



Evaluation Of Supportive Transitions Project For Young Care Leavers

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1 Executive Summary

Care experienced young people are known to be faced with various challenges and barriers to successful independent living at higher rates than their non-care experienced peers. The report examines data collected during the Positive Transition for Care Leavers project established to support young people to self-manage independent living. The project provided individualised, bespoke support to young care leavers either living independently within the community in eight local authorities or while planning their transition from the Kibble environment who required support building skills beyond stage 5 of the employability pipeline or who were at risk of unemployment, poverty, homelessness and feelings of isolation. For young people transitioning from Kibble the project helped to ease the change from the intense levels of support they had been used to prior to independent living. The team helped young people to build their resilience while continuing to be supported.

Background

When young people leave care, and the high levels of support they've been used to are no longer available, it can be overwhelming. They are simply not equipped to deal with the next steps on their journey towards independent living. From our own experience, care leavers often turn to Kibble for support when employment or relationships fail, or they become homeless.

The research available and the demand we've experienced for this support evidenced the need to develop a new approach for those young people transitioning to independent living. The funding enabled us to grow the social economy through Kibbleworks with the formation of a new project team to develop a new model and activities to expand the help available to care leavers and assist them to sustain positive destinations.

The Team

Originally the team consisted of three individuals, however as the project progressed this changed to better reflect the needs of the project. Staffing evolved and the team consisted of three new FTE members of staff consisting of a Project Manager (part-time) who also undertook caseloads, Senior Transitions Advisor (full-time) and two Transitions Advisors (part-time). Each were allocated different regions and supported young people within their area. As far as possible, meetings were scheduled in succession to minimise unnecessary travel and reduce the carbon footprint.

Project Overview

The project activity was consistent with the aims of the ESF Operational Programme and priority Axis 2 (Promoting Social Inclusion and Combating Poverty). It supported the targets of creating and sustaining jobs, and the support of an SME to improve outcomes for young people at a crucial point in their lives. The activity of the project complemented services available locally and advisors worked with care leavers to provide a 'one stop shop' where they could get support to make connections with their community and their peers.

The Transitions team provided practical and emotional support tailored to the needs of each care leaver. The project aimed to increase positive destinations through advice and signposting and helped young people to develop the skills they needed to move forward with their lives outside of the care environment. By helping care leavers to navigate the realities of independent living, the project strived to safeguard against possible outcomes of poor post care destinations such as reoffending, homelessness or not in education, employment or training (NEET).

Outreach was offered in Glasgow, Renfrewshire, East Renfrewshire, North Ayrshire, South Ayrshire, East Ayrshire, West Dunbartonshire and East Dunbartonshire to support young care leavers to sustain a tenancy, education or employment. It's worth noting when we invited young people in to meet the team at the project base, this didn't always work, hence it's essential to include a budget for staff travel.

A Flexible Approach

From the outset, the success of the project relied on the ability to be flexible and adapt. This would enable us to truly meet the need of the young people we were supporting and be there for them when they really needed us. As such, staff worked different shifts to ensure support was available out with traditional working hours which included evenings and weekends.

Young people were able to contact the team using a variety of different methods including telephone, email and social media in the first instance. The team also attended events and drop-ins in the community so people could meet face-to-face. Initial meetings would take place either at the team base or in the young person's locality, whichever was most convenient. Bearing in mind, for care leavers venturing to a new place to meet a new person can be a daunting prospect, never mind trying to find money for the bus/train fare.

Delivery

Upon referral to the Transitions team, a Transitions Advisor identified the support needs of young people and developed a personal support plan to be put in place to tackle each request. This process ensured that inclusion criteria was met, and that support provided was person-centred allowing young people to engage positively in the decision-making process determining for themselves which supports they wished to engage with.

After discussing with the young person what support was required, guidance was provided by the Transitions team regarding the options open to young people which may assist with their queries and to build their competencies in managing such tasks independently. This tailored approach involved providing guidance, signposting and practical assistance in the areas of; **Housing and Welfare, Benefits Entitlement, Debt Management**, general **Health and Wellbeing, Employment, Legal** issues, **Medical** issues, and **Cooking and Eating well**. These key areas are referred to as 'factors' in the quantitative analysis presented within this report and as '**domains**' when qualitative analysis is reported.

The assistance offered focussed on areas in which care leavers may be disproportionately disadvantaged while living independently. These areas were determined in part by literature review and in part through the accumulated knowledge based on staff experience and young people's experience and feedback. The report outlines and provides insight into the literature available related to care leavers transitioning to independent living in Scotland. The literature regarding areas in which Scotland's care leavers' experiences differ from that of their non-care experienced peers is overviewed within the introduction of this report. In addition, during the project an additional area of need for support was identified by young people and added to the Transitions programme of support based upon feedback from young people regarding social isolation.

During consultations, participants were asked to complete a self-rated assessment regarding their ability to manage each key area both prior to and after engaging in the Transitions programme and receiving supportive assistance. Data obtained during referral interviews and the self-assessments were examined in the quantitative analysis while a qualitative analysis of the domains and emerging themes was conducted using case notes.

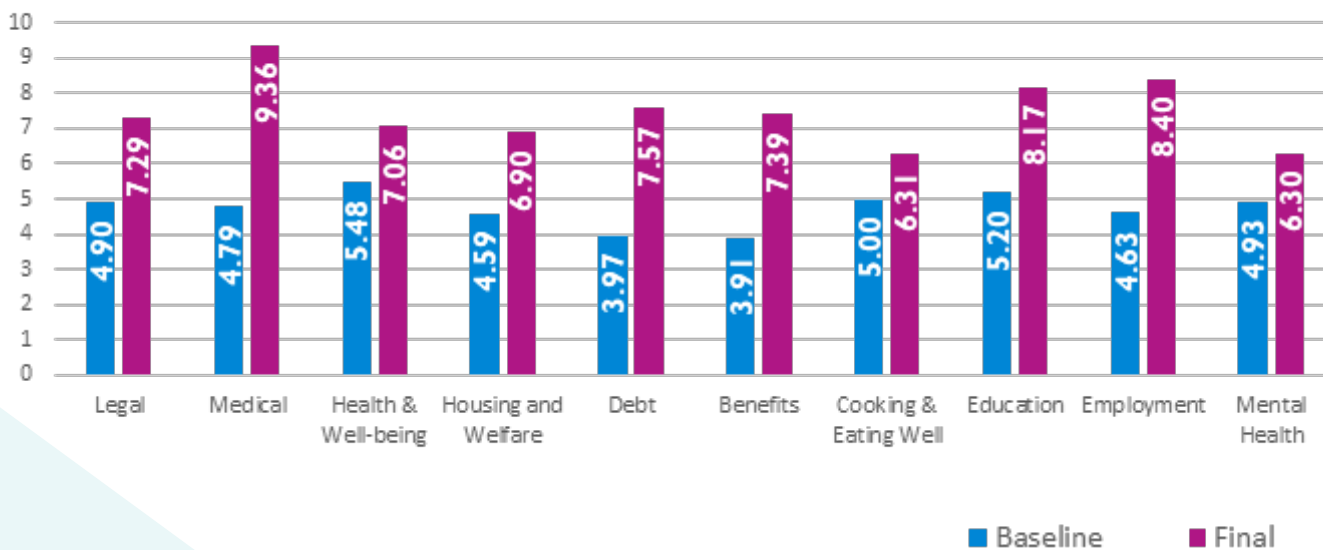
The analysis of referral data found that the participants most commonly required support in the areas of housing, benefits entitlement and debt management with finances having a high impact upon ability to maintain housing and tenancy. In addition, 59% of care leavers seeking advice were from the most deprived 20% of the population according to the **Scottish Index of Multiple Deprivation (SIMD)** and 50% of the participants were young care leavers previously associated with Kibble. The areas which saw the highest level of improvement overall for participants as determined by mean differences between baseline and final assessment scores were found to be employment, benefits entitlement, debt management and education. In addition, the thematic analysis revealed that young people had expressed facing barriers to independently living based upon a lack of **confidence** or **knowledge**, as well as through **social isolation** and feelings of **pressure** around transitioning.

2 Infographic Summary

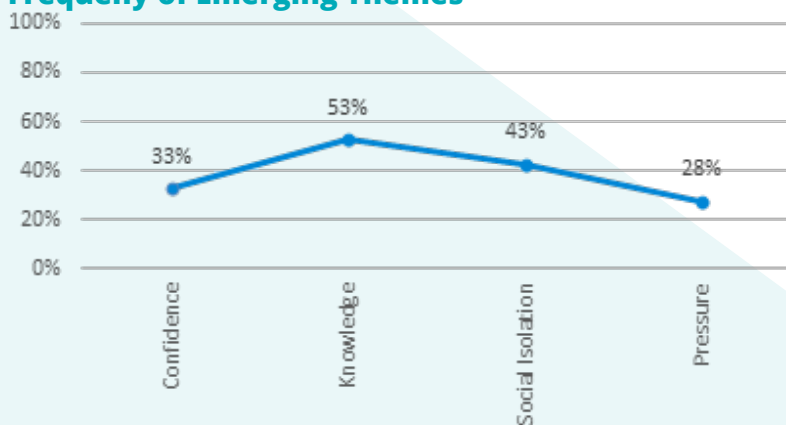


'Thank you for all your help. I am now ready to manage on my own.'

Baseline and Final Self-Assessment Scores of Those Seeking Support in Key Areas



Frequency of Emerging Themes



27% of participants report improved social connection following engagement with the Transitions programme.

3 Testimonials and Young People's Feedback

- 'Thank you to all the people at the transitions team who supported me whilst moving into a community house. I have more confidence to cook my own meals and I enjoyed the cooking part.'
- 'I did not know that I would be able to get into college as I thought you needed certain qualifications to get in. I also did not know about the care experience bursary. I am happy to be starting college and I am grateful for the information and support that I have received from the Transitions team. Thank you.'
- 'I really enjoyed having a Transitions Advisor as she helped me with stuff that I was supposed to do on my own. I was feeling so overwhelmed when I was having to move as I really did not know what to do. I felt that no one was listening to what I wanted and that's how I ended up working in a job I didn't like. I'm grateful to my advisor because she really listened and helped me to be more confident and to stick up for myself. Thank you to all of the team and the Chef.'
- 'Thank you for helping me to complete my college application. I did not know what to do as I have never filled out an application form before. I enjoyed doing the mock interview and it helped my confidence.'
- 'I would never have applied for college if I did not have the support of my Transitions Advisor. I was not aware that I would receive money for going to college. That really did help as then I was able to buy things that I needed and pay my bus fares. I was so happy to know that I was going to be doing something with my life as I thought I would get benefits when I turned 18 and go live in my own house.'
- 'Thank you for your help and support. I really appreciate you listening to my problems and trying to help me get sorted. I am doing well in my new employment; my housing situation is more stable and having a debt management plan organised and overseen has improved my mental health and I feel less stressed now that I have support in place.'
- 'I would like to thank all the Transitions team who offered me support throughout the last year. I felt that I was in a very difficult place and I did not know where to turn for help. After meeting with the advisors, I realised that I could only deal with one problem at a time, and that I did. I received counselling from my college and support from my lectures. I contacted debt management who helped me to pay off a small part of my debt each week. I feel that I am happier and not so worried about things anymore, however I do worry what will happen with the police.'
- 'Thank you for meeting me in my own village and for staying in touch with me regularly. It has been really great having someone to talk through things with, ask questions to and have that point of call for help.'
- 'I had such a great time at the cooking programme, it was a lot of fun and I learned how to make some of my favourite food. The Transitions team helped me a lot with my independence and my college applications.'
- 'I loved working with the Transitions team, they were so helpful to me. I had tried to get support from other services for a long time and I kept getting put on a waiting list. My advisor was so kind to me and took my concerns seriously. I now volunteer as an advocate at my college and I really like it. Thank you to all the Transitions team. I will miss having my advisor as no one has helped me as much before.'
- 'I am doing well in my new flat and with college. It is great having a contact for if I need support.'
- 'Without my advisor, I would not have worked through and started a plan for setting up repayments and sorting my debt. I would have kept my head in the sand.'



4 Contents

1	Executive Summary	2
2	Infographic Summary	4
3	Testimonials and Young People's Feedback	5
5	Introduction	9
5.1	Transitioning to Independent Living	9
5.2	The Positive Transition For Care Leavers' Project	9
5.3	Tenancy, Housing, Welfare and Homelessness	10
5.4	Education and Employment	10
5.5	Finance: Benefits Entitlement and Debt Management	11
5.6	Health and Wellbeing	11
5.7	Legal Issues	13
5.9	Transitions Project and Research Questions	14
6	Methodology	16
6.1	Participants	16
6.2	Quantitative Materials	16
6.3	Qualitative Materials	17
6.4	Procedure	17
6.5	Analysis	17
6.6	Coding	17
7	Quantitative Findings	19
7.1	Participant Demographics	19
7.2	Initial Referral Support Requests	21
7.3	Baseline Self-Assessments	21
7.4	Level of Engagement	22
7.5	Final Self-Assessments	23
7.6	Comparing Baseline and Final Scores	24
7.7	Findings summary 1: Overview	25
8	Qualitative Findings: Thematic Analysis	27
9	Qualitative Findings: Domain Analysis	29
10	Additional Analysis – Social Isolation	33
11	Discussion	35
11.1	Summary of Findings	35
11.2	Limitations	36
11.3	Sustainability	37
11.4	Conclusions	37
12	References	38
13	Appendices	
13.1	Overview of Progress in Key Areas	40

Table of Figures

- Figure 1:** Participant Age and Gender
- Figure 2:** Participant Commitments
- Figure 3:** Participants' Local Authority and Associations With Kibble
- Figure 4:** Participant Local Authority and SIMD Category
- Figure 5:** Number and Percentage of Participants Requesting Support in Each Key Area
- Figure 6:** Baseline Self-Assessment Scores for all Key Areas
- Figure 7:** Engagement Made per Month With Young People
- Figure 8:** Types of Contact Used With Participants
- Figure 9:** Self-Assessment Final Average Scores
- Figure 10:** Comparison of Overall Average Baseline and Final Self-Assessment Scores
- Figure 11:** Number and Percentage of Participants Expressing Each Theme

Case Study

A was referred to the project following transitioning out with Kibble Education and Care Centre to her own tenancy. A was working part-time within a local café but was concerned about being able to sustain her tenancy and her employment, having returned home to her local community and living near to her family.

A was living in her own tenancy for the first time and needed initial guidance on where to access support locally. The transition advisor explained the support available through Social Work Services, as well as council tax exemption forms and Universal Credit.

The advisor also referred A to Skills Development Scotland to further support A in accessing training opportunities and part-time employment. A was finding it difficult to sustain her employment at the time, due to circumstances out with her control. The transition advisor worked with A to create a C.V. and identify alternative potential part-time employment locally.

Young person's feedback:

'Thank you for helping me with my C.V. and giving me a list of places to hand it in to as well as travel routes. This helped me feel better, as not knowing where to go or how to get somewhere causes me a lot of anxiety.'

5 Introduction

Established in 1859, Kibble is one of Scotland's oldest charities and largest social enterprises, providing an integrated array of specialist services to young people with the mission of empowering lives and fulfilling potential through care, education and opportunity. Kibble supports looked after children and young people between the ages of 5-26 years old, across Scotland's 32 local authority areas and beyond. Its integrated range of services supports young people who have experienced trauma and are at the most extreme end of Scotland's young and vulnerable population.

5.1 Transitioning to Independent Living

On average, care experienced people in Scotland generally tend to move into independent living at an earlier age than their peers, with care experienced people on average living independently from 17 years old, while their non-care experienced peers on average begin living independently at 25 years old (Hill, 2013). Biehal, Clayden, Stein & Wade, (1995) found a six year difference in the age care leavers and non-care experienced peers transitioned to independent living in London found that; transitioning to independent living at a younger age than peers often meant that young care leavers were less adequately prepared for independent living than their peers when they followed suit. This suggests a further area of disadvantage faced by some young care leavers potentially having to leave care before being ready to and with nowhere to return to as many of their peers may return to family in times of crisis or when guidance is sought.

According to The Children (Scotland) Act (1995: Tisdall, Marshall, Cleland, and Plumtree, 2002), corporate parents have a responsibility to prepare young care leavers to live independently. Preparation for this transition may involve the development of a relevant skill set as well as careful consideration of the type and geographical location of the accommodation offered to young care leavers. This involves taking a person-centred and pro-active approach to transition planning in which the support needs of individuals are prioritised according to the principles of good practice within the housing options protocols for care leavers guidance (Scottish Government, 2013: McGhee, & Ross, 2015). Successful transitions out of care settings often requires a level of sustained follow-up support however, 38% of care leavers who were eligible for aftercare supports report not having received such support (Scottish Government, 2019c).

5.2 The Positive Transition For Care Leavers Project

The Transitions project contributed to the aims of **Growing the Social Economy** programme by enabling a social economy organisation (Kibbleworks) to widen its role in supporting those at risk of worklessness, poverty and homelessness, through direct support from a newly formed team of Transitions Advisors. The services offered at Kibble provide the foundation from which the Transitions team and project were developed to provide a supportive service to care leavers. The primary aims were to provide support in sustaining employment, education and tenancy and to encourage positive participation in society. To achieve these aims the Transitions team focussed on providing guidance, signposting and practical assistance matters which may impact upon tenancy, employment and education such as: housing and welfare, benefits, debt management, health and wellbeing, employment, legal issues, medical issues, and cooking and eating well.

The transition to independent living may be vastly challenging for young care leavers and often leads to more negative outcomes by comparison to their non-care experienced peers. These outcome gaps may complicate, confound and exacerbate the challenges care leavers face when transitioning to independence and are explored further in the literature review section (Broad, 2007: Stein, 2005). While it is out with the scope of the current report to fully review the impact of transitioning out of a care setting into independent living upon ability to sustain education, employment and tenancy/ housing, this introduction will focus on briefly overviewing the local literature relevant to care leavers transitioning to independent living. The outcome gaps outlined below may complicate, confound and exacerbate the challenges care leavers face when transitioning to independence (see also; Broad, 2007: Stein, 2005).

5.3 Tenancy, Housing, Welfare and Homelessness

According to the 'supporting young people' guidance, care leavers are viewed as a priority group for which corporate parents and local authorities have a responsibility. It is the responsibility of corporate parents to ensure that appropriate, suitable and sustainable accommodation is arranged for care leavers. The accommodation offered/ provided should fulfil criteria such as being located within reasonable convenience to commitments such as employment and education, as well as within a convenient location for the maintenance of an individual's network of positive relationships; both personal and professional. These considerations are essential in order to promote successful and sustainable transitions. Despite the requirement that accommodation be sustainable, it is often the case that young care leavers are placed in hostels or bed and breakfast accommodation which offer accommodation of a temporary nature (Scottish Government, 2019a). In addition, while many young care leavers move into individually held tenancies or are accommodated within family members' homes, often they later experience a disruption resulting in homelessness (Scottish Government, 2019a). Indeed, recent statistics show that 7% of homelessness applications are concerning those self-identifying as care experienced while an additional 40% of homelessness applicants were unaware or unwilling to identify their status regarding whether they were care experienced. In addition, 7% of young care leavers are known to have experienced homelessness.

These statistics around homelessness are drawn from either homelessness housing applications or from data collected from services providing aftercare meaning that the accuracy of such statistics is questionable and are likely an under-estimation as significant gaps in data collection and the resulting statistics remain a concern. Indeed, practitioners estimate that between 30% and 50% of people experiencing homelessness are care experienced suggesting that the care experienced population are over-represented in homelessness applications (Scottish Government, 2019b). The Scottish Government outlines its commitment to ensuring care leavers do not experience homelessness in the code of guidance on homelessness (Scottish Government, 2005 cited in Evans, Smith, Bryson, and Austin, 1994). The Operation of the 1991 Code of Guidance on Homelessness in Scotland. Edinburgh: CRU, Scottish Office, and the prevention of homelessness guidance (Scottish Government, 2009). This guidance clearly states that advanced planning is required to ensure that the provision of accommodation is suitable and sustainable and that care leavers should not leave care without appropriate accommodation being secured (Scottish Government, 2013). The use of temporary accommodation or accommodation which is likely to be unsustainable may also cause additional anxieties over the long-term security of accommodation and may also have a negative impact upon self-confidence and self-esteem (Harris. & Broad, 2005). Despite sustainable housing guidance being in place care leavers have been shown to have a 50% chance of becoming homeless (Who Cares? Scotland, 2016). This suggests that although all care leavers in Scotland are entitled to have a transition plan and after care support in order to avoid homelessness to ensure appropriate destinations are sought, the reality is often very different. (Scottish Government, 2009).

5.4 Education and Employment

Only 12% of care experienced school leavers had one or more qualification at SCQF level 6 or better in comparison to 62% of non-care experienced peers (Scottish Government, 2019c). This may be in part due to care experienced young people tending to exit education earlier with 44% of children in care for the full year and 40% of those who were in care for part of the year leaving school in S4 or earlier, compared with just 11% of all school leavers (Scottish Government, 2019c). Who Cares? Scotland report that only 4% of care experienced young people move onto higher education from school compared to 39% of non-care experienced peers (Who Cares? Scotland, 2016).

The Scottish Government in recent years has introduced the care experienced student's bursary and housing grant, aiming to decrease the financial barriers facing students with non-care experienced students likely to have a higher contribution to resources from parents and family members during their programme of study. In addition, in recognition that educational attainment is an area where care leavers are disadvantaged, all higher education institutions in Scotland agreed to guarantee places for care experienced students who met the minimal entry requirements (Universities Scotland, 2019: cited in O'Neill., et al., 2019). This aims to remove further barriers which challenge care experienced

young people and young people from the most deprived 20% of the population according to the SIMD. The competitive nature of candidate selection discriminates against the disadvantaged with up to 50% of university applications not resulting in an offer, thus, the removal of such a barrier is an effort to widen participation to those who are disproportionately underrepresented within higher education.

Similar discrepancies in terms of positive outcomes are also evidenced in relation to employment with 30% of care experienced young people unemployed within nine months after leaving school, compared to 5% of their non-care experienced peers (Who Cares? Scotland, 2016). Despite this 66% of care leavers are in employment by 30 years old compared to 82% of their non-care experienced peers (Cameron et al. 2018). Care leavers not going into education also face challenges not dissimilar to those moving into education however they have substantially less support, be that financial or in terms of resources. Despite similar challenges being faced by care leavers out with the education system a lack of additional support with these transitions is evident in the financial support afforded to care leavers in employment.

5.5 Finance: Benefits Entitlement and Debt Management

While there is little research into the financial status of care leavers by comparison to non-care experienced peers there is a theoretically high likelihood that many care experienced young people may leave care disadvantaged more than their peers both financially and in terms of access to supports and resources.

More care experienced university students self-report as having a disability (51%) than their non-care experienced counterparts of whom only 14% report disability. Similar disparities can be observed within the population of college students in both higher education (43% vs. 13% respectively) and further education (46% vs. 20%, respectively; O'Neill, Harrison, Fowler and Connelly, 2019). 'Being a Student with Care Experience is Very Daunting': Findings from a Survey of Care Experienced Students in Scottish Colleges (O'Neill, et al., 2019). Despite this only 10% of care leavers receive benefits and allowances related to disability prior to the age of 30 (by comparison to 4.4% of non-care experience peers; O'Neill, et al., 2019).

For example, when calculating financial supports for students, the level of this support has historically made assumptions of a contribution from parents or guardians to address this and increase equity among a diverse student population, care experienced students now have access to a care experienced bursary and housing grant. This aims to address financial disparities among care experienced students (Hill, L, Duncalf and McGhee, 2013; Tormey, 2019). In addition, those within the education system also have access to student services and resources provided by educational institutions. This could include additional grant funding such as hardship or crisis grants, or access to health and wellbeing resources, for example counselling services, library facilities or gym membership. No such additional support is available to those transitioning into independent living out with the educational system. It may be argued that the lack of resources further disadvantages those transitioning into employment suggesting that for young people out with education are disadvantaged in terms of maintaining access to aftercare supports.

5.6 Health and Wellbeing

Care experienced people are particularly vulnerable and face additional barriers to good health and wellbeing by comparison to their non-care experienced peers (Brodie, Berridge, and Beckett. (1997). Audit Commission, 1994: Butler and Payne, 1997). The complexities of being in care is known to be associated with having poorer outcomes in areas such as mental health and social well-being (Meltzer et al., 2003). Children become looked after when intervention is required by authorities if parents and carers have been unable to meet a child's needs therefore the health and wellbeing of looked after and care experienced people is also often disrupted by compounding factors such as by the social and family backgrounds of young people (Brodie et al, 1997; McCarthy, & Taylor, 1999; Arnau- Sabatés, & Gilligan, 2015). Care experienced people are found to have experienced and be affected by trauma exposure at higher rates than observed in non-care experienced children and young people with care experienced people often entering care with a history of experiences of trauma and adverse childhood experiences.

Care experienced people are particularly vulnerable and face additional barriers to good health and wellbeing by comparison to their non-care experienced peers (Brodie et al, 1997; Audit Commission, 1994: cited in Butler and Payne, 1997). The complexities of being in care are known to be associated with having poorer outcomes in areas such as mental health and social wellbeing (Meltzer et al., 2003). Children become looked after when intervention is required by authorities if parents and carers have been unable to meet a child's needs therefore the health and wellbeing of looked after and care experienced people is also often disrupted by compounding factors such as by the social and family backgrounds of young people (Brodie et al, 1997; McCarthy, & Taylor, 1999; Arnau-Sabatés, & Gilligan, 2015). Care experienced people are found to have experienced and be affected by trauma exposure at higher rates than observed in non-care experienced children and young people with care experienced people often entering care with a history of experiences of trauma and adverse childhood experiences.

Adverse childhood experiences (ACEs) can include; physical, emotional and sexual abuse or neglect, domestic violence, parental mental health or substance use concerns, and removal from the birth family relatives (Brodie, 2014; Simkiss, 2012).

A potential cause of insecure attachment while avoidant/ambivalent attachment styles are found to be associated with the experience of childhood abuse or neglect (McCarthy, & Taylor, 1999). Such unhealthy attachment styles and difficulties building and maintaining relationships may continue to affect care leavers into adulthood (McCarthy, & Taylor, 1999; Arnau-Sabatés, & Gilligan, 2015). A lack of secure relationships, be this through care experience or experiences of abuse and neglect, means that care experienced young people are more at risk of relationship breakdowns and social isolation (Meltzer et al., 2003: Who Cares? Scotland, 2016).

Childhood adversity often results in emotional and behavioural difficulties and multiple co-morbid diagnoses related to trauma experience. The trauma obtained through these experiences often results in attachment insecurity and difficulty in building and maintaining relationships (Howe, 2005). These difficulties coupled with living independently when being used to the busy environment of a residential or secure care house may further exacerbate the potential for social isolation and loneliness which may impact further on mental health (Cacioppo. & Patrick, 2009) and indirectly upon the ability to sustain independent living inclusive of housing, employment and educational commitments. The importance of positive social inclusion for care leavers within the wider community cannot be understated with Who Cares? Scotland (2014) finding that 35% responding care leavers feared loneliness in the future, 36% feared having nowhere to call home and 51% feared being unhappy.

Copeland, Keeler, Angold, & Costello (2007) found that 40% of children presenting complex trauma histories were also found to fulfil the criterion of at least one other disorder. In addition, Copeland et al., (2007) found that these additional diagnoses tended to be associated with mood disorders, anxiety disorders or disruptive behaviour disorders with this variation adding to the complexity of gaining accurate diagnoses. ACEs are also associated with both acute and long-term trauma and distress with many people who have such experiences suffering the symptoms of trauma and Post Traumatic Stress Disorder (PTSD) as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V, American Psychiatric Association, cited in: Straussner, 2013).

Care experienced children and young people have higher prevalence rates of diagnosable mental disorder with 45% of care experienced 15 -16-year olds having a diagnosed mental disorder compared to 10% of their non-care experienced peers according to the Office for National Statistics (ONS, 2004). Indeed, in a survey by Glasgow City Council it was found that half of looked after young people had self-harmed within children and young people's residential houses (Piggot, Williams, McLeod and Barton. 2004). Furthermore, a survey conducted by Ridley et al., (2003) investigated the perceptions of both looked after young people and young care leavers in Scotland.

Ridley and McCluskey (2003) found that young care leavers in Scotland rarely engaged with health services and when they did it tended to be under three circumstances; a) access to a GP when they become ill, b) access to A&E when injured and c) access to family planning. This suggests a general lack of preventative or pro-active health care among care experienced young people in Scotland, with health services being accessed only in times of necessity or crisis. While this suggests a low need for health intervention, it may also be observed that A&E visits often followed self-injury while the respondents were less likely to report engagement with mental health services.

Ridley et al., (2003) also found that responding young people in care and care leavers in Scotland were highly likely to have experienced depressive mood and low self-esteem with negative health outcomes. For example, 45% reported having self-harmed. Self-injury is highly associated with depressive mood and low self-esteem and is often reported as being used as a coping mechanism (Boynton, P.M., & Auerbach, A. (2004). Ridley et al., (2003) also found that young care experienced and looked after people did not find health to be a concern that resonated with then associating good health simply with being free of disease, illness and injury. This is evident in the findings which showed the majority of young care experienced people reported having good or very good health while the majority also reported unhealthy lifestyles choices.

One third of Ridley et al., (2003)'s respondents stated they did not engage in any physical exercise while one third reported they had a poor diet. Despite the health concerns outlined here only 22% of survey respondents reported having poor health. Symptoms of depressive mood and low self-esteem, deliberate self-harm (45%), smoking (75%), poor diets, lack of exercise were also all found to be prevalent among care experienced young people. Many young care experienced respondents stated that they had only started smoking (27 per cent), or taking drugs (31 per cent), or drinking alcohol (29 per cent) since being in care (Ridley & et al.,). Indeed, care experienced children and young people are found to have less healthy sexual behaviours as well as more unhealthy substance use inclusive of the use of alcohol, tobacco as well as illegal recreational drugs than non-care experienced peers (Dale, Watson, Adair & Humphries, 2016).

Ridley et al., (2003) also found that young people indicated that their use of substances was related to their experience of care or childhood traumas. Kandel and Davies (1982) found an association between depressive mood and illicit drug use by young people. This association was consistently found for all drug use inclusive of cocaine, heroin, tobacco and alcohol but no association was found between cannabis and depressive mood. Due to the higher instances of adverse childhood experiences, trauma, and mental health concerns associated with being care experienced this suggests that care experienced young people may be more susceptible to illicit drug use and misuse due to unhealthy coping mechanisms related to mental health and trauma.

5.7 Legal Issues

Legal issues can have a large impact upon ability to maintain housing, employment or education due to the disruptive nature of interactions with the criminal justice system. There are various reasons why a care experienced young person may be more likely to have legal issues to manage as part of their life. Challenges such as housing insecurity, placement stability, poor educational attainment and negative social and familial influences have previously been identified in prisoner surveys by care experienced prisoners as contributing factors to their circumstances (Scottish Prison Service, 2016). Almost a third of both young offenders and the adult prison population, self-identify as being care experienced (Scottish Prison Service, 2016), although due to the method being self-reported it is likely this is an underestimate with practitioners estimating that up to 50% of the adult prison population have care experience (HM Inspector of Prisons for Scotland, 2009: Cited in Tombs & Piacentini, 2101). This suggests that young offenders leaving care may be one group who could be targeted positively for employment opportunities having had opportunities for education and employment training while in prison, thereby, promoting a closure of the employment rate gap between care leavers (66% in employment by 30 years old) and non-care experienced peers (82%; Cameron et al. 2018). In addition, access to employment opportunities have been found to positively reduce recidivism (Skardhamar & Telle, 2012). Indeed, Audit Scotland found that for those transitioning out of prison the time of the highest risk of re-offending is soon after re-

joining the wider community when they may be experiencing housing insecurity or have a lack of financial resources. It is the individual's responsibility to find accommodation, claim benefit entitlement arrange access to health care and other services previously provided by the prison service. In this way a transition from prison is much like a transition from care with care leavers having to tackle these responsibilities independently at the age of 16 – 18 years old. Audit Scotland's focus groups with offenders preparing for release found housing, financial support and employment to be the main concern of those transitioning back into the community and living independently (Audit Scotland, 2012).

5.9 Transitions Project and Research Questions

The background information above highlights the areas in which there are discrepancies between care leavers and their non-care experienced peers in transitioning to independent living. The Transitions project enabled:

- Kibbleworks (Kibble's collective of social enterprises) to widen its role in supporting care leavers for up to one year who were at risk of worklessness, poverty and homelessness. This was achieved through the work of the newly formed Transitions team as they supported young people through their journey to independence. The fund enabled Kibbleworks to grow its capacity to support those facing disadvantage. Through the project we were able to recruit three new FTE posts to develop new approaches to support care leavers, providing a 'one-stop shop' where young people could get in contact for practical and emotional support and signposting. This approach equipped young people with the skills and resources needed to overcome barriers they faced,
- The team provided bespoke support in a number of areas and helped care leavers to sustain employment, education, apprenticeships and tenancies. They were the team young people could turn to for guidance, ultimately helping them to adapt and self-manage independent living,
- Support included provision of guidance, signposting and practical assistance in the areas of housing and welfare, benefits, debt management, general health and wellbeing, employment, legal issues, medical issues, cooking and eating well and social inclusion.

New initiatives in social care, education and employment are often implemented without evaluation. This results in a lack of clarity about the consequences of implementation and the value of the initiative. In this case, Kibble's extensive experience in supporting young people in care provided the grounds for service development.

Research and evaluation of initiatives can provide clear evidence of value and inform any further roll-out and implementation. The research questions addressed by the current report are:

- What are the consequences of the implementation of additional participant-led support being made available to care experienced young people?
- Does engagement with a Transitions advisory team promote confidence in young care leavers regarding their abilities to manage key areas of independent living?
- Did engagement with the Transitions team result in real positive change/progress in service users lives?

Case Study

L is a 20-year-old female who was referred to the Transitions team for support. She was referred from her key worker from her past residential school. L comes from a care experienced background and lives with her partner. She had just moved to a new area and wanted support to understand the services available to her. L was unemployed and receiving benefits.

A Transitions Advisor first spoke with L on the telephone where they established the areas of support she would need. After exploration it was found she would need support with employment, council tax and local GP. After much research the Transitions Advisor signposted L to a local GP where she registered. Next the advisor met up with L where they discussed what type of jobs would be suitable for her. L was interested in childcare and disclosed that she would like to work with children. The Transitions Advisor and L registered onto job sites such as s1jobs and Good Moves. The Transitions Advisor also supported L to complete a C.V. and upload to job sites. Several companies contacted L and invited her for an interview. She was successful at her first interview and now works on a full-time basis in a nursery close to home. The last thing L requested support with was understanding council tax. The Transitions Advisor telephoned Glasgow City Council and arranged an appointment. L attended the meeting and sorted out how much she would need to pay whilst staying with her boyfriend.

Young person's feedback:

I would like to thank my Transitions Advisor for all the support I have received. I was unemployed and living in a new place where I did not know anyone, I didn't even know I had to change my GP. After the support I received I have a new GP and a new job, I also have a better understanding of paying bills such as council tax and what can happen if I don't pay. I would still be in the same position if I was not referred to the Transitions team.

6 Methodology

6.1 Participants

Support from the Transitions team was made available to 56 participants who required help to sustain education, employment or an apprenticeship or tenancy in one of the eight local authority areas in which the project supported. The eight local authority areas included; East Ayrshire, East Dunbartonshire, East Renfrewshire, Glasgow, North Ayrshire, Renfrewshire, South Ayrshire and West Dunbartonshire.

One participant has withdrawn from the programme prior to completion and the data presented below includes varied numbers of participants in each section of the report detailing missing data due to lack of engagement. See table one below for a breakdown of data sources and completion rates.

Data source	Number of participants completing each task and reasons for data loss/ exclusion from data collection.
Referral interview	56 participants completed a referral interview, one requested this data to be withdrawn upon their withdrawal from the project.
Initial support requests	56 participants completed a referral interview, one requested this data to be withdrawn upon their withdrawal from the project.
Baseline self-assessments	50 participants completed a baseline self-assessment; of the five remaining participants, 3 required support on a one-off basis and disengaged from the project after receiving support with minor issues. An additional 2 participants disengaged by not attend their scheduled meetings. Due to the brevity of engagement with these participant self-assessments were either deemed unnecessary or were not completed due to lack of attendance.
Engagement record	All Transitions staff members recorded the type, number, timing and content of contacts with young people using the Transitions service.
Final Self-Assessments	42 participants completed the final self-assessment with 8 participants disengaging prior to completion of the programme.
Case notes	Case notes supplied for participants were coded to identify themes and comments relevant to domains.

6.2 Quantitative Materials

6.2.1.1 Initial Referral Demographic Data

Initial demographics regarding inclusion criteria and demographics relevant to the support available was collected during the initial referral interview.

6.2.1.2 Support Requests

Records of enquiries, issues and requests were categorised into the domains/factors: housing and welfare, benefits, debt management, general health and wellbeing, employment, legal issues, medical issues, and cooking and eating well.

6.2.1.3 Baseline Self-Evaluation Assessment

Asks young people to rate their ability to manage each factor independently. Therefore, low scores indicate a support need while high scores indicate the young person is coping with the aspect of independent living represented. Participants complete these prior to supportive assistance being received as part of a rapport-building interview which aimed to aid communication between the advisor and the young person and to encourage clarity in identifying support need priorities.

6.2.1.4 Final Self-Evaluation Assessment

Identical to the baseline assessment, asks young people to rate their ability to manage each factor independently. Low scores indicate a support need while high scores indicate the young person is coping with the aspect of independent living represented. Participants complete these following supportive assistances and long-term engagement with the Transitions team in order to examine the level of progress made in each factor influencing the ability to sustain housing, education and employment.

6.3 Qualitative Materials

Case Notes: an overview of a young person's journey during their time engaging with the Transitions team and programme. These were examined qualitatively to investigate the impact of domains as well as to highlight emerging themes.

6.4 Procedure

At the point of referral participants were asked to identify areas in which they would like support. Following this, at the first meeting with a Transitions team member, participants were asked to complete an evaluative self-assessment which asked how able each participant was to manage these key areas independently and which they may require further support with. Finally, participants were asked to complete the evaluation assessment a second time at the end of the project after having worked with the Transitions team over time on progressing in these key areas. Transitions Advisors also kept details of contact, support provided, and progress made through the use of case notes and the engagement record.

6.5 Analysis

The analysis conducted in the current report are mixed method, thereby, integrating the quantitative approach and qualitative approach through the use of domains. The factors/domains chosen were those revealed by the literature review to have an impact upon young care leavers managing living independently or were influenced by the accumulated knowledge of the Kibble community.

6.6 Coding

An adapted variation of grounded theory was used to code the case notes qualitatively. Using this method case notes were examined using the following steps:

1. Line by line read through with semantic interpretation.
2. Examination of commonalities and variations in semantic interpretations to develop draft themes and coding structure.
3. Second line by line read through adhering to the draft coding structure and the development of a finalised thematic structure.
4. Third read through adhering to the finalised coding structure.
5. Final read through to identify comments relevant to domains.

Case Study

J is an 18-year-old female who was referred to the Transitions team by her pastoral care teacher in school. She comes from a care experienced background and will be ready to leave school in the next few months. J currently lives in a care house that offers respite care. She is very apprehensive and anxious about leaving school as she will be moving into the halls of residence at university. She does not understand how she will survive financially as she has always had help and support with the financial side of life.

A Transitions Advisor arranged to meet with J at school where she felt comfortable completing an assessment tool to find out the areas that she would need support with. The main categories highlighted consisted of benefits, mental health and housing and welfare. After further exploration it was found that J did not understand that she would be entitled to a care experienced bursary if she attended a college or university course. The Transitions Advisor supported her to apply for the bursary and researched if she would be eligible for any other benefits such as the housing entitlement. It was found that J would be entitled to the housing supplement, however as she had chosen to stay within the dormitories on campus, she would not need this.

J disclosed that she had issues with anxiety and depression which she thought could stop her from attending university. The Transitions Advisor contacted student services to find out if a counselling service would be available for J during term time. It was verified that she could attend counselling within the university if J became stressed at any time. J was given the contact details for student services.

As J had not yet started university she wanted to know if she was entitled to benefits and if she could access free counselling. The Transitions Advisor signposted her to her GP who could refer her for counselling. J was also signposted to her local job centre where a benefits advisor could support her to apply for benefits.

Young person's feedback:

My Transitions Advisor was brilliant with me and met up anytime I requested. I also did not know if I went to university, I would get such a good bursary. My Transitions Advisor put me in touch with a lot of services I never knew existed. She also supported me to contact local counselling groups which I attend on a weekly basis. I also love the fact that I can go back to my Transitions Advisor anytime and she will be there to support me. Thank you for everything you have supported me with.

7 Quantitative Findings

7.1 Participant Demographics

The Transitions team worked with 56 participants during the project however one participant has since withdrawn consent for their data to be used, therefore the following findings are based on data collected during referral interviews with young people, baseline self-assessments, and final self-assessments.

The 55 participants referred to the transitions programme included 28 females and 27 males with a mean age of 20.06 years old with a standard deviation of 2.86. The age and gender of participants are broken down further *in figure 1*.

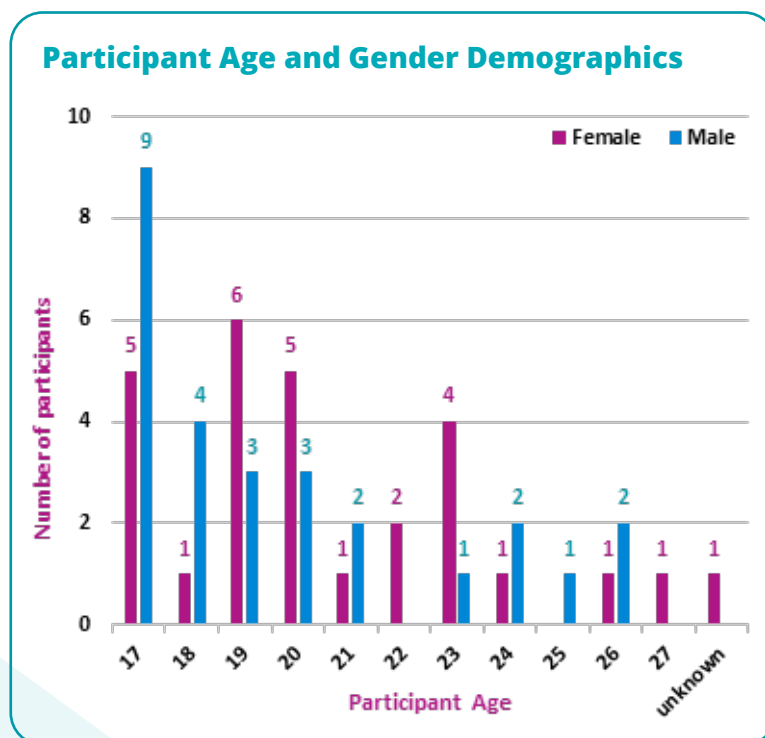


Figure 1: Participant Age & Gender

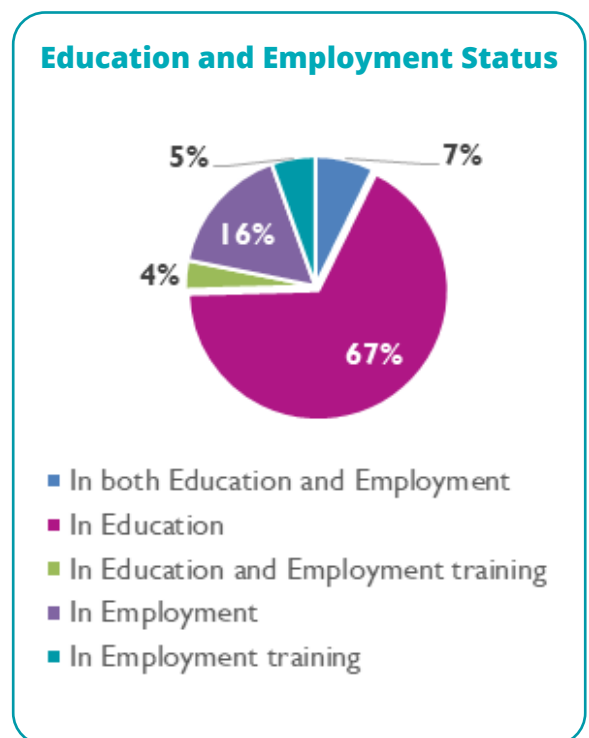


Figure 2: Participant commitments

Figure 2 shows participants educational and employment commitments, at the time of referral 37 participants (67%) indicated that they were taking part in formal education while 7 were in employment (14%). In addition, 3 participants were in employment training (6%), 3 were in both education and employment (6%) and a further 2 participants were in both education and employment training programmes (4%).

Participant Locality and relationship to Kibble

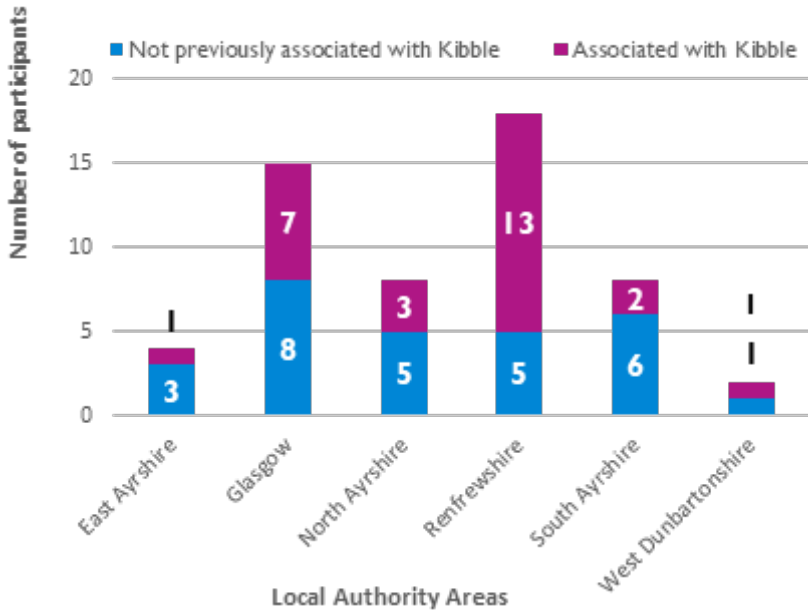


Figure 3 shows the number of participants based in each local authority area as well as how many have a pre-existing relationship with Kibble. Most participants were found to be from Renfrewshire (18, 32%) with 27% being from Glasgow (15) and 14% in both North (8) and South Ayrshire (8), 7% in East Ayrshire (4) and 5% being from West Dunbartonshire (3). One of the 56 participants chose not to disclose location information and is therefore not represented in figures 4 and 5.

Figure 3: Participants' Local Authority and Associations With Kibble

Scottish Index of Multiple Deprivation (SIMD, Decile)

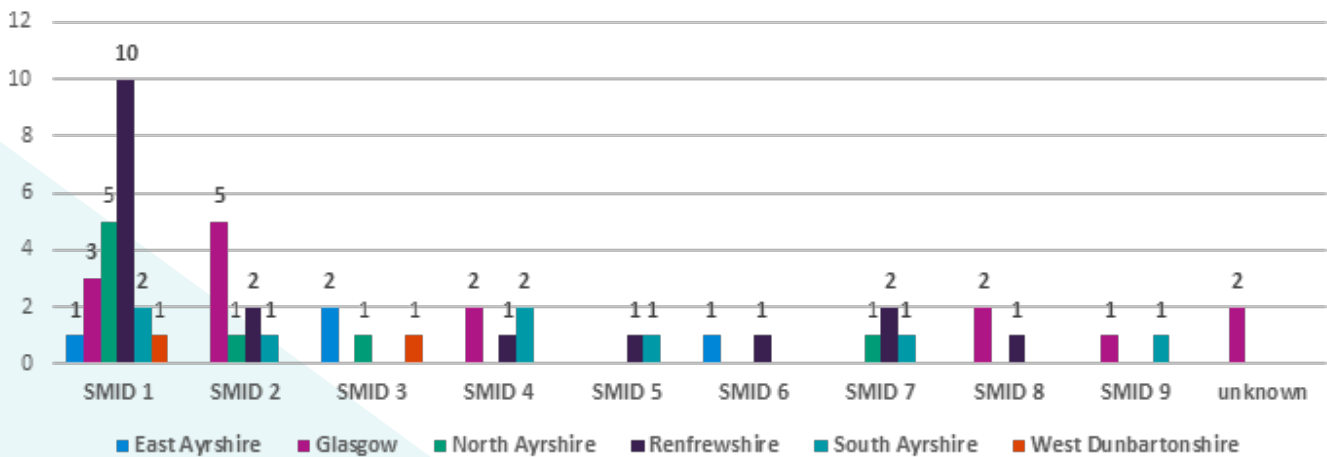


Figure 4: Participant Local Authority and SIMD Category (Decile)

Figure 5 shows the spread of participants' postal codes against the Scottish Index of Multiple deprivation (SIMD, decile). It was found that participants who sought the support of the Transitions team were disproportionately from the areas of the worst deprivation. 40% (22) of participants were found to be from SIMD category 1 areas while 16% (9) lived in category 2 areas.

7.2 Initial Referral Support Requests

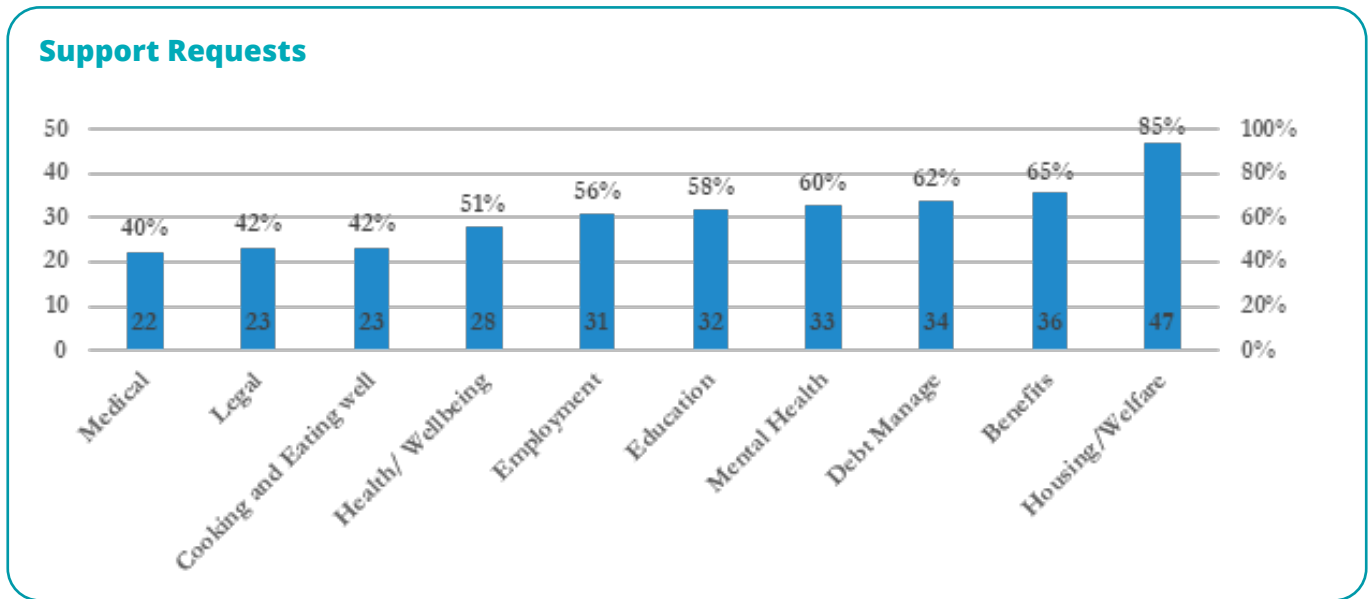


Figure 5: Number and Percentage of Participants Requesting Support in Each Key Area

Figure 5 shows the number of young people who requested support in the areas listed during initial consultations with Transitions team staff. Housing and welfare was found to be the area with the highest number of requests (47, 85%) for support followed by benefits (36, 65%), debt management (34, 62%), mental health (33, 60%), education (32, 58%), employment (31, 56%), general health and wellbeing (28, 51%), legal issues (23, 42%) and medical issues (22, 40%).

7.3 Baseline Self-Assessments

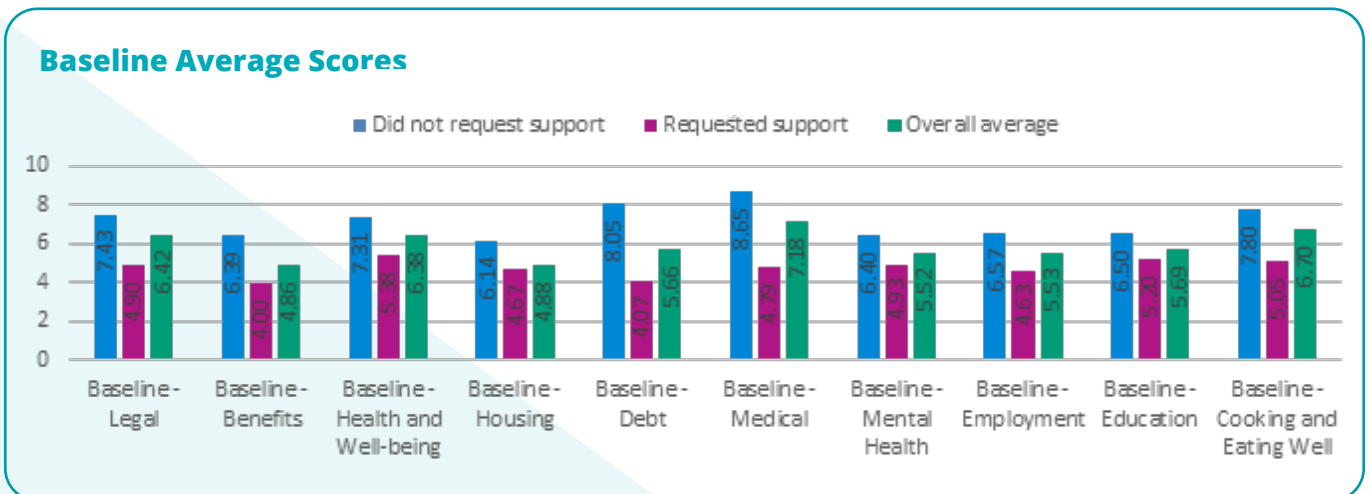


Figure 6: Baseline self-assessment scores for all key areas inclusive of average scores for those requesting support, those not requesting support and overall scores

Figure 6 shows the average score of participants prior to supportive intervention using the self-assessment tool, higher average scores indicates lower needs and higher ability to manage this area independently. Across all factors those who did not request support scored higher in their self-assessments than those who did request support in each area.

The lowest average scores of those requesting support were in the areas of benefits (4.00), debt (4.07), and employment (4.63), followed by; housing (4.67), medical (4.79), legal (4.90), mental health (4.93), cooking and eating well (5.05), education (5.20), and finally, health and wellbeing (5.38). In addition, the lowest overall scores (inclusive of all participants) were in the areas of benefits (4.86), housing (4.88), and mental health (5.52) and employment (5.53) followed by debt (5.66), education (5.69), health and wellbeing (6.38), legal (6.42), cooking and eating well (6.70), and medical (7.18).

This suggests these are the areas with the most need for support among participants. In addition, the largest mean differences between those requesting support and those not requesting support was in the areas of with debt (mean difference 3.98) and benefits entitlement (3.86). The lowest mean differences were between education (1.30), mental health (1.47), and housing and welfare (1.47).

7.4 Level of Engagement

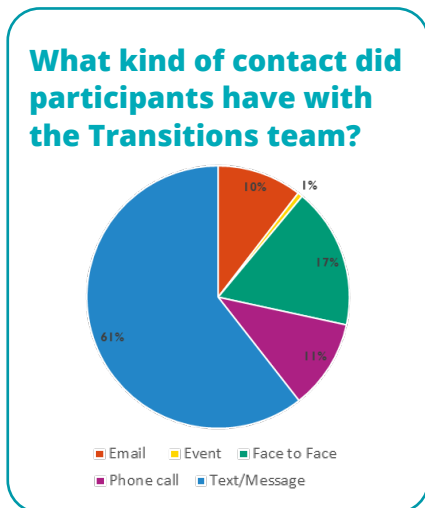


Figure 8: Types of contact used with participants

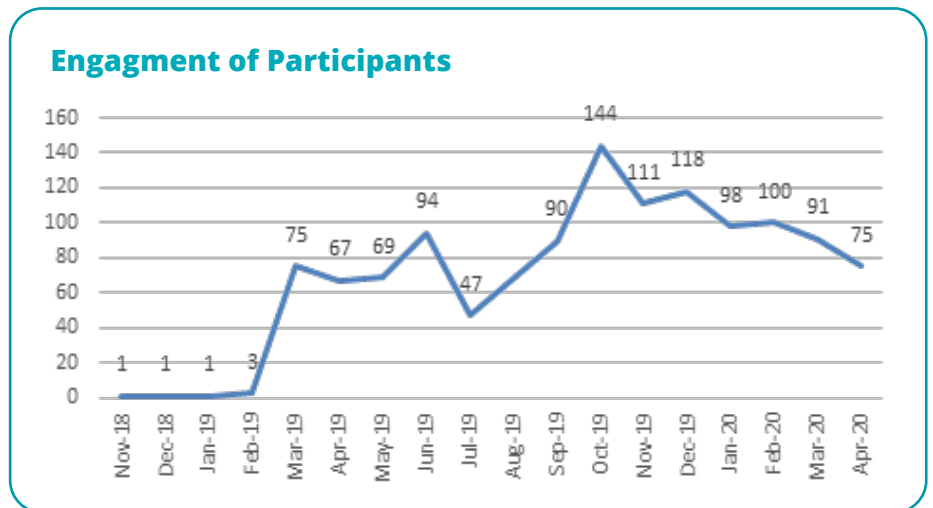


Figure 7: Engagement (number of contacts) made per month with young people

Figure 8 shows that the most frequently used method of communication was text messaging/messaging via social media accounting for 61% of communications followed by individual face-to-face meetings (17%), phone calls (11%), emails (10%) and finally attendance at group events hosted by the Transitions team accounted for 1% of communications. Figure 7 shows that the level of engagement of young people tended to rise within the first year of the project excluding a small dip in July (Oct 2018 – Oct 2019), followed by a gradual decrease in the level of engagement thereafter. September and October's peak in engagement can be seen to align with the beginning of the academic term with participants seeking additional support as they move onto new educational placements.

7.5 Final Self-Assessments

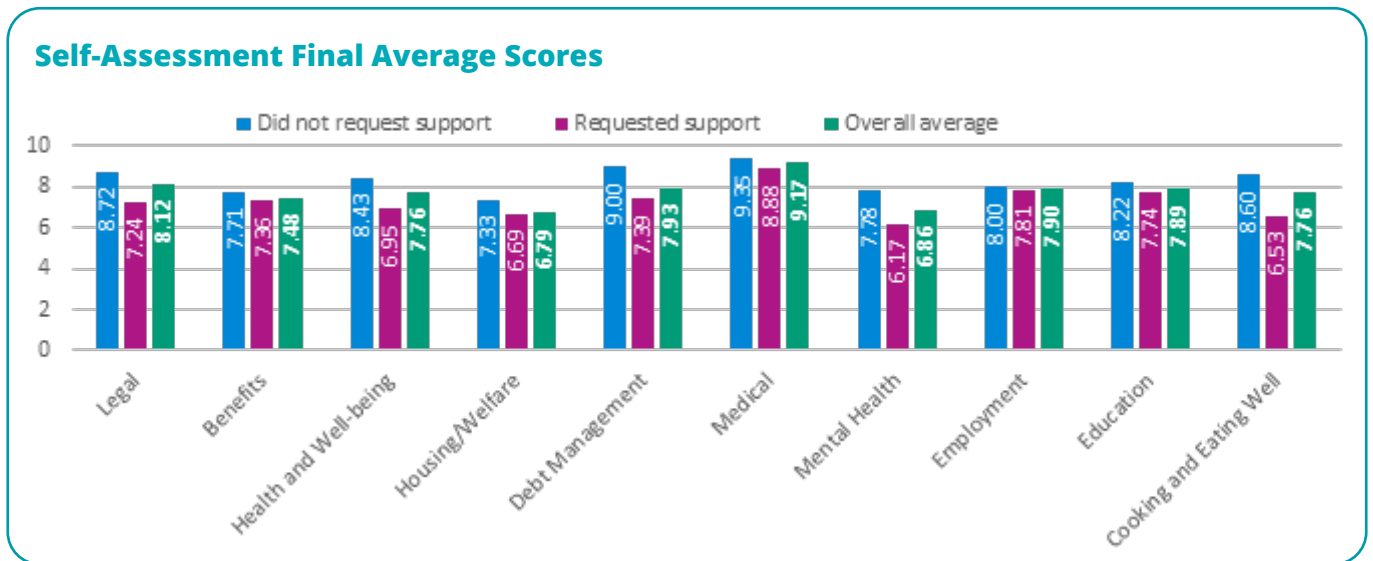


Figure 9: Final self-assessment scores for all key areas inclusive of average scores for those requesting support, those not requesting support and overall scores

Figure 9 shows the differences in average final scores following engagement with the Transitions team between those who requested support and those who did not request support in each area. Higher average scores indicate lower needs and higher ability to manage this area independently.

The highest average scores of participants overall were in the areas of medical (9.17), legal (8.12) and debt management (7.93) followed by employment (7.90), education (7.89), health and wellbeing (7.76), cooking and eating well (7.76), benefits (7.48), mental health (6.86), and finally housing (6.79). When examining the differences between scores of those who sought support only the highest scores were found to be in the areas of medical (8.88), employment (7.81), education (7.74), debt management (7.39), benefits (7.36), legal (7.24), health and wellbeing (6.95), cooking and eating well (6.53), mental health (6.17) and finally housing (6.69).

In addition, the smallest mean differences between those requesting support with and those not requesting support were in the areas of debt (mean difference 3.98) and benefits entitlement (3.86). The lowest mean differences between those who requested support and those who did not were in the areas of employment (0.19), medical (0.47) and education (0.49) suggesting the work done with the Transitions team has lowered the need gap between the two groups in these areas. Similarly, other areas were found to have small mean differences between groups; housing (0.64), health and wellbeing (1.49), debt (1.61), mental health (1.61), and cooking and eating well (2.07).

7.6 Comparing Baseline and Final Scores

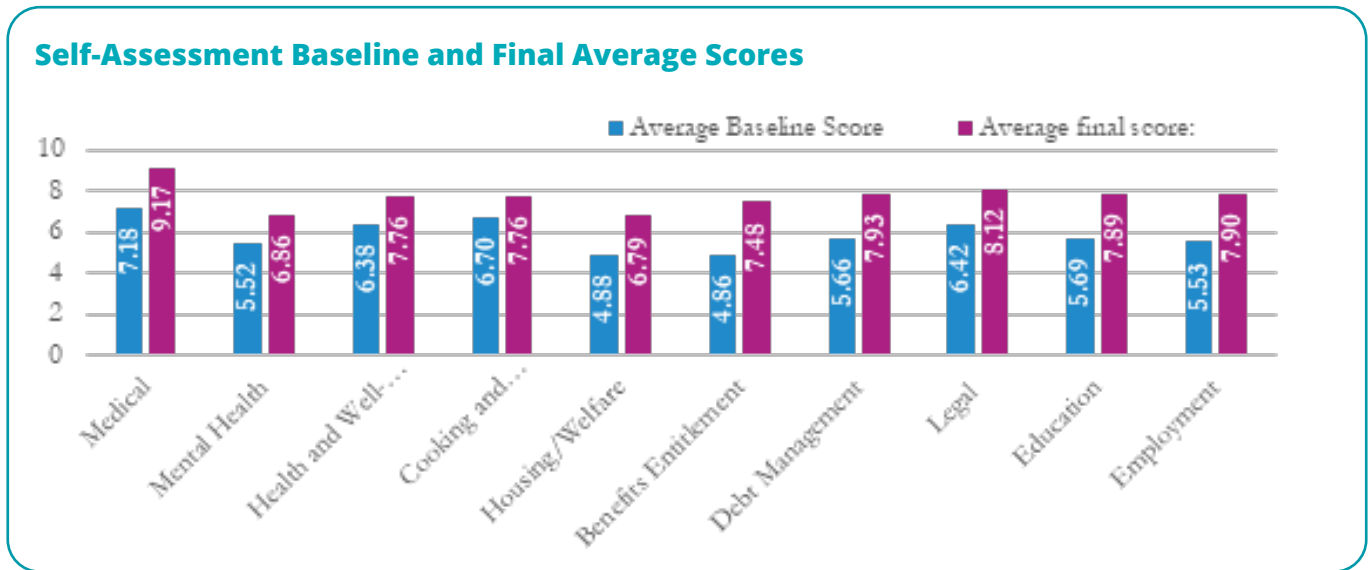


Figure 10: Comparison of overall average baseline and final self-assessment scores

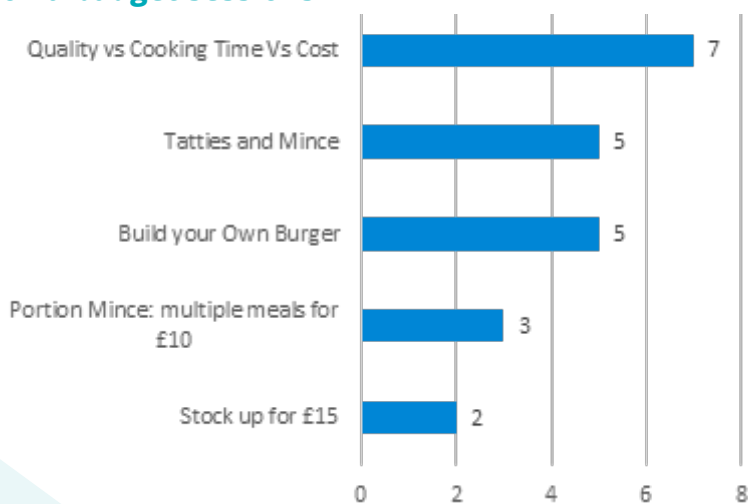
Figure 10 shows the differences in participants overall ratings before (baseline) and after (final) involvement with the transitions team supportive intervention. Higher mean differences in between baseline and final assessments indicate higher levels of progress being achieved by those seeking and receiving support. The most progress was made in the areas of benefits entitlement in which participants overall showed an average improvement of 2.62 followed by employment (2.36), debt (2.27), education (2.21), medical (1.99), housing (1.91), legal (1.70), health and wellbeing (1.38), mental health (1.43) and cooking and eating well (1.06).

7.7 Findings Summary 1: Overview

For each area of need the average scores on the baseline self-assessment task were found to be lower for those participants who requested support in those areas than those who did not. This suggests young people are able to accurately identify which areas to prioritise in their engagement with the Transitions team when working to maintain tenancy, education and employment and to succeed in living independently. Following engagement with the transitions team by 50 participants who completed the final self-assessment the mean average scores in each area where support was offered had shown improvements with final average scores being higher in all areas than baseline average scores. To examine these differences further, the graphs below show the findings relevant to each area in more detail with average baseline and final self-assessment scores for each key area displayed below with average scores given for those requesting support in the relevant area as well as those who did not request support (managing independently) and overall scores representing the average for all participants.

Cooking and Eating Well on a Budget

Participants attending Cooking and Eating well on a budget sessions



31 participants (56%) took part in online cooking tutorials or through the pilot practical sessions. Further data was collected regarding the attendance of participants at the various cooking and eating well workshops made available to participants in the Transitions programme. The graph shows the number of participants in attendance at each workshop.

Case Study

A is a 17-year-old male who was referred to Transitions by his Employability Officer at the residential care house where he has lived for several years. A met with his Transitions Advisor and they discussed areas of support that he felt he needed.

A disclosed that he would like to start college, however he was not sure which course would be best suited to him. He also said that he would need support to fill out the application. Next A said that he felt he needed to do something with his life as he was becoming socially isolated and preferred to stay in his room. He stated he would like support to become a more independent person. A did not like the thought of moving on from his residential care house as he felt he had no skills in cooking or how to be independent.

At the second meeting A decided that he would apply to college to do a course he was interested in. Together A and the Transitions Advisor completed the application. In order to increase his independence, the Advisor worked closely with the Employability Officer and found A a part-time job that would help with social isolation and confidence. A also attended the Transitions cooking programme where he learned ideas about cooking on a budget and how to make his favourite dishes.

Young person's feedback:

I had such a great time at the cooking programme, it was a lot of fun and I learned how to make some of my favorite food. The Transitions team helped me a lot with my independence and my college applications.

8 Qualitative Findings: Thematic Analysis

The themes of confidence, knowledge, social isolation and pressure emerged during thematic analysis and are explored further below.

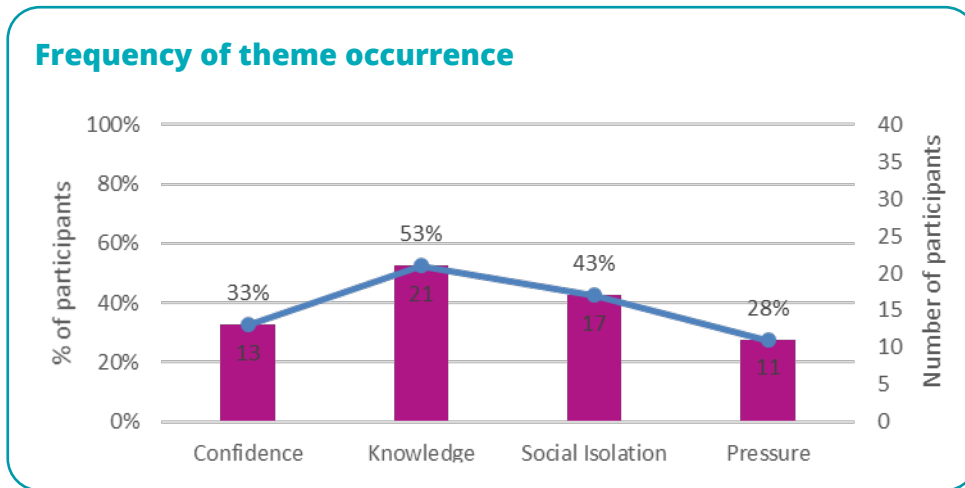


Figure 11 shows the frequency the themes emerged from the case notes of 40 participants. It was found that the theme most commonly expressed was that of knowledge followed by social isolation, confidence and finally pressure.

Figure 11: Number and percentage of participants expressing each theme

Confidence – Often participants reported that a lack of confidence in their own abilities to manage independent living had an impact upon their motivation to take the necessary steps to reach their goals. This theme was applicable to 13 cases (33% of participants).

- A was scared that she would leave college due to confidence, therefore the Transitions Advisor organised a meeting with the student services team who would make sure that she received support if she felt she needed it.
- B was allocated the Transition Advisor he spoke with at the employability fayre, as he discussed openly that he would need support with gaining information, advice and taking forward an application.
- C completed the cooking programme, had increased confidence and awareness and felt more capable at home cooking meals for herself.

Knowledge – Often participants reported that a lack of knowledge or experience with completing necessary tasks to manage independent living had an impact upon their motivation to take the necessary steps to reach their goals. This theme was applicable to 21 cases (53% of participants).

- D has just moved from another country into the community and then into residential care, she requested support to understand the services available to her in her area
- B was allocated the Transition Advisor he spoke with at the Employability Fayre, as he discussed openly that he would need support with gaining information, advice and taking forward an application.
- E stated that she felt more knowledgeable regarding her court case.

Social Isolation – Often participants reported a lack of social inclusion, reliable relationships and a supportive social network to reach out to. This theme was applicable to 17 cases (43% of participants).

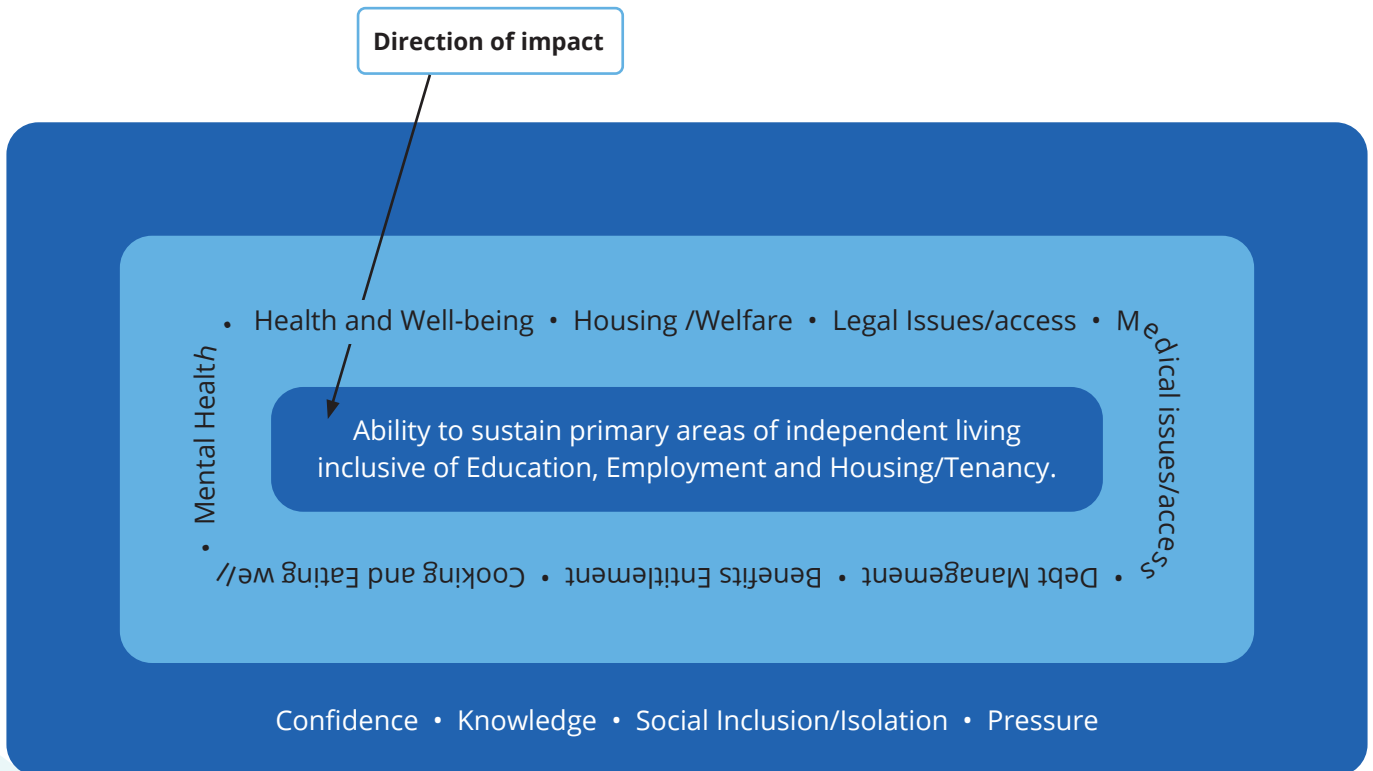
- The Transitions Advisor and G prioritised his issues. G agreed that his mental health was most concerning, therefore together they found some groups for young people to meet up and talk about how they were feeling. This would also help with the issue of isolation. The Transitions Advisor also supported G to attend student services where he requested to be put on the list for the student counselling services.
- A Transitions Advisor met with C and researched local community support groups that C could attend in order to make better community connections and reduce isolation. C began attending the community support group and indicated that she had made some friendships.
- J said that he felt he needed to do something with his life as he was becoming socially isolated and preferred to stay in his room. J stated he would like support to become a more independent person.

Pressure – Participants often reported feeling pressure when moving onto independent living with the requirements being overwhelming. This theme was applicable to 11 cases (28% of participants).

- K disclosed that she felt tremendous pressure to move on as quickly as possible and that everything had to be done at once. She felt alone after having such a structured life. She said it was overwhelming how much she had to do.
- The Transitions Advisor met up with L, discussed how he was feeling about transitioning into his own tenancy, however he said that he did not feel ready. L also disclosed that he was worried about accumulating debts that he had and was worried that he would not be able to afford his own house.
- Z also wanted to live as independently as possible and was finding transitioning out of his residential care house into community housing stressful.

9 Qualitative Findings: Domain Analysis

The term domain is used here to describe areas of interest identified by the Transitions team prior to engaging with participants in support provision or data collection. The term themes is used to describe areas of interest which emerged from examination of the data. The figure shows a visual representation of the model of impact resulting from the qualitative coding of case notes. Table 1 below provides an overview of the structure of the domains while table 2 shows the thematic structure.



Primary Domains; Generally impacted upon by secondary domains

These domains were identified by the Transitions team as the primary areas of interest with the aims of the project being to support young people to maintain appropriate employment, education and tenancy.

Exemplar citations from case notes

Employment:

- L also asked for support to create a C.V. and apply for part-time employment, to also help reduce her social isolation. The Transition Advisor created a C.V. with L at one of the face-to-face meetings and also printed copies for L to distribute to local businesses. L was successful in gaining a part-time job near to her home. L shared with her Transition Advisor that she was doing well in college, having a part-time job and a positive friendship group.
- The Transition Advisor referred A to Skills Development Scotland to further support A to access training opportunities and part-time employment. A was finding it difficult to sustain her employment at the time, due to circumstances out with her control. The Transition Advisor worked with A to create a C.V. and identify potential part-time employment locally.



- H is on a full-time college course and stated on her referral that she would like support to help build her C.V. and to look for volunteering jobs within an advocate role. The advisor put H in touch with a few advocacy agencies in her area who were willing to meet with her to discuss volunteering work. H also brought along her qualifications that she had gained over the last few years at college. She explained that she did not know how to list them on her CV. The advisor supported H to update her CV and add in her relevant qualifications. At the time of writing, she was waiting to hear back and is hopeful that she will get a job volunteering soon.

Education:

- A requested support to look at college courses suitable to her and help to complete the application. She also requested support to find out what funding would be available to her throughout studying. A met with her Transitions Advisor on campus where they discussed her areas of interest and what type of jobs she would like in the future. A felt that she would be suited to health and beauty courses as this was of great interest. The Transitions advisor and A looked at available courses online and applied to a college nearby. A also wanted to know if she could get any money whilst studying. Together they found that as A was care experienced, she would be entitled to the care experienced bursary. A requested the relevant documentation and applied for the bursary.
- A Transitions Adviser met with M and completed an assessment tool, where she indicated that she was concerned about college as she had been unable to complete her hairdressing placement. If she did not complete this part of the module she would not be allowed to progress to the next year. The Transition Adviser contacted M's course leader and asked if M would be able to complete the placement aspect of her course over the summer holiday, the course leader was happy that if M completed this successfully then she could progress to the next level. The Transitions Adviser also met with M to discuss contacting local salons and asking to complete a summer placement. M was a bit nervous about this, but with support and guidance she was found one that let her complete her placement. The Transitions Adviser supported M over the summer to complete this and liaised with college staff to ensure that they were aware and able to progress her to the following year.
- J disclosed that he would like to start college, however he was not sure which course would be best suited to him. He also said that he would need support to fill out the application. Next J said that he felt he needed to do something with his life as he was becoming socially isolated and preferred to stay in his room, he stated he would like support to become a more independent person. J decided that he would apply to college to do a course he was interested in. Together J and the Transitions Advisor completed an application for college. In order to increase his independence, the advisor worked closely with the employability officer and found him a part-time job that would help with social isolation and confidence.

Tenancy:

- A spoke openly about having previously struggled with mental health and the prospect of returning home to live with family. A was supported by his Social Worker to attain supported accommodation and was looking forward to living independently, having a fresh start.
- M had also recently moved in with her friend who had just had a baby, therefore she was looking for help in obtaining alternative housing as her current housing situation was not a long-term option. The Transitions Advisor discussed various options with M and provided her with information regarding the Simon Community; M was interested in seeking support from them and a referral was made on her behalf.
- S had indicated that she was living in student accommodation, however she was unable to remain there over the summer holidays and was feeling anxious about being homeless for several months, this was having a big impact on S's mental health. A transition adviser referred S for support finding temporary housing. S was relieved to be receiving housing support and noticed an improvement in her mental health.



Secondary Domains; generally, impact upon primary domains.

These domains were identified by the Transitions team prior to engaging with participants as being areas of interest which may impact upon an individual's ability to maintain successful placements in education and employment as well as tenancy.

Health and Wellbeing

- **Mental Health:** Concerns regarding mental wellbeing and access to support services.
 - The allocated Transition Advisor met with U in person at a local café within U's local community, to build a rapport and support U to discuss openly what she is finding a challenge. U was able to share that she suffers from anxiety and depression and that this had affected her attendance at college. U felt isolated and in need of additional support. The Transitions Advisor was able to identify local support provision and signposted U to a local community group – Minds Over Matter – who meet weekly to support young people and adults with mental health issues.'
 - V disclosed that she had issues with anxiety and depression which she thought could stop her from attending university. The Transitions Advisor contacted student services to find out if a counselling service would be available for V during term time. It was verified that she could attend counselling within the university if V became stressed at any time.
 - After much exploration the advisor sat down with X and prioritised her issues. Together they wrote a plan in which X could deal with one issue at a time. She decided that staying in college to finish her studies was her main concern, therefore together with the Transitions Advisor she attended student services and explained the situation. X was put on a list for counselling and each of her lecturers would be advised of her situation. This made X feel better and she was able to face attending college every day.
- **Medical Access:** Access to dentistry, General Practice and where relevant third sector/private medical access.
 - C declared that she was not registered with a dentist and required support in doing this. The Transition Advisor contacted C's nearest dental practice to enquire about taking on new patients and scheduled a registration appointment which C attended.
 - P needed support to contact his GP to find out if his vaccinations were up to date. The Transitions Advisor supported P to telephone his GP and request the information required
- **Cooking and Eating Well:** Knowledge and ability to sustain a healthy and affordable diet independently.
 - R was transitioning into a community house; he was apprehensive about cooking for himself and becoming more independent. The Transitions Advisor booked R onto the Transitions cooking programme where he would learn how to make healthy dishes. The cooking session would also help R to become more independent when food shopping and cooking for himself.
 - C shared that she struggled to make meals for herself and would benefit from some support with this. C completed the cooking programme and had increased confidence and awareness, feeling more capable at home cooking meals for herself.



- K enjoyed cooking but that his diet was quite unhealthy. A Transition Adviser discussed with K that he could attend a Transitions cooking session where he would have the opportunity to learn to cook healthy meals. K expressed an interest in this and discussed various meals that he would like to try. On the day of the class K became quite anxious and decided that he no longer wanted to participate. The Transition Adviser reassured K that this was ok and if he changed his mind, we could rearrange. Instead K was given a healthy 7-day meal plan that he could try at home in preparing for independent living.

Finance

- **Benefits Entitlement:** Access to the appropriate benefits according to circumstances.
 - H disclosed that she did not collect her benefits as she was scared of the stigma attached. The advisor spoke with H and told her that she was entitled to her benefits and it was a confidential matter to her. The advisor supported H to contact her local Jobcentre Plus and arrange a meeting with a benefits advisor. At the third meeting H disclosed that she was now receiving her benefits and it was kept confidential.
 - U needed support to: contact an advocacy service, meet with an employability officer, understand benefit entitlement and complete applications. U was unsure if he was entitled to benefits, therefore together with the Transitions Advisor he contacted the local job centre who arranged for U to attend an interview to discuss his circumstances.
 - F was unaware that she should be exempt from paying council tax. The Transition Advisor supported F to complete a council tax exemption form and helped F be reimbursed with the council tax payments already paid by F for the current financial year. These payments were able to resolve F's outstanding rent payments and support F to remain in her tenancy.
- **Debt Management:** Ability to manage finances such as household bills and credit.
 - T was provided with information and guidance on which services could be contacted and included supporting T to minimise his outstanding debt. The Transition Advisor recognised that in addition to signposting T to an appropriate advice service, such as Step Out of Debt Scotland, it was also important for T to receive continued face-to-face support and guidance from the Transition Advisor as T needed someone to talk through the information in a way in which T would understand. T was also supported to create a spreadsheet using Excel to manage and record his income, outgoings, debt and monthly repayments. Having a visible plan and method of recording progress for T with guidance, enabled T to feel less stressed about his outstanding debt as he was able to visibly see progress and as he described 'light at the end of the tunnel.'
 - As part of wider support, a Transition Adviser discussed with E her debt issues and assisted her with allocating her finances for essential things such as, food shopping, paying bills and traveling expenses etc. The adviser also arranged for her to set up an affordable payment plan in order to pay back the debt that she had accrued. This ensured that E had enough finances for the cost of living and was able to start clearing some of her debt.
 - O was able to share that he was feeling increasingly overwhelmed and stressed about his large outstanding debt. He was also concerned that he would lose his tenancy, which he needed as he was a parent. The Transition Advisor was able to support O as he contacted a debt management company. The advisor was also able to provide further for O regarding options such as bankruptcy, consolidating outstanding debt, individual repayments and a Scottish Trust Deed.
 - O shared that his housing situation is more stable, having a debt management plan organised and overseen through his employer. O's mental health has also improved as he feels less stressed due to the support in place.



Legal

- **Justice:** Concerns regarding interactions with the criminal justice system
- **Family:** Concerns regarding child custody and access to visit looked after relatives.
 - X explained that she was having difficulty maintaining her college placement due to losing her child to social work not long after given birth. X was faced with issues regarding visitation rights with her child. The Transitions Advisor supported X to make contact with social work and explain how unhappy she was with the current arrangement. Social work arranged a meeting with X for the following week which she felt happier about.
 - E was concerned about her court case as she had never attended court before and was unsure of what steps to take in order to obtain representation. The Transitions Advisor provided E with a list of lawyers within her area that would be able to provide her with legal representation and discussed with her the various documents that she would need to take with her to apply for legal aid. E felt reassured that she would now receive the representation and advice she required.

10 Additional Analysis – Social Isolation

During the project it became evident to the Transitions team that social isolation or lack of social inclusion was a prominent challenge for participants. In response, the team held social events and signposted participants to relevant services to increase social inclusion. In the follow up final assessment interview, participants who had indicated a need in this area were asked if their social connectedness had improved through engaging with the Transitions programme; 15/17 participants agreed that their social situation had improved (88%).

Case Study

O was referred to the Transitions project by student support services. He needed support to manage his outstanding debt in order to continue to attend his college placement and sustain his tenancy.

The allocated Transition Advisor met with O at one of the drop-in stalls within the college. O was able to share that he was getting increasingly overwhelmed and stressed from his large debt and needed a solution. O was concerned that he would lose his tenancy as well, which he needed as he was a parent.

The Transition Advisor was able to support O as he contacted a debt management company. She provided further information for O to understand and think through options such as bankruptcy, consolidating outstanding debt, individual repayments and a Scottish Trust Deed.

O made the decision to leave college and apply for full-time employment as the financial assistance he was in receipt of, was not enough for O to live from and/or repay his outstanding debt. O was successful in achieving full-time employment with a council.

Young person's feedback:

Thank you for your help and support. I really appreciate you listening to my problems and trying to help me get sorted. I am doing well in my new employment; my housing situation is more stable and having a debt management plan organised and overseen has improved my mental health and I feel less stressed now that I have support in place.

11 Discussion

11.1 Summary of findings

The Transition project aimed to deliver transformational change that wasn't currently available to overcome barriers that prevent care leavers from thriving. The project:

- enabled Kibbleworks (social economy organisation) to widen its role in supporting those at risk of worklessness, poverty and homelessness, through direct support from a newly founded team of Transitions Advisors.
- provide support to care leavers to sustain employment, education and tenancy and to encourage positive participation in society.

As shown by the findings, participants who sought support saw an increase in their ability to manage key areas of living independently, this was consistent across all factors measured in both baseline and final self-assessments. The case notes revealed that typically education, employment and tenancy were factors which tended to be affected by the remaining key factors (health and wellbeing, mental health, cooking and eating well, debt management and benefits entitlement. In addition, the case notes revealed that while legal issues and medical registration did not appear to cause issues with education, employment and tenancy directly; a lack of access to resources in these areas were detrimental to factors such as mental health, thereby indirectly affecting education, health and tenancy. Indeed, many participants openly discussed that mental health issues such as anxiety and depression were barriers to attendance in education and employment placements. The increase in self-assessment scores observed by those seeking support suggests that engaging with the Transitions team did allow young care leavers to progress with independent living by increasing participants experience, skills and knowledge relevant to the necessities of living independently through the provision of supports. Indeed, the participant testimonials indicate a common lack of knowledge in these areas with many participants stating they were unsure where to seek support as a care leaver.

Around 66% of care leavers in the UK are employed by age 30 compared to 82% of their non care experienced peers (Cameron et al. 2018). This high rate of employment despite the challenges care leavers face suggests higher rates of employment may be achieved if additional support is invested into young care leavers to support them in their transition into independent living and adulthood with new responsibilities and challenges which their non care experienced peers may not face.

As discussed, in the introduction many young care leavers face challenges when moving onto independent living which cause discrepancies in the success of independent living by comparison to their peers. While no comparisons were drawn with peers in the report the areas in which the literature indicated were problematic were those focussed on by the Transitions team whilst providing support to young care leavers. While financial challenges were often easily overcome by the Transitions team through provision of information regarding bursaries, benefits applications and signposting to debt management specialists it became evident that young care leavers were often unaware of the financial supports potentially available to them.

Mental health and social isolation were also seen to be barriers to successful independent living with Transitions Advisors signposting participants to support groups and counselling services. In both of these areas those in education were found to be at an advantage by comparison to those out with education due to having readily available access to university or college provided student services inclusive of access to both financial advice and aid as well as counselling services.

11.2 Limitations

While the Transitions team were able to assist with most of the issues faced by young care leavers the advisors faced significant limitations. These included:

Travel Expenses for Young People

While we were able to reimburse project staff travel expenses, we were not able to do so for young people. On occasions this meant, although young people may have been willing to meet with the team or take part in activities, they were unable to do so because they did not have money to cover transport costs. While most times, the Transitions Advisor could travel to the young person this posed problems for events that were being held in a central location as participants came from varied distances and locations.

Supporting Young People to Sustain Tenancies

One of the project targets was to support 40 young people to sustain tenancies for a year. However, through the course of our work, it became apparent that care leavers were not moving directly into tenancies and instead were transitioning from care via other routes. While we supported over 40 young people to develop the skills and experience to manage a tenancy, the fact that young people were not moving directly into tenancies impacted on our ability to achieve this specific target. Some young people moved into supported accommodation first, not directly into their own tenancy. Therefore, the focus was on providing them with help at this stage of their journey and ensuring when it was time for them to consider their own tenancy that they had developed the appropriate knowledge and skills prior to moving on. We anticipate this will provide a foundation which we hope will reduce the number of negative transitions which may result from a failed tenancy.

Lack of Confidence

Lack of confidence was an issue for many of the young people we supported and this did have an impact, including on our target to support 40 young people with cooking on a budget. The overall figure we were able to support was slightly lower than initially anticipated. While there are a number of free, community cooking classes, the feedback we received from young people was that they weren't comfortable going into a group setting with people they didn't know. In addition, our face-to-face tutorials were stopped prior to the end of the project due to the onset of COVID-19.

Once the advisor had built up a relationship and rapport with the young person they were supporting, the young people would feel more confident in attending sessions. However, it took time to encourage them to move outside their comfort zone and attend the project classes. We also posted online tutorials via Facebook which were always very popular and enabled young people to learn at their own pace in their own environment. These focused on low cost, easy to make recipes with everyday ingredients. These posts consistently attracted large volumes of people e.g. one of our posts reached 1238 people and had 470 engagements.

Changes in Personnel

A further limitation to the team's success was the variability of staff involved as young people at times were assigned a new Transition Advisor due to changes in personnel which may have affected the relationship between young people and the service due to disrupted rapport building.

COVID-19

The final limitation to highlight surrounds the impact of the COVID-19 outbreak. With the project coming to an end, the Transitions team had planned to host a final dissemination event in which young care leavers and key stakeholders could come together to engage in a presentation and event to mark completion of the programme. This event would have been a final opportunity to ensure each young person had the contacts and information necessary to access support in the future. This information was instead provided via remote communication; however, the social inclusion and participant feedback aspect of the event could not be adequately replicated while social distancing regulations were in place.

With these limitations in mind any future bid for funding of a similar project should address; the lack of finance available to young people which might prevent them in engaging with activities. In addition, future bids should consider further, innovative ways to promote the value of providing regular support with social inclusion.

11.3 Sustainability

As the project drew to a close, the Transitions team focused on ensuring young people were comfortable with alternative options for support. This included making introductions to organisations that would offer key support and helping the young people to build these new relationships. This ensured a gradual transition of support reducing from the Transitions project and young people being confident to independently seek help themselves.

The overall exit strategy for the project is rooted firmly in the results of delivery. Indeed, the experience and learning we've undertaken during this project will help to shape the direction of future support offered to those transitioning to independent living. The in-depth analysis contained within this paper will also serve as supporting evidence in future funding bids that we may undertake to further develop and grow support in this area.

We also anticipate that this research will have a wider impact in supporting growth of the social economy. It will serve as a valuable resource for other organisations looking to undertake similar work in other geographical areas, eliminating some of the initial groundwork which would normally be required.

11.4 Conclusions

The aim of the fund was to grow capacity, develop new models of working and create a new service for those young people who are facing disadvantage. We achieved this through the recruitment of a new team to Kibbleworks to deliver new approaches and activities to support young people to overcome barriers to help them achieve and sustain positive destinations.

Through signposting and support we helped young people as they transitioned to independence. The team bridged the gap for care leavers, who went from receiving intense levels of support to finding themselves having to tackle everyday tasks and situations they've never had to deal with before. Without the help of the team, these challenges could have been overwhelming and have had an impact on other areas of life e.g. mental health and wellbeing, sustaining a job, being able to pay bills and rent, cook a healthy, nutritious dinner. Care leavers face major changes to their life and many aren't equipped to deal with this on their own, therefore it's imperative that support is offered before, during and after transition to safeguard the future of more young people.

The evidence provided in this report supports the conclusion that care experienced young people are significantly disadvantaged by comparison to peers due to their circumstances, however, the findings also suggest that through the provision of easily accessible support these gaps can be narrowed allowing young care leavers to build up skills and knowledge to move on to support themselves in a sustainable manner. The report supported the Transition team's original provisions structure with each of the key areas identified being observed to be areas in which many participants both required support and we were able to improve their circumstances through access to such help.

For Kibble's purposes, this report serves as a useful starting point to discuss the viability of continuing to offer such a service long-term. This report will be instrumental in determining whether we progress this service and the way in which we do it, as we open discussions on the viability of continuing to offer this support as part of mainstream provision.

Moving forward, the emphasis needs to be around the preparation work undertaken with the young person who is preparing to leave care. This must include the young person being given time to build up relationships with new support workers coming into their life. Indeed, the potential costs of not funding such a service will be a factor e.g. the associated costs of supporting someone who is NEET, or financial implications for community safety.

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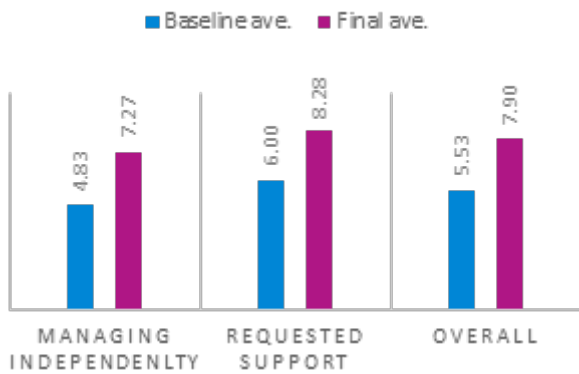
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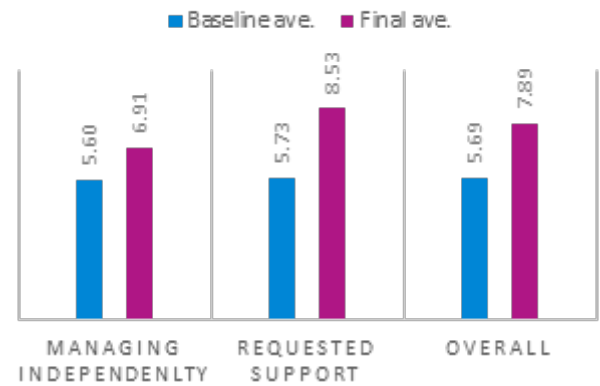
13 Appendices

13.1 Appendix 1: Overview of progress in key areas

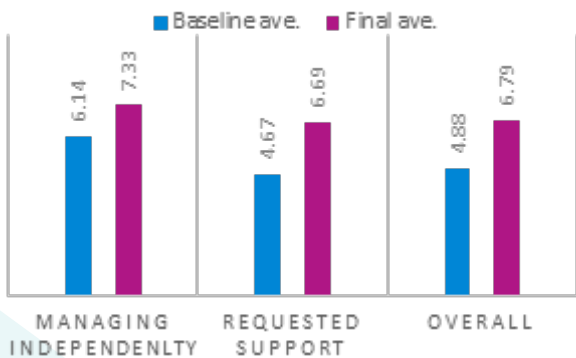
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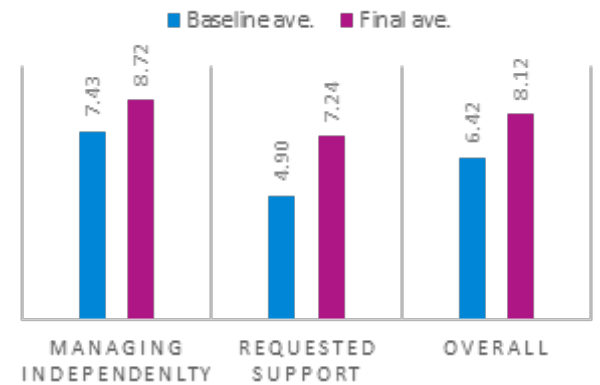
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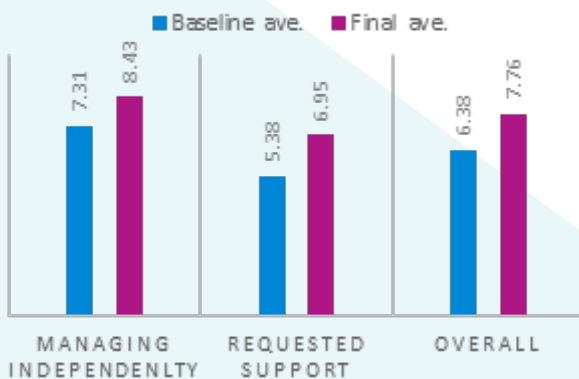
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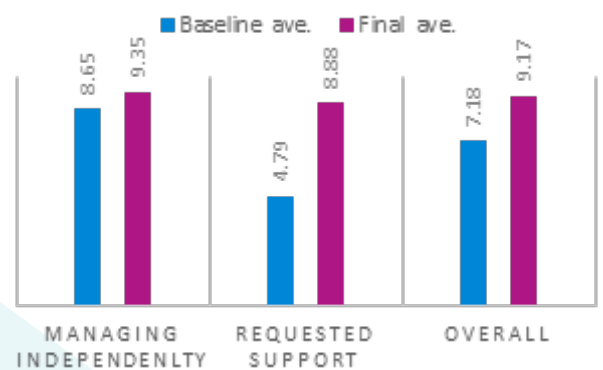
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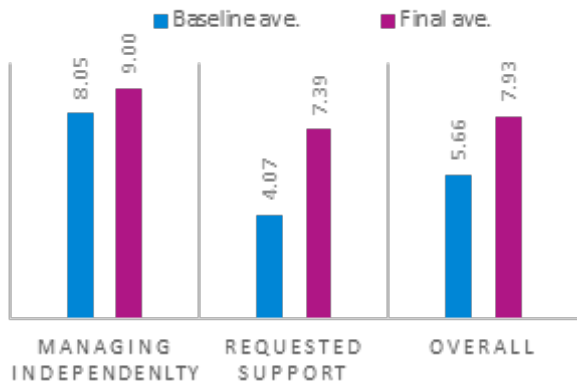
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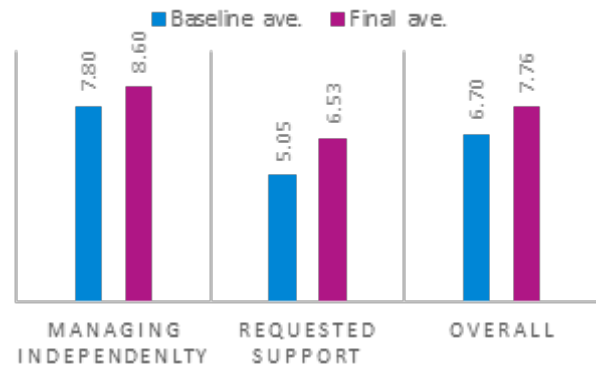
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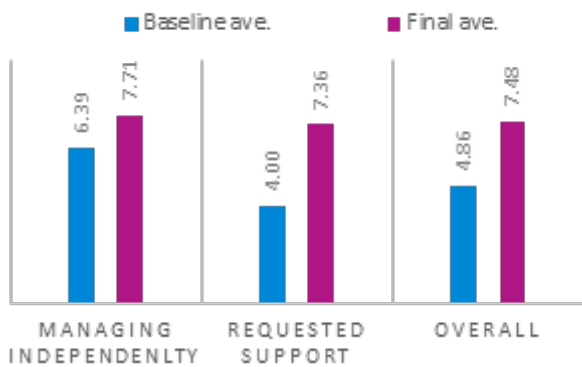
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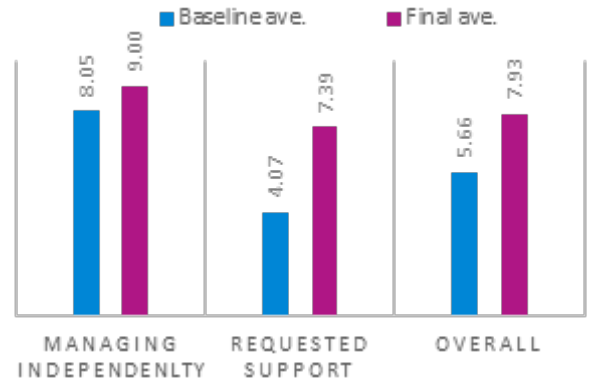
Cooking and Eating Well



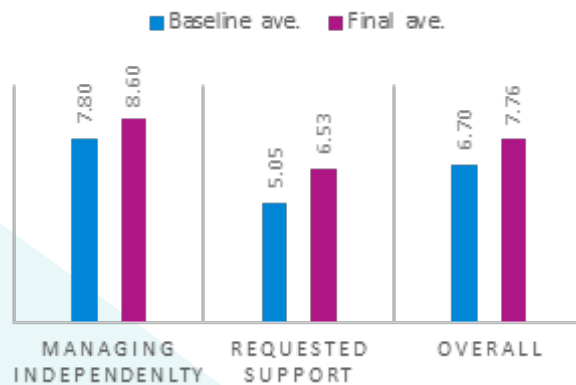
Benefits Entitlement



Debt Management



Cooking and Eating Well





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