling language, without sitting with a note pad and pen. The focus of the facilitator was on the young person and there was a mirroring of tone, with an active appreciation of the difficulties the young person had been facing but also laughter and light-heartedness, gently providing the young person to feel safe to discuss their feelings, but not become overwhelmed by them. We saw these interactions, even with our presence as researchers (with consent from the young person) which in itself demonstrates the trusting relationship that facilitators and project leads had built with young people that we were able to be able to be there in the first place.

Young people frequently described receiving care that demonstrated that staff knew about them as people:

> *They rock up, they get you your favourite coffee…[Facilitator] knows my favourite coffee. She doesn't have to ask me…the fact they remember little things about you…It doesn't feel like you're just a number. It doesn't feel like you're just a kid, they're just getting their job done. It actually feels like they want to be there. (Young Person, Project D).*

As in the quote above, this kind of attunement to needs might involve knowing a young person's favourite foods or drinks, but staff also described getting to know young people's tastes, interests, likes and dislikes, and building a detailed understanding of how they engaged and interacted with the world around them: *'I want to know about their world, I want to know what's going on for them, I want to see their bedroom, I want to see if they've got pets, I want to know about them.'* (Facilitator, Project E). This understanding of a young person's 'world' could provide an important anchor point that helped to guide staff's work with young people:

> *It's about immersing yourself in with them and spending time with them, and working out your ways of working with them, and what they respond to. Like [Facilitator] said, it's about the music you listen to with them and, you know, those, kind of, noticing the small things, noticing those things to be able to then draw back on those at times. (Project Lead, Project D).*

Where staff were attuned to the young people, they took notice of young people as individuals, adapting to their preferences and interests. As in the quote above, facilitators described the importance of getting to know young people well, 'immersing' themselves in young people's worlds, and thereby developing their ability to continually hold the young person in mind. Being aware of the detail in the moment also enabled staff to attune to the emotional needs of young people, noticing changes in their mood and how they were responding, and 'being with' young people.

5.7.2   Doing Alongside

As noted above, while the attuned response was often about 'being with'- rather than feeling the need to 'do with' and find a solution - young people also reported multiple examples of times in which staff were able to provide them with relevant practical and/or emotional support that had a tangible, positive impact on their lives. Some examples were also discussed in detail

in the previous chapter but are worth referencing in brief here. Young people received emotional support, including dealing with bereavement; with resolving conflict with friends, families, or romantic partners; issues relating to sexuality and gender, and general mental health support. Young people also described receiving practical help with learning to cook, navigating the benefits system, ensuring that bills were paid, accessing medical help, and finding opportunities in work and education. Staff approached this support as something that they did 'alongside' rather that 'to' young people. This was demonstrated by the 'hands on' but simultaneously 'light touch' way facilitators provided young people with moral and practical support. Indeed, staff had to tread between 'being with' and 'doing alongside' and adapt their approach depending on the needs of the young person in situ.

There were numerous examples where staff accompanied young people and shared in the activities they were anxious about, described here as 'doing alongside'. By taking the time to do things alongside young people they were able to provide reassurance and encouragement. Sam and his facilitator provide one example of this. A conversation between Sam and his facilitator at a HP meeting one evening led to his facilitator's concern that he may need to have a sexual health check. Sam was reluctant and said he didn't like the check-up procedure. His facilitator suggested they went along together. Over time Sam came around to the idea and he went with his facilitator to the health clinic a few weeks later.

'Doing alongside' was also a way to share knowledge with a young person and support the development of their independent living skills in a caring, constructive, and autonomy-respecting way. Caring was communicated here by the facilitators being attuned to the young person's needs and taking time to co-navigate with the young person the issues they faced while respecting their sense of agency. They provided the 'scaffolding' to help young people learn to do things by themselves such as going shopping together to learn about budgeting as in Finlay's case or by talking through how to approach an electricity provider to discuss a bill as in Aliyah's case. In Finlay's and Aliyah's stories there are resonances in this approach with Vygotsky's learning theory (1978) where young people learn through their interactions with an expert in a domain just outside their current level of expertise (the zone of proximal development). The facilitators accompanied the young people into the spaces that were challenging for young people and navigated them together. Doing so required staff to hold young people in mind, in terms of understanding what might constitute the zone of proximal development for each young person. In this way, staff provided the support for the development of the knowledge, skills and confidence the young people needed to navigate these spaces

alone. And as mentioned above, being able to move between 'being with' and 'doing alongside' was important to remain attuned in the moment.

5.7.3   Working on young people's terms

Another important aspect of holding a young person in mind was a staff member's ability to work on a young person's terms. In practice, this meant understanding young people's boundaries, and being sure not to push or pressure young people into any aspect of the work with the House Project: '*you get where you want to get by just giving them enough of a nudge without becoming too forceful.*' (Project Lead, Project A). The young people recognised and appreciated this gentle approach:

> *If you're not having a good day or something, they will, like, ask you if you wanna go for a coffee or something. So, then instead of talking about it you'll have, like, a day out to chill and…Yeah, or have a good time and calm down and everything. (Young Person, Project D).*

The following quotes from a LHP describe this approach:

> *I think, with me, it's, like, being quite patient with me 'cause I'm, like, can be quite awkward at first. I'm quite quiet, but being patient, but us… talking to me at the same time. And having that balance of being patient for me to talk but don't leave me an awkward silence. Like, kind of, chat to me, try and get to know me, 'cause when people, like that, try and talk to me a bit more I feel like okay, I'm not going to say something wrong and they're not going to judge me. (Young Person, Project D).*

> *I think we've got confidence in them and we don't pressure them, we don't say right, now you've got to do it, you've got to do this. Like, no, when you're ready… We might give you a gentle push, but when you're ready we're here to support you… (Facilitator, Project D).*

> *it's progress, but in [young person's] own time…we don't force it on them. We give them their time, and what we have done previously is when we've got groups, we'll say to them just come along. If that means just staying for ten minutes, or coming along with your carer, we're happy for them to support. You know, come along, sit for five minutes, 10 minutes. If you feel you need to go, you go. And then we pick*

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that up with then again one-to-one, and talk about, you know, how did that feel? What was it that made you leave again? What was it that made you stay? (Project Lead, Project D).

In each of these three examples, individuals at all levels describe work that happens on young people's terms, at a pace with which they are comfortable. In the extracts below, facilitators from a LHP describe this approach:

So, sometimes it's figuring out what they want from me. I'll ask. What do you want from me? Or what do I need to do for us to have a relationship where there's trust, and if you need me you'll contact me? And a lot of young people don't know. There's some of them'll go oh, you need to be here every week at this time, or you need to be available when… Okay, fine. Don't ring me. I prefer to be texted. Okay, I'll text. So, yeah, I think that's a big one. A big one is asking them how they wish to be worked with. (Facilitator, Project E).

I just get down to their level, or when they haven't done something I won't be, like, oh, you haven't done blah. I'll be, like, I know you haven't done it so, you know, what are we going to do about it? Like, it's just getting to their level and getting to know them…And if you get to their level, and then you can challenge them and they don't see that as a challenge. They'll be, like, oh, actually, she does care. She does want to help me, and it's for my best. (Project E, Facilitator).

Young people consistently highlighted this approach as something that they valued: '*[staff] listen to your decision. Like, they, like, take it serious' (Young Person, Project B)*;

It's not what the key workers want, it's what the kids want, the young people. Yeah, it makes us more included in anything. Like, so we're more… we're not just looked at people who just get told to do this, get told to do that. Our opinions are valued, and that's been good. (Young Person, Project A).

When we first join we don't jump straight into learning how to cook, to clean. We do, kind of, little groups to get to know each other and learn a bit about us so people can decide if they like you or not. So, in a sense, as young people we get… we build our trust that way by knowing about each other. (Young Person, Project D).

Working on young people's terms meant listening to how young people wanted their LHP to work and taking their views seriously. LHPs valued a strong element of collaboration, affording young people a degree of ownership over their relationship with staff.

5.7.4 Collaboration and Co-Production

This way of being further extended to the participatory approach that LHPs were able to take, in which staff supported young people to play an active role in shaping the ways in the project ran. Young people's sense of ownership of their LHPs stemmed from a wide variety of activities including designing cohort logos, decorating the base, designing ground rules for the group and consequences if these were broken, planning trips and other activities, and pitching to senior staff for funding. Staff actively encouraged young people to take this kind of ownership, and felt that it was a unique component of the House Project approach, as demonstrated in the interview extracts below:

> *[Young people's] ideas and their talents are, kind of, brought into the forefront in running the show, coming up with ideas, and about how they want things to develop, how they want things to progress, and so that they see that their views are acted upon as well. I think that's an important part of the House Project, kind of, model of practice, is that it's not just, sort of, tokenistic involvement of young people. (Project Lead, Project A).*

> *I think the other thing for me is that it's about listening to the voices of the young people. Each cohort is different, and they, kind of, run their groups the way that they want to do it, that the relationships they forge are all different in each different…the different cohorts that you've got, you've seen massive differences, but the project develops as the young people need it to develop. And I think that's so unique that only the House Project offers that across the country. (Project Lead, Project E).*

As the previous quote indicates, there was variation amongst different cohorts in the different LHPs and at times a balance needed to be struck between giving young people the space to decide amongst themselves the activities and providing a structure where some groups needed more guiding:

I think that [group work] just needs to be more planned out then instead of just sitting a few people down and saying what d'you wanna do? And that's what we're gonna do. I think it needs to be more planned out. (Young Person, Project D).

Attunement, in the sense of offering care that connects to the young person's emotional experience, is mindful of and tailored to young people's individual and collective needs and interests, links to the capacity to 'mentalize' or to 'hold young people in mind'. Existing research suggests that when parents or caregivers can demonstrate their understanding of the internal experiences and feelings of a child or young person, this can help to facilitate emotional connection (Golding, 20117: 240) and to develop trust (Fonagy and Allison, 2014; Duschinsky and Foster, 2021).

5.8   Secure Trusting Relationships

Young people and staff highlighted that the ways of being described above, ultimately helped to create secure trusting relationships. These relationships of trust provided a foundation on which to support young people to achieve their goals:

You've got to be able to let yourself connect with them in an authentic way, I suppose…I think they know that we genuinely care about their wellbeing, and we want the best for them, and they see that we care about our work. And that puts trust in them. And so, when we say I think you'd be brilliant standing up and delivering this report, they'll be, like, I don't think so, but they trust us because they know that we want the best for them.' (Facilitator, Project A).

Of the factors described above, consistency, persistence, and taking a personalised approach, were identified as a particularly important in building trusting relationships with young people:

When [young people] see that commitment and that persistence, and we don't give up, and it's all about them, and this project is led on them, their rules, their project, their name, they believe in that, and they come in and trust you with their emotional wellbeing. (Facilitator, Project E).

To build any form of trust or relationship, you've got to give them the consistency that I am going to do what I say. (Facilitator, Project E).

It was all about just providing that consistent approach and that, you know, more personalised approach, really, and just to build that trusting relationship with the

young person. Knowing that you're somebody that can be trusted, somebody that can be relied on…especially when I first started, you know, a lot of them didn't reply to my messages, didn't want to pick up the phone, and it was just a case of them knowing that, you know, yes, I'm new, you know, my name's [name of facilitator], I'm the new facilitator, I'm here to give you whatever you need, and then no response. Well, that's okay, but I'm not going anywhere so, you know, the following day it was I'm still here, if you still need anything let me know, nothing again. And again, I'm still going to be here. And eventually, the responses started to come in, I started to then, like, meet up with a lot of the young people, got to get to know them a little bit better, they got to know me. (Facilitator, Project B).

They keep to their word. That's one thing. Like, they're always realistic with it. If you say oh, I want a penthouse, I want this, I want that, it's, like, obviously, they're not going to be able to do that. But if you ask for help and they set out a plan, they do it. It's not like one of those, like, broken promises, like, you get some schemes which are, like, oh, yeah, we'll get you a flat, and it's, like, oh, actually, you didn't meet the criteria, but thanks for doing it anyway. 'Cause when I first joined I was a bit sceptical. I was, like, right, is something actually going to come of this? And then it did.' (Young Person, Project D).

A useful concept here is 'epistemic trust', defined by Fonagy and Allison (2014: 372) as 'trust in the authenticity and personal relevance of interpersonally transmitted information', or more simply: trust that you are known and understood by another person.

The quotes above illustrate relationships characterised by epistemic trust. Indeed, trust allowed staff and young people to begin to work together to explore what young people wanted help with and how best this help and support could be provided. While the kinds of relationships described above were not formed with the direct purpose of driving pre-determined specific outcomes for young people, they were pivotal to opening up the possibility of talking about, planning, and realising meaningful improvements to young people's lived experiences.

The actions, qualities and approaches described here combine into a way of 'being with' young people' which 'holds them in mind' and thereby developed epistemic trust. However, staff also emphasised that, unsurprisingly, there is no formula for creating these relationships that can be easily replicated and applied:

It's, like, it's really difficult to be, like, okay, let's take this framework and this formula and replicate it here, here, here. I don't think it's like that. It's, like, it's just genuine people who care and are willing to listen, to give time. (Project Lead, Project A).

It was essential that this way of being with young people came naturally and did not feel mechanical or forced. Indeed, staff also emphasised simply implementing a set of techniques without genuine feeling would undermine their efforts to build relationships of trust with young people: *'young people can tell that you're applying a technique as opposed to just being completely natural and real, you know.'* (Project Lead, Project A). The importance of genuine emotion is supported by research that identifies that children and young people are likely to reject expressions of emotion such as praise if they are used as a 'technique', these expressions are more likely to be accepted if they are felt to come from the heart (Golding, 2017: 167).

6   Findings (III): Enablers of Secure and Trusting Relationships

In this chapter we will report findings of the core factors that enable secure relationships between young people and staff to be developed and sustained. At the heart of enabling and sustaining trusting, attuned, and secure relationships between young people and staff was evidenced by the psychological framework of practice which is a trauma-responsive approach. This approach, that was apparent from the data, is a multi-faceted and multi-layered approach that attempts to hold the whole system in mind, and when evident, helped a secure base to be formed for young people. In this chapter, as highlighted in Figure 4 these salient enabling factors are organised into main areas: leadership, resources, and practices. It is trauma-responsive leadership, driven by the NHP, that underpins factors that contribute towards resource allocation and the commitment to the drive towards trauma-responsive practices.

Figure 4: Summary of enablers of secure and trusting relationships
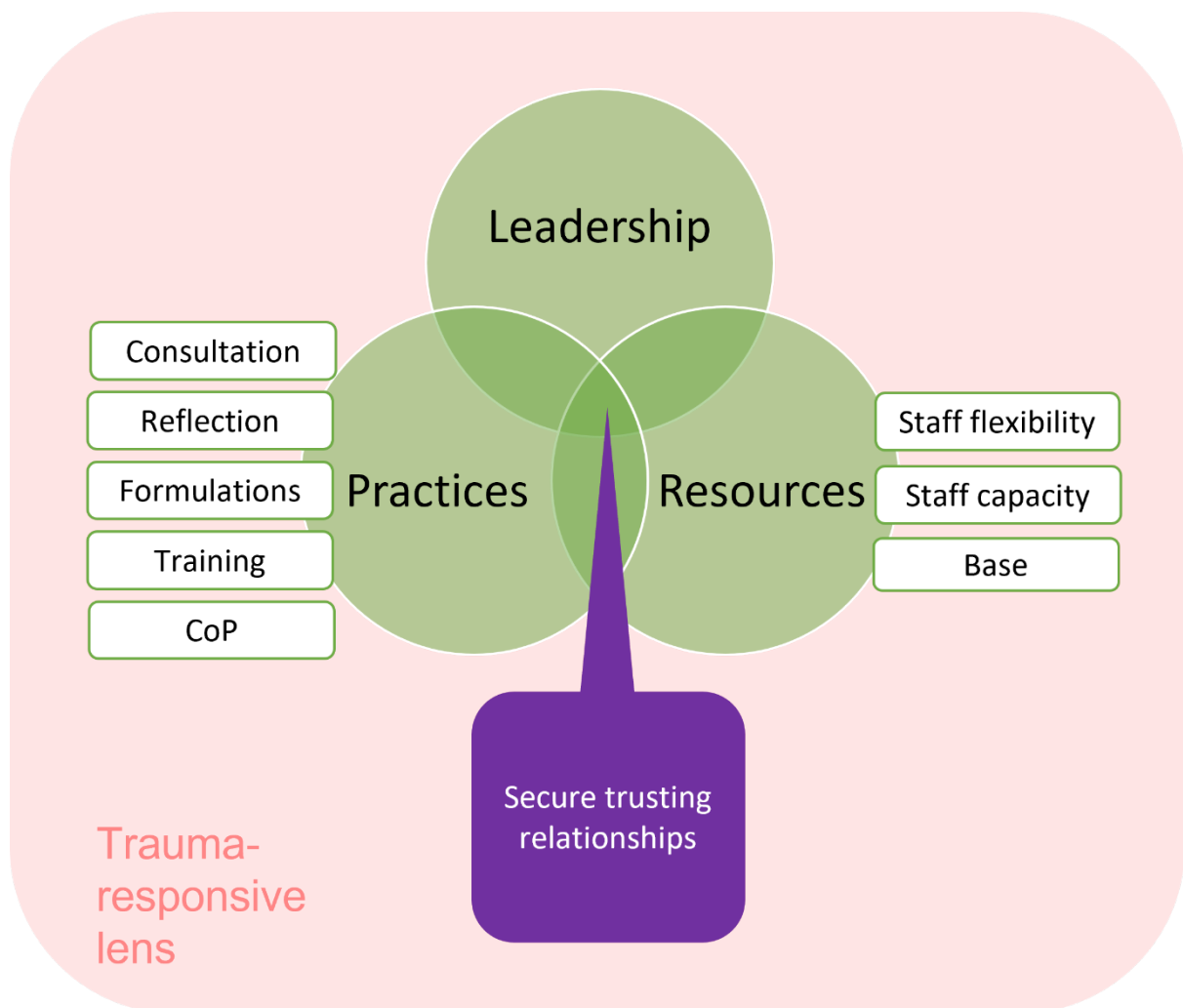
6.1 Leadership

In order for the relationship between the facilitator and young person to remain contained and sustained there needs to be leadership, at both an NHP and LHP, that acknowledges the impact of trauma. Leadership is about creating a regulated system which can contain and respond to the trauma in the system and not inadvertently create parallel processes (Bloom 2010). Indeed, as Esaki (2020) states: "creating and sustaining a trauma-responsive organizational culture is about the ability of leaders to create a "holding environment" (Winnicott, 1960) in which staff feel safe and supported in carrying out their work, and in which clients benefit by being served by well-cared for staff." (p. 1). As can be seen in Figure 4 there are multi-layered and interacting relationships that surround the relationship between staff and young people each which can serve as enablers, or inhibitors when not aligned.

We know from the literature that when trauma is left unacknowledged it can create parallels in the system akin to the responses that the trauma itself enacts (Bloom 2010). As Smith (1989:13) states: "when two or more systems – whether these consist of individuals, groups, or organisations – have significant relationships with one another, they tend to develop similar affects, cognition, and behaviours, which are defined as parallel processes.... Parallel processes can be set in motion in many ways, and once initiated leave no one immune from their influence (cited in Bloom 2010, p. 140). When trauma in the system is left unmanaged it is argued this can lead to a lack of safety, loss of emotional regulation, dissociation, miscommunication, narrower focused decision making, and so on (Bloom 2010).

In our evaluation of the NHP we found that trauma-responsive leadership was seen at both the national and local system level. Leadership was a way of 'being with' that developed trust in the system. In our research we saw evidence that leaders (at national and local levels) were making trauma-response decisions that enabled the whole system to become trauma-responsive. The extent to which this form of leadership was enacted did vary between project leads, but when it was evident, there was a direct impact on the approach taken by facilitators in their response to young people. In fact, for there to be sustained improvements in young people's developmental outcomes there needs to be leadership that is trauma responsive. The following section we will explore leadership further at both the NHP and LHP levels.

6.1.1 The National House Project Level

The NHP leadership team had a role in developing, containing, and sustaining LHPs. As noted in the introduction, the values held by leaders in responding to the needs of young people was explicit. Leaders explicitly recognised the need to have a passionate belief in the potential of young people, to be determined and persist and not give up, to ensure young people have a voice and a platform to be heard, to recognise the impact of young people's past experiences but not see them as determined by it, and to recognise the strengths of young people.

The role of leadership was seen at multiple levels in relation to supporting the development of new LHPs. Amongst many tasks, the NHP's leaders held in mind the broader national context, the formation and development of the LHPs, the selection and recruitment of staff, and working closely with Care Leavers National Movement (CLNM). Importantly, we saw evidence of NHP leadership being woven through different spaces and relationships across the HP community. This visibility of leaders, their connections to LAs, and staff and young people in LHPs, were essential to effective practice at the LHP level. Notably we found evidence that LHPs who had a closer connection to the NHP, who had a clear 'NHP identity', who embraced a trauma-responsive approach of 'being with' young people, were able to sustain secure and trusting relationships with young people. And as we know, it is these relationships that enable young people's positive incremental developmental experiences.

6.1.1.1 The National Context

NHP leaders had to look outwards to the broader national context that continues to shape the agenda for care experienced young people in relation to resource allocation and priority within political agendas. The NHP leaders needed to hold in mind the wider structural factors that might impact upon service-delivery. Providing a high-quality service that facilitates successful relationships between staff and young people costs money. Accordingly, the NHP leaders had to consider the restrictions on resources available to LAs resulting from austerity, and the implications of this for the provision of psychological support, staff capacity, and access to resources such as the base; the housing crisis and the implications of this for access to suitable properties in certain local areas. The impact of austerity regarding benefit provision coupled with the impact of the 'cost of living' on young people themselves presents challenges for young people and staff at the LHP level.

6.1.1.2 Developing and Supporting Local House Projects

The NHP have the leadership responsibility of deciding what is provided when developing and supporting LHPs. The operationalisation of trauma-responsive practice begins at a system-level (Bendall et al. 2021). The NHP provides support to the LHPs in devising and updating the framework for the House Project Programme (HPP), underpinned by ORCHIDS, and offering support from the Practice Leads and creating a Community of Practice (see practices section below). The NHP leaders' vision of trauma-responsive practice guides their decision making in relation to what is provided and why it is being provided. At a strategic level, trauma-responsive decisions that are made in relation to resource allocation and the implementation of the framework of practice, have a direct impact at the LHP level, and in turn the relationships that are formed between staff and young people.

The relationship built up between the NHP and LHPs was important in containing the relationships within the LHPs. NHP staff were also an important source of support and guidance helping to facilitate important processes such as emotional regulation and boundary setting. We found that LHPs who embraced a strong NHP identity were also the projects where there was a deeper integration of trauma-responsive practices, which in turn impacted on the 'ways of being with' young people. On the rare occasion where relationships between LHPs and the NHP were less strong the LHP's connection to a trauma-responsive approach was inhibited. That is not to say that there was no evidence of positive relationships between staff and young people in this rare circumstance but that there was less depth of integration of trauma-responsive practice and connection by the project lead to the psychological service provider to support their work with young people.

6.1.1.3   Recruitment and Selection of Staff

The NHP have a pivotal role in providing leadership in relation to staff recruitment and selection. The NHP leadership team were reflective in how best to recruit staff who were able to meet the needs of young people and to ensure that young people were also involved in the recruitment process. Young people are on the interview panel which is key to the process. We saw evidence of the key aspects of the relationships highlighted in Chapter 5 in our observations between staff and young people and we recommend that the NHP continue to consider these qualities of relationship in recruiting and selecting staff. Again here, the NHP have an important role in recruiting staff who can and are willing to work within a trauma-responsive framework. This relates to all staffing roles across the HP community.

It is also important to note that the Care Leavers National Movement (CLNM), supported by the NHP's Young People's Participation Workers, played an important role in ensuring that the NHP remained responsive to the voices of young people across LHPs. Acting as expert advisers, CLNM representatives worked to further develop the House Project through a range of activities including producing their own evaluation report, running a national conference, participating in NHP board meetings, consulting with government ministers, and running a number of national awareness campaigns on issues such as 'digital poverty'. One CLNM representative described her motivation for participating in CLNM as follows '*I wanted to be part of CLNM so young people like me that have been through the care system can have their voice and say this isn't working for us',* capturing the CLNM's drive towards affecting positive change for young people leaving care within the House Project and beyond.

As demonstrated above, the leadership of CLNM and their work to support the NHP was a key enabler that helped to ensure that young people were held in mind at every level.

6.1.2   The Local Project Level

The project lead plays an essential role in ensuring that multiple relationships are held in mind that will impact the developmental journey of the young person. Our research found that the project lead has relationships with the NHP, their LA employer, key local stakeholders, the facilitators, and young people. The project lead has a complex leadership role of holding multiple relationships in mind, and this will also include considering the relationships between peers (within and between cohorts) and the young person's connections with significant others and professionals in their lives. While the facilitators also consider these relationships in their work it is the role of the project lead that enables this to be considered routinely.

6.1.2.1   The Relationship with the Local Authority and other Local Professionals

LHPs included in this research had a variety of relationships to maintain with the LAs in which they were situated. Project leads, and facilitators, saw the importance of working relationships with the LA and systems around the young person. What was clear, was that the LA services needed to support the LHPs approach, to ensure its effectiveness. The following examples demonstrate this below:

Another thing that is really vital in all of this is that my manager, her manager, and her manager, are all 100%, like, behind the House Project and have the same, kind of, ethos and values…I think from the top down, the tone is that it's about, you know, the values of the whole organisation, and everyone that works in it. It just feels very different to my previous places of work. And it wouldn't work if the layers above it weren't into it. (Project Lead, Project A).

I really do feel like yeah, [name of council] as a council, as children's services, is really trauma informed. (Facilitator, Project A).

Yeah… well, from [name of city] we've been really fortunate and really lucky that we have got a really good strong team, as in from [the] top down. You know, everyone has been so on board with this project when it initially came … I think having your directors on board has really played a vital part in getting the success of the project. (Facilitator, Project E).

Project leads, with the support of NHP leaders, had to demonstrate leadership in their role to develop positive relationships and this required attention, effort, and strong relational skills, working across multiple systems. The project lead needed to continue to hold in mind the vision of the framework of practice of being trauma-responsive and manage this in a careful and sensitive manner when working with other professionals locally.

The extent to which social workers knew about the LHP and viewed its work in a favourable light was also important given that it was likely to be social workers who referred young people to the LHP initially. Again, the relationship between the LHP and social workers was enabled, in part, by project leads, and facilitators, continuing to form connections with social workers and maintain these relationships. This took effort and sustained attention. In addition, these open and communicative relationships with social workers were also important for ensuring that a young person was ready and fully supported with moving into independent living. Social workers across multiple projects described valuing the time that LHP staff were able to spend with young people, as well as the communication they received from LHP staff.

Relationships with housing officers was also important and worked when there was strong alignment:

So, we've got a good close relationship with [name of organisation], we were able, you know, we were able to get the flats. So, when we're able to have them… invite

them to our sessions where the young people can ask open questions, they're able to identify certain areas that they want, and [name of organisation] will do their best to accommodate. (Facilitator, Project E).

In this example, LHP staff were able to have a productive dialogue with housing providers, which enabled them to better support young people.

The extent to which wider LAs were aligned with the ethos and values of the NHP could also impact LHP staff's work with other key staff members such as housing officers and social workers. In the extract below, a facilitator in a LHP describes the frustrations of working with a housing officer who did not share the HP's trauma-responsive approach:

There's so many times where, like, a housing officer will come to me and say they're [the young person] wrong. Like, whoa, whoa, whoa, can we just take two steps back here? Like, I think you've forgotten the fact that his missus has just left him, he's thought a baby that was his is now not his. On top of that, he's going through all of this kind of stuff, he's just moved in on his own. Can we take a little bit of understanding to understand why he's going through the situation he's going through?... Because a lot of the housing officers don't even listen or don't listen like their interested. They've got their own agenda, haven't they. They come out with their own agenda, your noise, your neighbours have complained about your noise, or whatever it is, and we have to give you this warning, and if you carry on like this, then this is what... I mean, and to a young person that is in crisis or that's, you know, all they're hearing is blah, blah, blah, blah, blah, blah, blah. (Facilitator, Project D).

The facilitator here was able to assert their position in order to advocate for the young person and attempt to share their understanding of the young person's needs with another professional. Here the facilitator felt empowered to work within a trauma-responsive framework which the project lead had supported and scaffolded.

It was observed in our evaluation that the role of the project lead was key to ensure a trauma-responsive approach was enacted. Indeed, the project lead empowered the facilitator to take that step and engage in a dialogue with other professionals about the needs of the young person and retain a trauma-informed understanding of the young person's needs.

In most projects, project leads valued and embraced a trauma-responsive framework of practice and stayed grounded to a trauma-responsive way of working. In one project this was less apparent. The project lead valued this approach less and the team felt less connected to the vision and identity of the NHP. Where dialogue between NHP leaders and project leads was continuous and sustained there was closer fidelity to the HP approach. Indeed, LHP project leads acted as a conduit between the NHP vision and how this was then enacted at a local level.

6.1.2.2 Holding in Mind the Facilitators

Not only did project leads spend time considering relationships surrounding the LHP, but the project lead also had the key role of being a contained, reliable, and emotionally attuned leader to the facilitators within the LHP.

Regulating emotions

Work with young people is particularly emotionally challenging and emotional regulation allowed staff to continue to provide a consistent, supportive presence for young people. Project leads played a key role here in holding the facilitators in mind, allowing them to remain contained and attuned to the needs of the young person. As discussed in Chapter 4, young people face many challenges in their day-to-day life and their resilience to manage this is not solely located within them as individuals but is enabled by resilience in the system. For example, young people might be managing mental health, physical health, sexual health, relationship difficulties, and childcare responsibilities. Moreover, trauma can also be generated and reproduced within the system too. It was found that facilitators could find this emotionally challenging, and being able to turn to project leads when they were experiencing emotions that felt overwhelming was vitally important:

> I'll ring (the Project Lead) and I'll be, like, I'm panicking. He'll be, like, calm down, breathe, take a second. Right, how d'you want to, like, attack this? With the pressure. I think… what helps me with the pressure is talking to (PL) and saying look, hold on. There's too much, I can't… I can only do what I can do. (Facilitator, Project D).

> You're, like, oh, I feel really bad, or I haven't done enough. What can I do? And I was, like, [PL and LA manager] always, like, brought it back… you both always, like, bring you back to reality, like, actually, you've done enough. There's nothing

more we can do, or do that, d'you know what I mean. So, it really helps when you've got a strong, nice management team behind you, 100%. That's great. (Facilitator, Project E).

In both these examples, facilitators were able to identify that the emotional impact of their work with young people was becoming overwhelming. Talking to the project leads then provided a useful 'safety valve' to notice and diffuse this overwhelming emotion, lessening its impact on the relationship with the young person. Through this experience of co-regulation with the project lead the facilitator in turn was then able to move towards self-regulation in the moment when interacting with the young people. Staff being self-regulated was a prerequisite to then being attuned to the needs of the young person. It was apparent that in LHPs where we saw a project lead who themselves appeared able to reflect and reach out to others to get support with regulating their own emotions, were projects where the facilitators too were more open to seeking support through co-regulation within the team (and from psychological consultation offered).

There was evidence that project leads explicitly recognised that providing this emotional support was central to their role as leaders:

we know there will be times where challenges come about or like I was going on saying if something's happened with a young person, the emotional impact it has on your facilitators. And I think it's really important to have those regular check ins. (Project Lead, Project E).

Additionally, this was something that NHP staff were able to do for the project leads in turn:

doing the work with [National House Project Staff] has been brilliant, especially when, you know, you have those weeks where I might not have had much engagement off young people, you've, kind of, been worried if you're actually doing the right things, you're doing things right, and having that assurance from them was great. (Project Lead, Project B).

The LHP's connection to the NHP was key. It was the LHPs where there was evidence of close collaboration and communication with the NHP where relationships within the LHP team were stronger and more attuned. This in turn laid the foundations for the development of strong and supportive relationships with young people.

Where this approach was carried out successfully, people at each layer of management were able to continue to offer emotional support to those that they managed, as they also had support from above. Indeed, for the young person's needs to be held, the emotional impact of the work had to be held at different layers of the system. In LHPs were there was readily available support from the project lead the staff were able to articulate how they could respond in a contained manner. And of course, the facilitators also provided support too for the project lead. Indeed, when a strong team ethos and identity was present, the system was more contained. On the other hand, in projects where the project lead was less available, it was apparent from observations that the staff were more often left to process their own emotions. The more connected the LHP was to the NHP in terms of accessing support (via community of practice, consultations, or informal conversations) the more able the project was to contain emotional distress within their own micro-system.

Managing boundaries

Facilitators also looked to the project lead for help in managing boundaries. Facilitators described fewer difficulties in maintaining boundaries relating to behaviour from young people that they viewed as rude or disrespectful. However, setting boundaries with regards to time spent with young people, particularly those that they viewed as in crisis, proved more challenging.

As noted in Chapter 5, while boundaries are an important part of all relationships, and certainly of relationships of genuine and authentic care, some staff did describe struggling to set and maintain boundaries in some areas. At times, the need to set and maintain boundaries that would support staff well-being and prevent burnout could feel at odds with an approach that centred on authenticity and genuine care. In the following quote, a facilitator from Project A describes this sense of tension:

> the thing around, like, how… finding the balance of how much you give of yourself, but remembering that this is a professional job, and yes, it thrives off us being individuals and people and connecting, and real relationships not just surface fake, and the kids know that, they see through it. But then, also, having your boundaries in place to be, like, that's my job, that's my… you know…The thing is, with this type of work, it doesn't stop when you turn your phone off at five or six.' (Facilitator, Project A).

In such cases, it was sometimes helpful for managers to affirm and reinforce these boundaries. This process is described by a Project Lead below:

[Facilitator's] initial reaction was I need to go there and sort it out, and I was questioning why she needed to go and sort it out, and what… and by doing that, you can… I could pull in the reasons why she thought she needed to do that and why… and then there was the whole conversation about being there 'til nine o'clock, and I was, like, no, that's not… you're not going to be there 'til nine o'clock. So, I put some boundaries in place. And so it's, I suppose, without even thinking about it, I'm modelling what my staff should be doing with young people when they're working with young people. So, it's about the boundaries, it's about the challenge, it's about the support. Yeah, I'm supporting you, call a manager, bring those things in and I will… you know, I will support you on it. (Project Lead, Project D).

In addition to project leads setting boundaries, relationships with other professionals could also aid facilitators in stepping back, for example, where a facilitator was aware that another external professional such as a community PCSO, or youth worker, could check on a young person out of hours. What was important here was ensuring a clear plan was in place that was sensitively developed with the young person.

As above, there were already good examples of managers supporting staff to set and maintain boundaries, and indeed to recognise boundary setting as an important component of authentic and genuine care. In the following quotes, staff described boundaries as an important and positive part of their relationships with young people:

I've now, kind of, learnt that the boundaries aren't just good for my, kind of, work/life balance but it's important for young people to know that everybody has boundaries including me, and that they should have boundaries as well. (Staff Member, NHP).

And boundaries keep you safe. These young people do need boundaries, because, you know, they need to know…they need to be aware of their own…It is absolutely a life lesson for them, but also, it does enhance your wellbeing. (Facilitator, Project C).

The support from the NHP, including training, psychological formulation and consultation, and community of practice, offer opportunities for staff to understand how to set and maintain boundaries. Again, the project lead also had to have a clear understanding of the importance of boundaries and to have confidence to engage facilitators, and young people, about boundaries too.

NHP stakeholders involved in the psychological support for the project, emphasised that boundaries that aim to preserve staff wellbeing and capacity to do their jobs in the long term were important for maintaining consistency, an important component of successful relationships:

> *It's so, so, important to have, kind of, that consistent, predictable approach…if you have your phone on every single weekend, and then one weekend you don't have it on, what message is that giving to a young person? How might that, how might they perceive that? If you usually respond, like, within a second, and then one day you can't respond for a couple of hours. (Stakeholder, NHP).*

Similarly, just as facilitators had to manage boundaries with young people, the project leads also had to consider how they managed their own boundaries in relation to what they expected from facilitators too.

Managing risk in context

In addition, staff needed leadership and support to safely handle situations where there was a risk of harm. This included both supporting young people themselves and supporting staff who were dealing with these complex and challenging situations. An important component of this work was the development of a safety plan. Based on our interview data and observations it was apparent that staff had to manage risky scenarios and consider risk of harm to self, to others, and from others. What was apparent from our interviews with staff in the LHPs is that they did not define the young person by risks they might pose or be posed to them. There were no dominant labelling narratives about young people but instead when risk was discussed it was considered within the context of the young person's context.

Managing staff turnover and absence

During the course of the research, while a core group of staff remained stable, the majority of the LHPs involved experienced some staff turnover or prolonged periods of staff absence, and of course in all LHPs, staff had time away for annual leave. The management of staff transitions

was a significant challenge for the stability not only of secure relationships between individual young people and LHP staff but also for the stability of the LHP community. This had to be considered from a trauma-informed perspective and when not carefully managed the departure of a LHP member of staff could be a very difficult experience for a young person who had become attached to them and for whom it had taken time to develop a trusting relationship. Furthermore, the project lead had to demonstrate leadership skills to manage staff transitions that could pose a significant challenge for the stability not only of secure relationships between individual young people and LHP staff but also for the stability of the LHP community itself.

Therefore, given the importance of consistent and persistent relationships between staff and young people described in the previous chapter, it was important that these transitions and/or absences were managed effectively. Staff identified three key components of managing transitions when staff members left or were temporarily absent. Firstly, some LHPs thought that, while developing the relationship with a facilitator, it was also useful if a LHP could provide a young person with a supportive network of relationships, rather than just one strong relationship with a single facilitator. This could mean that a young person was developing positive working relationships with several staff members. This is the approach that was taken in Project E:

> *I started to build a stronger relationship with the people that had that... that wouldn't necessarily come to me because [Facilitator] is there. [Facilitator] has been there longer than me and I just ramped up that, and slowly but surely was chipping away at the bricks (Facilitator, Project E).*

And in Project C in relation to staff holidays:

> *I think when we have, like, a bit of leave or, you know, something, we don't just leave the young person and go off for a week. So, it's not a case of tata, you lot catch up. These are my young people, they're like my children, d'you know what I mean? I will hand them over and I will make sure that I message each of them individual young people and staff with anything that needs to be sorted out so everyone, you know, everyone's in the loop. (Facilitator, Project C).*

In addition, other young people within the LHP, or in some cases within CLNM, could form part of a supportive network that lessened the impact of staff members taking time away or moving on. This had been the case in an LHP, who had experienced challenges with both staff turnover and long-term staff absence:

When we were having some difficulties with staffing and stability, we were seeing that, you know, young people did have areas of support and it's not that we weren't able to respond because what we did was drew on the support network of the young person as well. (Project Lead, Project B).

In both cases, other people within the young person's support network were able to step up support when a young person didn't have access to a relationship with a particular facilitator. However, in providing a broader network of support for a young person, a balance will be needed to ensure that they still could develop a relationship with one or two key attachment figures so that they didn't feel lost in terms of who they could attach to. It is important not to overwhelm the young person and recreate relational systems they might have experienced before where multiple professionals become involved but in an uncoordinated manner.

Secondly, it was important that transitions of staff who were leaving the LHP completely were well-managed. Staff described communicating transitions in a personal and sensitive way:

[Facilitator] told the young people she was leaving, she did it in a very nice way. She would go… she went to them all individually and she spoke to them. (Facilitator, Project E).

As well as creating positive moments to celebrate the transition:

So, for [Facilitator] when he moved on, they had, like, a get together meal in the evening. It was just a really informal meal, and they all went for a pizza and it was a nice way to say goodbye. (Project Lead, Project B).

Additionally, often new workers also had to be sensitive when 'taking over' the facilitator role, acknowledging the potential challenges of a facilitator having left:

I'm not [Facilitator]. The first thing I said is I'm not [Facilitator]. You know, I never will be but I'll try and be the best version of [Facilitator] that I can. (Facilitator, Project E).

Acknowledging the challenge of a member of staff leaving was an important part of managing this transition sensitively.

Finally, staff stressed the importance of communicating to young people that a staff member who was moving on would still be available to them to a degree after they had left:

Just to reassure the team as well that, you know, in future [Facilitator] is staying in-house, so he's in [the LA]. We might be able to do some joint working. (Project Lead, Project B).

[Facilitator1] has let [the young people] know, like, I'll still know everything about you 'cause I'll be speaking to [Facilitator 2] and [PL] on a regular basis. And I'm pretty sure she'll be the same… There'll be young people that's she'll… If she's over in [Local Area] for whatever reason, she'll go and see certain young people, 'cause [Facilitator 1] has got the same kind of character as me, which is I can spare an hour or half an hour to go just say hello, I haven't forgot ya. Yeah. (Facilitator, Project E).

However, the extent to which this was possible for staff in practice, for example once the demands of a new role took over, remained to be seen. Accordingly, promising this kind of extended availability should be approached with a degree of caution. The project lead again would have a pivotal role to play here, helping the facilitators reflect on this, and seeing the bigger picture of how to respond to the needs of the community of young people in the LHP.

6.2 Resources

The resources available to a LHP also have an impact on the extent to which staff and young people are able to connect and form relationships. The LHPs had varying degrees of resources available depending on the local context. However, several key aspects stood out as being important enablers.

6.2.1 The Base

The base made a range of positive contributions regarding enabling successful relationships between young people and staff. Not only was it important in providing consistency for young people '*I see it that staff will be there, that if young people want to pop in for a coffee or a slice of toast for breakfast, that's how I'd like it to be. It's just always there for them*' (Stakeholder, Project E) offering the permanence and stability associated with ideas of home: '*this is home. Like, upstairs, the base, that's a home*' (Young Person, Project D); '*It is a home away from home*' (Facilitator, Project D), it thereby created opportunities for more natural and spontaneous interactions with young people:

Just coming in and having a sandwich with a young person when it's… you haven't booked a day to go up and see them, or you haven't actually arranged…it's just something that happens, and you can just sit and have lunch with them, 'cause there's food in the kitchen, and just talk (Facilitator, Project D).

As well as, in the case of another LHP, providing a more comfortable and private setting to talk to young people:

We've got our base now, and we can just do more detailed work with the young people. [….] It's changed the way that I work massively because we have a place, which I can guarantee is just me and a young person, I've got keys to a location where I can literally do the work that needs to be done. I'm finding that especially with cohort three, they're opening up a lot more now…it's really helped build relationships. (Facilitator, Project E).

The base provided a physical secure base to develop connections and relationships between staff and young people and between the young people themselves. However, at the time of the research not all LHPs had access to a suitable affordable space to use as a permanent base. LHPs that didn't have a base, felt that a base would improve their capacity to work together as a team:

I think it would be huge. I mean, first and foremost, for staffing, having a space where we could all turn up Monday to Friday and exchange ideas, you know, talk about the project, 'cause at the moment we don't have that. (Facilitator, Project B).

Additionally, throughout the course of this research the impact of the pandemic had of course impacted the capacity of staff to use the physical base. Furthermore, the amount of in-person work that staff were able to do with young people had been restricted. Some facilitators felt that the Covid lockdown restrictions had inhibited developing a close sense of community amongst the cohort of young people at the time.

Finally, one LHP had access to the resource of a training flat where young people had an opportunity to experience living alone for a brief period before their permanent move out of care. This experience was viewed as helpful at the end of the HPP programme by both young people and staff.

The findings described above resonate with the findings of other research studies which highlight the beneficial impact a community base can have on young people's well-being and

personal development. A community base can provide a transitional space to 'form a more secure sense of self' (Eriksen and Seland, 2020: 187). The physical environment and position of a base are clearly relevant and need to be in a location which is not unattractive or intimidating and which is easily accessible (see Kiilakoski & Kivijärvi, 2015) but of primary importance are the practices of the people who frequent the base and the atmosphere and culture they generate. Brady et al (2018) found that dedicated spaces for young people which were underpinned by principles of equality, inclusion, care and participation could facilitate a much valued opportunity for connection and a sense of belonging with other young people and could also provide a stepping stone to wider community involvement (Hall et al, 1999). In such spaces, young people felt they could 'let their guard down' (Sharpe et al 2002:504) and temporarily seek refuge from the stresses and conflicts of everyday life (Nolas, 2014). For vulnerable young people in particular, a community base can become "a place of safety, a home and a 'family' in the company of others in similar situations, enabling them to become individuals with a sense of direction and purpose, close friends, self-assuredness and life skills (Eriksen and Seland, 2020: 187).

The base was a setting condition of positive developmental outcomes and we argue that it is a core requirement of the NHP's psychological framework of practice.

6.2.2 Time and Capacity

There were other practical considerations that enabled the development of successful relationships between staff and young people. In particular, staff highlighted the value of being able to spend more time with young people than would usually be possible in other roles: *'That time's invaluable, as well, isn't it, really? It's what I think'*; *'I just love it. I love that aspect of it, and I wouldn't ever stop doing that, the time that you get to speak to them and spend time with them and talk to them about stuff.'* (Facilitator, Project D). Similarly, young people cited that amount of time that staff were able to spend with them as something that made the House Project *'different'* to other professional relationships that had been formed. One young person highlighted that he noted a difference in the relationship with the facilitator compared to with his social worker. When asked *'how are they different'* he said: *'Because they don't see you every six weeks, they see you every one week'* (Young Person, Project E). Staff emphasised that the ability to spend more time with young people was something that enabled them to build relationships of trust:

I think, for me, a success is that because the staff are given the time to get to know the young people they know them better than probably the young people know themselves. I think they're able to forge relationships, they're able to understand young people's personalities and the social workers might… I don't want to diss social workers, but they get, what, two hours every eight weeks or six weeks with a young person. These guys are with them every day, so they've really come successful, because they trust the staff, because the staff will… are there for them at the end of it. If there's something wrong the staff know the young people inside out and they might sense a bit of a mood, if someone's having a bit of a bad day they understand that, and I think it's successful because the young people trust the staff, as well, and trust that, you know, they can open up, and if you can tell them things, and they understand that the staff get them, which, I think, a lot of the time, it doesn't happen with a lot of young people in care. (Project Lead, Project E).

I think also we've got the luxury of having more time….You know, we might say okay, I'll come over, do your food shop, or we can go for lunch…and we could just spend hours with them, which is something that, you know, we're not trying to just get through a check list quickly and then, okay, I need to see the next person quickly, so I need to hurry up. So, it's, like, we've got that luxury or really giving the young person time, whether that's on the phone or face-to-face. I think that adds to what we provide and the building of relationships. (Facilitator, Project A).

As described in the extracts above, having time to spend with young people meant that staff were able to get to know young people better, gaining a better awareness and understanding of young people's personalities, which could help them to understand when and how to offer support. Time enabled a trauma-responsive, attuned, approach. This was also recognised by young people: *the facilitators have a bond with you, to the point that they notice when something's wrong.'* (Young Person, Project D). Having and taking the time to get to know young people and create trust, by generating opportunities to build understanding and to show authentic genuine care – as opposed to care as work involving ticking off a list of necessary tasks as efficiently as possible.

In addition, staff had to be conscious of the amount of time they were spending at work and their ability to look after their own wellbeing and therefore the wellbeing of young people: *'I was talking to one of the other projects, and they were saying oh, it's really hard sometimes,*

though, to say I'm struggling, I need to take a bit of time away from this, 'cause I know there's only one other person that's going to pick that up.' (Staff Member, NHP).

As a result, ensuring that staff have sufficient time to spend with young people is important both for developing connections between staff and young people, and for ensuring that staff are cared for in a way that allows them to build and maintain these relationships. While some young people may require less time from staff when they have moved into their home, meaning that staff have more time to spend on young people in more recent cohorts, this cannot be guaranteed, and staff capacity should be closely monitored as projects grow. Time is required to hold the young person in mind.

6.2.3   Flexibility in the Use of Resources

In addition, to having time to spend with young people, staff emphasised that they were able to work more flexibility than other services, responding to young people's needs as they arose: '*it's more able to be responsive, like, open*' *(Facilitator, Project A)*. Staff tended to connect these qualities to the content of their work rather than when they worked. Although some staff emphasised the utility of working outside the conventional 9-5 where necessary: '*it's being flexible with time. Like I say, I don't mind going out and, you know, helping at weekends, evenings*' *(Facilitator, Project B),* the discussion above on the importance of boundaries regarding staff availability remains important too.

Staff highlighted that the lack of prescriptive structure in LHPs enabled them to work closely with young people, and to plan their time according to what would be most supportive for young people at a particular time. In the extract below, a facilitator from one LHP describes using a flexible approach to structure his working day:

> *So, on a daily… in the morning I'll… 'cause we have a group chat. I'll make a group chat with all my young people and I'll say who wants to see me? What's going on? What's everyone's worries, or I'm here. And then I'll plan my day from there. I never plan my day, like, I can never say oh, next week I'm going to do this or next week I'm going to do that […] because I just think every day something changes for them, and I don't want them to feel like oh, I'm only there for work, or I'm only there for… I want to be there for them, what they need out of me. (Facilitator, Project E).*

Through this flexible approach, the facilitator's work can be highly centred on and responsive to the needs of young people. In addition, staff emphasised the value of having the flexibility and freedom to respond to young people's needs without being inhibited by excessive bureaucracy. Whilst processes had to be followed in relation to young people accessing resources it was recognised that the use of resources could be more closely tailored to the unique needs of the young person:

> *Whereas the social workers would have to go through probably three tiers of management to get a sign off on something like that. And I think that makes quite a qualitative difference to young people's experience, 'cause they're, like, know that we've got a little, yeah, we've got the freedom to do that and they appreciate it. (Project Lead, Project A).*

In this story, staff connected the ability to be flexible to the provision of care that felt '*less like a service and more like something natural you'd do with your friends and family. So, I think that that makes a big difference.*' (Facilitator, Project A). Accordingly, flexibility acts as an enabler of personalised care that feels genuine. Flexibility encourages mentalisation and a formulation driven response to the needs of young people.

6.3 Practices

The NHP has implemented key elements of trauma-responsive practice, and this was evident across all of the LHPs. This included enabling a reflective culture, Community of Practice, formulation meetings, and clinical consultation. These practices wrapped around the relationship between the young person and staff and also around the team as a whole. Furthermore, such practices, when working effectively, created a sense of community between LHPs and fostered relationships with the NHP. We found evidence that LHPs who embraced the practices offered by the NHP's independent psychology provider were the LHPs that enacted a deeper trauma-responsive approach to their work. Indeed, it was these LHPs where the trauma-responsive lens was in sharp focus and was interwoven in their language and everyday practices.

6.3.1 Enabling a reflective culture

Staff were supported by wider cultures of reflective practice, both within their LHPs and within the NHP as a whole. This reflective practice could involve the local team checking in with each other about how they were feeling:

> *I think there's something around for the team to also be quite trauma informed with one another, I guess. So, yeah, if something is going on we're able to be quite honest and say I'm struggling with this, or… I dunno, I think that in this type of work it's important to be in a team where you can say I'm struggling with this young person, or this thing's really affecting me, or yeah, I think that's important. (Facilitator, Project A).*

The quote above demonstrates that within teams it helps if staff are aware of each other's feelings and how they might be affected by the work. LHPs have access to support provided by the NHP to offer a space to reflect and consider their development as a team. This includes reflective discussions with NHP staff, the NHP community of practice, monthly consultation meetings with a clinical psychologist (provided by the NHP from an independent provider) and bespoke training (provided by the NHP from an independent provider). Developing as reflective practitioners meant creating a space for '*open, honest conversations*' (Stakeholder, NHP), an environment in which '*every member of staff feels able to speak up with any thoughts, ideas, concerns, wonderings, without that fear of being, I don't know, punished, criticised, shut down*' (Stakeholder, NHP). Another facilitator said:

> *If I don't agree with something or someone doesn't agree with something then I'm able to say actually, I don't think that will work, and it's not shot down, or you don't feel like you can't say it because, you know, you don't…you're not the manager, or… it's listened to and taken on board and discussed. (Facilitator, Project A).*

This kind of environment allowed for discussion and reflection on relationships between staff and young people that were not flourishing, in order to think through ways of developing a better approach.

> *I think being part of such an amazing team, and them challenging, and them not being scared, and learning from the way they work, from a different background, and, you know, 'cause I am younger, learning from their experiences. Also, seeing young people challenge things. It's, like, if they can do it, I can do it too. (Facilitator, Project D).*

6.3.2   Community of Practice

Community of Practice (CoP), led by the NHP Practice Leads, was an important space for feedback and dialogue. Community of practice was particularly useful for staff within newer projects:

> *If you know one authority's doing absolutely fantastic in certain areas that you may not necessarily… you might be struggling with, and even just in terms of group sessions, there might be another authority whose attendance is brilliant in group sessions, and trying to figure out, okay, what are you doing that we may not necessarily be doing, or we could learn from? And I think that gives us the opportunity to do that in the community of practices. (Facilitator, Project E).*

> *You're able to talk about sticking points in your own House Project [LHP], any issues that have come up. And the someone might mention oh, we're doing this, and this is working in ours. And you're constantly learning from each other. (Project Lead, Project E).*

As above, these newer LHPs felt that the Community of Practice provided a useful forum to reflect on and seek advice about areas that they wanted to improve, by engaging with other LHPs.

More established LHPs also found value in the Community of Practice to discuss new and unforeseen situations. The LHP team in Archie's story (see Chapter 4), for example, were able to use the Community of Practice sessions to further reflect on how they could best use restorative approaches to conflict resolution within the cohort of young people, particularly where previous efforts had not been as successful as hoped.

Community of Practice was a reciprocal supportive and reflective space. For the more established LHPs there was sometimes a sense of them experiencing it as a place to give advice rather than a space for them to obtain support: *'I feel sometimes that we are the people that are giving the advice and guidance and things…rather than being able to absorb the support from elsewhere.'* (Project Lead, Project D). While the more established projects saw the value in sharing their learning it is important to continue to consider what specific projects might need at different stages of their development. This is a highly valued space that brings projects together and enables further connections to be made.

6.3.3 Training

The LHP staff reported that they attended training on trauma-responsive practice. This training included brain development, attachment and trauma, and principles of trauma-informed care. Staff talked positively about the training:

> *The trauma informed training was amazing, and [the trainer] was great, really learnt a lot from her but yeah, I think there is training out there for whatever we need. It's amazing. (Facilitator, Project D).*

Staff also spoke positively of the benefits of other forms of training for work with young people:

> *We did solution focused training, which was very... both of them were... well, restorative practice was three days, and then solution focused was, like, over a month. Like, three days a week, which was quite intense, as you could tell, with an outside agency. [The trainer] was just such an awesome lady...it's little handy bits that you can use. And then we did, like, mediation training and, yeah, so all the, kind of, skills that help you. (Facilitator, Project D).*

Participation in training among local staff was also valued by the NHP team. One NHP staff member expressed her belief in the importance of engagement in training. Discussing a recent training session, she commented:

> *[The facilitators] really contributed to the training, they asked questions, so, I feel like for them, there's almost, like, a willingness, like, almost, like, an openness, that they want to explore some of that. (Staff Member, NHP).*

Access to training was an important component that helped staff to further develop their expertise in building and maintaining relationships with young people.

6.3.4 Formulations

LHPs are required to have access to psychology services which can be accessed via NHP if it can't be resourced locally. The LHP (via an independent psychology service) staff have access to monthly formulation meetings, led by a clinical psychologist. These meetings occur for each young person who is part of the LHP. Staff described the formulation meetings as providing

the opportunity to learn more about a young person's background and history. Staff described the formulations as being particularly useful in understanding and contextualising young people's behaviour:

> *It goes into such depth of that person and their story that it makes you start to wonder oh, my god, now I understand why, even without us doing anything, this person is always so defensive, because they've had over eight social workers changing all the time, and for them, this could also just be another project that's just going to walk in their life and walk out. (Facilitator, Project B).*

> *There's certain things that are highlighted in the formulation that we may not necessarily have known about the young person, his triggers, or certain aspects of his childhood...there may be times where we wouldn't have known why his behaviour... what's caused his behaviours in a certain way. And I think those formulations have really been crucial for that. (Project Lead, Project E).*

Staff were able to apply this understanding to their everyday relationships with young people. In the following extract, a facilitator from Project B describes how the formulations which he described as *'invaluable'* and enabling him to *'get to know the young people in a really deep way'* informed his approach to working with one young person:

> *There was an extensive history in terms of neglect and abuse, and yeah, and a lot of the triggers were if she was being told to do things, like, being hounded, and she'd really close up and just shut down, kind of thing. But with [young person], I just, kind of, adopted... I sent a message every, like, well, once a week, just basically saying hi, you know, hope you're doing okay. Just to let you know, [Facilitator] is still not available. If you need me, let me know...And then, through that approach I then started getting messages back, and voice notes on WhatsApp, speaking with her on the phone, were we actually built up quite a good little relationship. So, I supported her and helped her move into her flat. (Facilitator, Project B).*

Similarly, in another LHP, knowledge of a young person's previous experiences through the formulation allowed facilitators to understand a young person's actions and adapt the LHP environment to enable him to feel more comfortable:

> *We order food for the young people and, like, there was one particular boy, at the end of every session, before the session even ended, he would be grabbing all the*

food and stuffing it in his bag. I was, like, this is, kind of, weird, 'cause he would just be, like, really going crazy. And the other young people were, like, what is wrong with this guy? Like, is he, like, homeless? Like, what's happening? But it turns out that… and he would be very aggressive and dominant over food, very aggressive. So, but it's because he grew up in a family of eight, and there was never enough food. And he's one of the youngest. So, when he sees it he gets very, you know, he's very, like, oh. So, yeah. So, that's how we were able to understand okay, that's where that comes from. So, what we then did was we then just set aside, we knew, like, okay, he's going to want to take some home. We would just be, like, before the session started, like, oh, we've got your food at the side, don't worry, we've got you, we've got you, like, make it like a joke, kind of thing, and he would then be, like, okay, cool, like, he wouldn't have to be so panicked. (Facilitator, Project A).

Both examples demonstrate facilitators using their understanding of a young person's trauma in order to work with young people in a way that was highly personalised, taking into account the impact of young people's past experiences on their present behaviour.

Formulations did not generate a prescriptive set of techniques or responses for each young person, rather they provided information that could inform staff members' approaches: '*it's good to know all this information, but we're building our own story with them…it's there and it helps, but it's also, you know, it gives us a bit of a platform to then build our own relationships' (Project Lead, Project D).* Staff also described the value of being able to revisit formulations through additional meetings and discussions: '*what's good about formulation, if it's not working, what we've, sort of, put into plan, we can go back. We can have another formulation, we can go back and we can figure out, okay, that's not working. Why is he doing this now?' (Facilitator, Project E).* Accordingly, the formulation was not a static set of facts and instructions, but a dynamic process that extended through the course of developing and maintaining relationships between young people and staff.

Understanding individual young people's experiences in depth and exploring the potential impact of these on their behaviour was important for 'persistency and consistency' in relationships with young people, with staff members describing finding it easier to regulate their emotional response to difficult behaviour if they understood its origin. In addition,

formulations assisted with the provision of personalised care, enhancing staff members' knowledge of how they might develop approaches tailored to individual young people's needs.

The young people were not always aware of the formulation meetings about them and there was discussion amongst facilitators about how to involve them in some way in the spirit of openness and acknowledgement of their personal autonomy. However, it was recognised that a space where staff could discuss a young person's situation and behaviour amongst themselves was very helpful and there were also concerns not to retraumatise young people through the discussion of early childhood experiences.

Ultimately, engaging in psychological formulations and reflecting on these in practice encouraged staff to hold in mind the young person and recognise the need to attune to their needs.

6.3.5   Clinical Consultation

Another important aspect of trauma-responsive practice is the 'psychological safety' of staff. An NHP stakeholder involved in developing this aspect of the project described this as follows:

> *It's very much thinking about that reflective group space about, kind of, how we can build psychological safety for the staff as well, how we can increase their self-awareness as staff members, how we can, kind of, recognise and notice each other's and our own stresses, so what pushes our buttons, what situations are likely to lead to me wanting to rescue, or for me to shut down, or for me to say they're doing our head in. (Stakeholder, NHP).*

As described in the quote above 'psychological safety' referred to enabling staff to understand and to be aware of the specific effects of the work on themselves and others within the team, allowing staff to notice and address this impact. Encouraging staff to do this is an important component of supporting staff to regulate their own emotions in their work with young people, which is discussed in further detail below. This was particularly important for staff whose lived experiences meant that aspects of their work with young people could be triggering.

Clinical consultation, can be provided via the NHP "membership agreement" via an independent psychology service, is a primary way in which LHP staff are provided with the opportunity to discuss the emotional and psychological impact of their work within the LHP. Staff described the benefit of clinical consultation for managing emotionally difficult aspects

of their work, supporting boundary setting, and thereby preventing burnout. The following examples demonstrate how this worked in practice:

Speaking to the psychologist consultant, that really helps, because I, initially, I couldn't switch off because I felt like oh, are they okay? Or what's happening in the weekend, blah, blah, blah. But then, if you come back to reality, actually, sometimes they are going to make bad choices, and it's about them being able to make some bad choices and come out of the situations. And I think you have to… as a practitioner you have to switch off otherwise it just plays on your mind constantly, so I'm able to switch off now. Initially I couldn't. (Facilitator, Project E).

We're able to have monthly consultations with our psychologist, where that's, again, been really important for not just managing the young person's safely, but also, supporting facilitators' anxieties, you know, professional anxieties, where certain things happen with a young person, and it is really difficult sometimes just to switch…you know, you can't just switch off your emotional to them, and I think it's recognising, and I think an example of that was we had a young person's mental health…suicidal and it's about… and, obviously, as professionals, facilitators, they just felt okay I need to keep my phone on all the time for him, because if anything happens… And I think it was when we brought it back to consultation, having that psychological consultation with your psychologist to be able to understand yes, you want to be there to support, but actually, are we supporting? Because that's just putting on that, you know, you're not going to be available to him 24/7, but it's about how you manage that, and having those conversations about other support networks, like when I went…spoke about finding support networks for him, finding who he can contact when we're not around, or crisis, you know, if he needs to…And I think this consultation gives us a safe space to be able to have those conversations. (Project Lead, Project E).

[Facilitator] was taking it personally, that she was failing that young person. And I think the psychological input helped her to, kind of, take that blame off herself, really, and understand that she was doing everything she could (Stakeholder, Project E).

In the examples above, clinical consultation provided a safe space to discuss a challenging situation, to address feelings of guilt, anxiety and stress; and to put together a plan that facilitated support for young people in crisis while avoiding excessive pressure on staff: such as being unable to 'switch off' at home or feeling the need to make themselves available 24/7. Accordingly, this support played a role both in supporting the emotional wellbeing of staff, allowing them to continue to be consistently available, and in helping to advise practical work with young people, again that was tailored to their individual needs. The consultation sessions allowed a reflective space to help staff to regulate their own emotional responses.

6.4   Conclusion – Recognising Commonalities and Variation Across Projects

In summary, we identified several inter-connected enabling factors (leadership, resources, and practices), each comprised of several components, that helped develop secure and trusting relationships between staff and young people. We found evidence of these enablers across the different LHPs and would argue are prerequisites to establishing secure and trusting relationships across LHPs. These enablers resonated with aspects of the 'secure stairs' framework of practice, a trauma-responsive framework, that highlights the need for reflective and attuned staff who themselves require a caring response (Taylor et al. 2018).

Leadership from the NHP was essential to ensure that LHPs were held in mind and enabled the resources and practice to be enacted within relationships. The NHP also set the tone in relation to the vision for the House Project community, making explicit the leadership team's core values, and this was evident in how they talked about young people and LHPs and in their actions.

The role of the project lead was also crucial to the enactment of trauma-responsive care. The more aligned the project lead was in their language and action in relation to trauma-responsive practice the more it was evident from the discourse of facilitators that they embraced this approach. When the project lead appeared less aligned to trauma-responsive practice, while individual facilitators would continue to make use of community of practice, formulation meetings and case consultation, there was more variability in relation to facilitators views of the value of such practices. This did not mean that an individual facilitator could not develop secure and trusting relationships with young people. Indeed, the facilitator might have these qualities to do so and develop trust and provide substantial support. However, the systematic sustainability of such relationships might be harder to maintain should the system be under pressure from the weight of trauma and parallel processes might ensue. This could then,

indirectly, make it more difficult for a relationship to be sustained, despite a facilitator's best efforts.

It is also important to consider the role of local context and how it can shape practice at a local level. For example, one LHP had shared housing rather than individual tenancy agreements (due to availability of housing) which led to different challenges in terms of managing a further micro-system of young people within a shared house and how these relationships are negotiated over time. Other projects covered a large geographical area where practical challenges of transport links then made it more difficult to bring young people together.

The local context can influence how a LHP develops and the character it takes on. While there are local contextual factors that are beyond the project lead's control (for example, waiting times to access mental health service, the provision of housing) the project lead who has developed an identity as part of the NHP and who has positive relationships locally, allows the LHP to optimally benefit from what is available within the different systems. Furthermore, it is these project leads who are acting innovatively to think about how to be mobilisers of change in relation to the systems in which they are embedded.

7 Conclusions and Recommendations for Practice

This Chapter provides a summary of the findings regarding the key components of a successful LHP. Based on the findings we put forward a conceptual framework for understanding the process by which the relationships of trust that LHP staff build with young people facilitate young people's developmental journeys and outcomes. We then offer recommendations for sustaining and further developing the NHP.

7.1 A Conceptual Framework of Relational Practice

Figure 5 below presents the conceptual framework that represents the main findings of the evaluation. We found evidence that the NHP psychological framework of practice is highly effective in enabling positive developmental journeys for young people. We found substantial evidence of young people 'joining in' (participation), 'reaching out for support' (inter-dependence), 'owning it' (ownership), 'building community' and 'working on relationships' (relatedness and community), and 'thriving not surviving' (wellbeing). We have detailed these developmental journeys in the form of composite stories in Chapter 4. This is ORCHIDS in action. This myriad of dynamic micro, yet extra-ordinary everyday moments, that we observed and found in our interviews, ultimately led young people to develop a sense of belonging and to develop a sense of feeling competent and autonomous (having a sense of agency rather than 'doing it alone'). This mirrors the concepts in Deci and Ryan's self-determination theory (relatedness, autonomy, and competence) that underpins ORCHIDS. Such developmental experiences are essential for broader outcomes of maintaining stable accommodation. improved physical and mental health, education, training and employment, and relational stability. While measuring such broader 'outcomes' was beyond the scope of this evaluation, we would argue that the cumulative effect of the extra-ordinary moments we observed on a young person's development, could have a direct positive impact on securing these broader categories of outcomes. However, importantly, these extra-ordinary moments are developmental outcomes in their own right and attending to these is crucial. Rather than positioning outcomes as fixed entities, these extra-ordinary moments reveal the complexity of human interaction and relationships, allowing for the appreciation of the relative, non-linear, idiosyncratic development of each young person. This is what needs to be 'held' in each and every interaction with a young person.

The conceptual framework below provides a summary of the flows and mechanisms of the NHP trauma-responsive psychological framework of practice that lead to these dynamic outcomes. We will summarise each of these in turn.

Figure 5: Conceptual framework
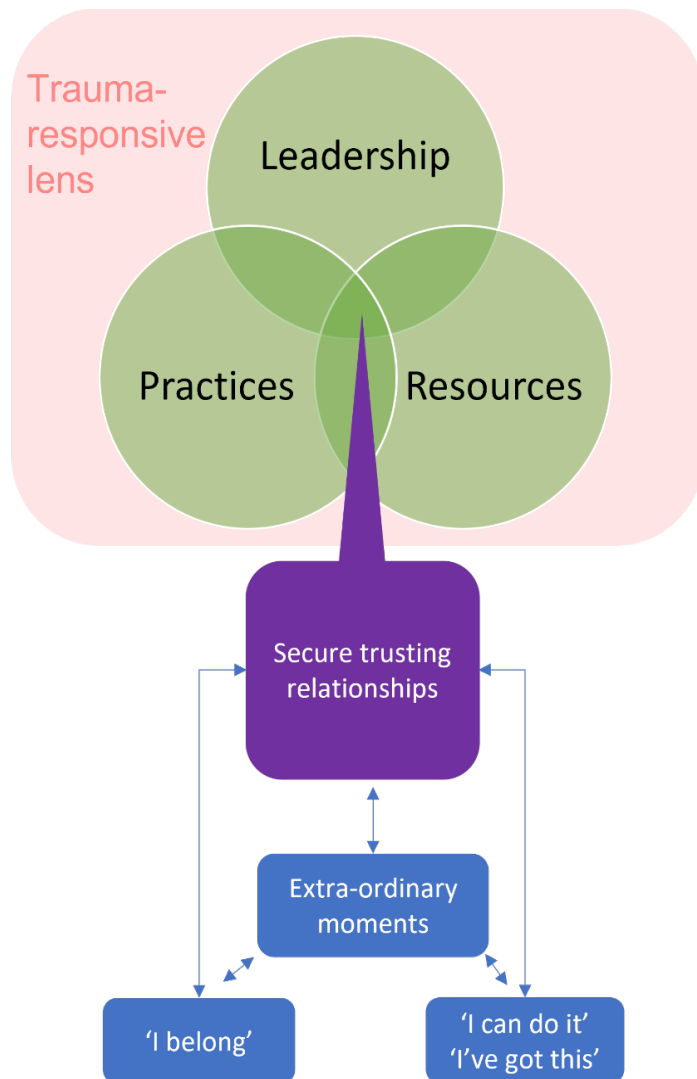
As can be seen, from Figure 5 and as described in Chapter 6, enabling factors (leadership, resources, and practice) contribute towards secure and trusting relationships. In order to help young people achieve sustained positive developmental experiences, there needs to be effective trauma-responsive leadership (both at a NHP and LHP), specific trauma-responsive practices (room for reflection, training, formulation and consultation with an independent psychologist), and trauma-responsive thinking in relation to resource allocation and utilisation. We found clear evidence of this in our evaluation.

These enabling factors allowed for secure and trusting relationships to develop. These relationships have several qualities including staff being authentic and genuine in their care, the ability of staff to be persistent and consistent in offering care to young people; the ability of staff to manage and resolve conflict within their relationships with young people; the ability to maintain boundaries; openness and honesty between staff and young people; the presence of play and humour, and staff's ability to hold young people in mind.

As noted above, at the centre of this conceptual framework are the *everyday but extra-ordinary moments* of developmental interaction between the LHP facilitators and project lead and the young person. These moments of interaction are made possible because of the trust that has been established between the young person and the facilitator. These interactions may be deliberately constructed by the staff and/or the young person: such as talking through how to approach an electricity provider, going on a shopping trip together, setting up a HPP activity. Or these moments may be spontaneous, arising from a disagreement with a relative or partner, or unanticipated incident. They may be significant events, such as speaking at a conference, or small everyday activities such as going out for a jacket potato, sharing a bus ride to a LHP meeting. They can be experienced as hard and challenging (such as a family arguments) or fun and enjoyable (such as an LHP residential). These are developmental experiences that iteratively help the young person to move towards understanding themselves, the world, and others in a different way. They lead to young people internalising a *sense of belonging*: 'I belong' (to community) and a sense of being able to manage situations: 'I know how to' and 'I can' ('I've got this'). Staff are encouraged to attend to this development they observe in young people, to explicitly acknowledge it (to name it with young people) in order for the young person to begin to recognise this development in themselves.

These constructive interactions with LHP staff strengthen these relationships which, in turn, can lead to further interactional opportunities for personal development. In this way, a virtuous cycle of learning and development through interactional moments is generated resulting in young people feeling able to be in different places, to set their own goals and construct their futures. These outcomes resonate with the core psychological needs of relatedness, competency and autonomy identified in Self Determination Theory (SDT) (Deci and Ryan, 2000).

However, some of the meaning of young people's achievements extends beyond the concept of relatedness as outlined in SDT. Indeed, important relational milestones, such as the

resolution of conflict and the repair of disrupted relationships, are important achievements in themselves; the importance of repair once there has been a rupture is key. These achievements may be conceptualised in terms of strengthening a young person's sense of well-being and contributing to their sense of self-belief and motivation to set and achieve their own goals. However, their meaningfulness to young people may more simply lie in their intrinsic value.

The developmental potential of these interactional moments can be understood with reference to an interactional model of relationships which views interactions between two people as 'the building blocks' of their relationship (Hinde 1976, 1979; Lollis & Kuczynski, 1997). Relationships comprise 'a series of interactions in time' where each interaction shapes the future direction of the relationship, therefore a relationship is both 'a product of and a context for' interactions *(*Kuczynski et al, 2003: 421).

This theoretical lens enables us to see too how the first encounters between young person and their facilitator themselves will have been shaped by the earlier relationships and attachment styles each have developed and will consequently take different lengths of time to establish trust. Similarly, we can see how a young person's experience of their secure trusting relationship with their facilitator could shape their future relationships to others and their attachment styles.

It is important to highlight here that we have focused on the relationship between the young person and the facilitator (or project lead) but that this conceptual framework of relational practice relates to *all* relationships within the project. This includes the relationships between:

- NHP staff and LHP staff
- LHP staff themselves (project lead -facilitators and facilitators-facilitators)
- LHP staff and their colleagues within the LA
- LHP staff and other agencies
- Young people to young people within the LHP and wider NHP community
- Young people's relationships with other friends and family

Indeed, the conceptual framework, detailing the importance of everyday extra-ordinary moments (within a trauma-responsive lens that is at the heart of the NHP's approach) can be applied to these different relationships that impact upon a young person's life.

7.2 Recommendations for Practice

In this section we summarise what underpins 'success' in the work of the LHP and offer some related recommendations for practice. As outlined in Chapter 4, by success we mean young people reaching milestones that are relative to their own journey (the distance travelled). The extra-ordinary moments that lead to the achievement of these milestones serve as indicators of this success.

Based on our findings across the LHPs who participated in the research we identified ten key features that contributed towards developing and maintaining 'successful' LHPs. We see these as prerequisites to effective practice and that should be in place when developing a LHP and allowing LHPs to be replicated across the UK. It is proposed that 'successful' LHPs need to:

- establish secure and trusting relationships with young people that are characterised by authenticity and genuine care.

- provide opportunities for trauma-responsive leadership to develop at a national and local level.

- attend to the nuance of the local context.

- make decisions about resourcing that are trauma-responsive.

- ensure that trauma-responsive practices are systematically embedded.

- attend to dysregulation in the system.

- attend to staff-wellbeing.

- attend to staff transitions.

- provide young people with a voice and recognise the value of diversity in the community.

- offer opportunities for young people to connect with each other.

It is important to emphasise here that an overarching factor that 'holds' all of this is a project lead who has a strong connection to the values and vision of the NHP. While employed by the LA the project leads must have the NHP as part of their social identity, to believe in a trauma-responsive framework of practice, in order to effectively lead and deliver a trauma-responsive LHP. The LHP project leads' (and facilitators') belief in the importance of trauma-responsive practice is essential to enable successful sustained outcomes for young people. As mentioned previously, it is argued here that it is the cumulative effect of the micro everyday moments that

are key, and these cannot be sustained if a project lead does not advocate for a trauma-responsive framework. The NHP offers this psychological framework of practice and it is the active engagement and integration of this framework into the language discourse and culture of the LHP that is key. Without this drive of the LHP project lead the LHP itself will struggle to be trauma-responsive in its approach which ultimately will impact on sustained developmental outcomes for young people.

Keeping this in mind, we will now consider each of the ten areas in turn:

Establishing secure and trusting relationships with young people that are characterised by authenticity and genuine care

The psychological framework of practice offered by the NHP is inherently relational in its approach. It enables a developmental experience that has the potential to enhance the young person's sense of belonging and of being able to manage situations, an agentic sense of self that allows the young person to achieve their goals. It is through these trusted relationships that young people can develop a sense of hope for their future.

In this evaluation we identified that these relationships flourished when staff showed authentic and genuine care, offered persistence and consistency, were open and honest in their approach, maintained boundaries and managed rupture and repair, held young people in mind, and could be playful and humorous in their approach. While identifying these qualities, it was also important that these relationships felt natural rather than scripted or forced.

It is recommended that:

- The NHP continue to identify these qualities in selection of staff who form part of the House Project community.
- The LHP staff continue to reflect on their relationships with young people at a local team level but also during Community of Practice and clinical consultation.

Provide opportunities for trauma-responsive leadership to develop at a national and local level

Where enabling factors are in place (leadership, resources, and practices) we see the many examples of progress described in Chapter 4, that illustrate young people's journeys through the House Project journey. Young people feel more able to reach out for support from staff or from their peers; they feel more able to participate in activities; they begin to develop a sense

of community within the project; they become more able to work on other relationships that are important in their lives; they feel a greater sense of ownership, maintaining an interdependent life and taking on greater responsibilities within the communities of which they are a part; and they are more able to start to think about and realise future plans for work, education and travel.

When we found rarer evidence of less trauma-responsive leadership (where the project lead was less interested in embracing a trauma-responsive approach to their work) facilitators continued to work to develop relationships with young people and consider the role of trauma, this was seen at more of an individual practitioner level rather than at a project level. Where this occurs, while good practice is still observed, it leaves the LHP more open to moving away from the vision of the NHP. The need for a trauma-responsive 'scaffolding' by the project lead comes into sharp focus when considering this.

Leadership, at both the NHP and LHP level, is key to ensure that trauma-responsive practice continues to be embedded. It is recommended that:

- The NHP senior team continue to access support to reflect on their own strategic vision and practice.
- The LHP project leads continue to be offered support so that they can reflect on their LHP and specific challenges that they manage on a day-to-day basis. It is important that the LHPs continue to reflect on their own stance towards trauma-responsive practice, to ensure their developmental needs are met, and to reflect on the developing culture within the LHP and wider NHP as a whole.
- The LHP project leads continue to be encouraged to think systemically and reflect on relational practice across the systems (relationships among peers, within the team, between the team and NHP, and team and local professionals). Again, these reflections need to allow project leads to think about trauma-responsive practice (including their approach and response to facilitators, young people, others in the system) and how decisions are made. How deeply is trauma-responsive practice being embedded within the LHP? What do facilitators hear in relation to language used when thinking about their work and young people? What do facilitators need to focus on in relation to their own language and emotional and behavioural responses?
- The LHP project leads continue to be held in mind and that their wellbeing is considered. The support from practice leads is crucial here too, especially as the NHP

continues to grow in the number of LHPs offered. This is offered by the NHP and it is important for NHP leaders to attend to their relationships with project leads (and facilitators) and the extent to which there is attunement between the NHP and LHP staff. Should NHP leaders recognise reduced attunement in their relationships with LHP staff it is important to understand this in a trauma-responsive manner and to be able to sensitively and explicitly discuss this with the project lead. Given it is argued here that a shared NHP identity or 'way of being' (which embraces a trauma-responsive approach) is necessary to show high fidelity to the NHP approach (which can have a positive impact on the lives of young people) there is a need to attend to the level of attunement between the NHP and LHP.

- The LHP project leads continue to share knowledge across the NHP about their relationships with the LA. It would be useful to map out the different relationships project leads have with different local agencies and to consider the extent to which trauma-responsive practice is embedded at a LA level, beyond the LHP, and to recognise what projects find helps and what hinders progress.

Attend to the nuance of the local context

Each LHP sits within its own local context and as the NHP expands it is important that this local context continues to be held in mind at a NHP and LHP level. It is recommended that:

- The NHP continues to be attuned to the local context of each LHP and help project leads reflect on their access to local resources and funding.

- The NHP continues to explicitly consider any additional contextual factors that might shape practice.

- One LHP has a shared housing arrangement which is different from the other projects (who offer individual tenancies to each young person). This is a unique arrangement and brings with it added complexity. This LHP has an additional contextual relational layer where young people are living together in a shared house. We observed the complexity that this brings. In general terms, any shared housing arrangement poses a risk to the NHP's vision and values. A young person's ability to develop a sense of 'home' and have a physically secure base is challenged and the young person is confronted with having to respond to a range of different relationships despite the best efforts of facilitators forming relationships with the young people. We observed that more often than not, just two young people within a shared house might form a friendship, or each young person in a shared house became atomised and retreated to

the space of their own room. Significant social and psychological demands are placed on young people in a shared house and one usual response to finding it difficult to connect or feeling overwhelmed by this might be to avoid to cope. This reduces a young person's sense of belonging within the shared house and has the potential to have a knock-on effect of reducing a sense of belonging to the wider LHP. While it could be argued that a shared house might help encourage relational skills of negotiation and collaboration the psychological demands placed on young people in this context are great. While the everyday moments that young people and facilitators engaged in stretched far beyond the demands of shared living, facilitators in this LHP had to continually respond to challenges resulting from the shared housing arrangement (or the arrangements with the housing provider or neighbours). The facilitators therefore had to work within this dynamic which was complex and arduous. The local context of having shared housing dominated the landscape of practice and facilitators had to work to develop secure and trusting relationship *despite* this arrangement.

Make decisions about resourcing that are trauma-responsive

It has been recognised that resources matter and that practical concerns, such as time, capacity, and flexibility to develop relationships with young people, is key to trauma-responsive practice. It is recommended that:

- Each LHP should have a Base. Based on our observations and interviews, this is the foundation for supportive interactions to flourish. The NHP can continue to support the LHPs to ensure this occurs and continue to be aware of any barriers to obtaining a base. A base should be prioritised for each and every LHP.
- As the NHP expands in scope, it will be particularly important to maintain staff time and capacity to ensure that staff in LHPs can continue to develop trusting relationships with young people even as the number of cohorts increase. It is important that as the number of cohorts increases that the NHP continues to ensure that the staff to young person ratio is manageable. As LHPs grow and take on additional cohorts, it is important that staff maintain the time they need to build relationships with young people as described above. In addition, in general terms, lack of staff time also has a knock-on effect on staff members' ability to look after their own wellbeing and therefore the wellbeing of young people.

- It is important that the NHP consider ways in which young people can further support one another. The base is a conduit for this to occur and it is important for the NHP to continue to reflect on the role of young people from previous cohorts mentoring young people from more recent ones.

Ensure that trauma-responsive practices are systematically embedded

Each LHP cited having room to reflect within the team, formulation meetings, clinical consultation, and Community of Practice, as important to enabling their practice. Having access to these spaces enabled staff to be held in mind, offered support in relation to boundary setting and emotional regulation, and how to manage challenging situations that young people might be experiencing. It is recommended that:

- As the organisation expands in scope, it will be important to maintain the provision of psychological support across LHPs and continue to get a sense of how it is received and considered in practice.

- Each LHP should continue to be a reflective space for facilitators and project leads to discuss concerns, bounce ideas, and come together as a team.

- There was overwhelming support for formulation meetings with staff seeing the value of them in their day-to-day practice. It was apparent however that projects differ in the extent to which formulation were embedded in their day-to-day practice, and it would be useful for the practice leads and project leads to continue to reflect on the use of formulations in practice. As noted above, the LHPs which embraced a trauma-responsive approach and held the NHP as part of their identity were most open to this psychological support. It is important therefore for practice leads and project leads to reflect with LHPs who are using them less in practice and who might perceive that the formulation meetings and consultation meetings take them away from the 'day job'. Such sentiments reduce the extent to which trauma-responsive practice can be enacted within everyday moments. Again, this is not to say that positive interactions cannot still occur on an individual basis within a LHP, but the capacity for these interactions to contribute to the wider developmental journey of the young person is likely to be reduced.

- Similarly, staff commented positively on clinical consultation meetings, and these should continue to be routinely offered. Staff appear to have a varied response to their use with some being more open to discuss their own emotions than others. It is

important that practice leads, and project leads, continue to model a reflective culture in order to help staff feel more open to reflect when needed. Indeed, it important for project leads to continue with reflective practice in the *everyday* too, offering opportunities for staff to reflect before and after interactive moments with young people and other professionals.

- Staff talked about the importance of additional psychological support when working with young people who are in a crisis. It is important that staff are offered timely additional support from consultant psychologists as-and-when required.

- Staff continue strong links with local mental health services that might be able to respond to the young people who are in need of local mental health support.

Attend to dysregulation in the system

As is noted earlier in the report, when there is dysregulation within the system, this can impact upon the team and the team's capacity to reflect (mentalise). Trauma is held in the system (Bloom 2010), and this will be dynamic for each LHP. For example, young people might experience controlling and abusive relationships, experience bereavement, self-harm, go to prison, or are exposed to other traumatic events. Similarly, staff too might be dealing with difficult events in their own lives, and it is important that this continues to be acknowledged. It is recommended that:

- Practice leads and project leads continue to acknowledge what might lead to dysregulation within the system and be able to consider the potential impact of this. This can be considered within clinical consultation meetings to help practice leads and projects leads maintain an awareness of this and how to contain it.

- Staff across the LHPs are able to reflect on their own emotional responses to the work and that this continues to be normalised and contained by the project lead. If staff are experiencing difficulties in their lives that can impact upon their emotional wellbeing it is important that this can be shared with the project lead.

Attend to staff wellbeing

It was evident from the interviews and observations that developing genuine and authentic relationships of care with young people is understandably an emotionally demanding process. 'Properly caring', as one staff member described it, inevitably comes with very real emotional consequences for staff, particularly when navigating complex and challenging situations where there is a risk of someone being harmed. It is recommended that:

- At present, the NHP provides a good level of clinical consultation to staff and it is available on a regular basis. It is important for facilitators to be able to feel safe to reflect on the emotional dimensions of the work. This requires a contained response from the project lead and the facilitator being able to reflect on their own emotions during consultation meetings. Furthermore, the project lead needs to be held in mind too so that they can continue to acknowledge the emotional dimensions of the work.

- LHP staff respond to complex situations with young people that can generate difficult emotions in the moment and where they are required to regulate their own emotional responses first in order to mentalise with the young person. When there are situations that require an immediate response in relation to risk, it is important that LHP staff continue to know the avenues of support available to the young person and themselves. All of this needs to be considered within a trauma-responsive framework of practice.

- Staff also suggested additional options that could support them with aspects of the work that involved looking after themselves following a more emotionally difficult situation. These included, being able to take 'mental health days' to process particularly stressful or emotional events.

- The NHP and project leads should continue to actively promote the maintenance of healthy boundaries among staff members and be able to hold in mind the demands and responsibilities that exist for staff outside of their work where possible (in particular, caring responsibilities; desire to spend time with family on weekends, evenings, and holidays; and personal needs relating to mental and/or physical health). This could include additional training across the organisation on promoting and managing boundaries, particularly when strong emotions are elicited in staff. This is important to continue to ensure young people continue to progress with their developmental journeys.

Attend to staff transitions

As noted in the report, staff move on to other roles and it is important for LHPs to consider the young person's experience of this to help them with this change. While our research found most staff continued in post during the time frame we carried out the evaluation, there were some staff who moved on. While it is inevitable for staff to move on, it is recommended that:

- The NHP continue with their exit interviews to consider the reasons why staff leave and what also continues to motivate staff to remain working with the project. It is

important to learn about the reasons why staff might move on, to understand their experience, and how the ending was managed with the young people. This learned can then be applied to other LHPs where there is a change in staff.

- The NHP consider opportunities to develop the role for facilitators. For example, part-time secondment opportunities with NHP, in which facilitators could gain experience and additional expertise in areas such as: applying for grants, working on national policy campaigns with CLNM, or become a champion of a particular area of interest such as neurodiversity or working with unaccompanied asylum seekers. These, or similar opportunities, could help to provide additional opportunities for growth and development within the facilitator role. This would of course need to be considered in light of other commitments and availability of resources.

Provide young people with a voice and recognise the value of diversity in the community

In order to work collaboratively with young people their voice is critical to this. There are many opportunities for young people to have a voice and for this to be recognised. Indeed, we recognised from the start of our research process that the NHP emphasised and facilitated young people's voice. It is recommended that:

- LHPs continue to develop their strong links with CLNM and that young people are provided with the opportunity to be considered as representatives of CLNM.

- LHPs continue to consider the recommendations that come from peer evaluation in their practice.

- LHPs continue to reflect with young people about the diversity that exists within the House Project community (for both young people and staff). Based on our observations we noticed that staff did have an awareness of the importance of responding to cultural needs and were reflective on their use of language in relation to the construction of gender and sexuality. It is important for staff to continue to engage in a dialogue with young people race, culture, gender, sexuality, and neurodiversity, where appropriate.

Offer opportunities for young people to connect with each other

As shown through this report, positive relationships between young people within the LHP were extremely valuable. This was at a local and national level. Facilitators described how these relationships could support them in their work, and were an important source of solidarity, community, and fun in and of themselves. Throughout the research we saw a wide

range of levels of relatedness between young people in different projects, and in different cohorts within these projects. Some young people described their cohorts as close-knit groups who talked and met outside of the context of the project. Others said that they rarely spoke to other members of their cohorts outside of group sessions. Inevitably, these different levels of relatedness will always exist to an extent – some groups of young people will simply gel better than others. However, young people did report wanting more opportunities to build relationships with others: '*light breaks for everyone to just come and just bond together and stuff like that…I wish we could have more of that sort of thing*' (Young person, Project C).

In addition, while staff were very comfortable with doing one to one work with young people, some staff expressed that they would welcome additional training and support in facilitating group work and building and managing relationships between young people, particularly with regard to managing conflict and addressing romantic relationships between young people. Particularly given the value of relationships between young people observed in this research, this is an area worthy of additional attention. In recent years, providing these opportunities has been difficult due to the impact of the pandemic. However, this would be a welcome focus for the future and NHP are progessing this and are in discussion with a social pedagogy provider to develop this offer.

It is recommended that:

- Staff continue to be creative in working with young people to develop opportunities for them to connect with one another. It is important to work closely with CLNM too in this regard.
- The NHP consider offering additional training and support to staff in group facilitation and in managing relationships between young people.
- As noted earlier, it is essential that the Base is prioritised to enable further opportunities for connection.
- Staff continue to be aware that there's 'no one way to connect' and to know that they are doing a good job in adapting their style to meet the needs of young people
- To consider the role of young people mentoring.

7.3   Final Reflection for Practice: Formulating the Local House Project

The points made above pertaining to successful LHPs are evident across the House Project community. However, to ensure increased *depth* in trauma-responsive practice across the

multiple levels of the NHP (facilitator, project lead, NHP staff, and connection to different systems that surround them) an explicit understanding of the developing 'story' of LHP would be helpful. In other words, it would be helpful for the NHP to consider systematically carrying out formulations for each LHP as they develop over time and embedding this further into NHP practice at an organisational level. While LHPs are already connected extensively to the NHP and have access to their own consultation support from the independent psychology provider it would be of interest to explore the use of systemic formulations further. This would be similar to how formulations are carried out in relation to young people but applied at the 'LHP' level. We noticed that each of the five LHPs have their own history and narrative and that this narrative continues to shape their character. As an organisation, this would allow the NHP to have another mechanism to understand the developmental experience and needs of a LHP and to ensure that each layer in the system is attended to more explicitly. This is already happening to a degree through the consultation NHP leaders receive, the Community of Practice meetings, the work of the practice leads with LHPs, and workshops completed by staff within the organisation. Based on our observations, this work tends to focus on individual parts of the House Project system, for example: exploring working relationships between staff members within a LHP or exploring difficulty engaging young people within a LHP. It would be useful for this to focus on how each system functions as a whole.

Such an approach might consider what LHPs need at their different developmental stages. This would enable the organisation to explore the different needs and experiences of, for example, a relatively new LHP in comparison to a well-established project and to tailor the support offered accordingly. It would also enable staff to reflect further on the relationship between the LHP and the NHP; this might be particularly helpful for understanding and navigating the variations that may exist within LHPs and to understand how the NHP framework of practice is being embedded within different systems.

Similar to how formulations are completed in order to understand a young people's journey, meetings could be arranged periodically with the NHP and LHP staff to help develop a shared understanding of their story. Such meetings, led by a psychologist, might offer a reflective space to consider:

- What are the early life experiences of the LHP? What were the 'highs' and the 'lows' in that experience?

- How might that experience contribute to how the LHP as a system sees themselves, other professionals and projects, and the system more general?

- What the main difficulties the LHP is currently responding to?

- Are there any precipitating factors that need to be taken into consideration that contribute to the current experience of the LHP?

- Where does trauma lie in the system? Are there any significant events that have occurred recently that are impacting upon relationships within the project?

- What are the project's strengths that might buffer against dysregulation in the system?

Based on the understanding of this developing narrative specific actions can be on:

- What systemic interventions need to be considered in order to continue to contain the system and hold each project in mind?

Formulating each LHP as they develop over time would allow for dynamic factors to be taken into account and be a useful way of establishing the support that is needed at particular points in time. Furthermore, it would offer a trauma-responsive lens to the whole system, to ensure that attuned moments are maximised across the system so that the system is more cohesively held in mind. Indeed, learning from themes that emerge from the systemic LHP formulations could provide useful practice-based evidence of what goes well, and what can improve, that can continue to inform trauma-responsive leadership across the system.

As the NHP continues along its own developmental journey we hope that the findings of this report serve as a useful resource in that process. We hope that this report has been a step towards finding the 'spark', through observing, listening, and documenting the everyday, yet extra-ordinary relational moments, that help young people navigate the psychosocial experience of leaving care. It has been through the openness and kindness of staff and young people across the NHP community that has made it possible for us to step closer to this understanding.

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