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Minister for Capital Metro
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Ms Joy Burch MLA
Chair
Standing Committee on Health, Ageing, Community and Social Services
Legislative Assembly for the ACT
London Circuit
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Dear Ms Burch

Thank you for the opportunity to provide a submission to the Standing Committee's inquiry into youth suicide and self-harm in the ACT.

Mental health promotion and treatment, and suicide and self-harm prevention are priority issues for the ACT Government.

On behalf of the ACT Government, I am pleased to provide a Submission.

Input was sought from across all ACT Government directorates and has been incorporated into this submission.

I look forward to reviewing the findings of the Standing Committee on this important matter.

Yours sincerely

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Minister for Health

13.4.16

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The Legislative Assembly for the
Australian Capital Territory

ACT Government Submission to the

Standing Committee on Health, Ageing, Community and Social Services

Inquiry into Youth Suicide and Self Harm in the ACT

ACT Government and Commonwealth Government roles and responsibilities in regard to youth mental health and suicide prevention, particularly in relation to the recently announced Commonwealth response to the National Mental Health Commission Report and the mental health and suicide commissioning role for the Primary Healthcare Networks as it affects the ACT.

In relation to mental health services, broadly state and territory governments are responsible for tertiary health services – that is hospital and hospital related services. The Australian Government is responsible for primary health services – mainly provided by GPs and to a lesser extent some services provided by allied health professionals such as psychologists, social workers and mental health nurses. Both state and territory governments and the Australian Government provide and fund health promotion education and services. Both state and territory governments and the Australian Government fund community sector services that work across the spectrum of interventions from health promotion and education to services that interface with hospital systems.

In relation to suicide prevention services, both state and territory governments and the Australian Government fund and provide suicide prevention services.

Please note that mental health services are also suicide prevention services, either through directly working with people displaying suicidal behaviour or by preventing or treating mental illness which is a significant contributing factor to suicide risk.

Please also note that the National Mental Health Commission Report: *Contributing Lives, Thriving Communities - Review of Mental Health Programmes and Services* (the Review) was completed without input from the States and Territories. As such the Australian Government's response (the Response) is a based on a report containing incomplete information.

The Response acknowledges the existence of duplication and siloed implementation in relation to child mental health services, and the need for better targeting and integration of services.

The Response states that children need supportive school and family environments and that children at heightened risk of mental illness and their families and carers need to be able to access appropriate health and broader social support services.

The Response also highlights the need for support of mothers who may experience mental illness in the perinatal period.

The Response identifies the National Framework for Protecting Australia's Children as a key document in framing the Government's responsibilities in child mental health.

In the Response, the Australian Government advocates:

- A single integrated end to end school based mental health programme which will support promotion and prevention activity and help to build resilience skills – based on the existing Mindmatters and Kidsmatter programs.
- Greater access for children to telephone and web-based information and advice.
- An initiative to strengthen the child mental health workforce.
- A partnership approach between clinical and non-clinical services that work with children experiencing mental illness.

In respect of youth mental health services, the Response acknowledges the need for better coordination between Australian Government funded services, state and territory services, and broader primary care and social support services.

The Response indicates that the Headspace service is valued and will continue, but that the early psychosis service (also part of Headspace) should be broadened to include early interventions for all types of severe mental illness.

In the Response, the Australian Government commits to:

- Trial a specialised employment service for young people with mental illness.
- Integrate Headspace services with other services in their region.
- Support young people impacted by substance abuse.
- Explore the use of existing funding to provide early intervention services to young people with or at risk of severe mental illness.

In respect of suicide prevention, the Response calls for a redesign of suicide prevention efforts to end duplication between states and territories, and the Australian Government and develop a whole of community approach.

In the Response, the Australian Government commits to:

- Provide national leadership.
- Provide evidence based population level activity and crisis support services.
- A regional approach to the design and delivery of suicide prevention services.
- A renewed focus on indigenous suicide prevention.

- Work with state and territory governments to ensure effective follow-up and support is available for people who have attempted suicide.

- Better measuring suicide and suicide prevention targets.

Following the release of the Response, the ACT Primary Health Network, Capital Health Network (CHN) has taken on new responsibility for implementing the Australian Government's mental health and suicide prevention agenda. ACT Health have had a series of preliminary meetings with CHN to discuss the process for working together to develop a mental health and suicide prevention system to meet the needs of the whole community. Given the early stage of discussions it is not yet clear how the future system will eventually be configured.

In addition to the formal mental health system, there is significant work done by the ACT Government across the range of human services.

The ACT Community Services Directorate (CSD) has responsibility for a wide range of human services in the ACT. These services include:

- early intervention services targeted at vulnerable or at-risk children aged 0 to 12 years.

- services for vulnerable and at-risk children, young people and their families.

- child protection services.

- case management and supports for young people aged 10 to 21 years involved in, or at risk of involvement in the youth justice system.

- disability services.

- Aboriginal and Torres Strait Islander services.

- housing and homelessness services.

- community services, including multicultural affairs, the arts, older people and women.

- community disaster recovery.

CSD specialises in promoting participation and delivering high-quality services to the most vulnerable people within our community. The Directorate is committed to keeping vulnerable children and young people safe and supporting them to flourish and make valued contributions to our community.

The ACT Children and Young People Death Review committee conducts independent review of the deaths of children and young people (under 18 years) in the ACT. Functions of the Children and Young People Death Review Committee are specified in the *Children and Young People Act 2008*. These functions are to:

- keep a register of deaths for children and young people who reside in the ACT, or who die in the ACT.

- identify patterns and trends in relation to the deaths of children and young people.

- undertake research, or identify areas requiring further research, which assist in preventing or reducing the likelihood of death for children and young people.

- make recommendations about legislation, policies, practices and services for implementation in the ACT (government and non-government).

- monitor the implementation of committee recommendations.

- report to the Minister for Children and Young People annually about:
  - the number of deaths
  - the age, gender, and involvement of the deceased with child protection services
  - pattern or trends identified in relation to deaths.

- any other function given to the committee.

This process aims to contribute to preventing future deaths of children and young people by identifying trends and areas of risk and ensuring appropriate legislative, policy and professional practice responses.

Work is underway at a national level to develop a national child death and injury database. When established, this initiative will benefit the ACT government and professional agencies by enabling the ACT to compare and contrast the success of other jurisdictions' initiatives (by assessing their impact on trends and rates of child and youth death or injury) and to further improve CSD's policies and practices.

CSD provides information to the Productivity Commission for the *Report on Government Services* (ROGS) in relation to the rates and incidents of self-harm and suicide attempts of children and young people in custody on an annual basis. The high levels of monitoring, detailed incident reporting and record keeping practices that exist within a custodial environment support the timely identification and recording of this behaviour. Accurate and consistent reporting of this information across jurisdictions requires regular review by the Juvenile Justice Research and Information Group to ensure consistent interpretation and application of relevant counting rules. Despite undertaking these measures, current data in ROGS is not comparable across jurisdictions due to variations in the defining, recording and measuring of self-harm and suicide incidents. Jurisdictions are working to address these issues.

Any gaps or duplicate roles and responsibilities

As identified in the Response, there are both gaps and areas of duplication in mental health and suicide prevention services in Australia. The Response agreed with the review that there are significant gaps in mental health promotion and mental illness, suicide and self-harm prevention and early intervention. The Response also agreed with the review that while in general individual programs are effective, because of diverse funding arrangements and expectations of program outcomes between the Australian Government, state and territory governments and charitable efforts, there is a lack of coordination of effort across the mental health and suicide prevention service sector. These results are true for the ACT as they are for the whole of Australia.

Mental health and suicide prevention services in the ACT are delivered by a mix of providers.

GPs and allied health staff such as Social Workers, Mental Health Nurses and Psychologists work in the primary health domain which includes mental health. Primary health is an Australian Government responsibility and is funded through the Australian Government.

The ACT has a single private psychiatric facility – Hyson Green, operated by Calvary Health Care ACT.

The ACT has a diverse range of community sector mental health and suicide prevention services. Some community sector mental health and suicide prevention services are ACT Government funded, some are Australian Government funded and others operate on funds derived from charitable donations.

The ACT Government provides a comprehensive suite of public mental health services which also work to prevent suicide.

Whether there are unique factors contributing to youth suicide in the ACT, taking into account the small number of young people who have died by suicide in the ACT in recent years, and the impact public investigation may have on families and close friends, that can be identified through submissions and expert witnesses

There is insufficient evidence to say if there are unique factors driving youth suicide in the ACT.

Research into suicide across the whole age spectrum in the ACT is currently being undertaken by the ACT Health, Academic Unit of Psychiatry and Addiction Medicine, based at the ANU Medical School at the Canberra Hospital under the supervision of Professor Beverley Raphael. This research will be completed and a report will be made available by the end of 2016.

The latest Causes of Death report (for 2014) from the Australian Bureau of Statistics (ABS) states that in the ACT, in the period 2010 -2014, six people aged between 5 – 17 years died by suicide. This is a rate of 2.1 deaths per 100,000 population and is marginally lower than the Australian average of 2.2. This report does not provide any insight into factors contributing to youth suicide.

Four other major reports concerning youth mental health, suicide and self-harm in Australia have been released in the last two years:

- The National Children's Commissioner's Children's Rights Report 2014 (October 2014) contains the findings of an examination conducted by the Commissioner into the protection of children (under 18 years) from intentional self-harm, with or without suicidal intent.

- The Australian Institute of Health and Welfare (AIHW) report *Suicide and Hospitalised Self-Harm in Australia: Trends and Analysis* (December 2014), provides information about trends in hospitalised self-harm over the period 1999-2000 and suicide over the period 1921-2010.

- The *Mental Health of Children and Adolescents - Report of the Second Australian Child and Adolescent Survey of Mental Health and Wellbeing* (August 2015) produced for the Australian Government, Department of Health, provides information and analysis on child and youth mental health including self-harm and suicidal behaviour as well as associated problems.

- The Orygen Youth Health: The National Centre for Excellence in Youth Mental Health report, *Looking the Other Way: Young People and Self-Harm* (March 2016) summarises the available data on youth self-harm in Australia and current governmental responses. The report suggests a series of actions to be taken to enable a joined-up systemic response.

Other than the ABS and AIHW reports in relation to suicide, all of the above reports address the issues of youth mental health, suicide and self-harm at a national rather than jurisdictional level. Taken together, the reports suggest that at a national level there has been an increase in the rates of mental ill-health, suicide and self-harm in young people in Australia, particularly in young women and also in vulnerable groups such as Aboriginal and Torres Strait Islander people, Lesbian, Gay, Bisexual, Transgender and Intersex people and people in detention. The reports also suggest that stigma is a significant barrier to help seeking and that health promotion, education of the community and health professionals, better coordination of services and more focus on early intervention may be fruitful ways to combat the issues of mental illness, suicide and self-harm.

In relation to public investigations, the ACT Chief Coroner has called for greater resources to be directed towards the Coroners Court to allow timely finalisation of coronial investigations, including calling for a dedicated coroner and dedicated pathology services.

People bereaved by suicide in the ACT have access to a dedicated Coronial Counselling Service provided by Relationships Australia and funded by ACT Health.

Australians including ACT residents also have access to support following a suicide through the Australian Government funded Standby Support Service, provided in the ACT by Supportlink.

ACT government-funded services, agencies and institutions, including schools, youth centres, and specialist housing service providers' role in promoting resilience and responding to mental health issues in children and young people

The ACT Government's Child and Adolescent Mental Health Service (CAMHS) is the main public mental health service that addresses the needs of children and young people in the ACT.

CAMHS is a tertiary mental health service that responds to children and young people who present with moderate to severe mental health issues by providing specialist assessments, therapeutic interventions and clinical case management. CAMHS aims to assist children and young people and their families and or carers in the reduction of clinical symptoms and improvement in their level of psychosocial functioning.

CAMHS provides education to, and consultancy and collaboration with other services that work with children and young people.

CAMHS also offers specific intensive treatment services which include the Cottage Day Program, Eating Disorders Program, Early Intervention (Psychosis) and the Dialectical Behavioural Therapy (DBT) Program

The difficulties CAMHS help with include:

- Depression
- Anxiety and Phobias
- Early Onset (first episode) Psychosis
- Bipolar Affective Disorder
- Obsessive Compulsive Disorders
- Suicidal and self-harm behaviours
- Eating Disorders

A new initiative within CAMHS is the childhood mental health early intervention program. This program provides secondary consultation to key stakeholders offering in-reach to primary health, education and child and family centres for the early identification and treatment of children who are at high risk of developing a mental illness. The program also provides a therapeutic group-work program in partnership with the Education Directorate to address the needs of primary school children who have emerging serious mental illness and or disorders. The program is co-located at the Tuggeranong Child and Family Centre.

ACT Health also funds a variety of community sector organisations to provide mental health services and or promote resilience in children and young people:

- **Barnardos Australia** provides respite care for children of parents with a mental illness and for children with a mental illness through school holiday camps and programs, and daily respite programs.

- **Belconnen Community Services** provides mental health resiliency training, support and referral for vulnerable children and young people and their families through their Bungee program.

- **Beyondblue** is in the process of selecting a local organisation to deliver its Way Back Support Service. The Way Back Support Service will provide time-limited, non-clinical support and education to people who have attempted suicide and their families, and connect them to appropriate supports to reduce the risk of suicide.

- **The Brindabella Women's Group** is a mental health promotion and self help support group targeting mothers in the early infant period.

- **CatholicCare** provides a high level fully supported youth special care accommodation and outreach support service and the Adolescent (13 –17 year olds) 24-hour step up/step down supported accommodation and outreach program.

- **The Gugan Gulwan Youth Aboriginal Corporation** provides an early intervention youth outreach program to provide support and advice to vulnerable Aboriginal and Torres Strait Islander young people experiencing mental ill-health and/or emotional well being problems.

- **KidsMatter and MindMatters** are national programs for primary and secondary schools that enable individual schools to develop their own mental health strategies to help children and young people to improve their mental health and wellbeing. In the ACT KidsMatter and MindMatters are supported by ACT Health and the Education Directorate.

- **The Majura Women's Group** is a mental health promotion and self help support group targeting mothers in the early infant period.

- **Marymead** provides Circle of Security, a wellbeing promotion and early intervention therapeutic program based on strengthening attachment in vulnerable families with young children.

- **Mental Illness Education ACT (MIEACT)** provides information and education about mental illness and the maintenance of mental health, targeted to students of secondary schools, colleges, and youth groups/agencies.

- **The Mental Illness Fellowship** provides the Young Persons (18 –25 year old) 24-hour step up/step down supported accommodation and outreach program.

- **The OzHelp Foundation** provides information about mental illness, alcohol and drug issues, maintenance of mental health and early intervention for mental illness as well as counselling and crisis management targeted to building industry workers and apprentices.

- **Post & Ante Natal Depression Support and Information (PANDSI)** provides self-help groups to support and provide information to women and their families suffering from ante and/or postnatal mental illness.

- **Youth in ACTion for Suicide Prevention** is a youth led suicide prevention group that promotes wellbeing and self-care in young people in the ACT through education, social media and innovative health promotion events.

The Education Directorate operates a number of programs aimed at promoting resilience and responding to mental health issues in children and young people. Among the programs are:

- **Social Emotional Learning in the classroom**: Social and Emotional Learning (SEL) is the process through which students acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage their emotions, set and achieve positive goals, understand and show empathy for others, establish and maintain positive respectful relationships, and make responsible decisions.

- **Mental Illness Education ACT (MIEACT)**: The Education Directorate partners with MIEACT to deliver a program for older secondary students to address mental illness related stigma and help seeking behaviours.

- **MindMatters and KidsMatters**: The MindMatters and KidsMatter programs provide a universal approach to primary prevention and early intervention, utilising a whole school approach to promote resilience and better mental health outcomes for students.

- **Conversations for Life**
  Conversations for Life training provide high quality; school specific suicide prevention training to all high school and college staff. The 3 hour training will equip teachers with the knowledge to identify those students very early on, who may in time become a risk to themselves. This is an early intervention approach that intents to prevent suicide by identifying and supporting student who have early indicators of risk before mental health difficulties become entrenched.

- **headspace School Support Services: Postvention**

  headspace postvention School Support Services is an Australian Government funded program to support secondary schools to develop suicide postvention plans and to

provide support in the medium and long term to schools after a suicide. The postvention plan provides guidance for school leadership in dealing with the whole school community (including parents) as well as particular groups and individuals in the event of a suicide. headspace staff will also work with senior school psychologists in providing advice and guidance to the school leadership immediately after a suicide. headspace staff will not provide direct support to staff and students, this support will continue to be provided by the school counselling service for students and EAP for staff.

- A Suicide Postvention Toolkit – A guide for secondary schools is available at: http://www.headspace.org.au/what-works/school-support/resources

The Toolkit will assist secondary schools in planning and managing their response to a completed, attempted or suspected suicide within the student community. The Toolkit includes information for parents.

- ***STORM**

STORM® (Skills-based **T**raining **o**n Suicide **R**isk **M**anagement for Secondary Schools**)** is provided by headSpace School Support Services. This two day training is targeted at school student welfare/services and leadership staff and provides them with the skills to respond to an at risk student who is contemplating suicide. The training is evidence based and has been shown to increase skills and confidence in participants to effectively identify and respond to thoughts of suicide in young people.

School Psychologists working in colleges, high schools and in some primary schools have completed the training.

- **Ambassador's Program**

AFFIRM is an organisation established to better understand, treat and prevent mental health. In 2011, AFFIRM established a Youth Ambassador Program in ACT secondary schools. Expert researchers and clinicians from the ANU Centre for Mental Health Research advise on the development of the program.
Since 2011 more than 58 Youth Ambassadors representing 26 secondary schools have taken part in the program.

The role of the Youth Ambassador is to:

1. raise awareness in young people in schools about mental health and the need to seek help early
2. establish a culture of positive mental health through stigma reduction activities

The program involves three key strategies:

1. provide a consistent presence in schools to raise awareness of youth mental health, encourage help seeking behaviour, and reduce stigma about mental health
2. develop leadership skills in young people around mental health

3. provide training and support to the Youth Ambassadors

The Education Directorate also operates a suicide prevention strategy to support school communities in the ACT.

The Education Directorate's Suicide Prevention, Intervention and Postvention Strategy for supporting school communities is based on a model advocated by Suicide Prevention Australia and is consistent with the ACT Mental Health and Wellbeing Framework. The approach provides direction on the focus of particular prevention, intervention or postvention strategies. This approach ensures that all interventions across three levels are integrated and support each other. The three levels are:

- **Universal Level:** Universal programs focus on all members of the ACT community or members of the whole school community. Such programs typically focus on delivering a community message or developing problem-solving, resilience and coping strategies. Universal approaches are used in schools.

- **Selected Level:** Selected interventions focus on particular groups of at risk students or staff who come into contact with these students. At this level the intervention responses have often involved school staff in identifying students at risk and the taking of appropriate action to assist such students and referring such students for professional help either within or outside the school.

- **Targeted Level:** Targeted interventions are those that focus on individuals at high risk, or who are exhibiting the early signs of mental health problems or suicidal behaviour. Such interventions are designed to reduce the level of risk and promote adaptive functioning through specific skill building and social and environmental restructuring.

The Justice and Community Safety Directorate endorses a robust response to cyber-bullying, which has significant impact on the mental health and wellbeing of children and young people, as part of its input to the National Cybercrime Working Group and also supports the appointment of a Children's e-Safety Commissioner to ensuring the rapid removal of cyber-bullying material from large social networking sites and the accrediting/evaluation of cyber safety schemes.

The Justice and Community Safety Directorate also supports the Restorative Communities Network. Among other projects the network is focusing on restorative practices in schools as a way of promoting:

- The use of restorative practices to respond to bullying as bullying is often associated with victims feeling a level of hopelessness and isolation that can lead to self harm and suicidal ideation.

- Non-punitive classrooms - using circles to ensure all students feel included and safe to have a voice in day to day interactions at school.

- Students learning how to articulate their needs (including safety needs).

- Boys being able to value interpersonal relationships and attain emotional empowerment.

- Students' ability to effectively manage conflict and promote peaceful relations.

CSD provides a range of human services to youth in the ACT many of whom are vulnerable to mental illness, suicide and self-harm.

Children and young people engaged with CSD are supported to access effective mental health care whether they are located in custody, out of home care, respite care or living in the community. CSD is committed to providing a holistic service response to children and young people that addresses health and welfare needs, in addition to any statutory requirements relating to criminogenic and child protection factors.

Within CSD, staff receive 'Applied Suicide Intervention Support Training' and 'Safetalk' training. In times of crisis, staff access and request support from the Mental Health ACT Triage and Crisis Assessment and Treatment Team and emergency services to ensure an appropriate response to immediate threats of self-harm and suicide. Staff also encourage young people to access national help and counselling services Kids Helpline and Lifeline (dependent on age) for additional 'out-of-hours' support.

Services provided by CSD to support children and young people include:

- a Trauma Recovery Centre, 'Melaleuca Place' provides trauma-informed therapeutic services to children aged 0 to 12 years, who present with issues including emotion dysregulation, severe impulsivity, impaired relationship functioning, high levels of aggression and suicidality. Work is being undertaken with children in the context of their care and support networks using trauma and attachment informed interventions, including individual, relational and systemic practice that supports recovery. The Trauma Recovery Centre framework for practice and its outcomes may have long term beneficial effects in mediating dynamic and static risk factors of self-harm/suicidality, as well as the development of adaptive coping skills to manage stressors and relationships into adulthood.

- Child and Family Centres work with children (0 to 8 years) and their families to improve health and wellbeing, through a focus on early intervention and prevention. A range of universal and targeted services based on the needs of children and their families are provided in multiple centres across the ACT and on an outreach basis. Program areas include parenting groups and support, case management for families, therapy programs for children, and health and antenatal programs and clinics.

- CSD is implementing *A Step Up for Our Kids* (Out of Home Care Strategy 2015-20) which aims to improve outcomes for vulnerable children and young people and their families who have contact with the child protection and out of home care systems. It

strengthens existing child protection and out of home care services by introducing new services and reforms to ensure children and young people receive protection when needed. The strategy aims to create a therapeutic and trauma-informed system and strengthen high risk families. In addition, under *A Step Up for Our Kids* carers can now continue to access carer subsidy payments for young people aged 18 to 21 years, extending the continuum of care for young people and supporting a gradual transition to adulthood.

- When children and young people are held in custody at Bimberi, the admissions process requires all children and young people to be assessed by Justice Health and Forensic Mental Health Services within 24 hours of entry. Trained and qualified psychologists, psychiatrists, social workers, nurses and doctors are employed to undertake assessments and to make recommendations to Bimberi's management team about the level of support provided to a child or young person. Assessments are regularly reviewed (routinely and in response to critical incidents) and the level of monitoring provided to children and young people is varied according to the level of risk they pose to themselves or others. In addition, these children and young people are supported to maintain pre-existing professional relationships with community service providers to promote continuity of care.

Programs providing broad support to Aboriginal and Torres Strait Islander children and young people who engage in the range of intentional self-harm and suicidal behaviours include:

- Cultural Services Team - provides support to children, young people, families and carers who have been referred to the program, assists with appraisals, home visits and Aboriginal and Torres Strait Islander cultural plans. The team also works with high risk young people who are involved in the criminal youth justice system. The program delivers family support services where required to vulnerable children and their families in Jervis Bay, including the Wreck Bay Aboriginal Community.

- Integrated Service Delivery for Aboriginal and Torres Strait Islander Peoples - offers assistance to Aboriginal and Torres Strait Islander families with issues such as health, education, unemployment, domestic violence, and living and parenting skills. The program seeks to establish sustainable partnerships with the local community, government and non-government organisations to provide culturally appropriate support services to vulnerable Aboriginal and Torres Strait Islander families in the ACT.

A program for multicultural youth is also available:

- The Multicultural Youth Service works collaboratively with CSD staff to appropriately engage and support children and young people in need of mental health and other wellbeing support.

There are also a number of supports available for young people in the housing and homelessness area, including:

- The Youth Emergency Accommodation Network (YEAN) provides emergency accommodation to young people who are homeless or at risk of homelessness. The YEAN provides support to young people experiencing crisis where all other accommodation options have been exhausted. The service focuses on the immediate safety and support needs of the young person and offers practical support on arrival including the provision of clothing, bus tickets and phone cards, in addition to supporting the young person to access Centrelink payments and education options.

  The network continues to operate in Belconnen, North Canberra, Tuggeranong and Weston Creek, with each site containing a cluster of three houses. It works collaboratively with the other youth housing and homelessness services to increase the young person's living skills and confidence to live independently.

- The Youth Housing program assists young people to sustain a long term tenancy and to engage with education, employment and the community. Housing ACT employs three youth housing managers who work with the young people from their initial contact through the application and allocation process and on to tenancy management.

- Our Place - Youth Integrated Education Accommodation Service provides medium term supported accommodation to young people aged 16 to 21, who are either employed or studying and who are homeless or are at risk of homelessness. The service provides support to young people to further their careers and gain independence, with the goal of transitioning into affordable, private accommodation. A 'foyer like' model is utilised to provide a supportive educational and accommodation service.