Homeless Youth Assistance Program (HYAP)

Evaluation Strategy Workshops: Consultation Report

Family and Community Services

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Contents

1.   Introduction

ARTD Consultants has been engaged by the NSW Department of Family and Community Services (FACS) to develop an evaluation strategy for the Homeless Youth Assistance Program (HYAP).

As part of developing the strategy, ARTD and Homelessness Programs (Programs and Service Design) held three workshops with FACS district staff and local service providers to provide input. The workshops focused on program outcomes and key evaluation priorities.

Procurement processes for HYAP Stage 2 funding were out of scope for the workshops and were not discussed. This document provides the details of key issues, themes and questions that were discussed at the workshops.

The details of the workshops are below:

Workshop location	Date	District representatives present
Sydney	11 August 2015	Sydney, Northern Sydney, South East Sydney, Western Sydney and Nepean Blue Mountains
Newcastle	12 August 2015	Mid North Coast, Hunter New England and Central Coast
Sydney	14 August 2015	Illawarra Shoalhaven, Southern NSW, Murrumbidgee, Far West and Western NSW

1.1   Update on HYAP

An update on the current status of HYAP was provided at the beginning of the workshops. It was confirmed by FACS that HYAP Stage One funding has been extended to February 2016. It was also confirmed at the beginning of all workshops that discussion regarding the upcoming select tender processes for HYAP Stage Two were out of scope.

There are three cohorts of clients likely to enter into HYAP services. The cohorts include 12-15 year olds who:

1. are currently living with family but are at risk of becoming homeless
2. have recently become homeless, but who should be able to reconnect with their family with some support
3. are unlikely to be restored to family.

HYAP funding has been distributed in a way that targets areas most in need, whilst the program planning parameters aim to maximise flexibility for FACS Districts and local

stakeholders to design and deliver services that respond to service system gaps, whilst taking into account the policy requirements for this age group.

Services that are currently available for the target group vary across Districts, which means that HYAP service models differ across Districts.

HYAP has been designed to be flexible and responsive. The Program's objectiveis to complement and strengthen, rather than duplicate existing service system responses for children and young people. Its service delivery approaches have been developed to allow for localised, tailored service responses that effectively meet the needs of unaccompanied children and young people.

In each of the workshops, there was discussion about the components that had worked well with HYAP Stage One funding. The importance of accommodation was noted, as was the importance of increased collaboration between services.

2.   Considerations for the evaluation

During the introduction to the sessions, attendees raised a number of points to be considered in the design of the HYAP evaluation strategy:

- HYAP exists within a broader policy context, where other reforms, programs and initiatives are running concurrently, often targeting a similar target group. These include the Safe Home for Life reforms, Youth Hope, and Reconnect. These initiatives are likely to have some influence over the outcomes that HYAP is able to achieve
- It may be difficult to attribute the outcomes for the system to HYAP alone, but it is important to capture the linkages between HYAP service providers and other services.
- It will be important to ensure the perspectives of children and young people inform the evaluation.
- It will be important to capture how HYAP services are impacting on the client as well as their wider family and support networks.

2.1   Data sources for the evaluation

The evaluation is highly likely to use multiple methods of data collection. Data sources will include CIMS/SHS data, FACS data, qualitative interviews, and data that is collected through a common outcomes tool (described in further detail below).

2.1.1   Client Information Management System (CIMS)

Some discussion centred on the current data capture system for SHS providers (CIMS). CIMS is able to capture some information such as child protection reporting. It was noted that CIMS does not capture all intervention work, for instance any work undertaken with the family. Consideration must be given to looking at how CIMS can be improved to capture required information about the client group.

There was agreement at all of the workshops that CIMS presents an opportunity for standardised data collection and should be utilised as fully as possible to capture meaningful information about the client group to inform understanding of clients and to inform service delivery.

3.   Priorities for the evaluation and key evaluation questions

Following the introductory session, participants were asked to identify priorities for the evaluation strategy, and to develop key evaluation questions, based on the views about what would be important for them to know. Evaluation questions were divided into three questions: intervention activity (what services are provided), system (how did HYAP influence the wider service system), and client outcomes. A summary of the identified questions is below.

3.1   Who are the client group?

- Who is the program working with?
    – What are the characteristics of the children and young people and their families?
    – How diverse are clients in terms of needs and risk profile?
- Who are the key stakeholders in the client's lives?
- Who is not being served through the program?

3.2   What is the nature of the intervention?

- What services or service models are being delivered as part of HYAP? What is the mix of:
    – accommodation
    – casework
    – early intervention
    – brokerage
    – referrals/linkages/purchasing
- What are key elements of good practice in relation to these components?
- What does an effective accommodation response for the target group look like?
- If clients accessed accommodation, how long for?
- What does 'joint work' between FACS and HYAP services look like? Where is it working well? How can it be replicated?
- What are the barriers to effective joint work?
- What is the quality of the services being provided?
    – What is the standard of casework? What are the staff/client ratios?
    – Are therapeutic interventions being provided? Are they required?
    – Are the skills of caseworkers sufficient and appropriate?
- What are the unit costs of providing HYAP services?
- How much time is spent with clients?
- What are the exit points for clients?

3.3   How is HYAP contributing to an effective service system?

- What are the 'touch-points' prior to a client entering into HYAP? What services are already involved with HYAP clients?
- What are the referral pathways into HYAP; are they effective?
- How has HYAP added to the local service system?
- How well are services collaborating to deliver an integrated service that meet clients' needs?
- What is HYAP doing that is different from the range of other services that target the client group? What value does the program add? What system gap does it fill?
- What is the level of unmet need?
- What is the cost of HYAP services and how do these compare to other programs?

3.4   What outcomes are being achieved for clients?

- What proportion of clients are being restored to family?
- Have CYP remained or been re-engaged meaningfully in education?
- Are clients being effectively engaged in health services?
- To what extent are case plan goals being achieved? How is the program contributing to the achievement of these goals?
- What are the exit pathways from HYAP for clients?
- How long are outcomes sustained?

4.   Client outcomes tool

The second half of the workshops introduced a proposed client outcomes tool. The tool is being designed as a practical instrument for collecting systematic data about client circumstances. It uses a simple 5-point rating scale and common descriptors to describe client circumstances. A draft outcomes tool circulated to participants reflected the individual outcome domains from the HYAP program logic: family connections, accommodation, education, health, and living skills.

In developing the outcomes tool, it is recognised that providers are busy and will already be using a range of different tools. The proposed outcomes tool is being designed to complement existing tools. It is not a validated instrument though it is possible to build in greater rigour and reliability over time.

The majority of participants supported such a tool and actively engaged with discussion about the domains and client descriptors within these. Two providers at one workshop were concerned the tool had not been distributed prior to the workshop and wanted more opportunity for consultation about it. FACS confirmed that the draft tool would be circulated to all attendees and published on the FACS website and comments/feedback would be welcomed.

4.1   Administration

The tool would be applied at the beginning of client contact, at exit, and at appropriate intervals in between. There was some discussion about the timing for completing the entry assessment, which in most situations would be in the first few weeks when the organisational assessment is complete.

The potential for having client self-assessment was also discussed and many participants thought this would be appropriate and provide another useful and valid perspective of client journey.

There was also a suggestion that the tool be used with all young people receiving services, rather than only those directly receiving HYAP packages.

It is envisaged that the client outcomes tool will be built into CIMS.

4.2   Considerations for the client outcome domains

A range of comments was provided on the outcome domains and draft descriptors. Key issues raised within each domain are listed below.

Family

- Need to determine what is meant by 'family'. Does this include extended family? What about family friends, neighbours etc.?
- Should this domain include other connections and peer relationships?

Accommodation

At one workshop the relationship between the client outcomes tool, and the current CIMS/SHS data collection system was discussed, in particular around how accommodation status is measured. One provider felt that measuring accommodation status through the outcomes tool was not required in instances where a client was being provided with supported accommodation, as this would be doubling-up on data collection (this data would already be captured by CIMS) and it was too subjective to describe the appropriateness of SHS accommodation given different ages and needs of cohort.

Health

- The tool does not currently distinguish between physical or mental health. It also does not include alcohol or other drugs as a factor.
- We need to remember that it will be non-health professionals using the tool
- It may be better to refer to 'unaddressed' issues, rather than 'multiple' health issues, as it may be difficult for caseworkers to ascertain this, particular at intake.
- Caseworkers will know more about the client at follow-up, which may result in more accurate information, compared to intake.

Living Skills

- The tool needs to account for client age and functional ability
- It is currently focused on practical skills. It may be better to include other social skills, such as emotional regulation. Or these could be included on an additional outcome measure.
- Needs to be culturally sensitive.

4.2.1 Possible additions to outcomes tool

- Employment/volunteering – in particular, can these be integrated into education or living skills, or a new community connections domain?)
- Connection with community – Many participants noted that keeping young people in their communities was crucial in being able to restore them or keep them connected to family. This was difficult in many instances where young people had to travel to another area in order to access services.
- Interpersonal skills (or can these be included within living skills?)

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4.2.2 Other considerations for the outcomes tool

It is important that descriptors across all domains take account of age appropriateness, as for many of the outcomes there will be a significant difference between 12 and 15 year olds and how they should be rated on the tool.

The point was made that the 'very poor' ratings within the tool were indicative of a young person who should be known to FACS/at ROSH level and that there might be some ramifications of the tool on how services respond, particularly if the descriptors within the tool refer to the client being 'unsafe' in any way. This might prompt service providers to report the client to FACS, when they might not have otherwise.

It was also noted that the descriptors should all reflect a strengths-based, trauma informed approach, which was considered more appropriate to align with the wider policy language that is used in this area.