Understanding young people's development: a guide for homelessness services

Contents

Introduction

The transition from adolescence to adulthood is a critical period of change and development for everyone. Young people are going through a key stage of physical, cognitive, social, and emotional development, while also navigating shifts in various areas of life, including education, employment, relationships, and independence.

This life stage can be exciting, but also challenging. For young people experiencing homelessness the challenges are exacerbated. In family life, transition to adulthood is understood as a process, not a single event. In comparison, for young people who find themselves homeless their transition into adulthood can be accelerated and abrupt.

This resource explores how practitioners and organisations can facilitate safe shifts into adulthood. It considers how brain development and the impact of trauma on the developing brain may affect a young person's needs and behaviour, and how practitioners may adapt their practice to be respectful of these needs. We also consider the experiences of young people within systems, and how we can mitigate against further systems failures, and the trauma of experiencing insecure housing.

Why it's important.

Youth homelessness is not just about a loss of stable housing, but a loss of a home in which young people are embedded in dependent relationships. When young people are cut off from natural support and social relations with caregivers, family, friends, and community, their experience of adolescence is interrupted. Evidence points to strong links between early experiences of homelessness and experiences of multiple exclusion homelessness in adulthood,[1] and the links between homelessness and increased vulnerability to abuse. [2]

Who is this resource for?

This resource has been developed to inform and support frontline practitioners and managers. It consists of information alongside reflective questions tools that can be used when supporting young people, drawn from external research and the Homeless Link report "We have a voice, follow our lead".[3]

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[1] Homeless Link (2019) Youth homelessness scoping report.

[2] Quilgars, D, Johnsen, S & Pleace, N (2008), Youth Homelessness in the UK: a Decade of Progress? Joseph Rowntree Foundation, York.

[3] Homeless Link (2021) We have a voice follow our lead. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/Young_and_Homeless_2020.pdf

Understanding the developing brain

The developing brain: adolescence to young adulthood

During adolescence and into young adulthood, the brain goes through a period of significant reorganisation, which helps improve, thinking, reasoning and emotional regulation.[4] Understanding these changes can help practitioners contextualise and understand the thoughts and behaviours of the young people they are working with.

The lower areas of the brain, which store memories and are responsible for survival instincts are remodelled first. Higher levels of the brain that influence communication, speech, planning and problem solving, and consciousness and thinking are remodelled last. The higher levels of the brain are also responsible for connecting up the lower areas (physiological and feeling), to the higher (thinking) areas of the brain. The pre-frontal cortex is often seen as 'social' and needs attuned relationships to develop optimally.[5]

The nature of these changes have a significant impact on young people's behaviour and decision making, and the choices they make. Young people process and respond to information differently to adults. This should underpin our expectations of young people, and the way services are designed and delivered so we can support them to reach their potential. Crucially, this is an important period of time where the "social" brain is in flux. Providing secure relational support during this period can have a significant impact in young people's lives.[6]

Hormones

Young people often go through hormonal changes during adolescence. Key differences are:

- Greater variation in serotonin levels- a hormone which is involved in mood stabilisation.
- An increase in the number of dopamine receptors- the 'reward' hormone
- Differences in the way melatonin- the sleep hormone- is activated.[7]

The developing brain
Upper areas including Cortex and Pre-Frontal Cortex. Responsible for: planning, communication, problem solving, regulation Develops last
Middle area or Limbic brain. Includes hypothalmus and amygdala Responsible for: Survival instincts, emotions, memories. Develops first.
Brain stem. Responsible for: physiological activity including breathing and heart rate Already developed at birth

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[4] Research in practice (2020) The Teenage Brain, available at: https://tce.researchinpractice.org.uk/the-teenage-brain/

[5] Page, D. & Swann, R. (2021). Therapeutic Parenting with PACE. Pavilion Publishing and Media Ltd

[6] Ibid

[7] Research in practice (2020) The Teenage Brain, available at: https://tce.researchinpractice.org.uk/the-teenage-brain/

Hormonal changes are complicated. They are often attributed as the cause of 'adolescent' behaviours such as mood swings. It is worth applying caution when interpreting the links between hormones and behaviour, particularly a cause-and-effect interpretation.

We can, however, reflect on how fluctuations in hormone levels may be linked to certain behaviours. For example, when dopamine levels rise in the brain, they push a person to seek out pleasurable experiences. As adolescent brains have more dopamine receptors, they may be particularly sensitive to rewards. Dopamine receptors have also been linked to seeking novelty. This may help us reflect on what we understand as 'risk-seeking/taking' behaviour.

Developmental trauma

Developmental trauma, sometimes called 'early trauma' or 'complex trauma', refers to the impact of early, repeated trauma and loss which happens within a child or young person's **important relationships**, for example their family or community. It is often the consequence of early experiences of maltreatment, neglect and loss.[8, 9] Early experiences of trauma affect brain development and can shape how children and young people process information and experience and view the world, and their value within it:

"We have learned that trauma is not just an event that took place sometime in the past it is also the imprint left by that experience on mind, brain and body. Trauma results in a fundamental reorganisation of the way mind and brain manage perceptions." Van der Kolk [10]

Complex trauma is relational in nature and can affect a person's capacity to develop positive, future relationships. It can particularly affect the way we perceive others, and whether other people are seen as safe, or dangerous. It is often associated with feelings of low self-worth, difficulty in managing or regulating emotions, memory and retention, and how a person connects with others.

While the impact of early/developmental trauma and the significant challenges young people face should not be understated, research has evidenced a range of possibilities to support young people and mitigate against the harmful effects of early trauma. Through working purposefully to provide the right support we can help young people to:

'Redraw their inner maps and incorporate a sense of trust and confidence in the future" Van der Kolk[11]

[8] Coleman, J., Hagell, A. (2022) Understanding the Age of Adolescence in Holmes, D. (ed). (2022) *Safeguarding young people, Risk, Rights, Resilience and Relationships,* (p.58). Jessica Kinsley Publishers
[9] Beacon House (2020), Developmental Trauma close up: Accessed 20/06/2023 https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf
[10] Van der Kolk, B. (2014) *The Body Keeps Score*, Penguin books
[11] Ibid

Adultification

What is adultification?

Adultification occurs when children and young people assume or are forced into adult-like roles prematurely. Davis and Marsh (2022) highlight the role of systems and institutions in upholding adultification:

'The concept of adultification is when notions of innocence and vulnerability are not afforded to certain children. This is determined by people and institutions who hold power over them. When adultification occurs outside of the home it is always founded within discrimination and bias." [12]

As Davis and Marsh go on to highlight, adultification bias reduces perceived vulnerability of a child or young person, which in turn affects the response to that young person at a systems level, and at an individual/service level:

There are various definitions of adultification, all relate to a child's personal characteristics, socio-economic influences and/or lived experiences. Regardless of the context in which adultification take place, the impact results in children's rights being either diminished or not upheld.'[13]

The effects of adultification bias play out at an individual level: a child or young person isn't offered age-appropriate support and their vulnerabilities and risks are overlooked or ignored. It is important to recognise, however, that biases around perceived vulnerability are developed and informed by systemic and structural discrimination.

Adultification affects children differently dependent on their personal characteristics and social backgrounds, and it's important to consider a child's intersectional identity[14] when considering how bias has affected the support and care they've received. We discuss this more later.

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[12] Davis, J., Marsh, M. (2022) The Myth of the Universal Child in Holmes, D. (ed). (2022) *Safeguarding young people, Risk, Rights, Resilience and Relationships* understand the age of adolescence, (p.122). Jessica Kinsley Publishers

[13] Ibid

[14] Developed by Kimberlie Crenshaw, intersectionality is a lens that allows us to understand multiple oppressions and identities for example race, sexuality, gender and disability and how they overlap and connect to affect someone's lived experience of discrimination. For example, a woman who identifies as a lesbian and had a physical health need doesn't experience sexism, disablism and homophobia separately and at different times. The discrimination she experiences will be rooted in the combination of these identities.

Why is it important?

Adultification is a useful lens through which we can explore a young person's experiences of services and institutions, prior to entering homelessness. It can help to:

- scrutinise the story we, as practitioners, have been told about a young person.
- challenge practice and advocate for a young person's rights
- support a young person to consider their own story and what they have been told about themselves by the adults around them.
- reflect on our own bias and assumptions and facilitate an intersectional approach to understanding a young person's experiences.

This can help identify young people's needs that haven't been acknowledged and recognise where a young person may not have been served by the organisations and institutions, they've had contact with throughout their life. This might include children's social services, schools and other education settings, prison, housing services and other voluntary sector organisations.

Adultification and youth homelessness

Before homelessness

Research has highlighted that early adultification within families can often be the catalyst to homelessness.[15] Early adultification could be a potential precursor to leaving home as well as an outcome of running away.

N.B. This can be particularly relevant for those children aged 16-17 who become homeless who are assessed by Children's Social Services and Housing Options. For further information on the legal rights of 16-17-year olds see our guidance.

> "I think what most people learn when they're in their 20s, I learnt in my teens. I struggle now in a different way. With friends, you're not as flexible and you're not as free. I sometimes want to be. I want to give myself that."
>
> Young & Homeless 2020 participant

During homelessness

The experience of homelessness often means young people's transition into adulthood is accelerated and abrupt, in itself. Young people are forced to assume roles and responsibilities, and a level of independence that their non-homeless peers usually don't have to hold.

This means the experience of homelessness in itself can be seen as a process of adultification. It is important we challenge our expectations of young people accessing services, and our assumptions around maturity and responsibility.

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[15] Schmitz, R. M., Tyler, K. A., (2017) Growing Up Before Their Time: The Early Adultification Experiences of Homeless Young People, Accessed 28/07/2023 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4797323/pdf/nihms-766279.pdf,

Race, adultification and discrimination
While adultification can impact all children, research suggest Black children are at heightened risk of experiencing this form of bias.[16] In the UK, racialised stereotypes of Black girls being seen as 'strong' and/or 'aggressive' often lead to assumptions that less support is needed. The notion of 'the strong Black woman' and the sexualisation of Black women has resulted in Black girls being seen as older than they are, which in turn result in their safeguarding needs being unmet after experiences of sexual assault and abuse. Racialised stereotypes also lead to the needs and vulnerabilities of Black boys being overlooked in safeguarding and support response. For example, safeguarding reviews have highlighted how criminal justice responses are employed against Black boys, as opposed to safeguarding responses.[17] We can see similar biases across different institutions for instance Black and marginalised children are underrepresented in Child and Adolescent Mental Health Services, however there is an overrepresentation of Black mental health patients compulsorily detained in adult services.[18]

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[16] Davis, J., Marsh, M. (2022) The Myth of the Universal Child in Holmes, D. (ed). (2022) *Safeguarding young people, Risk, Rights, Resilience and Relationships* (p.123). Jessica Kinsley Publishers

[17] Davis, J., (2022) Adultification bias within child protection and safeguarding, accessed July 2023: https://www.justiceinspectorates.gov.uk/hmiprobation/wp-content/uploads/sites/5/2022/06/Academic-Insights-Adultification-bias-within-child-protection-and-safeguarding.pdf

[18] Adebowale, V. (2018) Responding to the traumatic impact of racial prejudice in Bush, M. (ed) *Addressing Adversity* p.207 Young Minds Trust. Available at: https://www.youngminds.org.uk/media/cmtffcce/ym-addressing-adversity-book-web-2.pdf

Development, adultification and trauma informed approaches: putting the pieces together.

It is important to recognise that brain development happens at different times and different rates for every young person. It is not helpful to set uniform expectations of young people accessing services based exclusively on their age. As discussed, trauma can particularly influence how our brains operate in adolescence, young adulthood and beyond.

The window of tolerance

The window of tolerance is a tool that can be used to understand the way a person regulates and manages their emotions. It was first named by Dan Siegel's book The Developing Mind. The concept names three areas where we manage our emotions: the window of tolerance, hypo-arousal and hyper-arousal. In the 'tolerance' space a person can comfortably manage their emotions. Being within this space does not mean the absence of negative or anxious feelings; it instead refers to being able to cope with negative (and positive) emotions. People can swing out of their 'tolerance' window into dysregulated states: 'hyper arousal'- a fight or flight response, or into 'hypo-arousal'- a flop response. [19, 20]

Hyper-arousal	Fight, flight, freeze mode: feeling anxious, overwhelmed, frightened and angry. Thoughts can be overwhelming, chaotic, and intrusive. Behaviour can appear, aggressive, obsessive, anxious, controlling.
Window of tolerance	Sometimes called optimal arousal. This is the space where people can regulate their emotions, feel grounded, be open and explore, think and learn, and be flexible curious and present.
Hypo-arousal	Freeze or flop or collapse-mode: feeling empty, flat, shut-down and/or depressed. May appear withdrawn, quiet, emotionless, hard to reach. Dissociation (see below) is a common 'flop' response.

Figure 1: The window of tolerance

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[19] Beacon House (2020) Developmental trauma close up. Available at: https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf
[20] Window of tolerance animation by beacon house: https://www.youtube.com/watch?v=Wcm-1FBrDvU

For some people the 'window of tolerance' space is wide. For some, it is much narrower, particularly for those who have experienced trauma. Where the window is narrow people can perceive danger more readily and react to that danger accordingly.[21] It is worth remembering that as young people's brains are remodelling, they may be more reliant on the lower limbic regions of their brains. This means that their survival brain- attached to flight, fight freeze and flop responses- may be more readily activated, and their window of tolerance smaller.

The window of tolerance can help us understand young people's behaviour and respond accordingly. We can also use the tool to reflect on our own behaviours, recognise where we struggle to remain in the tolerance space, and regulate our own emotions.

Supporting someone to stay inside their window of tolerance.

The window or tolerance can help practitioners conceptualise how a young person in distress is feeling, and how they can provide support to the young person to help them regulate their emotions. When someone is in fight, flight, freeze or flop states they are being led by the lower regions of their brain, which manage survival responses.[22]

As practitioners we can work to support young people to regulate their emotions and connect the limbic survival region of their brain to the thinking/regulating upper regions of the brain. It is important to be mindful that young people outside of their window of tolerance are responding to a perceived or actual threat. They will be in survival mode and will be focused on non-verbal signals. This is what practitioners need to attune and respond to accordingly:

Supporting someone who is outside their window of tolerance
➤ Be aware of your non-verbal communication (tone of voice, facial expressions, posture, gesture, and timing) to indicate that you are not a threat, and the space is not threatening.
➤ Prioritise creating emotional safety: acknowledge feelings of distress, remain calm and empathise with the feelings of the young person.
➤ Do not try to problem solve: the young person is outside of their window of tolerance they are not in a place to engage with their logical brain. The perceived threat needs to be recognised and relational safety regained before moving into problem solving.
➤ The aim is to be actively alongside the young person, through connecting to and accepting their feelings, thoughts, experiences and perceptions. This will help them to feel seen and heard and supports them to regulate their emotions through your co-regulation.[23]
➤ Do not try to continue a session as planned: activities that may seem every-day may feel overwhelming and unachievable. Showing that you are there to listen and provide compassionate support is a powerful intervention in itself.

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[21] Page, D. & Swann, R. (2021). Therapeutic Parenting with PACE. Pavilion Publishing and Media Ltd
[22] Ibid
[23] Connecting to calm: www.youtube.com/watch?v=aV3hp_eaoiE (accessed Jul 2023.)
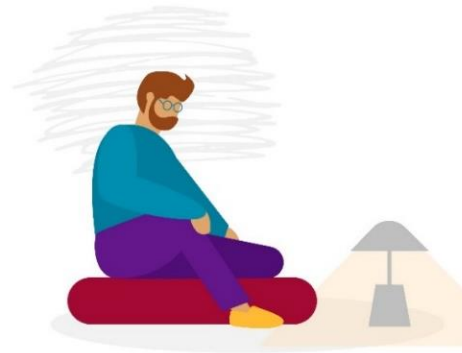
Hyper-arousal

This is a heightened state of alertness and hypervigilance. Strategies to return to the window of tolerance should be focus on calming our nervous system.

Grounding techniques such as breathing exercises, going through senses, e.g., what can you touch, hear, taste.

Communicate safety through body language: remain calm, open and relaxed.

Hypo-arousal

This is a state of numbness, and strategies to return to the window of tolerance should focus on increasing energy.

Bring energy into the room or space you are working in, move around, stand up, switch chairs.

Consider activities that involve actions e.g., walking, dancing.

Attention centring techniques: ask the young person to describe three things in the environment in detail.

Dissociation

Dissociation is an adaptive reaction to threat, where a person detaches or disconnects from their thoughts, feelings and/or surroundings.[24] It can occur in both hyper-arousal and hypo-arousal states, is and a way of distancing from overwhelming events, feelings and thoughts. Where someone has experienced repeated trauma, their dissociation system can become oversensitive, pervasive and easily triggered.[25] See the further resources section for more information about dissociation.

Practitioners should be aware that when dissociation has been triggered a person isn't able to fully integrate an experience or event into their memory. This may be why a young person you

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[24] Lyons, S. (2020). Dissociation in children and teens. Available at: https://beaconhouse.org.uk/wp-content/uploads/2020/02/Dissociation-in-Children-Teens-Resource_compressed.pdf
[25] Page, D. & Swann, R. (2021). Therapeutic Parenting with PACE. Pavilion Publishing and Media Ltd

are working with has gaps in their memory or struggles to incorporate new memories and information. It can be useful think of strategies to mitigate against the impact of dissociation, for example, return to and repeating information at a later date or sharing records of a conversation or session in a way that works for the young person (e.g., text, voice note).
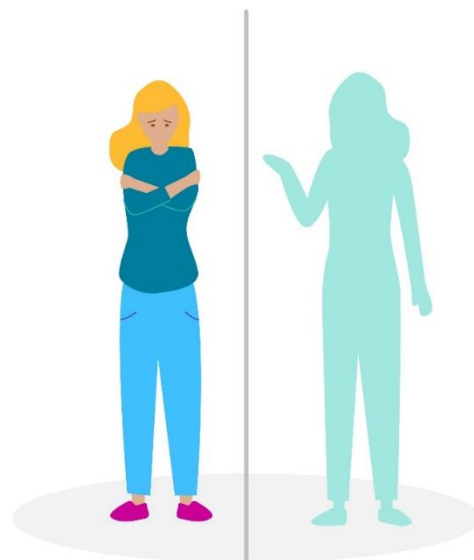
The role of relationships

The higher levels of our brain- the prefrontal cortex- are developing in adolescence. The prefrontal cortex needs the experience of attuned social relationships in order to develop.[26]

Young people consistently report the importance and value of safe relationships,[27] and relationships are at the heart of positive approaches including trauma-informed and psychologically informed support and strengths-based practice.[28]

Complex trauma and relationships

Complex trauma is relational in nature and can affect a person's capacity to develop positive, future relationships. Young people who have experienced early or persistent trauma in important relationships, such as abuse or neglect, will have developed coping mechanisms in order to try to manage the unmanageable.

> "[support worker] is like a mum to me she done more for me then Children and Young People's Mental Health Service (CAMHS) has ever done. She knows my triggers and knows how to react and support me. CAMHS just tell you, 'You're bi-polar, bye'." – Young and Homeless 2020 participant

It's important to recognise that these strategies have supported young people to survive and keep themselves safe, while experiencing moments of extreme fear and pain and/or ongoing adversity. At the same time, we can also acknowledge that these strategies are no longer serving young people well. They can inhibit their ability to manage stress and affect their assessments of safety in environments and relationships.

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[26] Page, D. & Swann, R. (2021). Therapeutic Parenting with PACE. Pavilion Publishing and Media Ltd
[27] Homeless Link (2021) We have a voice follow our lead. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/Young_and_Homeless_2020.pdf; St Basils (2021) St Basils youth standards. Available at: https://stbasils.org.uk/news/st-basils-young-people-create-12-youth-standards-to-build-back-better-post-covid/
[28] Homeless Link (2017), Positive approaches, An introduction. Available at https://homelesslink-1b54.kxcdn.com/media/documents/Positive_approaches_2018_0.pdf

Building trusting relationships

Building trust is central to building relationships with people who have experienced or are experiencing adversity, and this takes time.

Every relationship is different. Practitioners need to be genuine and have the courage to be imperfect.

Be consistent in your practice, honest about your limits, and set safe boundaries with the young person.[29]

Be transparent about what you and your service can and can't do for a young person.

> "I think it's about being honest with the young people and saying, 'At the moment, we can't offer you this support. There is this, this, and that instead'."
> Young & Homeless 2020 participant

Be genuinely curious about the young person's interests, views and how they see the world. Young people's worlds are expanding; they will be more reliant on relationships with their peers. Be interested in what is happening in a young person's life, and actively explore and understand what is happening around them.

Validate a young person's past and present experiences, through acknowledging and accepting their thoughts, feelings, and behaviours as real and worthy of attention. This doesn't mean condoning negative behaviour or attitudes but recognising their roots. An example of this may be acknowledging how certain behaviours, for example pushing people away, may have helped a young person to survive in the past.

Collaborate with the young person: honour their growing maturity and independence. Find creative ways to problem solve together. Planning and decision-making skills are still developing. Support these skills through giving opportunities to hold responsibilities. Recognise that some tasks attached to living independently or within support accommodation require abilities that are in the process of growing. Don't make assumptions about what a young person is or isn't able to do - ask them!

When things go wrong

Don't panic. It is likely that at some point you will have a disagreement or conflict or 'rupture' with a young person you are working with. This is normal.

Never underestimate the power of offering the opportunity to repair the rupture. Work with the young person to overcome the conflict and reconnect.

Be patient: it can be frustrating when progress is slower than expected, or you feel like you've taken a step back in your communication. Ultimately though, the commitment to building a relationship with a young person is integral to supporting their wellbeing, development and resilience.

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[29] Homeless Link (2020), We have a voice follow our lead. Available at: https://homelesslink-1b54.kxcdn.com/media/documents/Young_and_Homeless_2020.pdf

Putting our knowledge of adultification into practice

We can use the lens of adultification to reflect on our own practice as individuals, teams and organisations, and challenge our assumptions about the young people we work with. The reflective questions below are designed to:

- help practitioners and teams consider their support/service offer.
- examine the narrative that has been built around a child/young person, and how/whether this needs to be disrupted.

Individual/team/organisational reflective task
Consider the diversity of members of your team or organisation. Individually: how may your identity and experiences influence the work you deliver, and any assessments you make of young people and support you provide? As a team/organisation: what are the identities, experiences and knowledge within your team? How might uniform or diverse experience of the staff team affect the service you offer including assessment and referral processes and support planning? Some young people, including young Black, (See box X) and LGBTQ+ people, may experience particular forms of adultification related to other forms of structural discrimination. How does your team or organisation consider the impact? What are your expectations of the young person you are working with? How have these expectations been developed? Do your expectations align with the young person's age and stage of development?
Reflecting on other services and support
What do you know about the young person's history with services? How has the young person been described by other services? Were vulnerabilities identified or ignored? Consider how "resilient" and "mature", "risk taking" and "lifestyle choices" have been used to describe the young person's behaviour.
Reflecting on the young person's experiences and story
What roles and responsibilities has the young person you're working with had to take on because of their homelessness or other experiences? When did this start? How does the young person describe themselves? What words do they use? Where have these words come from? How may a young person's experiences of discrimination affected their sense of self-worth?

Developmentally informed practice

Behaviour	Non-Developmental Informed Practice	Developmental & trauma-Informed Practice
Young person displays anger or defensive behaviour. Or Young person appears withdrawn and difficult to engage	**Belief:** Young person is seen as difficult, challenging, or obstructive and challenging. Or Young person is seen as hard to reach/unengaged/moody. **Response:** Behaviour is met with punishment, or young person is ignored. Practitioner continues to push young person to complete planned activities and doesn't acknowledge or name their feelings.	**Belief:** Behaviour is viewed through a trauma-informed lens. Anger and withdrawal are understood as arising because the young persons 'window of tolerance' may be narrow, because of their age, or life-experiences such as childhood trauma. **Response:** Practitioner recognises the young person may be in fight, flight, freeze or flop mode, and refocuses their attention to providing a safe relationship and creating a safe environment, in the present. Focus is on responding to young person's emotions, and soothing. Feelings are named and validated. Further work to expand their window of tolerance may focus on supporting the development of stabilisation strategies that support regulation and when they are ready exploring more with the young person what their triggers might be.
Young person doesn't attend appointments or complete tasks/actions that have been agreed	**Belief:** Young person is difficult to engage, and deliberately avoiding taking responsibility. Their behaviour is viewed as non-compliant. **Response:** Behaviour is met with punishment, support removed.	**Belief:** It is not that the young person **won't** engage but that they **can't** engage. Young person is going through a learning phase and complex trauma may have impacted their memory and organisation skills. Abilities to organise and plan are emerging, but they may need more scaffolding to support them. **Response:** Practitioner works to understand the young person's needs and to meet them where they currently are at. They support the young person to develop organisational skills (recognising that this takes time and there will always be setbacks), and provide 'scaffolding' to support learning, e.g., through sharing responsibilities with a young person.

Behaviour	Non-Developmental Informed Practice	Developmental & trauma-Informed Practice
Practitioner finds it difficult to build a connection with the young person	Belief: Young person doesn't want to engage. It is impossible to build a relationship with the young person and things won't change. Response: Overpromising in an attempt to meet needs/build connection/show care. Withdrawing support from the young person (formally or informally). Practitioner experiences feelings of failure, feelings of low self-worth.	Belief: Young person has developed self-protective behaviours; relationships are not seen as safe. It will take time to build trust. Response: Practitioner continues to meet and be curious about the young person, and their interests, motivation and needs. Practitioner is reliable: they show up when they say they will, but do not over-promise. Practitioner focuses on young person's priorities and tailors their support to these priorities.
Young person behaves in a way that is risky or seen as self-sabotaging e.g., spending time with peers who are associated with anti-social or criminal behaviour.	Belief: Behaviour is seen as good/bad. Young person is seen as mature enough to make their own decisions. Young person's vulnerability is not recognised. Response: safeguarding responses aren't triggered. Practitioners don't ask questions about how a young person is spending their time. Motivations behind behaviour aren't explored and solutions focus on restricting behaviour only, and do not align with young person's wishes or needs.	Belief: it is natural for young people to want to spend more time with their peers. The adolescent brain rewards novelty, and this may lead to risk taking behaviour/behaviour perceived as risky. The young person should be supported and protected. Response: honour their growing maturity and young person's right to choose how they spend their time, however, show curiosity about the young person's life, their peers and how they feel about their relationships. Safety plan with the young person. Practitioners should ensure they are familiar with safeguarding policies and raise an alert where appropriate. See Homeless Link's safeguarding guidance for further information.

Further information and resources

This guide has drawn from multiple resources to develop reflective questions and tools that can be used by practitioners and organisations to consider their current youth offer.

There is excellent work happening across the youth homelessness sector; we've collated a list of some other resources below.

1625 independent people

Free training resources designed for anyone supporting young people in the course of their work. Eight short training modules have been co-produced with young people, including modules focussed on building relationships, developing independence and boundaries.

www.informingfutures.co.uk/co-produced-resources

Beacon House

Beacon houses have a range of free resources about the developing brain.

https://beaconhouse.org.uk/wp-content/uploads/2020/02/Developmental-Trauma-Close-Up-Revised-Jan-2020.pdf

Dan Siegel

Dan Siegel is a Clinical Professor of Psychiatry at the UCLA School of Medicine. He has published a range of free and paid for resources focussed on child and adolescent brain development and relationships. Below are some selected videos as well as a link to his website.

Website: https://drdansiegel.com/

Hand model of the brain: www.youtube.com/watch?v=f-m2YcdMdFw

The adolescent brain: https://www.youtube.com/watch?v=0O1u5OEc5eY

Connecting to calm: https://www.youtube.com/watch?v=aV3hp_eaoiE

Homeless Link

Understanding difference: https://homeless.org.uk/knowledge-hub/understanding-difference-and-tailoring-support-for-young-people-experiencing-homelessness-/

Keeping young people Safe: https://homeless.org.uk/knowledge-hub/keeping-young-people-safe/

Psychologically informed approaches with young people: https://homeless.org.uk/knowledge-hub/psychologically-informed-approaches-with-young-people-experiencing-homelessness-/

Research in Practice:

Research in practice work with and for professionals in the social care, health, criminal justice and higher education sectors offering resources, learning opportunities and specialist expertise. They offer a range of free and paid for resources:

The Teen Brain: https://tce.researchinpractice.org.uk/the-teenage-brain/

Transitional safeguarding: www.researchinpractice.org.uk/all/news-views/2018/august/transitional-safeguarding-from-adolescence-to-adulthood/

Safe Hands Thinking Minds

Safe Hands has a range of free creative resources for work with young people.

Safe Hands Thinking Minds | Relational and developmental trauma in children

Shine Project

Shine was a regional project which aimed to improve accommodation and support for young people experiencing complex mental health needs. They produced a series of resources based on learning from the project.

https://shineproject.co.uk/resources/

Young Minds

Resources developed for practitioners to use with young people, including activities on understanding feelings, and building relationships.

Mindfulness activities: https://www.youngminds.org.uk/professional/resources/mindfulness-activities/

Trauma and Adversity: www.youngminds.org.uk/professional/resources/addressing-trauma-and-adversity/

Relationships: www.youngminds.org.uk/professional/resources/building-supportive-relationships-with-young-people/