

November 2020 ||

Evaluation of the Premier's Youth Initiative

Final Report

For the NSW Department of Communities and Justice

Authors

David Taylor, Senior Advisor, Centre for Evidence and Implementation // **Jessica Roberts** PhD, Research Fellow, Department of Social Work, Monash University // **Vanessa Rose** PhD, Director, Centre for Evidence and Implementation // **Alex Gyani**, PhD, Head of Research (APAC), Behavioural Insights Team // **Susy Harrigan** PhD, Research Fellow, Department of Social Work, Monash University // **Aron Shlonsky** PhD, Professor & Head of Department, Department of Social Work, Monash University

Suggested citation

Taylor D, Roberts J, Rose V, Gyani A, Harrigan S & Shlonsky A. 2020. Evaluation of the Premier's Youth Initiative: Final Report, Centre for Evidence and Implementation, Sydney.

About CEI

The Centre for Evidence and Implementation (CEI) is a global, not-for-profit evidence intermediary dedicated to using the best evidence in practice and policy to improve the lives of children, families, and communities facing adversity. Established in Australia in late 2015, CEI is a multi-disciplinary team across four offices in Singapore, Melbourne, Sydney and London. We work with our clients, including policymakers, governments, practitioners, program providers, organization leaders, philanthropists and funders in three key areas of work:

- Understand the evidence base
- Develop methods and processes to put the evidence into practice
- Trial, test and evaluate policies and programs to drive more effective decisions and deliver better outcomes



Contents

Executive Summary 0

Key findings 2

The Premiers' Youth Initiative shows promise as an intervention to delay homelessness for young people	2
PYI providers adapted their practice model to meet the needs of young people over time	3
PYI providers and young people struggle to deal with entrenched system challenges	4

1. Recommendations 5

1.1. Summary of recommendations 5

1.2. Detailed recommendations 7

1.2.1. Continue to use the eligibility criteria for PYI to facilitate reaching the most vulnerable young people	7
1.2.2. Extend accountability for leaving care plans to include their quality and whether or not they are actually implemented	7
1.2.3. Incentivise collaboration between OOHC and PYI providers	7
1.2.4. Formalise accountability for conducting mental health and physical disability assessments before young people leave OOHC	8
1.2.5. Commence PYI earlier to facilitate the development of relationships between providers and young people	8
1.2.6. Encourage choice and control throughout the system to better integrate developmental stages	9
1.2.7. Commission a longer-term follow-up evaluation	9
1.2.8. Revise the PYI program guidelines to provide additional clarity to service providers about core practices	9

2. Background & Context 10

2.1. Youth Homelessness in NSW	10
2.2. Youth transitioning from care are an at-risk population	11
2.3. The Premier's Youth Initiative Model	12
2.3.1. What is the PYI model?	12
2.3.2. Who is eligible for PYI?	15
2.3.3. Who is providing services?	15
3. Evaluation Methodology	17
3.1. About this approach	17
3.1.1. Considered from the perspective of the service user	17
3.1.2. Informed by implementation science	18
3.1.3. Quasi-experimental methods were employed to assess if PYI was effective	19
3.1.4. Perspective of the provider and funder was synthesised to gain insights into the implementation of PYI	19
3.1.5. Utilised the lived experience of service users through a client voice	19
3.1.6. Ethical approval and processes	19
3.2. Evaluation aims and scope	20
3.3. Information sources	21
3.3.1. Regularly collected administrative data	21
3.3.2. Focus groups with young people, PYI providers and DCJ representatives	22
3.3.3. Costing and implementation survey	22
3.4. Evaluation context	22
3.4.1. Randomised Control Trial	22
3.4.2. Evaluation outputs	24
3.5. Impact of COVID Pandemic	24
3.6. This report	25

4. What is the level of client satisfaction with the PYI services received? 26

4.1. Introduction 27

4.1.1. What is the 'client voice'?	27
------------------------------------	----

4.1.2. How was client voice considered in this context?	27
---	----

4.2. Methodology 28

4.3. Insights 29

4.3.1. Relationship with worker	29
---------------------------------	----

4.3.2. Effectiveness of workers	32
---------------------------------	----

4.3.3. Appropriateness of services	34
------------------------------------	----

4.3.4. Relationship with others, including other young people in PYI	37
--	----

5. What were the barriers and facilitators identified as crucial for the PYI implementation? 39

5.1. Introduction 40

5.1.1. Assessing barriers and facilitators using the Consolidated Framework for Implementation Research	40
---	----

5.1.2. Applying the CFIR in the context of PYI	41
--	----

5.2. Methodology 41

5.2.1. Understanding barriers and facilitators from the service provider perspective	41
--	----

5.2.2. Understanding barriers and facilitators from the funder's perspective	42
--	----

5.2.3. Analysis methods	42
-------------------------	----

5.3. Insights 43

5.3.1. How are young people invited to and engaged with PYI?	43
--	----

5.3.2. How are they supported before they leave OOHC?	48
---	----

5.3.3. How are young people supported as they transition to independence?	52
5.3.4. How are they supported as they live independently?	54

6. Were the PYI services implemented as intended?

59

6.1. Introduction

60

6.2. Methodology

61

6.2.1. Data collection	61
6.2.2. Analysis methods	61
6.2.3. Strengths and limitations of this approach	61

6.3. Insights

61

6.3.1. How PYI was operationalised	62
6.3.2. What young people received from PYI while they were in OOHC	65
6.3.3. What young people receive as they transition from OOHC into adult living environments	68
6.3.4. What young people received from PYI as they live as young adults in the community	70
6.3.5. Additional information required to determine effective core components of the PYI model	72

7. Can the PYI prevent or delay homelessness in young people leaving the out-of-home-care system?

74

7.1. Introduction

75

7.2. Methodology

75

7.2.1. Data Sources	75
7.2.2. Sample	76
7.2.3. Limitations	79

7.3. Insights

79

7.3.1. Survival analysis — effectiveness of PYI to prevent first use of Specialised Homelessness Services	79
7.3.2. Survival analysis — which elements of PYI were associated with utilisation of SHS accommodation services	83
7.3.3. Descriptive analysis — Did the interactions with SHS differ between PYI and comparison kids after age 18?	86
7.3.4. Summary of findings	88

8. Can the PYI prevent or delay the risk factors and consequences of homelessness? 90

8.1. Introduction 91

8.2. Methodology 92

8.2.1. Design	92
8.2.2. PYI Client Outcomes Tool	92
8.2.3. Sample	93
8.2.4. Analysis methods	93

8.3. Insights 94

8.3.1. Model results	95
8.3.2. Social connections	96
8.3.3. Accommodation	96
8.3.4. Education	97
8.3.5. Employment	98
8.3.6. Physical health	99
8.3.7. Mental and emotional wellbeing	100
8.3.8. Health and safety risk behaviours	101
8.3.9. Living skills	102

9. What is the unit cost of providing PYI services to children and young people? 103

9.1. Introduction 104

9.1.1. What is in a unit cost estimate?	104
9.2. Methodology	105
9.2.1. Resources costed in this analysis	105
9.2.2. Data collection	107
9.2.3. Calculation of unit cost	107
9.2.4. Strengths and limitations of this approach	107
9.3. Insights	108
9.3.1. Cost of providing PYI services	108
9.3.2. Variation in PYI spell length	110
9.3.3. Cost per spell of service delivery	111
10. What are the elements that determine the makeup of the unit cost?	113
10.1. Introduction	114
10.2. Methodology	114
10.2.1. Data collection	114
10.2.2. Analysis methods	114
10.2.3. Strengths and limitations of this approach	115
10.3. Insights	115
10.3.1. Core program components delivered by each provider	115
10.3.2. Allocation of staff resources across program components	116
10.3.3. Distribution of staff time between service delivery and administration	118
References	120
Appendix A Client voice focus groups — supplementary information	124

A.1 Client focus groups by site	124
A.2 The invitation, recruitment and consent process for PYI client focus groups	124
A.3 Discussion guide used in focus groups with PYI clients	125

Appendix B Provider and DCJ focus groups — supplementary information

B.1 Implementation interviews and focus groups by site	127
B.2 The invitation, recruitment and consent process for PYI providers and housing providers	128
B.3 Discussion guide used in focus groups with PYI providers and housing providers	129
B.4 Discussion guide used in focus groups DCJ representatives	131

Appendix C Implementation & Costing survey — supplementary information

Appendix D Outcomes analysis — supplementary information

Appendix E Risk Factor Analysis — supplementary information

Appendix G Client Outcomes Tool — supplementary information

G.1 Validity	142
G.2 Reliability	142

Acknowledgements

We would like to recognise and express our gratitude to the people who provided valuable input into this report.

We particularly thank young people engaged in the Premier's Youth Initiative in Newcastle, Lismore, Tamworth, Bathurst, Penrith, Campbelltown and Wollongong who shared their stories with us.

We would also like to thank representatives from all the PYI service providers, housing providers and representatives from the Department of Communities and Justice for their time and candour.

List of tables

Table 1.1 Summary of recommendations	6
Table 2.1 The Premier's Youth Initiative: Service Components	13
Table 2.2 The Premier's Youth Initiative: Core Components	14
Table 3.1 How the evaluation questions were approached	20
Table 6.1 Hours of access to Personal Advisor by provider	63
Table 6.2 Time frames on provider perceptions of well delivered services	64
Table 6.3 Provider priorities at the commencement of services fall into two groups	66
Table 6.4 Common activities undertaken by different care workers while young person is in OOHC	68
Table 6.5 Common activities undertaken by different core workers while young person is transitioning from OOHC to adult living arrangements	70
Table 6.6 Common activities undertaken by different core workers while young person is living independently	72
Table 7.1 Constructs used in PSM modelling	77
Table 7.2 All combinations of PYI planned services (n=297)	84
Table 7.3 Number of visits and length of spell at SHS for any reason for those in PYI and the matched comparison group at or after age 18	87
Table 7.4 Number of visits and length of spell at SHS for housing/homelessness needs for those in PYI and the matched comparison group at or after age 18	87
Table 8.1 The NSW Human Services Outcome Framework	91
Table 8.2 Details of the two samples for 'prior to 18' and 'post 18' COT analyses	93
Table 9.1 Data sources	105
Table 9.2 Resources included in this analysis	106
Table 9.3 Method used to calculate unit cost	107

Table 9.4 Breakdown of expenditure by resource category, for all sites by provider	108
Table 9.5 Unit cost by provider.....	112
Table 10.1 Data sources.....	114
Table 10.2 Method used to allocate staff time	115
Table 10.3 Program components	116

List of figures

Figure 2.1 Individuals presenting at specialist homelessness services in NSW (2015-16 — 2018-19) 11	
Figure 2.2 PYI providers and their catchment areas	16
Figure 3.1 Conceptualisation of the client journey through PYI.....	18
Figure 3.2 A conceptual model for assessing the implementation of PYI	19
Figure 4.1 Framework for assessing client voice in the context of PYI.....	28
Figure 5.1 Modified CFIR framework for synthesising PYI barriers and facilitators	41
Figure 6.1 Conceptual framework for assessing if PYI was implemented as intended.....	60
Figure 6.2 Distribution of activities between core PYI roles	63
Figure 7.1 Distributional balance of propensity scores of the PYI group (treated=1) compared with the comparison group (treated=0) before and after matching.....	78
Figure 7.2 Summary of results.....	82
Figure 7.3 Visualisation of estimated impact of PYI over a 12-month period, stratified by SHS history	83
Figure 7.4 Frequency of distinct periods of support at SHS for homelessness services / emergency housing needs	88
Figure 8.1 Summary of results, by model and predictor: partial Eta-squared coefficients	95
Figure 8.2 Change in mean score for social connections domain by model (prior to age 18 and after age 18).....	96
Figure 8.3 Change in mean score for accommodation domain by model (prior to age 18 and after age 18)	97
Figure 8.4 Change in mean score for education domain by model (prior to age 18 and after age 18)	98
Figure 8.5 Change in mean score for employment domain by model (prior to age 18 and after age 18)	99
Figure 8.6 Change in mean score for physical health domain by model (prior to age 18 and after age 18)	100

Figure 8.7 Change in mean score for mental and emotional wellbeing domain by model (prior to age 18 and after age 18).....	101
Figure 8.8 Change in mean score for health and safety risk behaviours domain by model (prior to age 18 and after age 18).....	101
Figure 8.9 Change in mean score for living skills domain by model (prior to age 18 and after age 18)	102
Figure 9.1 Distribution of PYI expenditure by resource category, for all providers	109
Figure 9.2 Distribution of PYI expenses by resource type, by provider	110
Figure 9.3 Distribution of the length of PYI spells, for all providers	111
Figure 9.4 Distribution of the length of PYI spell by service provider for 2018/19	111
Figure 10.1 Percentage allocation of staff resources across program components, in aggregate	117
Figure 10.2 Percentage allocation of staff resources across program components, by site	118
Figure 10.3 Distribution of staff time between administrative and service delivery activities, by provider	119

List of abbreviations

AIHW	Australian Institute of Health and Welfare
ATOD	Alcohol Tobacco & Other Drugs
BIT	Behavioural Insights Team
CBA	Cost Benefit Analysis
CEI	Centre for Evidence and Implementation
CFIR	Consolidated Framework for Implementation Research
CIMS	Client Information Management System
CLASS	Care Leaver Accommodation and Support Service
COT	Client Outcomes Tool
CQI	Continuous Quality Improvement
CSC	Community Services Centre
DCJ	NSW Department of Communities and Justice

EEM	Education & Employment Mentor
GLM	Generalised Linear Model
HR	Hazard Ratio
HREC	Human Research Ethics Committee
HSOF	Human Services Outcome Framework
KIDS	Key Information Directory System
MI	Motivational Interviewing
MUHREC	Monash University Human Research Ethics Committee
NDIS	National Disability Insurance Scheme
NHMRC	National Health & Medical Research Council
OOHC	Out-of-Home Care
PA	Personal Advisor
PPE	Personal Protective Equipment
PRM	Parental Responsibility of the Minister
PSM	Propensity Score Matching
PYI	Premier's Youth Initiative
QED	Quasi-Experimental Design
RCT	Randomised Control Trial
ROSH	Risk of Significant Harm
SD	Standard Deviation
SHS	Specialist Homelessness Services
SLK	Statistical Linkage Key
SMART	Specific, Measurable, Achievable, Relevant, Time-bound

TILA	Transition to Independent Living Allowance
-------------	--

TSW	Transitional Support Worker
------------	-----------------------------



























Executive Summary

This report presents findings from a rigorous multi-year evaluation of the Premier's Youth Initiative (PYI). PYI is a model developed by the Department of Communities and Justice (DCJ) to prevent homelessness among at-risk young people leaving care. The program is designed to divert this group from the homelessness service system.

The Evaluation Team recognises the central challenge of PYI. Young people leaving out-of-home care, who are far more vulnerable than the general population, are required to live independently at age 18 when other young people are increasingly living at home with their parents until young adulthood – in direct recognition of the benefits of stability and financial burden of independence. This understanding has informed our approach to this report, including the following key evaluation findings and recommendations for DCJ to improve delivery and implementation of the PYI model.

In this report, the Evaluation Team — the Centre for Evidence and Implementation, Monash University and the Behavioural Insights Team — describe the evidence suggesting **PYI is a promising model for vulnerable young people**. Eight recommendations emerge from this work, which are summarised in Table ES.1.

Table ES.1 Summary of recommendations

Recommendation	Responsibility	Impact	Cost	Feasibility
Continue to use the eligibility criteria for PYI to facilitate reaching the most vulnerable young people	DCJ	 Medium	 Low	 High
Extend accountability for leaving care plans to include their quality and whether or not they are actually implemented	DCJ & Children's Court	 High	 Low	 Medium
Incentivise collaboration between OOHC and PYI providers	DCJ & PYI providers	 Medium	 Medium	 Medium
Formalise accountability for conducting mental health and physical disability assessments before young people leave OOHC	DCJ	 Medium	 Low	 Medium
Commence PYI earlier to facilitate the development of relationships between providers and young people	DCJ	 Medium	 Low	 High
Encourage choice and control throughout the system to better integrate young people's developmental stages into the service	DCJ & PYI providers	 High	 Medium	 Medium
Commission a longer-term follow up evaluation	DCJ	 High	 Medium	 Medium
Revise the PYI program guidelines to provide additional clarity to service providers about core practices	DCJ	 Medium	 Low	 High

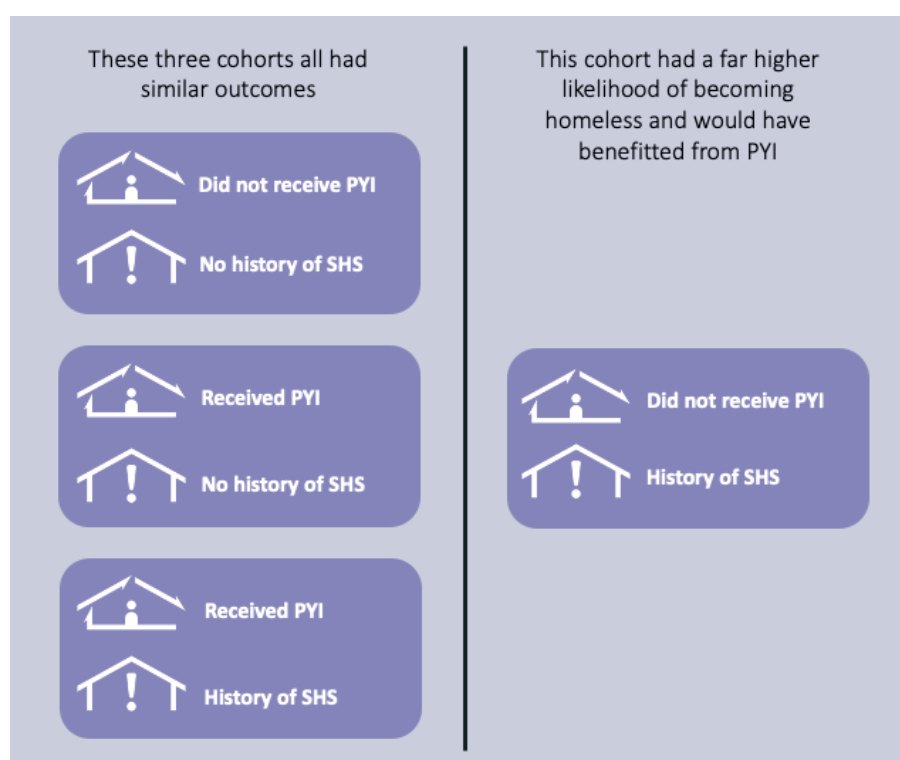
Key findings

The Premiers' Youth Initiative shows promise as an intervention to delay homelessness for young people

Using a statistically matched comparison group built from administrative data, the Evaluation Team's analysis established that PYI was successful at preventing homelessness after age 18 for a specific cohort of highly vulnerable young people: *those with a history of homelessness while they were in out-of-home care (OOHC)* — see Figure ES.1 below.¹ In summary:

- Young people with a history of prior SHS who did not receive PYI services were 182 per cent more likely to become homeless after age 18 than young people who did not have a prior SHS history and did not receive PYI (HR=2.82, p=0.007. Given this difference, young people in PYI with a history of SHS would also be expected to be more likely to receive SHS after age 18, however this was not the case.
- Young people who were provided with PYI, whether they had received prior SHS or not, had the same likelihood of becoming homeless after age 18 as young people who did not have prior SHS.
- Taken together, these findings provide some evidence that PYI prevents these high-risk young people from becoming homeless after age 18.

Figure ES.1 Summary of outputs by cohort



¹ The Evaluation Team was constrained in its ability to make direct comparisons between those who received PYI and those that did not due to the relatively short amount of time the available data tracked young people past the age of 18. This limited statistical power — the capacity of the models to detect differences between groups if those differences do, in fact, exist. Nonetheless, the final model used was able to detect a 'treatment effect' for PYI but it is clear that longer follow-up is needed to fully explore the effectiveness of PYI and to increase confidence in these findings.

There is also evidence to suggest that PYI reduces the frequency of SHS presentations if PYI clients do present to SHS after age 18.

Among young people who became homeless after age 18, those who had received PYI had fewer repeat interactions with SHS than those who had not received PYI.

While PYI appears to be effective in these ways, Indigenous young people and young people leaving care from residential care settings were still at greater risk of becoming homeless after age 18.² Therefore, even if PYI is effective for these two groups, they are still more likely to become homeless and to utilise SHS more often after age 18.

Other indicators also point to promising results. Analyses of the Client Outcomes Tool³ showed that young people who received PYI transition support made significant gains over time in terms of their self-rated accommodation status. Further, young people in PYI who participated in focus groups, likely to be those young people who benefited most from the model, indicated their support for the person-centred approach used by PYI providers. In particular, young people cited examples of PYI worker dependability and the choice and control they were afforded in accommodation decisions and when participating in other important decisions about their care and future.

These are promising findings for the effectiveness of the PYI model in preventing homelessness for vulnerable young people. However, caution should be taken regarding scaling up the current iteration of the model to other areas of NSW. This is primarily because not all young people experienced the same benefits through PYI. It was found that Aboriginal young people and young people who experienced OOHC placement instability before leaving care were more likely to visit SHS after age 18, suggesting that the PYI model was not as successful in preventing homelessness for these young people. Further, PYI providers noted specific difficulty in supporting young people with disability to secure and maintain appropriate accommodation.

Two key limitations are acknowledged: Firstly, the short period of time for which data are available to follow young people after they turned 18 years, and 2) the use of SHS visits as a proxy measure of homelessness - an almost certain underestimate of actual homelessness. Addressing these limitations in a future PYI evaluation will enhance confidence in these findings.

PYI providers adapted their practice model to meet the needs of young people over time

Using findings from a survey with providers and insights from focus groups, it was established that providers needed up to nineteen months to implement PYI before they judged the model was being delivered well within their organisations. This is unsurprising because the implementation of programs takes time and can take even longer when a model is novel, broadly specified and being tested for the first time, as is the case for PYI. This adaptation time-period of nineteen months was required for PYI providers to work with young people and ensure that they engaged with the program. It also gave providers the opportunity to continuously adapt the program in response to implementation challenges.

² Relative to non-Indigenous young people and young people leaving care from other settings.

³ Concerns about the validity of this tool in measuring outcomes have been raised by the Evaluation Team previously. It is used here to provide supplementary data of interest to the main findings.

Common goals and activities undertaken by PYI providers at different stages of a young person's involvement in the program — while they were in care, during their transition and as they lived independently in the community — were identified. Results indicate that providers adapted their practice at different stages as young people transitioned through these stages. Variation was also observed in the way in which providers prioritised and operationalised activities. This rich analysis — of how core staff actually work with young people across the PYI service continuum — is the first step in codifying practice and defining the core components of the PYI intervention tested in this evaluation.

PYI providers and young people struggle to deal with entrenched system challenges

Using findings from across both the quantitative and qualitative evaluations, significant impediments to the implementation of PYI were identified. The decision not to require OOHC providers to actively engage, communicate and work closely with PYI providers in the delivery of PYI resulted in significant program and system inefficiencies that had negative consequences for providers and vulnerable young people.

Many young people preparing to leave care had not yet received the support and services they were entitled to from their OOHC providers — for example, approved leaving care plan, up to date medical care, key paperwork such as identity papers — which in turn placed a significant burden on the PYI provider to ensure such needs were met. This had the effect of turning PYI providers into advocates for young people lost in a system. It is noted that the very group who benefited most from PYI — young people who had a history of homelessness in OOHC — were likely the beneficiaries of tenacious and reliable PYI workers.



1. Recommendations

The findings of this evaluation indicate that in its current form, the Premier's Youth Initiative (PYI) is showing some promise at improving outcomes for some of the young people who have participated. However, PYI operates at the boundaries of the out-of-home care (OOHC) system and its ability to improve outcomes for young people is linked to the way in which that system functions. Therefore, our recommendations focus on how DCJ — and other actors — can improve PYI and the way it interacts with the wider OOHC system. These are made with reference to the Evaluation Team's expertise in the Implementation and Behavioural Sciences.

























1.1. Summary of recommendations

Recommendations are summarised in Table 1.1 below. For each recommendation details are provided on the party/ies responsible for the implementation of the recommendation as well as qualitative assessments made by the Evaluation Team regarding each recommendation's perceived:

- *Impact* — whether or not the recommendation, if implemented, would likely make an impact
- *Cost* — how expensive it would be to implement this recommendation independent of its potential benefits
- *Feasibility* — how difficult it would be to implement given our knowledge of the system from this and other evaluations⁴

⁴ This assessment is based on the Evaluation Team's assessment of feasibility which may vary from that of DCJ.

Table 1.1 Summary of recommendations

Recommendation	Responsibility	Impact	Cost	Feasibility
Continue to use the eligibility criteria for PYI to facilitate reaching the most vulnerable young people	DCJ	 Medium	 Low	 High
Extend accountability for leaving care plans to include their quality and whether or not they are actually implemented	DCJ & Children's Court	 High	 Low	 Medium
Incentivise collaboration between OOHC and PYI providers	DCJ & PYI providers	 Medium	 Medium	 Medium
Formalise accountability for conducting mental health and physical disability assessments before young people leave OOHC	DCJ	 Medium	 Low	 Medium
Commence PYI earlier to facilitate the development of relationships between providers and young people	DCJ	 Medium	 Low	 High
Encourage choice and control throughout the system to better integrate young people's developmental stages into the service	DCJ & PYI providers	 High	 Medium	 Medium
Commission a longer-term follow up evaluation	DCJ	 High	 Medium	 Medium
Revise the PYI program guidelines to provide additional clarity to service providers about core practices	DCJ	 Medium	 Low	 High

1.2. Detailed recommendations

1.2.1. Continue to use the eligibility criteria for PYI to facilitate reaching the most vulnerable young people

The eligibility criteria, and vulnerability screening used to identify young people who met these criteria, assisted PYI providers to reach highly vulnerable young people who might not have been referred to PYI in other circumstances.

A number of issues were raised by PYI providers and representatives from DCJ regarding the implementation of this screening during the evaluation. However, these issues are not insurmountable and the benefits arising from allowing the identification and engagement of highly vulnerable young people suggest it is worth continuing. It is possible that the difficulties cited by some providers or DCJ representatives may lead them to advocate for the removal of the eligibility criteria. However, given that the use of eligibility criteria helped benefit the most vulnerable young people in PYI, it is strongly urged that DCJ keep using them.

The Evaluation Team suggests that the DCJ Youth Homelessness team should refine the process by which the vulnerability screening is undertaken and communicated in consultation with providers and DCJ district leads.

1.2.2. Extend accountability for leaving care plans to include their quality and whether or not they are actually implemented

Approximately 30 per cent of young people in PYI did not have a leaving care plan when they started the program. Providers and representatives from DCJ concurred that there is widespread deficiency in the preparation of aftercare planning for young people in OOHC. As it stands, through the use of administrative data alone, it is not possible to determine if a young person has a leaving care plan (in draft or approved form) and its associated financial value. This could be rectified by adding a leaving care plan data field into ChildStory.⁵

The Evaluation Team is conscious that the presence of a leaving care plan is not an indicator of its quality (i.e. what it contains, how it meets the needs of the young person, etc.). However, the ability to determine if a plan is present and when it was developed could allow DCJ to test the effectiveness of different strategies to improve future practice, for example, through the use of dashboard tracking and/or random audits.

A more punitive solution to encourage improved practice could involve periodic referrals of OOHC providers with repeated failures to supply young people with appropriate aftercare planning to the Children's Court by the Office of the Children's Guardian.

1.2.3. Incentivise collaboration between OOHC and PYI providers

Insights from both PYI providers and representatives from DCJ suggested that outcomes for young people were perceived to improve when there was a collaborative relationship between OOHC providers and PYI providers. However, it is also evident from the same conversations that this does not always occur. A perception that NGO providers view each other as competitors acts as a barrier to collaboration.

⁵ The Australian Institute of Health and Welfare proposed a similar indicator in 2012, however its current status is unclear (Australian Institute of Health and Welfare, 2016).

Incentives to collaborate can take financial or non-financial forms. Introducing a financial incentive, however, can be risky: some providers might collude in an otherwise competitive market, or worse, it can introduce a perverse incentive to share poor information. Therefore, the Evaluation Team suggests that DCJ conducts some initial piloting of non-financial incentive systems. These might include:

- Rewarding collaborative practice using non-financial incentives such as feedback mechanisms
- Using norms-based messages to highlight that other providers are collaborating
- Reducing the ‘hassle factors’ to sharing information between providers (e.g. by ensuring that the administrative processes of different providers are interoperable)⁶
- Encouraging regular meetings between providers (e.g. by subsidising PYI conferences) to build informal networks between frontline staff
- Offering PYI providers training on the relevant legislation regarding information sharing
- Develop feedback loops to show where collaboration has worked well.

1.2.4. Formalise accountability for conducting mental health and physical disability assessments before young people leave OOHC

Young people in PYI are presenting with undiagnosed disabilities and untreated mental health conditions. DCJ should formalise who is accountable for ensuring that mental health and physical disability assessments are completed for young people as part of their leaving care plan. It is particularly important to establish who is responsible for ensuring that young people who require support from the National Disability Insurance Scheme (NDIS) have had their applications for support approved before they leave care.

Additional work is required to integrate ‘independent living’ options for young people with disabilities. It is evident that young people with disabilities can live independent lives but may require more nuanced and specialised support than is available through PYI. This important nuance should be communicated across the system to avoid the discovery of a disability (or the fear of the discovery of a disability) being a barrier to an effective needs assessment.

1.2.5. Commence PYI earlier to facilitate the development of relationships between providers and young people

Feedback from young people receiving PYI included a strong desire for the service to start at a younger age. Young people felt this would provide them with a longer period of time to build a relationship with their personal advisor, consider their future and work towards their leaving care goals in an achievable timeline. While support for this idea was mixed among PYI providers and DCJ representatives, the fact that the PYI model supports the exercise of choice and control for young people — a critical living skill for success in adulthood — suggests a younger intake into the program is warranted. A significant factor in the success of this recommendation will be the development of a solid working relationship between the PYI provider and the young person’s OOHC caseworker.

⁶ For example, by making sure that forms providers use to describe young people’s situations ask the same questions, so that frontline workers are not dissuaded from asking for information from another provider because they know that it will involve re-entering information into different systems.

1.2.6. Encourage choice and control throughout the system to better integrate developmental stages

Feedback from young people highlighted the importance of providing them with choice and control over decisions that affect them. For example, young people were more positive about sharing accommodation if they chose to share a house rather than having that choice made for them. Others had multiple mentors during their time at PYI and their perceptions of this as negative or positive hinged on whether or not they had control over the reason for the change of mentor.

This suggests that additional opportunities to provide young people with choice and control should be embraced both within PYI and the OOHC system. Potential possibilities include providing options to young people regarding:

- The option to remain with their carer and choose when they live independently
- Options on which type of housing they wish to live in — shared or own tenanted accommodation or non-private rental market options such as transitional housing
- The option to choose between two different personal advisors (or any other case manager) if their previous one leaves.

1.2.7. Commission a longer-term follow-up evaluation

It is evident from this evaluation that young people are experiencing housing instability prior to leaving care and that, in the medium term, PYI appears to have a positive impact on housing outcomes. Additional research that includes a longer follow up period and additional outcomes, for example, health, education and employment indicators, would provide DCJ with additional insight into the impact of PYI.

1.2.8. Revise the PYI program guidelines to provide additional clarity to service providers about core practices

The Evaluation Team recognises and acknowledges the commitment that DCJ have shown to implement a program that integrates user-centered feedback loops and seeks to place young people at the centre of the program. However, this is not a substitute for codifying core practice elements and understanding what components help young people and how they do it.

The evaluation established most PYI providers took between 12-18 months to codify and deliver services they perceived to be effective. If PYI is to be scaled-up or implemented in other locations, the PYI program guidelines should harness these insights to formalise core practice elements — including how evidence-informed practices can be further integrated and implemented well — to give providers direction on what supports needed to be provided to young people at different stages.

It is necessary to have sufficient detail about the program's essential elements to be able to train staff to implement PYI with fidelity, replicate PYI across multiple settings and measure the use of PYI. These essential elements include a clear description of the program, including the program's core components, detailed operational definitions of the program's core components and a mechanism to capture fidelity and performance data. Currently many of these details are described verbally or implied, but not stated. To use the example of PYI accommodation, it could be detailed that: young people have a choice about where they live and that the decision to share with others is their own, as is the decision about who they share accommodation with.



2. Background & Context

2.1. Youth Homelessness in NSW

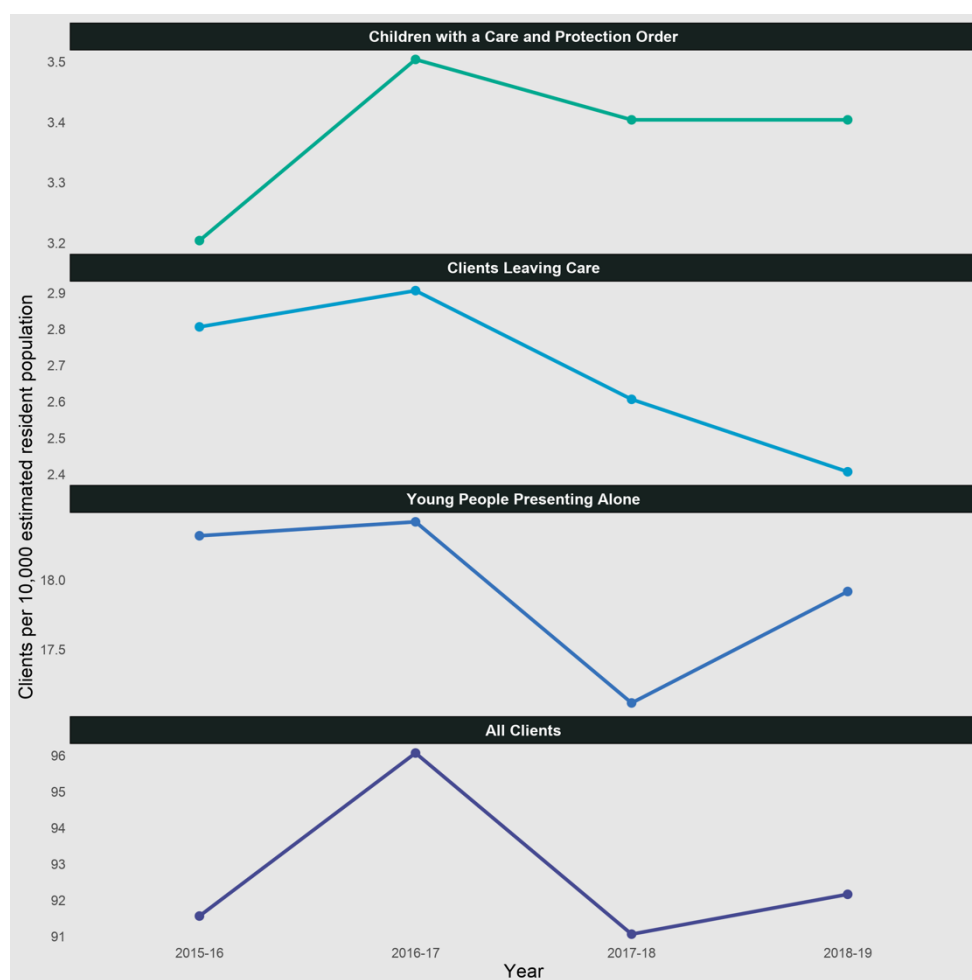
Young people need access to a range of accommodation and support services to develop their skills to live independently. Young people experiencing homelessness can face increased disadvantage compared with their peers, as they may lack access to family support and networks. The transition to adulthood of young people in the OOHC, youth justice and disability systems can be challenging for both young people and the service systems designed to meet their changing individual needs. All too often, the transition does not go well as indicated by the high number of young people who end up experiencing homelessness during or after leaving care (Homelessness Australia, 2017).

The Australian Institute of Health and Welfare (AIHW) reports homelessness and services outcomes on a number of at-risk populations who are at particular risk of homelessness, including:

- *Children with a Care and Protection Order* — who are aged under 18 and reported they are under a care and protection order with arrangements that include residential care, foster care or kinship care,
- *Clients Leaving Care* — whose reason for seeking assistance included transition from foster care/child safety residential placements or transition from other care arrangements; and
- *Young People Presenting Alone* — which includes all 15-24 years who present alone to a specialist homelessness agency.

Figure 2.1 shows trends amongst clients in these groups accessing Specialist Homelessness Services (SHS) in NSW between the years of 2015-16 and 2018-19. Due to the limited number of data points, it is not possible to draw any specific conclusions about the direction of these trends beyond the observation that the year-on-year variations are comparatively minor, suggesting a static trend.

Figure 2.1 Individuals presenting at specialist homelessness services in NSW (2015-16 — 2018-19)



Source: Australian Institute of Health and Welfare (2020)

2.2. Youth transitioning from care are an at-risk population

Young people who experience abuse and neglect by their parents or carers can be placed in out-of-home care (OOHC). OOHC takes three major forms:

- *foster care* — where care services are provided by individuals not necessarily known to the recipient;
- *kinship care* — where those providing care are connected to the recipient through blood or kin ties; and
- *residential care* — where care is provided in an institutional setting.

Whilst the three forms of OOH are quite different, young people can experience one or more of these OOH care types and similarities have been identified across them: children in OOH are often the victims of childhood trauma (Garland, Landsverk, Hough, & Ellis-MacLeod, 1996; Stein et al., 2001); minimal standards of care are required in each OOH setting; and financial support, if provided, ceases when young people reach a certain age (Bergström et al., 2019).⁷

Young people who leave or transition out of OOH arrangements commonly experience poorer outcomes across a range of indicators relative to their counterparts in the general population (Courtney, Dworsky, & Pollack, 2007; Cusick, Havlicek, & Courtney, 2012; Doyle, 2007; Hook & Courtney, 2010; Stewart, Kum, Barth, & Duncan, 2014). For example, young people leaving care face higher rates of homelessness, unemployment, reliance on public assistance, physical and mental health problems, and increased contact with the criminal justice system than their peers (Barth, 1990; Berzin, Rhodes, & Curtis, 2011; Cusick et al., 2012; Heerde, Hemphill, & Scholes-Balog, 2018; Kushel, Yen, Gee, & Courtney, 2007).

These outcomes may be due to pre-existing mental health and other challenges, insufficient life skills knowledge or training, or may simply be related to the fact that they must fend for themselves at a much earlier age than peers who can rely on their birth families for personal and material support (Donkoh, Underhill, & Montgomery, 2006).

There is a growing recognition that young people transitioning from care are often unprepared to successfully live independently, and the type and amount of support they receive is insufficient to prevent adverse outcomes as young adults (Heerde et al., 2018).

2.3. The Premier's Youth Initiative Model

In 2015, the then Premier of NSW, Mike Baird, committed to delivering twelve Premier's Priorities. One of those Premier's Priorities focused on youth homelessness and sought to increase the proportion, to more than 34 per cent, of young people who successfully move from specialist homelessness services to long-term accommodation by 2019 (Cruickshank, 2015; NSW Government, 2019a, 2019b).

As part of the focus on youth homelessness, the NSW Government provided \$40 million over four years to pilot a new program — the Premier's Youth Initiative (PYI). The PYI aims to prevent homelessness among at-risk young people leaving care and divert them from the homelessness service system (NSW Department of Family and Community Services, 2018).

2.3.1. What is the PYI model?

PYI has been developed and funded by the NSW Department of Communities and Justice (DCJ). The service model has been designed to provide a combination of:

- personal advice,
- education and employment mentoring,
- transitional accommodation support, and
- long-term accommodation.

⁷ Kinship care can be financially supported at similar rates as foster care, at lower rates, or not supported financially.

The design of the model was based upon the belief that young people leaving care need both formal and informal support to avoid adverse outcomes, including homelessness.

The PYI intervention contains seven service components across four core components that are provided by one or more of the three key roles involved in service delivery:

- the Personal Advisor (PA),
- the Education & Employment Mentor (EEM) and
- the Transition Support Worker (TSW).

A description of the seven service components — as per the PYI program guidelines — is included in Table 2.1, the four core components are detailed in Table 2.2.

Table 2.1 The Premier's Youth Initiative: Service Components

	Personal Advisor	All clients receiving PYI services will have access to a PA. The PA acts as central contact for all PYI services and has particular responsibility for implementing core components 1 and 2 (see Table 2.2 below).
	Education & Employment Mentoring	All clients receiving PYI services will have access to an EEM. The EEM has particular responsibility for the delivery of core component 3 (see Table 2.2 below).
	Accommodation	Some clients receiving PYI will receive subsidised head-leased accommodation. Head-leased accommodation will help clients to establish single occupant or shared accommodation via subsidised properties. The objective is to enable young people to remain in accommodation where they have established support networks, following the end of or exit from the program.
	Transitional Support	Some clients receiving PYI will have access to transitional support. The TSW assists the young person to gradually develop the skills, knowledge and strategies to manage their own accommodation needs. The TSW has particular responsibility for the delivery of the PYI core component 4 (see Table 2.2 below).
	Brokerage	Brokerage can be used to purchase services and/or items considered essential to achieve client outcomes identified to support the young person to successfully transition to independent living.



Engagement

It is the responsibility of all PYI roles to continuously assess and monitor the engagement level of young people referred to the program and to actively work to increase this engagement as needed. Motivational Interviewing (MI) has shown to be effective in improving both entry, engagement and attrition rates of clients referred to different types of services and treatments. All PYI roles – the PA, the EEM and the TSW – are therefore expected to: regularly apply Motivational Interviewing in interactions with young people; and regularly receive supervision that integrates coaching focused on the use of MI in PYI service delivery.



Evidence-informed practice integration

The responsibility for evidence-informed practice integration is shared among all roles involved in delivering PYI to young people. Recommended evidence-informed interventions related to different needs of the PYI target group are being offered to PYI staff. These include: motivational Interviewing; trauma and addictions and trauma informed practice.

Source: NSW Department of Family and Community Services (2018)

Table 2.2 The Premier's Youth Initiative: Core Components

 #1: Leaving care plan implementation	<ul style="list-style-type: none">• Conduct needs assessment• Define goals for young person's development• Monitor plan progress and refine actions and / or goals as required• Identify implementation barriers and adjust strategies as needed• Help young person to access support services as needed (e.g. mental health)• Develop young person's skills to engage with support services• Provide ongoing support to young person• Access brokerage as required
 #2: Strengthening young people's prosocial support networks	<ul style="list-style-type: none">• Define goals for young person's positive personal support networks• Monitor plan progress and refine as required• Identify implementation barriers and adjust strategies as needed• Connect young person to prosocial support networks / disconnect youth from antisocial peers• Provide ongoing support to young person
 #3: Education and employment mentoring	<ul style="list-style-type: none">• Define goals for young person's educational development / employment• Monitor plan progress• Identify implementation barriers and adjust strategies as needed• Connect youth to educational services / employment opportunities as needed• Develop young person's skills to apply for jobs, attend job interviews and be reliable employees• Provide ongoing support to young person



#4: Transitional Support

- Assess the young person's accommodation needs
- Define goals for young person's accommodation management
- Connect young person with community housing provider or real estate agent as required
- Advocate on behalf of young person with real estate and/or community housing provider
- Build capacity of young person to manage all aspects of a current and future tenancy
- Monitor plan progress and refine actions and goals as required
- Identify implementation barriers and adjust strategies as needed regularly

Source: NSW Department of Family and Community Services (2018)

2.3.2. Who is eligible for PYI?

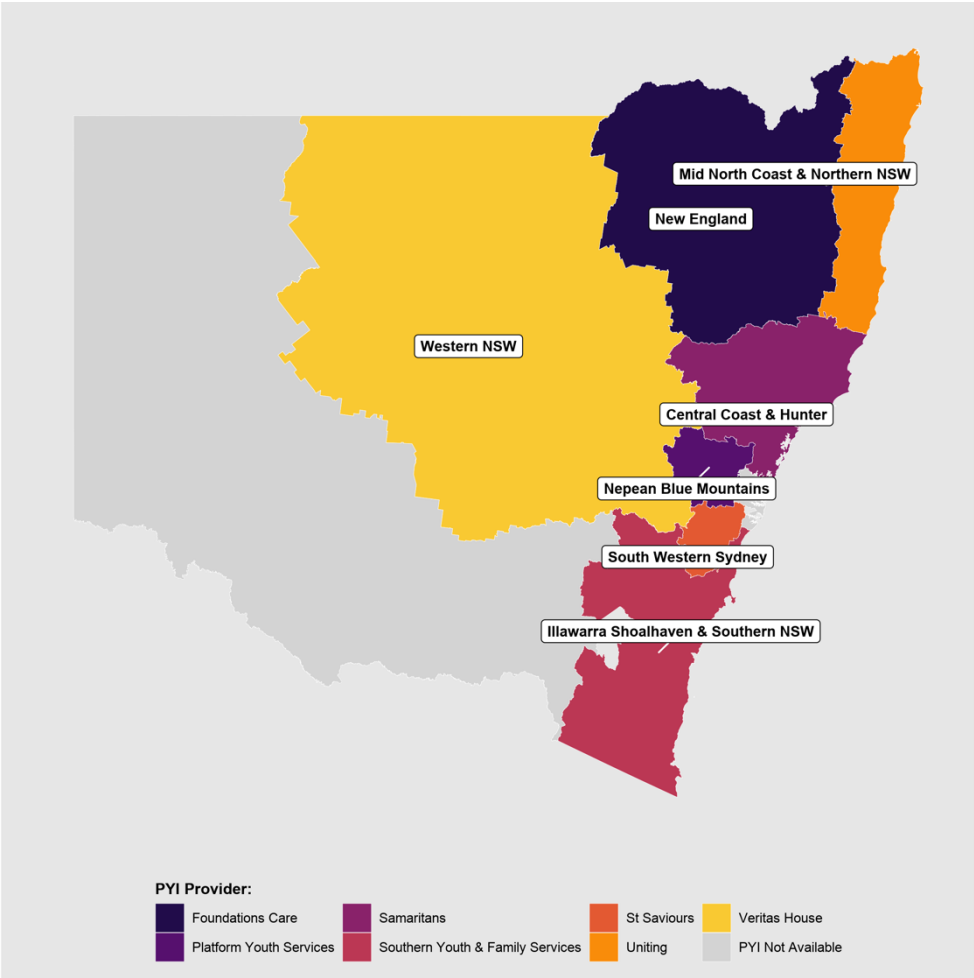
Eligibility for entry into PYI includes:

- Young people living in the target locations — Central Coast, Hunter, New England, Illawarra Shoalhaven, Nepean Blue Mountains, South Western Sydney, Southern NSW, Western NSW, Mid-North Coast and Northern NSW
- Aged between 16.75 (16 years and 9 months) and 17.5 (17 years and 6 months) and who meet one or more of the following inclusion criteria:
 - leaving residential OOHC,
 - leaving OOHC with placement instability,
 - leaving a permanent OOHC placement, and
 - leaving OOHC after being in care 12 months or longer.

2.3.3. Who is providing services?

PYI services are provided by non-government service providers who were engaged through a competitive tendering process. Seven providers were contracted to provide services across the ten DCJ districts in which PYI was piloted. The providers and the locations they service are detailed in Figure 2.2 below.

Figure 2.2 PYI providers and their catchment areas





3. Evaluation Methodology

3.1. About this approach

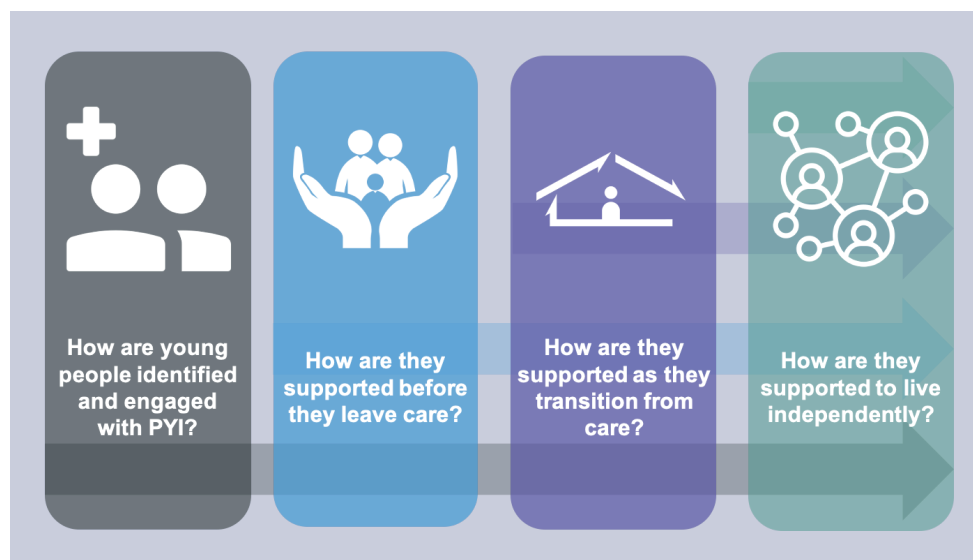
The evaluation used a Hybrid Type I design to rigorously test whether PYI was delivered as intended and whether it resulted in better outcomes for young people who received it. Specifically, the evaluation approach:

- *Was informed by the lived experiences of service users* — it involved obtaining service user perspectives, and considered their needs in terms of the timing, type, frequency, method of delivery and availability of services.
- *Was informed by Implementation Science* — to generate actionable insights into where PYI is performing well and where it can be improved
- *Used a robust quasi-experimental evaluation design* — to assess client outcomes from regularly collected administrative data and the cost of delivering the service
- *Incorporated the perspective of providers and the funder* — to guide the analysis of implementation barriers and enablers at the local and system level
- *Placed ethical research principles at the forefront* — to ensure that the interests of young people were not threatened by the conduct of the evaluation.

3.1.1. Considered from the perspective of the service user

Where possible analysis of client and implementation outcomes was considered from the perspective of the young people accessing PYI services. This organising framework — conceptualised in Figure 3.1 below — allowed the Evaluation Team to consider how different aspects of PYI reflected the changing needs of young people as they transitioned from OOHC to adult living arrangements.

Figure 3.1 Conceptualisation of the client journey through PYI



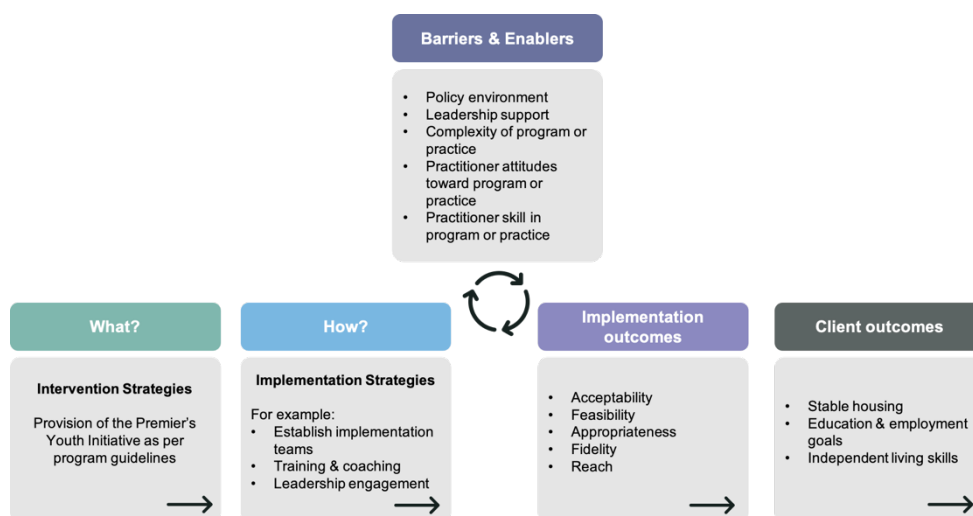
3.1.2. Informed by implementation science

The field of Implementation Science aims to close the gap between research and practice by studying and applying methods to promote the uptake of evidence-informed programs and practices into 'business as usual', with the aim of improving service quality (Eccles & Mittman, 2006).

Implementation focuses on 'how' a program or practice will fit into and improve a service (Burke, Morris, & McGarrigle, 2012). Implementation evaluation focuses on understanding what has been implemented and how well the program has been implemented in the context of an organisation and service system. This focus is important because evidence from human services shows that effective programs are dependent on effective implementation (Fixsen, Blase, Metz, & Van Dyke, 2013; Glisson et al., 2012). The notion that good implementation outcomes are a precursor to positive intervention effects is captured by Proctor et al.'s conceptual model of implementation research (2009, 2011). This model distinguishes implementation outcomes from service system and client outcomes — see Figure 3.2 below.

The basic assumption reflected in this model is that in order to achieve positive outcomes for young people, services need to be delivered with high quality for them to be accessible, timely and effective. Such service quality will only be achieved if considerable effort is put into their implementation, a process that can be measured in different ways and with a focus on different aspects.

Figure 3.2 A conceptual model for assessing the implementation of PYI



Source: Adapted from Hateley-Browne et al (2019), Lyon & Bruns (2019), Proctor (2009)

3.1.3. Quasi-experimental methods were employed to assess if PYI was effective

Propensity Score Matching (PSM) was used to generate a control group of young people who did not receive PYI from the larger sample of all young people in OOHC who met eligibility criteria. Controls were selected from geographic areas where PYI was not available. These groups were followed, over time, to compare the frequency, timing, type and duration of homelessness services that were utilised after young people turned 18. This process appears to have generated a valid counterfactual.

3.1.4. Perspective of the provider and funder was synthesised to gain insights into the implementation of PYI

A mixed-method approach to 'triangulate' qualitative data from DCJ head office, DCJ districts, PYI providers and housing providers was used to gain an in-depth understanding of how PYI was implemented in each location. Interviews focused on the barriers and enablers of service delivery at both the local and broader housing and child protection system levels. This was achieved through data convergence and connection – a process where all sets of data are compared to determine if they meet the same conclusion and/or build upon one another to expand, transform or elaborate the depth of findings (Palinkas et al., 2011).

3.1.5. Utilised the lived experience of service users through a client voice

The acceptability and appropriateness of a program, as judged by the client, are key measures of implementation outcomes (Proctor et al., 2011). Clients who find a program to be unacceptable or inappropriate to their needs are less likely to engage with services and find themselves at increased risk of poor outcomes. Client perspectives were captured using focus groups with young people receiving PYI services.

3.1.6. Ethical approval and processes

As part of this evaluation contract, DCJ specified that the Evaluation Team should secure ethical approval through a National Health and Medical Research Council (NHMRC) approved Human Research Ethics Committee (HREC). Accordingly, ethical approval for the

conduct of the PYI evaluation was secured through the Monash University Human Research Ethics Committee (MUHREC) — Ethics identification number: 18216.

Feedback from the MUHREC during the review process influenced decisions about providing sufficient information about the project to participants, securing their informed consent, detailing the information sought from participants and the mode in which it was secured and stored. The conditions of our approval required us to:

- *provided participants with an explanatory statement* — that outlined the purpose of the interview or focus group and how any information that was provided would be used;
- *obtain informed consent from participants prior to their participation* — either through use of a consent form or a recorded verbal consent process;
- *protect the confidentiality of research participants* — by de-identifying any information that was collected and reporting it in aggregate so that individuals or organisations could not be identified; and
- *respect the time and interests of participants* — by limiting the time commitment asked of them and providing a small incentive payment to PYI clients who participated in a focus group.

3.2. Evaluation aims and scope

The aim of this evaluation was to investigate whether or not young people who received PYI were less likely to utilise homelessness services after turning 18. Of particular interest was whether PYI improved housing outcomes for different subgroups of young people leaving care. Therefore, the evaluation focused on:

- how PYI was implemented in different locations;
- the outcomes achieved for young people who received PYI relative to a group of similar young people who did not; and
- the cost of providing PYI services.

The evaluation questions for each element of the evaluation are detailed in Table 3.1 below.

Table 3.1 How the evaluation questions were approached

Evaluation Question	Approach	Method & Source
What is the level of client satisfaction with the PYI services received?	Examining client perspectives of PYI services	In person focus groups with young people receiving PYI in each of the locations where it has been implemented
What were the barriers and facilitators identified as crucial for PYI implementation?	Identifying barriers and enablers that influenced the implementation of PYI from the perspective of PYI providers, PYI housing providers and representatives from DCJ	Focus groups with PYI providers, PYI housing providers and representatives from DCJ

Were the PYI services implemented as planned?	Analysis of how the PYI model was implemented by different providers	Focus groups with PYI providers and Implementation & Costing Survey
Can the PYI prevent or delay homelessness in young people leaving the OOHC system?	Analysis of housing outcomes among young people receiving PYI and a similar sample of young people who did not receive PYI	Quantitative analysis of linked administrative data (CIMS and ChildStory)
Can the PYI prevent or delay the risk factors and consequences of homelessness?	Analysis of select outcomes, within those young people receiving PYI	Quantitative analysis of linked administrative data (CIMS and ChildStory)
What is the unit cost of providing PYI services to young people?	Analysis of the cost of providing PYI at each site	Implementation & Costing Survey
What are the elements that determine the makeup of the unit cost?	Analysis of the cost of providing PYI at each site	Implementation & Costing Survey

3.3. Information sources

The evaluation utilised three main sources of information to inform its analysis, each of which are detailed below:

- Regularly collected administrative data
- Focus groups with young people receiving PYI, PYI and housing providers and representatives from DCJ
- A survey of PYI providers to understand implementation details and program-related expenses

3.3.1. Regularly collected administrative data

To establish whether the type and dose of PYI services was associated with outcomes of interest, longitudinal information about the type, frequency, duration and timing of services that each young person received was required, as was information about the nature and extent of their OOHC service history both before and after entry into PYI.

The source for PYI-specific data was the Client Information Management System / Specialist Homelessness Services (CIMS/SHS), a database originally built to house provider data for Specialist Homelessness Services (SHS). Extracts from CIMS/SHS are normally used to provide standard reports to DCJ and the Australian Institute of Health and Welfare (AIHW). As such, CIMS/SHS is not structured for individual-level, longitudinal analysis, necessitating significant work by the Evaluation Team to create an analysis-ready dataset. Once created, a CIMS/SHS statistical linkage key (SLK) was securely provided to DCJ data custodians and was linked with an analogous SLK generated in ChildStory — the database that houses out-of-home care and child protection data for NSW. This linked database was then used to identify a statistically matched comparison group amongst young people who did not receive PYI and both groups were followed, over time, to ascertain if and when SHS were accessed.

3.3.2. Focus groups with young people, PYI providers and DCJ representatives

Focus groups were used with different stakeholders to obtain their perspectives on the implementation of PYI. The Evaluation Team has expertise in the collection of data with vulnerable groups, and this approach was used successfully in the incorporation of the voice of clients through the use of face-to-face focus groups in late 2019. In-person focus groups were held with PYI providers at the same juncture. The COVID-19 pandemic prevented the Evaluation Team from undertaking further face-to-face data collection. The final round of implementation focus groups with DCJ representatives and PYI housing providers was undertaken using videoconferencing.

3.3.3. Costing and implementation survey

The Evaluation Team collected data from PYI providers using an online survey to inform both an estimate of the unit cost or 'cost per spell' of PYI services and to understand how PYI services were implemented in each location. The survey collected information on financial and human resources used to deliver PYI services, how staff used their time and what services they delivered to young people at different stages as they transitioned from OOH to adult living arrangements.

3.4. Evaluation context

In 2017, DCJ engaged the Centre for Evidence and Implementation (CEI) and its partners, the Behavioural Insights Team (BIT) and the University of Melbourne (now contracted with Monash University, Department of Social Work) to undertake an implementation, outcome and economic evaluation of the PYI from 2017-2020.

In the tender and contract for the evaluation, DCJ specified that the evaluation utilise a randomised control trial (RCT) to measure the impact of the program on client outcomes and a cost-benefit analysis (CBA) to estimate its economic impact from a whole-of-NSW perspective. Additionally, DCJ wished to undertake a series of rapid prototyping cycles to refine the PYI model in one location based upon provider and client feedback.

3.4.1. Randomised Control Trial

The evaluation was named the Care Leaver Accommodation and Support Service (CLASS) and encompassed the development, implementation and evaluation of a novel intervention, PYI, to reduce the risk of homelessness for young people leaving care in comparison to usual services.

Following the commencement of the evaluation it became apparent that a number of model assumptions had the potential to affect the viability of the evaluation. In particular, these related to:

- *The target population* — calculations made by the Evaluation Team showed that the projected population of young people eligible for PYI in the selected regions was not large enough to sustain four iterations of service improvement (prototypes) and still have an adequate number of study participants to conduct a sufficiently powered RCT.
- *The practice model* — an analysis by the Evaluation Team also showed that with the original eligibility criteria — 17 years old, not currently receiving after-care case support, leaving statutory OOH and characteristics of placement instability — the

number of young people eligible for PYI would be too small to allow for a suitably powered RCT

- *The proposed outcome measures* — a review of existing outcome measures revealed a lack of reliability (capacity to consistently capture information) and validity (capacity to accurately measure the concepts in focus). Hence, an exploration of alternative outcome measures was required.

To address these and other issues, the Evaluation Team provided recommendations, proposed measurement tools and completed necessary pre-trial processes including:

- *Prototyping and RCT commencement* — a recommendation was made to commence the RCT earlier than anticipated following a single round of service improvement thereby reducing the number of 'prototype' stages from four to one to allow for a greater number of the target population to remain eligible for the RCT
- *Expanding the eligibility of the PYI* — it was suggested that PYI inclusion criteria should be expanded to also include young people in permanent placements and who have been in placements for 12 months
- *Developing a comprehensive survey tool to measure client outcomes* — replacing the proposed outcome tool with a range of reliable, validated measures that are closely and accurately aligned with the intervention and its intended outcomes
- *Identifying the young people eligible for the evaluation in the districts where PYI is provided* — the Evaluation Team used administrative data from the Key Information Directory System (KiDS) to identify young people eligible for the RCT
- *Obtained ethical approval* — University of Melbourne and Monash University Human Ethics Research Committee (HREC) approval
- *Critically reviewing the draft program logic* — the draft program logic was revised to incorporate implementation measures and appropriate outcome measures for each domain of the Human Services Outcome Framework
- *Suggesting potential training that PYI providers could undertake* — recommended that providers undertake training in Motivational Interviewing
- *Incorporating high-quality evidence from the literature into the program guidelines* — based upon the findings of an evidence review, the Evaluation Team suggested a number of amendments to the program guidelines including reducing the number of different workers providing support to the young person from three to one
- *Development and provision of training to individuals using the survey instrument* — the Evaluation Team produced protocols and training material covering obtaining informed consent, handling sensitive data and randomly allocating clients into PYI or usual services groups
- *Suggestions and proposals to increase the rate of recruitment to the RCT* — the Evaluation Team provided DCJ with several solicited proposals to manage recruitment to the RCT.

During this time, most of this advice was integrated into the program, with the exception of suggested amendments to the PYI Program Guidelines and proposals to increase the rate of recruitment to the RCT.

Following this extensive process, the RCT commenced in January 2018. Five months later — in May 2018 — it was cancelled at the personal direction of the Minister due to concerns that the control group would not receive the intervention. The cancellation of the RCT had significant implications for evaluation progress.⁸

3.4.2. Evaluation outputs

Over the course of the evaluation the following products have been produced by the Evaluation Team:

- *Project Implementation Report* (June 2017) — provided advice to assist with the development of the practice model, evaluation plan and program guidelines. It includes advice on prototyping and RCT commencement, PYI eligibility criteria, and the use of the PYI outcomes tool.
- *Evaluation Plan for RCT* (July 2017) — the Evaluation Plan was based upon the ethical approval obtained through the University of Melbourne Human Ethics Research Committee. It details the methodology and processes to be used during the course of the RCT evaluation across the outcome, implementation and economic evaluation.
- *Service Improvement Report* (November 2017) — included a program logic for the PYI program and detailed comments on the draft Program Guidelines developed by DCJ.
- *Continuous Quality Improvement Plan* (June 2018)— included processes to operationalise implementation strategies including draft terms of reference for Central and District Implementation Teams, using a Plan-Do-Study-Act cycle, and a question bank to use as an end-user feedback tool for use by DCJ/PYI providers to collect feedback from clients
- *Evaluation Plan for Quasi-Experimental Design* (QED) methods (October 2018) — detailed the methodology and processes to be used during the course of the QED outcome and implementation evaluation
- *Ethical approval for QED methods* (April 2019) — confirmation that ethical approval for the revised QED methods was secured through the Monash University Human Ethics Research Committee
- *Interim Evaluation Report* (November 2019) — detailed the interim findings of the evaluation, focusing on the implementation of PYI.

3.5. Impact of COVID Pandemic

The public health measures put in place to control the COVID-19 pandemic from March 2020 prevented the collection of face-to-face data for research purposes. This impacted the Evaluation Team's ability to:

- Conduct face-to-face focus groups with representatives from DCJ, and

⁸ The cancellation of the RCT required the Evaluation Team to cease all activities. The HREC from which approval was obtained was informed and a protocol paper was withdrawn from an academic journal that was in press. The cancellation of the RCT prevented the Evaluation Team from continuing the evaluation activities as previously outlined in the contract. To decide how to proceed, a series of meetings were held between members of the Evaluation Team and DCJ whereby a revised scope for the evaluation was negotiated. These four meetings occurred over a six-week period in August and September 2018.

- Mobilise PYI providers or OOHC caseworkers to collect additional information from young people using a survey instrument.

To address these limitations the Evaluation Team, in concert with DCJ, agreed to:

- Complete focus groups with representatives from DCJ and PYI providers using videoconferencing platforms, and
- Replace the baseline survey with two additional evaluation questions that explored the cost of providing PYI services.

3.6. This report

The remainder of this report is structured around the evaluation questions with a chapter addressing each question. Each chapter includes a brief description of the context, methods used and key insights generated by the Evaluation Team. Additional information is included in appendices. It is structured as follows:

- Chapter 4 — What is the level of client satisfaction with the PYI services received?
- Chapter 5 — What were the barriers and facilitators identified as crucial for PYI implementation?
- Chapter 6 — Were the PYI services implemented as planned?
- Chapter 7 — Can the PYI prevent or delay homelessness in young people leaving the out-of-home care system?
- Chapter 8 — Can the PYI prevent or delay the risk factors and consequences of homelessness?
- Chapter 9 — What is the unit cost of providing PYI services to young people?
- Chapter 10 — What are the elements that determine the makeup of the unit cost?

4. What is the level of client satisfaction with the PYI services received?

Key takeaways



Young people receiving PYI services who participated in focus groups were strongly positive about the support they received through the program, particularly the client-centered manner in which PYI workers engaged with them.



Participants regularly used their prior experiences with OOHC providers to highlight points of difference in the way in which PYI engaged with them. Young people highly valued the manner in which PYI providers empowered them by providing ‘choice and control’ over decisions that affect them.

4.1. Introduction

Despite their status as a core user type, perspectives of service users are frequently ignored, not captured or narrowly focused (Sanders & Kirby, 2014). In human services, most service user feedback has been captured through satisfaction surveys, which is problematic as satisfaction measures are prone to bias if the user has no comparable experience on which to base their feedback. This is particularly an issue for service users who are socially disadvantaged, marginalised and dependent on needed services. Furthermore, service user needs extend to other domains including accessibility, cultural relevance and perceived flexibility (Becker, Spirito, & Vanmali, 2015). Consideration of these limitations led the Evaluation Team to frame client satisfaction through the lens of the ‘client voice’.

4.1.1. What is the ‘client voice’?

The Australian Institute of Family Studies describes the importance of child, youth and family services in enhancing opportunities for families to be heard, premised on the concept of a strengths-based approach to empowering children and families. By considering the stories, perspectives, concerns and strengths, and respecting, acknowledging and creating space for the client voice, child and family services can strengthen their capacity to understand client needs and develop tailored, appropriate strategies for overcoming obstacles (McDonald, 2011).

‘Client voice’ can refer to the expression of views, needs, opinions, outcomes and experiences of the users of a community service (Victorian Department of Health and Human Services, 2019a). Although it is often an umbrella term for input from clients on their views on services, it is also the output of the activities in these services and is therefore very relevant at all stages of the child, young person’s and family’s involvement with the community service system, across individual, organisation, and system levels.

Adopting a client voice framework allows services to develop and maintain effective, safe, and person-centred practices for every client every time, while serving a secondary purpose of reinforcing the responsibilities and expectations of service providers in the system to constantly seek opportunities to listen and respond to the views and experiences of the child, youth and family (Victorian Department of Health and Human Services, 2019a).

By privileging the voices of children, youth and families, service providers can keep their practices centred around the client as individuals as well as within the broader context of the family. Research on person-centred services and care has demonstrated a significant impact on quality and efficiency of planning, developing and monitoring care, including a subsequent increase in the person’s engagement in their own care, motivation and empowerment in making changes to their own lives (Victorian Department of Health and Human Services, 2019b).

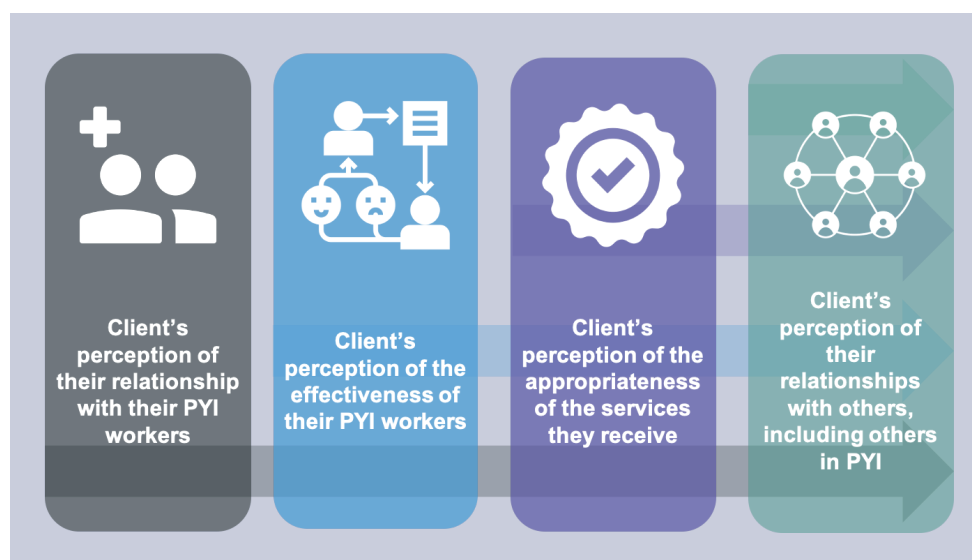
4.1.2. How was client voice considered in this context?

The Evaluation Team developed a conceptual framework to assess client voice that was based around their journey through PYI — see Figure 4.1. By applying the framework the Evaluation Team could explore positive and negative aspects of how young people perceived:

- *Their relationship with their PYI workers* — were they able to form a positive relationship with their mentors?

- *The effectiveness of their PYI workers* — were their mentors able to support them?
- *The appropriateness of the services they received* — did the advice and support they received through PYI help them with their life, employment, education and housing goals?
- *Their relationship with others, including other young people in PYI* — were they able to develop and expand their social networks?

Figure 4.1 Framework for assessing client voice in the context of PYI



4.2. Methodology

The Evaluation Team obtained client voice feedback through a series of focus groups with current PYI clients. A total of 36 young people from all PYI service providers participated in 8 focus groups held on the PYI provider's premises, with group sizes ranging from 3 to 10 — details of which are included in Appendix A.

Inclusion criteria for participants required them to be actively participating in PYI and aged over 18 years. This allowed providers to select a convenience sample based upon those young people who they felt had the capacity to participate and were available at the time of the focus group. The Evaluation Team recognises that this approach is most likely to result in a cohort of young people who are positively engaged with their PYI provider (i.e. a positively biased sample), and this may have influenced both the composition of the sample (it would not include those who have left the service or were unavailable or were simply not selected by the provider) and the information clients decided to share (i.e. response bias). However, this approach was selected due to the need to balance this concern with advice from providers — who expressed concern that this process could negatively affect their relationship with some particularly vulnerable clients — as well as resource constraints faced by the Evaluation Team.

Recognising that the population receiving PYI services is 'hard to reach', the Evaluation Team developed an approach that sought to prioritise client welfare while also balancing the need to protect the rapport that exists between client and provider. Key features of this approach included:

- *Informed consent allowed participants to opt out at any time* — which maximised choice for participants and allowed them to change their minds;⁹
- *Invitations came from a trusted source* — providers approached clients to invite them to participate, which also had the benefit of protecting the privacy and confidentiality of participants by using providers as an intermediary;
- *Non-repercussive nature of participation* — the Evaluation Team took careful effort to reiterate that there were no consequences to providing feedback on PYI services, regardless of their positive or negative nature. Participants were assured that feedback provided would not impact services that clients were currently receiving, or would receive in the future;
- *Checking in with participants prior to the commencement of the focus group* — if they wished, participants could request to have a support worker present, or waiting outside the interview room, to provide them with privacy where requested; and
- *An age limit was set* — clients needed to be 18 years or older to participate in the focus group.

4.3. Insights

Results of the analysis of client feedback is presented under the following categories:

- Relationship with worker
- Effectiveness of worker
- Appropriateness of services
- Relationships with others, including other young people in PYI

4.3.1. Relationship with worker

One factor that is hypothesised to be critical to the success of PYI is that a young person is able to form a strong positive relationship with their worker(s) that allows them to seek, obtain and action advice to further their transitions goals. Considering this, client feedback on their ability to form and maintain a relationship with their workers was considered through the prism of:

- *The individuals involved* — their ability to build rapport with their mentors
- *Accessibility* — their ability to ask for, and obtain, help when they needed it
- *Continuity* — the consistency of the relationship.

The individuals involved

Statewide, focus groups participants were effusive in their feedback about the positive relationships they had developed with their mentors, citing the trust, confidence and rapport between them as evidence. Whilst this feedback is potentially biased by the fact that focus group participants are more likely to be highly engaged in the program, it is nonetheless instructive that participants were almost universally consistent on this point.

⁹ The consent process is detailed in Appendix A.

Feedback from focus group participants suggests that there are three non-mutually exclusive factors which, in their eyes, contributed to their ability to form a relationship with their mentors:

- The client-centred role in which mentors engaged with them
- The manner and attitude with which mentors interacted with them
- The ability to bond over shared interests.

The strongest theme of feedback from young people relating to how mentors built relationships with them referred to the way in which mentors placed their interests and wishes at the forefront in a 'client-centered' fashion. Participants universally felt that mentors asked them what they wanted to achieve and then subsequently supported them to do so. For some, this was a significant positive change from the way in which they had been treated previously by adults in their lives.



**They listen more than they talk...
and they ask us what we want... we
have a choice about what we want
to do...**

A related element that helped support the mentor-mentee relationship was the way in which PYI workers interacted with their clients. There was a strong sense amongst focus group participants that their mentors "treated them as equals", "took them seriously" and "showed respect". Young people highlighted numerous everyday interactions where they felt that their mentors "made it easy to speak to them", "helped them feel like a person rather than a number" and "didn't give up on them when things didn't work out".

**Their approach here is really good,
it feels like they want to help...**

Some participants juxtaposed their experiences with their OOHC caseworkers in order to highlight the difference in approach. Unfortunately, many had negative experiences with OOHC caseworkers in which they characterised their relationship as impersonal, transactional, compliance-driven and sometimes adversarial. In a similar vein, there was a positive perception amongst young people that their PYI mentors 'prioritised them', which they negatively contrasted with the perceived limited engagement, time and energy that they felt their OOHC caseworkers had spent with them.



It's nice and casual, compared to dealing with FACS, that felt like an interview

Several young people mentioned that they were able to build relationships with their mentors based on shared interests or experiences, which they felt helped to break down barriers and develop trust. Some of the examples cited by young people included mentors using shared interests in sports, music and video games initially as icebreakers and then in an ongoing manner that they felt they could use as a circuit breaker when they needed a break from talking about “big issues”. Other young people highlighted that the way in which they looked up to mentors as role models who they wanted to emulate helped to cement their bond.



It's good to make contact with these people, they offer good life experiences and they're good role models

Accessibility

Focus group participants felt that their mentors were approachable and supportive and able to provide advice or assistance when it was required. There were, however, some limitations. The key themes that emerged relating to accessibility included:

- Frequency of engagement
- The time and days which young people could get in contact with their mentors.

Regarding frequency of engagement, while most participants felt that their mentors were able to provide welcome support, there was a strong desire from many young people for access to additional support at a frequency beyond what is currently provided. They wished to meet with their mentors more often, particularly after they left care. Nonetheless, focus group participants demonstrated a high level of understanding that their mentors had competing priorities and were not able to cater to all of their needs immediately.



I wish there was more of them, we would get to see them more often

If there was an area that some clients felt could be improved upon, it was being able to access support out of hours or if their personal advisor was unavailable. Most PYI workers

worked standard business hours during the week and some young people felt they would benefit from being able to speak to someone out of hours or on the weekend.



My PA works part time and it can be hard to get hold of them

Continuity

A couple of participants stressed the importance of continuity in relationships for this cohort. Their care experience, where they might have had multiple carers and caseworkers, was characterised by people coming in and out of their lives. As young people transition to independence, the importance of continuity in the individual(s) providing support for them was raised repeatedly.

Some young people had multiple mentors over time. Their perceptions of this as negative or positive hinged on whether or not they had control over the reason for the change. Some participants hinted that they had a personality or style conflict with a previous mentor and were satisfied with a switch. Some others suggested that the switch was involuntary and they characterised the need to build a new relationship as jarring and difficult.



Having consistency is really important for kids like us...

4.3.2. Effectiveness of workers

It was hypothesised that young people who perceived their workers to be effective would be more likely to view PYI as meeting their needs. With this in mind, feedback was sought from young people on the perceived ability of workers to 'support them' and 'get things done'. PYI workers were almost universally perceived to be effective by their clients with feedback grouped around two key themes:

- *Persistence* — workers were perceived to 'not give up'
- *Reliability* — workers did what they said they would do.

Persistence

Participants in multiple focus groups highlighted the fact that their mentors 'didn't give up', which they viewed in a favourable light. This was characterised by the way in which mentors worked with them and the way in which they were observed working with individuals and agencies external to PYI.



These people pick up so much slack from FACS

Some young people reflected that they 'were not always easy to work with' and were prone to 'changing their minds'. Despite that, they were keen to point out that their mentors continually checked in with them, offered them support and 'left the door open'. This was viewed very favourably by some who noted that their mentors understood that they were going through a period of change and allowed them to be flexible with their goals, level of engagement and way of working together.



My [OOHC] case worker changed so many times, these guys [PYI] really make things happen

Focus group participants were highly aware of the policy and practice environment in which they were involved and had many reference points with which to compare the relative accuracy, speed and persistence of their PYI workers. Young people were aware that it was often difficult and time-consuming to get various documents and approvals from various parts of the 'the system'. Many expressed admiration for the way in which their workers approached the task.



Things were very slow when I needed something from my FACS caseworker, these guys are great

Young people were highly aware of their rights, particularly around obtaining, amending or accessing items in a leaving care plan, and many had a perception that other parts of the system, particularly DCJ or their OOHC provider, were not doing what they needed to do, or deliver on their promises. Their PYI workers were viewed as being able to navigate this system and get results, which many young people felt would not have happened without access to the program.



I didn't have a leaving care plan because I didn't know who my caseworker was, so they didn't do it

Reliability

Amongst participants in focus groups there was a perception that PYI workers were reliable in that they delivered on their promises. Participants often used prior experiences with their OOHC caseworkers as a point of comparison to demonstrate how they perceived them to be effective. Many young people felt that other actors in the OOHC system either had not fulfilled their responsibilities or delivered on their promises.

Many focus group participants shared experiences which highlighted how much they valued PYI workers following through with their promises. There was a strong perception that 'they did what they said they would do' and 'you could rely on them in a tough situation'.



Everyone gets shit done, it's so impressive

4.3.3. Appropriateness of services

Feedback regarding the appropriateness of the support and services young people received was mostly positive. One of the key drivers highlighted by focus group participants in multiple sessions was that PYI workers asked them what they wanted and used their needs to guide what they did next. However, young people did share their thoughts on some areas for improvement.

Young people were aware of resource constraints facing providers and they knew that service providers spent a lot of time and money getting them 'on their feet', for example, finalising leaving care plans and ensuring that they were in stable housing. In some cases that limited opportunities to progress medium- or long-term goals, particularly those related to education and employment.



They spend a lot of money getting the basics together, it would be great if there was a bit of money left over for education and work stuff

Some clients wished they could access PYI services at a younger age as they could see how the program would have benefitted them earlier. Others were somewhat aware of the selective nature of the program and hoped that the program could be extended so that younger siblings or friends could participate.

Specific feedback on the appropriateness of the services young people received is grouped in the following categories below:

- *Advice* — which includes those activities delivered by the Personal Advisor role
- *Education and employment* — covers support provided by the Education and Employment Mentor role
- *Transitions* — encompassing the Transitional Support Worker
- *Housing* — for those who received accommodation through PYI.

Advice

Focus group participants were effusive in their descriptions of the support and advice provided by their Personal Advisors. Their feedback suggests that this role fills a gap and the advice and support they receive is invaluable during the transition period. Echoing this, young people from a number of sites stated their appreciation for their workers' dependability and the much-needed stability that it provided them.

Other young people highlighted the flexible way that Personal Advisors approached their role, pivoting from helping with the leaving care plan one week to helping them move house the next.



Mine helped me put my bed together, a caseworker would never do that

There was a perception amongst some young people that there was a 'big rush' to get them ready for the moment they leave care, but less focus on their need for ongoing support. A couple of participants who had been 'independent' for 12 months or more stressed the importance of ongoing support as they negotiated new challenges. For example, changing study courses, getting a new job and moving to a new house created unexpected stresses and they 'felt like they were leaving care all over again'.

Education & Employment

Young people reported that the education and employment support they received was also generally supportive and helpful. Several participants described how they had successfully secured employment through the assistance of their workers, either through material support (procuring suitable clothing for interviews and work) or with interview preparation.

For those young people who had not previously been employed, they were acutely aware of the challenges they faced in obtaining a job without having had any prior experience. Many expressed appreciation for the work they did with their PYI workers to develop skills and build experience to allow them to get their first job.



It's really hard to get work without experience... I sent out heaps of CVs and had no luck... so [EEM] called around and found some places that were willing to take on someone like me and I got a chance. I couldn't have done that on my own

There was a perception that their workers went out of their way for their clients. There were two notable examples. In one, a worker drove a client to and from their place of employment as they did not have transport, and in another, the worker provided contacts to a client in another state to support their relocation for university.

Transitions

Feedback on the appropriateness of transitions support was generally positive, and some young people expressed how this support in particular was very helpful towards gaining greater independence after leaving care.

Feedback from young people suggested that they found the following useful:

- *Budgeting* — participants reported that they found courses and conversations about financial planning helpful, describing how it helped them feel more in control of their finances by saving money and keeping on top of debt and bills
- *Living skills* — participants noted that the practical life skills training and support, including grocery shopping trips, cooking lessons and cleaning tutorials, was important and useful, noting this helped them prepare for how to live on their own.



Resi kids like me need this, without this sort of help... we'd be fked**

Housing

Participants demonstrated a deep understanding of the difficulties of securing suitable accommodation in a competitive market, including the challenge of finding accommodation that was equidistant from work or TAFE/university.

Participants reported that they found the following beneficial to them:

- *Property viewing* — workers going out of their way to accompany them on accommodation viewings

- *Inspections* — workers were ready with advice on how to meet expectations during rental inspections, and on the importance of maintaining positive relationships with real estate agents and/or property owners
- *Build relationships with real estate agents* — young people expressed their understanding of how important it was for them, as tenants, to live up to the trust and confidence that the real estate agents and/or landlords had in the providers, to avoid negative tenancy experiences.

Regarding areas for improvement, most of the negative aspects of the appropriateness of services stemmed from factors external to the program such as the availability of housing in their location. However, two issues were raised multiple times:

- The need to share accommodation with someone else
- Their perceived inability to have a pet.

Those young people who shared PYI accommodation were not thrilled about needing to share with someone they did not know. There was a strong preference for having the option to live alone. Others recognised that they would likely need to share a place for financial reasons, however they expressed a desire to be able to choose someone else to live with ‘on their own terms’ rather than not having a choice in the matter.

A number of young people expressed a desire to have a pet, which they perceived they were unable to do under the conditions of the PYI accommodation.¹⁰ One participant highlighted it as a reason they would like to move.

Being at home alone isn’t great, so animals are important for us, it would be great to have a pet

4.3.4. Relationship with others, including other young people in PYI

Whilst helping young people build and develop their social networks was not an area about which young people provided a significant amount of feedback, it is important to highlight young people’s reflections, considering this is a program goal.

Through involvement in PYI, young people had opportunities to develop relationships with others in the program, which many found to be beneficial. Opportunities existed to participate in structured activities, such as cooking classes, music groups and playing sport, and unstructured activities, such as group trips to the beach, events or shows with the wider group.

¹⁰ Representatives from DCJ clarified that there are no specific conditions of PYI that prevent young people from having pets, which suggests that these conditions are imposed by landlords, strata managers or community housing providers.



We have a group chat where we can chat and swap tips... it's really helpful

A number of young people highlighted how the program brings them together for activities. This was perceived to be beneficial as it allowed young people to expand their social networks, feel as if they were part of something and share knowledge on things that have worked out for them.



Seeing the Christmas party with all us in the program together made me really happy

However, this experience was not universally positive, with some young people noting that they had difficulty building their social networks, either within PYI or outside it, though it is unclear whether this difficulty is a result of PYI's content or delivery.

5. What were the barriers and facilitators identified as crucial for the PYI implementation?

Key takeaways



Significant impediments to implementation were created at the outset in terms of communication between PYI and OOHC providers. Specifically, OOHC providers were not required to actively engage with PYI providers.



Many young people preparing to leave care had not yet received the support and services they were entitled to from their OOHC providers, for example approval of a leaving care plan, up to date medical care and key paperwork such as identity papers, which in turn placed a significant burden on the PYI provider to ensure such needs were met.



Young people who presented with mild-to-moderate undiagnosed disabilities needed substantial assistance to obtain access to the NDIS.



There were concerns that many young people in PYI do not possess the living skills to enter directly into the private rental market through PYI accommodation, but this does not mean they cannot live independently through a different pathway, for example, through the NDIS.

5.1. Introduction

The success or failure of a new policy or program can be affected by factors which both hinder and help its implementation, and ultimately its ability to achieve its intended outcomes. Factors that support the implementation of a policy or program are facilitators, while those that stymie it are barriers. A barrier to implementation could be the availability of resources, while a facilitator could be employing staff with the right skill mix (Bach-Mortensen, Lange, & Montgomery, 2018).

Ideally, barriers and facilitators should be explored prior to program implementation so they can be addressed during the implementation process. However, identifying those factors that hinder and/or enable the implementation of a program during an evaluation can help inform future service provision and improve implementation by providing:

- visibility of what is working and not working; and
- insights into which implementation processes require more focus.

5.1.1. Assessing barriers and facilitators using the Consolidated Framework for Implementation Research

The use of a conceptual framework can provide guidance in the interpretation of findings and how to apply them to practice. The Consolidated Framework for Implementation Research (CFIR) is a meta-theoretical framework that synthesises information and evidence about constructs and domains that affect implementation processes (Damschroder et al., 2009).¹¹ The CFIR can assist in an evaluation context by guiding evaluators to assess to what extent:

- the program or intervention was acceptable to providers and funders;
- local adaptations were required, permitted and applied;
- the program or intervention was implemented as intended; and
- what barriers and facilitators supported or hindered the implementation of the program.

¹¹ The CFIR describes five implementation domains that potentially impact the implementation of evidence-informed practices: 1. *The practice or intervention itself* – because its different attributes will influence how easily it can be taken up by individuals and organisations; 2. *The individuals involved in the implementation* – because their skills, expertise, attitudes and values can influence how they engage in the implementation process; 3. *The inner setting, or organisation/system, into which the implementation is embedded* – because factors such as hierarchical structures, climate and culture will influence how quickly and easily a new intervention can be adopted and used by an organisation; 4. *The outer setting surrounding the implementation* – because funding structures, legislation, policy agendas and similar factors in the environment of the implementation can change or completely stop an implementation; and 5. *The implementation process itself* – because the attention paid, resources invested and commitment made to an implementation process will enhance – or diminish – the likelihood of its success.

5.1.2. Applying the CFIR in the context of PYI

To provide DCJ with actionable and useful insights into the PYI model, the Evaluation Team adapted elements of the CFIR and developed a framework that takes into account how a client would experience PYI services. This involves examining the barriers and facilitators that arise at four critical junctures:

- Before the young person enters PYI
- Once they enter PYI and before they leave OOH
- Their transition from OOH to adult living environments
- As they live as young adults in the community

This framework — detailed in Figure 5.1 below — allows us to bring together perspectives from both service providers and the Department, while using the lens of implementation science to consider barriers and facilitators to service provision from the perspective of the client.

Figure 5.1 Modified CFIR framework for synthesising PYI barriers and facilitators



5.2. Methodology

The Evaluation Team undertook primary research to inform the analysis of barriers and facilitators through focus groups and interviews with PYI service providers, PYI housing providers and representatives from DCJ.

5.2.1. Understanding barriers and facilitators from the service provider perspective

Focus groups and interviews were held with representatives of each PYI provider — or consortia of providers — to understand how PYI services were implemented in their

catchment and what challenges to implementation they had faced over time.¹² The purpose of these focus groups was to understand:

- how each provider interpreted and implemented the PYI program guidelines;
- barriers and facilitators to the implementation of PYI; and
- how PYI could be improved to better meet the needs of clients.

In-person focus groups were held with each service provider during October and November 2019. All seven providers participated. These were supplemented with telephone interviews of PYI housing providers in August 2020. Six out of seven providers participated.

5.2.2. Understanding barriers and facilitators from the funder's perspective

As the funder, DCJ's perspective on the implementation of PYI was captured through focus groups with individuals engaged with the program from both the central and district level.¹³ This allowed the Evaluation Team to understand how implementation was envisioned centrally and how it was operationalised locally. The purpose of these focus groups was to understand:

- how DCJ envisioned the PYI program initially;
- barriers and facilitators to the implementation of PYI from a central and local level; and
- how processes around PYI could be improved so that it better meets the needs of clients.

Focus groups were facilitated remotely via Zoom in July and August 2020.¹⁴ Representatives from the central office and all districts where PYI was implemented attended.

5.2.3. Analysis methods

Insights from focus groups were subject to a modified framework thematic analysis which provides a systematic way to analyse large amounts of qualitative data according to an existing framework (in this case, the modified CFIR). This approach enabled the rapid identification of barriers and facilitators to PYI implementation from the perspective of the provider and funder. The analytic process involved:

- reviewing the focus group and interview data to familiarise the analyst with the material (Greenwood, Kendrick, Davies, & Gill, 2017);
- applying codes to insights using a mix of a priori codes generated from the conceptual framework and open coding (i.e. emergent codes from the insights);
- categorising codes into themes of PYI implementation barriers and facilitators; and

¹² Details of focus groups, including the process used to recruit participants, participation and discussion guides are included in Appendix B.

¹³ Details of focus groups, including the process used to recruit participants, participation and discussion guides are included in Appendix B.

¹⁴ Concerns related to the COVID-19 pandemic required the Evaluation Team to conduct these interviews online.

- synthesising insights from the provider and funder to present a comprehensive analysis of the barriers and facilitators to PYI implementation.

5.3. Insights

This section outlines barriers and facilitators identified by providers and DCJ, grouped by the stage in the PYI program at which they arise.

5.3.1. How are young people invited to and engaged with PYI?

Issues that arose at this stage were raised at every focus group. Key themes arose around the following:

- How eligibility was determined and clients identified
- How young people were engaged with the program.

How is eligibility determined and clients identified

Eligibility for PYI was based upon young people aged between 16 years, 9 months and 17 years, 6 months who were in statutory OOHC and met one of four criteria:

- They were in a residential placement
- They were in a permanent care arrangement
- They had a history of placement instability
- They had been in care for 12 months or longer.

These criteria were developed in concert between DCJ and the Evaluation Team. They were designed to capture whether or not young people were vulnerable and are therefore referred to as ‘vulnerability screening’ criteria in the rest of this report. The rationale for using these criteria was to ensure that:

- PYI reached young people who met the risk profile identified by DCJ and
- a population of sufficient size was identified for the original RCT design.

As a result, unlike other DCJ-funded programs, there was no scope for service providers, caseworkers or DCJ staff to refer young people for the program, nor could young people self-refer. The only referral pathway was for young people to be approached by a PYI provider after having been identified as meeting the eligibility criteria. This approach presented some challenges to engaging with stakeholders at the district level.

DCJ district representatives noted that the closed referral pathway and the initial evaluation design generated some suspicion at multiple levels — from senior staff at Community Service Centres (CSCs) to case workers — which negatively affected their ability to engage stakeholders. The same representatives felt that as clearer, more consistent information was provided from the central office this began to improve.



A [senior DCJ position] in our district vehemently objected to the idea of an RCT and used that as an excuse to refuse to engage with PYI... they encouraged suspicion of it amongst their staff and that really put us on the back foot

DCJ district representative

However the issue that generated the most discussion at the focus groups were the lists circulated to districts by the Youth Homelessness team.¹⁵ These lists contained the names and case worker details of the young people in each district who met the vulnerability screening criteria. These lists therefore became known as ‘eligibility lists’, as they showed who was eligible for PYI. Providers used these lists to contact a young person’s OOHHC case worker or providers, inform them about the program and seek a meeting to invite them to participate in PYI.

The accuracy of the information contained on these lists was mixed and contributed to a perception that the ‘targeting of PYI was a bit off’ amongst caseworkers. This made it difficult for PYI providers and DCJ districts to sell the program. DCJ district representatives noted that there was a perception amongst some case workers and CSC workers that ‘they knew their clients’ and those on the list were not the ones who would benefit from PYI.

¹⁵ Originally, young people meeting these criteria were to be identified by each DCJ District. However, following the extension of the eligibility criteria during the RCT phase, eligible young people who met these additional criteria were to be identified using administrative data. Two external events significantly affected this process: 1. The transition from the KiDS to ChildStory administrative data platforms meant that data was unavailable in the lead up to the commencement of the RCT. When the RCT commenced in January 2018, providers were relying on data pulled from administrative records more than six months earlier, in mid 2017. 2. The cancellation of the RCT prevented the Evaluation Team from working with FACSIR to obtain updated details — once ChildStory came online — for most of 2018. As a result, PYI providers were trying to identify, locate and recruit young people using inaccurate information.



We didn't think that the list captured the kids who really needed the services, so it was hard to get the CSCs on board

DCJ district representative

Specific barriers and facilitators surrounding eligibility and identification of clients included:

Barrier — accuracy of the information included on the list of eligible clients

There was universal feedback from PYI providers and representatives from DCJ that the accuracy of the information included in the list of eligible young people created a significant amount of work in locating and identifying young people eligible for PYI. Some of the inaccurate information included:

- Client was not in district
- Case worker information was incorrect
- Provider information was incorrect
- Client was not in care
- Client name was not included.



That list used to drive us insane. Knowing why they were on the list would help us troubleshoot.

DCJ district representative

Barrier — case workers could act as gatekeepers for their clients

Case workers had the potential to act as gatekeepers to the detriment of their clients. Some reportedly made assumptions about the young person's suitability for the program, for example if they felt their client "was a lost cause" and other young people were more likely to benefit, they would try and 'warn off' the PYI provider. Providers felt they would need to persist in order to get a response.



If they [case worker] didn't think their client needed PYI, or would benefit from it, they wouldn't prioritise engaging with us... it was really frustrating

PYI provider

Barrier — use of 'statutory OOHC' as eligibility criteria as opposed to 'parental responsibility of the Minister'

The use of statutory OOHC in the eligibility criteria meant that some young people were technically eligible for PYI if aspects of their care fell under 'parental responsibility of the Minister' (PRM), even if they were not in a permanent OOHC placement. This created confusion during the recruitment and invitation stage as DCJ district staff and PYI providers would only discover that some young people on their eligibility list were not in OOHC when they met with them or their case worker. Representatives from DCJ acknowledge that the use of PRM as an eligibility criterion would have reduced the incidence of this occurrence.

Facilitator — use of vulnerability screening allowed the inclusion of young people who had fallen through the cracks

Acknowledging the difficulties arising from dealing with inaccurate information in the eligibility list, some providers and representatives from DCJ felt that the vulnerability screening provided the opportunity to engage with young people who had 'fallen through the cracks'. Many of these young people might have self-placed or had a limited or poor relationship with their OOHC caseworker. Some providers felt that these young people would have been unlikely to be referred to PYI had they 'not gone looking for them'.



The eligibility list is extremely important — without it, some of these kids would have fallen through the cracks... they didn't have a caseworker, they needed us to go hunting for them...

PYI provider

Barrier — it was difficult to determine the ability of clients to participate

The eligibility criteria for PYI excludes those young people who are not capable of living independently. These are young people who will require supported accommodation arrangements when/if they leave OOHC. However, the information available in the vulnerability assessment does not include any information about the young person's capacity to live independently. As a result, when providers approached a young person's case worker to discuss an offer of PYI, they relied on a case worker being an 'accurate gatekeeper'. Experience varied:

- For clients who had not been assigned a caseworker, or whose case worker had not met the client, they were unable to provide any advice
- In some instances, case workers were unwilling to discuss any element of the young person's case without their presence. This sometimes led to a situation where a provider would attend a meeting with a young person and their case worker to discuss the program only to discover the young person was clearly incapable of living independently (e.g. the young person had a significant disability).



It's surprising that the caseworkers didn't act as gatekeeper for their clients who quite clearly could not live independently, it put providers in an awkward spot

DCJ district representative

Facilitator — Information sheets to 'sell the benefits of PYI' to case workers helped

Both providers and representatives from DCJ regions felt that the information sheets developed by the Youth Homelessness team were invaluable for multiple purposes, including:

- when working with caseworkers to facilitate a discussion about PYI
- for caseworkers to use when discussing PYI with the young person
- for DCJ staff to educate colleagues about the program and eligibility for it.

Facilitator — including an offer of PYI on the leaving care letter

DCJ representatives noted that a wording change to the 'leaving care letter' — which a young person receives from the Minister for Community Services when they turn 18 years — specifically included a reference to being offered PYI. This change, which was introduced by Minister Pru Goward, was perceived to provide an additional incentive for OOHC providers to engage with PYI providers and to support the recruitment of young people who had been identified as eligible.

How young people were engaged with the program

As per the program guidelines, all young people who engaged with PYI received access to a Personal Advisor. Everyone was offered access to EEM, however it was not compulsory. A smaller group had access to case managed transitions support through the TSW role and a portion of this group had access to accommodation.

All providers recognised their role, first and foremost, to be advocates for their clients. All performed the roles, as described in the program guidelines, however there was some variation between providers on:

- *Who worked with a young person throughout their engagement with PYI* — some providers had a worker perform distinct PA, EEM and TSW roles, whereas other providers had workers performing various combinations of roles,
- *How the roles were defined* — the distribution of activities as they were split between PA, EEM, TSW and Housing varied across providers,
- *Where the role stopped in relation to other services available to the young person* — lines were blurred between advocacy and case work in situations where a young person's case worker disengaged with their client,
- *Providers noted that local characteristics drove these decisions* — for example, size of catchment, distribution of clients and workers, number of funded accommodated places and funding available. This variation is to be expected given both the limited detail about each role as specified in the program guidelines and the permissibility of local adaptations.

Facilitator — hiring (and keeping) the right staff

DCJ representatives from multiple regional locations were very keen to highlight the role of the individuals involved. One representative highlighted the transformative impact on the performance of their team and subsequently the service in their region when a new PYI manager was recruited.

Another representative from DCJ highly praised the mix of skills, positive attitude and energy of the team in their region as making a critical difference to being able to engage with young people. The same individual highlighted that the particular team had been intact since the start of the program, which they felt was particularly important for both building team cohesiveness and for the young people receiving the service.

Barrier — deviation from projected growth affected capacity

Representatives from DCJ noted that their estimate about the number of young people who might access PYI services in each location was based on figures from prior years. They noted that some system changes resulted in a change in the number of young people who were expected to leave care in some locations resulting in lower than expected growth in the demand for services. It was felt that this had the potential to affect the uptake of PYI in those locations where fewer young people than expected were leaving care.

5.3.2. How are they supported before they leave OOHC?

Providers were unequivocal about the fact that, upon engagement, the young people 'did not come neatly packaged as DCJ expected them to'. Providers noted that on beginning work with young people there were a range of 'crisis issues' that generally dominated the time between engagement with PYI and the time when the young person left OOHC. These issues fell into two broad groups:

- Addressing cohort-related vulnerabilities
- Addressing service shortcomings.

Addressing cohort-related vulnerabilities

Providers and representatives from DCJ district offices noted that young people leaving care are more likely to present with a range of known vulnerabilities, including:

- Young people who were homeless at commencement
- Clients who had 'self-placed' in unsafe accommodation options
- Disengagement from education
- Unaddressed mental health issues
- Undiagnosed disability
- Criminogenic behaviours.

To a certain extent, providers felt that they were prepared to expect these issues, with the exception of young people who presented with mild to moderate undiagnosed disabilities. Providers perceived that this cohort was more numerous than expected and consumed a higher proportion of time and resources relative to other young people. Additionally, providers felt that this cohort presented a range of challenges for which it may or may not be reasonable for PYI to provide appropriate support.

Facilitator — recognition of the skilled nature of the Personal Advisor role

During the program design phase it was envisioned that the Personal Advisor role was an 'unskilled' role, however during the 'Stage 1' pilot in the Hunter, it became clear that the role required skills to navigate the social services landscape. DCJ district representatives felt that this allowed for more appropriate recruitment and skill matching.

Barrier — dealing with crisis issues crowds out goal setting

PYI providers noted that they spent a significant amount of time dealing with what they considered 'crisis issues'. This included obtaining and approving leaving care plans, and sourcing identification documentation, which reduced the amount of time they had available to work with clients on medium-term goal setting.

Barrier — NDIS applications are time consuming and it is unclear who has responsibility for their completion

In some situations where young people had an undiagnosed disability and they subsequently sought access to the NDIS, providers found themselves in a situation where they had to drive the application process. This is a time-consuming and resource-intensive activity and some providers felt like caseworkers were unwilling to take the lead on the process.

Facilitator — engaging young people at a younger age can provide a longer time to support them prior to leaving care

Some providers felt that the age at which young people start engaging with PYI makes it difficult to achieve much in the short time available. Yet, opinions about the ideal age to commence PYI services varied between providers and representatives from DCJ.

One group of providers thought that 17.5 was appropriate, as they felt that they would end up taking on casework responsibilities if services commenced at a younger age. Whereas others suggested an earlier age would allow a longer time to build rapport, support the development of their leaving care plan, identify emerging issues and work toward solving 'crisis issues' before the young person left care.

Addressing service shortcomings

Providers and representatives from DCJ district offices also identified a series of issues relating to a failure of the OOHC system to provide a response or to provide the minimum level of services that young people were entitled to, including:

- *Young people with no identifying documents* — including birth certificates, proof of Aboriginality, passports
- *No financial access* — no bank accounts, tax file number or ability to receive electronic payment of funds
- *The complete absence of a leaving care plan* — or if a leaving care plan existed, it was generic or not tailored to the young person's goals (see Box below)
- *Absence of, or limited progress toward, completing NDIS assessments* — required to obtain services and/or supports
- *Extended periods of time had passed since young people had accessed medical services* — including a general practitioner or dentist visit.

What is a Leaving Care Plan and how does it work?

Your caseworker will begin working with you, the young person and significant other people in their life on a Leaving Care Plan once they turn 15. The plan will include reasonable steps to prepare the young person for their transition to independence.

The Leaving Care Plan generally covers:

- a safe place to live (whether they are staying on with you, returning to their birth family or setting up independent living arrangements)
- access to education and training
- employment and income support
- independent living skills (including financial management, health and lifestyle issues)
- personal history (including cultural background)
- contact details
- agencies and people responsible for carrying out each part of the plan.

Your caseworker will talk to the young person about ongoing support needs and how to access information and services. Carers and young people should receive a copy of the Leaving Care Plan.

Source: ChildStory (2019)

Barrier — unnecessarily complicated processes make it difficult to access support

Multiple representatives from DCJ regional offices observed that internal DCJ processes — for example, requiring Director-level sign-off on leaving care plans — created bottlenecks and made it difficult for young people to access funds and resources that they were

entitled to as part of the leaving care plan. One described the process of accessing a financial plan as a 'bureaucratic nightmare' that required a young person to be physically present at their local CSC and request someone to 'open their case'. This is consistent with feedback provided by PYI providers and young people.



DCJ has made it really difficult to get 'sign off' to leaving care plans... PYI has helped us show this

DCJ district representative

Barrier & Facilitator — establishing the line between advocacy and case work

While all providers were clear that their primary role was to act as an advocate for their client, a couple of providers felt the need to blur the lines into case work in order to protect their client's interests. Other providers disagreed strongly with this approach and managed to keep a strong distinction between the two roles.

Barrier — an unwillingness by OOHC caseworkers at the individual or organisational level to address the identified issues

Both PYI providers and some DCJ representatives in regional areas felt that there are some practice deficiencies in aftercare planning by OOHC providers, particularly regarding completion of leaving care plans. Respondents employed various strategies in different locations to stimulate action, with varying results.

At an organisational level, one DCJ representative suggested that an unwillingness of OOHC providers to engage with PYI providers could be borne out of the fact that many of these NGOs offer multiple services and effectively compete against each other for clients. DCJ representatives speculated that it would not be part of an OOHC provider's normal business to prioritise contacting a rival provider to discuss a client or business processes that might be considered to be part of their competitive advantage.

DCJ representatives noted that over time some PYI providers developed a reputation for chasing caseworkers regarding leaving care plans and in doing so 'ruffled a few feathers'. They observed that when the aftercare planning was not up to scratch, the feedback back to case workers was not always communicated well. It was felt that the delivery of this feedback affected the way it was received by case workers and reduced their willingness to engage with PYI in the future.

A representative from DCJ was concerned that aggressive pursuing of leaving care plans by PYI providers had the potential to create a perverse incentive whereby a caseworker does not engage an eligible young person if they do not wish to have their deficient aftercare planning exposed. However, another representative was more sympathetic, noting that the OOHC caseworkers had a high-turnover rate and many had very limited experience with aftercare planning.

Facilitator — case workers who were engaged and had 'done their job' meant PAs had more time to focus on medium-term 'transitions' goals

Providers were keen to highlight that some young people had OOHC caseworkers who had prepared excellent leaving care plans. In these cases they felt that they have more time to

focus on medium-term goals related to transitioning to living independently relative to other cases where they were needed to ‘focus on the basics’.

5.3.3. How are young people supported as they transition to independence?

The key themes that emerged during a young person's transition to independence included:

- Finding stable housing
- Achieving education and employment goals
- Developing skills to support independent living.
- Finding stable housing

The challenges associated with finding appropriate housing for young people in PYI was highlighted by all parties. Local context influenced feedback regarding the accommodation component of the model. Provider experience varied markedly by location. In some locations, providers reported great difficulty in finding suitable accommodation (i.e. within price range and located appropriately), whereas other providers had the opposite experience.

Specific barriers and facilitators that were identified as relevant included:

Facilitator — establish a young person's housing pathway and get them on it

One housing provider observed that one of the keys to success was working with a young person and their advisor to identify their ‘housing pathway’. They noted that for some young people, — particularly those on the NDIS — the private rental market was not where they would stay in the long run due to housing infrastructure needs or future employment prospects. For those whose housing pathway was likely to be social housing, they felt that it made sense to get them on that path sooner rather than later.

Barrier — use of PYI accommodation slots

DCJ representatives noted that funding was not available to provide accommodation for every individual in PYI. However, they noted that in the event that demand for accommodation exceeded supply, all young people could be accommodated simultaneously if some were willing to share accommodation or access parallel housing programs.

According to the same representatives, only one housing provider used all of their accommodation slots with most providers using significantly less than what was allocated. They perceived this as an indication that there was an oversupply of accommodation.

Despite this, there was a perception amongst multiple PYI and housing providers that their accommodated slots needed to be rationed carefully. One provider commented that they were lucky that more young people than they expected wanted to remain in their current living situation, otherwise they would not have had enough accommodation spots available to meet demand. Another provider indicated that their decision to encourage young people to share accommodation was driven by a perception of scarcity.

Reconciling these two points, it is possible that PYI providers were conscious of the scarcity of accommodation and rationed its use in order to ‘keep some spare capacity’ for future clients or those whose circumstances change. Additionally, the availability of appropriate housing could also influence the use of allocated accommodation slots.

Facilitator — developing or maintaining relationships with real estate agents can help secure properties

All housing providers identified that developing and maintaining relationships with real estate agents was crucial for securing properties for PYI. Multiple providers noted that tapping into their existing networks of contacts greatly assisted their ability to find housing for young people. For others who needed to build networks in areas where they might not have previously worked, outreach work with real estate agents to inform them about PYI and answer questions was seen as essential. Multiple providers noted that securing a placement with one agent could often lead to another. One provider reported having some success appealing to property owners about the goals of the program, which they suggested helped to secure a number of properties in competitive situations.

Barrier — the rental market for suitable properties is thin in some locations

PYI and housing providers as well as representatives from DCJ regional offices all highlighted the difficulty of obtaining housing in some areas of the state. The problems they identified are threefold:

- there are a limited stock of properties — of any type — available for rent in some locations
- those properties that are available are not necessarily the right type
- young people in PYI are competing for properties with other potential renters who might look ‘better on paper’.

Housing providers noted that all three of these issues have been amplified during the COVID-19 pandemic, which has made it even more difficult to source suitable properties.¹⁶

Achieving education and employment goals

All clients are supported to achieve their education and employment goals through working with an EEM. The EEM role was operationalised differently by providers. Some used the role as a standalone position, some combined it with another role, whilst others used an external provider to fulfil the specific function. Providers noted that clients came with a diverse range of educational and employment experience which influenced the extent to which they utilised the EEM role.

The following barriers and facilitators were identified:

Barrier — many jobs required young people to have transport

Providers pointed out that many jobs required young people to travel outside their immediate area, which was problematic if there was no public transport or if they lacked their own transport. This was often exacerbated by the fact that many young people were supposed to have been supported to obtain their drivers’ license or purchase a car/motorbike through their leaving care plan, the provisions of which they were unable to easily access.

Facilitator — linking in with other support services available at TAFE and University helped build additional support networks

For those young people who chose to attend TAFE and university, providers found it useful to link them with additional support networks available on campus. These support networks provide an additional level of help that is tailored to that educational context. A couple of focus group participants who were studying echoed this sentiment, citing these additional supports as being complementary to PYI.

¹⁶ Feedback from DCJ suggests that this is not reflective of the experience of all housing providers, with some noting that former holiday or short-term rentals are increasing supply in some areas.

Barrier — employment opportunities are limited in some rural and regional locations

Provider and DCJ representatives from regional locations noted that employment options are limited in some locations, which made it extremely difficult for young people to obtain employment. Providers acknowledged that it was a difficult situation, as the young person may wish to remain living in a location with limited job prospects so that they can maintain connections with family and friends who live nearby. This is a particularly important consideration for some Aboriginal young people who may wish to remain in their location for cultural reasons.

Developing skills to support independent living

Some young people receiving PYI services are eligible for support from a transitional support worker. The functions of the role varied between providers. Some utilised the role to focus on the development of practical skills, for example cooking, cleaning, shopping and budgeting. Others used it more as an adjunct to the housing role and supported young people by linking them with housing services, preparing documentation and supporting them to maintain their tenancies.

In a similar fashion to the EEM role, the TSW role was also operationalised differently by different providers in that some providers used the role as a standalone position and others combined it with another position. Multiple providers were puzzled that transitional support was not available to all young people in the program as they felt that it would have been beneficial. The following facilitators were identified:

Facilitator — task and skill-based activities really engaged clients

Providers reported that young people were highly engaged in the practical skill-based elements available as part of the transitions support. This is supported by the feedback from young people in the focus group which suggested that they found these activities to be helpful and enjoyable, they were particularly engaged with learning about budgeting and found phone apps that helped them to track their expenses to be useful. Multiple providers cited the Rent It, Keep It training as a useful resource.

5.3.4. How are they supported as they live independently?

Following a young person's transition to independence the key challenges pivoted to maintaining and building upon the foundations that had been previously established. Key themes that emerged at this point involved:

- Maintaining a tenancy and stable housing
- Obtaining ongoing advice and support.

Maintaining a tenancy and stable housing

An issue that was raised by almost all of the providers was the singular focus on tenanted accommodation. While this was appropriate for many young people in the program, it was not suitable for all of them upon immediate exit from care. Multiple providers suggested opening up the model to include other forms of supported accommodation to act as a 'stepping stone' from care to tenanted housing.

Barrier — expectations that YP can engage with parallel programs should be tempered

According to representatives from DCJ, one of the reasons why funding for accommodation was not included for all individuals in PYI was that young people might be able to utilise other DCJ-supported housing programs. One of these programs was *Rent Choice Youth*, which offers a broadly similar accommodation option without the involvement of a community housing provider acting as an intermediary. Another is *Supported Independent Living* which offers two years of supported accommodation for young people in OOH who are aged between 16 and 18 years.

All parties acknowledged that both of these programs are constrained by geographic availability and capacity constraints. Particular attention was paid to *Rent Choice Youth* as it was framed as a like-for-like comparator that PYI providers could use to supplement their accommodation capacity.

PYI and housing providers were keen to point out that they felt that *Rent Choice Youth* is not necessarily appropriate for young people, particularly in the period where they transition from care arrangements. There are two principal reasons for this. The first relates to the eligibility criteria. There is a requirement to be engaged in employment and/or education, which would rule out many of the young people in PYI.¹⁷ The second issue relates to the fact there is no 'safety net' and there is an 'opportunity to fail' by incurring debt and being placed on a tenancy database, which can carry consequences into the future. For this reason, they felt that it was not ideal for first time renters.

One housing provider suggested that they had some success with other young people transitioning from PYI accommodation to *Rent Choice Youth*, however they were 'older and ready to transition to full independence.' Another noted that they had looked at it for some of the young people 'who are a bit further along' as it had some benefits, such as providing the autonomy to select their own accommodation.



The majority of our kids would fail Rent Choice Youth

PYI housing provider

Facilitator — a good relationship between the community housing provider and core PYI workers can prepare young people for housing success

Some representatives from DCJ regional offices felt that the reliance on two contracts — one for PYI services and one for PYI housing — created the possibility of a situation where there was insufficient coordination between teams. Therefore, it is unsurprising that there was a belief amongst all respondents that a strong, close working relationship between the housing provider and core PYI team was a key predictor of housing success for young people.

One housing provider felt that the fact that they were co-located with the 'core' PYI team in their region helped them understand both the program and the young people more and that subsequently they were able to work together very effectively. Another housing provider stressed the excellent relationship they had with the PYI manager in their region, which meant that they could obtain the support they needed.

One housing provider noted that they worked with the PYI team to develop a list of competencies for young people before they entered housing, which they thought was helpful. This was developed based on some critical success factors they identified based on successful placements, including:

- Ensuring that the bond is set up (by the young person or PYI)

¹⁷ This is also a requirement for young people in PYI, however PYI offers the opportunity for to be 'on a pathway' to education and/or employment.

- Preparing advance rent (through PYI)
- Personal Advisor attending the lease signing with the young person
- Young person moves in with furniture.



When it works well, it works really well, when it doesn't, it really doesn't... there's not much middle ground.

PYI housing provider

Barrier — friends and visitors can act as destabilising influences

An issue that was recognised by respondents across the board was that young people leaving care are more likely than others to host friends or family experiencing housing or financial stress. There was a perception that this 'well motivated intention' created the potential for negative outcomes, for example, out of control gatherings and/or property damage. Multiple housing providers recognised the difficulties faced by young people in these situations and understood that it was hard for a young person to take control.



We've got a kid with an \$8000 damages bill... we've got a dozen of those. We're asking them to manage complex situations earlier than other kids... it's just not fair on them

PYI housing provider

One housing provider was quite concerned about the potential for negative impact 'on the sector' that can arise from poor experiences with PYI housing. They felt that owners and agents who experienced property damage and negative experiences were less likely to work with a community housing provider in other circumstances. Another provider was more sanguine and saw negative outcomes as a teachable moment, by requiring young people to take ownership of the situation and write apologetic letters to affected parties.

Barrier — young people leaving care are not necessarily ready for the private rental market
Multiple housing providers expressed very firm opinions regarding the suitability of entering directly into the private rental market for a subsection of the PYI-cohort. There was a perception that some young people did not have the capacity to live independently (even with PYI support) and would benefit from a ‘stepping stone’ approach where they had the option of accessing other community housing products — for example, Supported Independent Living, Transitional Housing and/or Transitional Housing Plus.

One housing provider suggested that Transitional Housing should be considered as a legitimate short-term option for this cohort, rather than a failure as it is technically a homelessness intervention. Another provider suggested that access to capital properties — where the asset is owned by the Land and Housing Corporation and managed by a Community Housing Provider — should be considered as a viable option as the young person has ‘the opportunity to fail without consequences’ in such a situation.



It’s tough because kids don’t normally move out of home at 18 and here we have these kids, that are coming straight out of care and into a private rental without knowing what’s normal functioning in a house

PYI housing provider

Barrier — young people sharing properties has had mixed success

In some locations young people in PYI accommodation were required to share with others. Feedback from both PYI and housing providers as well as DCJ representatives and young people suggest that this was not always ideal.

PYI and housing providers felt that sharing did not always lead to an ideal outcome for young people, particularly in circumstances where the young people did not know each other. This is supported by feedback from young people, who strongly objected to the requirement to share accommodation in situations where they had no choice in the matter. Some young people were open to sharing accommodation, however they wished to do so on their own terms.

All parties — DCJ, PYI and housing providers — acknowledged that in the long run, encouraging young people to share accommodation would probably make financial sense. However, whether or not it succeeded depended on the individual, their circumstances and their role in the decision-making process.

It was suggested that some young people wanted their own space so that they could share with a partner, family member or friend, which is not always possible if they have a housemate. A housing provider noted that some young people had complex mental health issues or issues with alcohol, tobacco or other drugs (ATOD) that meant that sharing was not ideal for them or their housemate. They noted that if sharing was to work, it was better if 'they knew each other beforehand' and 'we know who they are and what they need'.

Two providers suggested that the outcomes of shared accommodation are not necessarily always negative. One noted that a number of their clients secured accommodation through PYI and then got housemates (external to PYI). Another suggested that the critical success factor was to provide young people with a choice. They said that in their model, the decision to share or not was driven by the young person and that they had a roughly even split between those who chose to live alone versus those who chose to share.

Obtaining ongoing advice and support

During program design, DCJ noted that it was envisioned that young people would continue to engage with the program for ongoing advice and support, even if they had secured accommodation and were engaged in employment and/or education. DCJ representatives noted that it was assumed that young people might engage in accommodated services for up to three years, based on the experience of a program serving a similarly aged cohort.

Providers unanimously agreed that the young people still needed considerable ongoing advice and support to help them settle into their newfound independence, reinforcing their statements that young people need a stable environment for a successful transition into greater independence. Some providers estimate that it could take at least 12 months from the point they left care for young people to develop sufficient support networks.

Providers mentioned that young people dip in and out of PYI depending on how much support they need at the time. However, they were keen to point out that just because a client 'looked stable on paper', this did not mean that they were in a stable, long-term living arrangement or should not continue to receive support from PYI.

Barriers identified at this stage include:

Barrier — limited guidance on what constituted success

DCJ representatives noted that the goal of the program is avoidance of homelessness following the transition from OOH as determined by use of SHS services. However, providers noted that they had not received clear guidance on how long a young person should receive support and what constituted 'success' in PYI. This is consistent with the Evaluation Team's recommendation to further refine the program guidelines to include additional detail about the duration and scope of PYI services.

6. Were the PYI services implemented as intended?

Key takeaways



Providers adapt their practice at different stages as young people transition however variation is observed in the way in which providers prioritise and operationalise activities.



Additional work is required by DCJ to formalise the core components of the model before scaling up to other locations.

6.1. Introduction

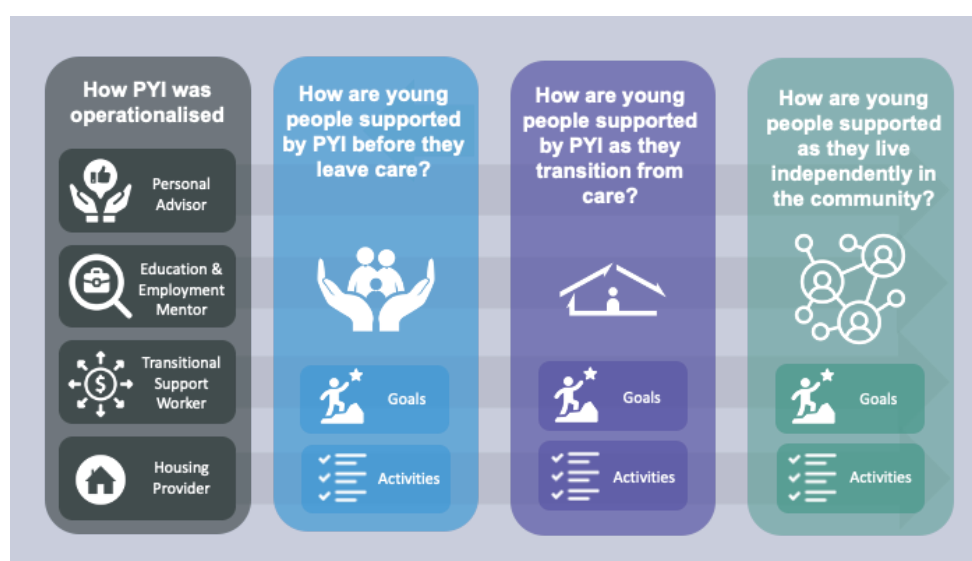
Evidence-informed practices in human services earn their moniker through multiple rounds of rigorous efficacy testing. In each of these rounds, outcomes are assessed for their effect (does it work) but the findings are contingent on: 1) whether the intervention was actually delivered, as intended, to the people who were supposed to get it (model fidelity) and 2) the important components that appear to drive the success (or failure) of the intervention. Armed with this information it is possible to test the marginal effect of quality implementation — determined in part by assessing its fidelity (was it implemented as intended) — on outcomes for clients. This is the driving force behind the interest in whether interventions are implemented as intended.

Outcome evaluations include assessments of both impact (benefit) and implementation (the quality of execution). The implementation of a new service is a fragile process as new practices are applied for the first time and their fit with current contexts is unknown. This is amplified in the context of PYI, as the program is both novel and untested. This means that — from an implementation perspective — the configuration of core components and their optimal manner of delivery are not well enough understood to assess whether they were delivered well. At this point in time there is no model against which the Evaluation Team is able to formally measure the quality of implementation. That is, it is not possible to measure model fidelity, for example, without knowing precisely what the model contains and how it is supposed to be delivered.

Therefore, the Evaluation Team has focused this analysis on examining how PYI has been implemented and on developing knowledge on what the ‘PYI model’ actually looks like — see Figure 6.1. It is envisioned that these insights will help DCJ by:

- Detailing how PYI was implemented and the strength of various assumptions
- Identifying key activities and flagging how they could be measured moving forward
- Providing a pathway to identifying the core components of the model and how they drive change.

Figure 6.1 Conceptual framework for assessing if PYI was implemented as intended



6.2. Methodology

The Evaluation Team's analysis of whether PYI was implemented as intended was informed by insights from the Implementation and Costing survey and from focus groups with PYI and housing providers. Information from each of these sources was used to answer the following questions:

- How was PYI operationalised by providers?
- How were different PYI roles employed to deliver services to young people?
- What goals did providers try and work toward at different stages?
- What activities did providers do at different stages?
- What additional information would be required to identify the core components of PYI and formalise the model?

6.2.1. Data collection

Information on the activities that PYI providers undertook with clients was collected from service providers through an online survey, hosted on the Qualtrics platform. The survey elicited responses from service providers between August and September 2020.

Invitations were sent to the nominated contacts at each of the seven PYI service providers. Responses were received from all providers during the time the survey was open, however one was excluded from the analysis due to being incomplete.¹⁸

6.2.2. Analysis methods

To understand how PYI was implemented, this analysis highlights common practices employed by multiple providers. Noting that there are responses from six providers and the non-exhaustive nature of the questions used in both the survey and focus groups, practices are considered to be common if they are employed by three or more providers.

6.2.3. Strengths and limitations of this approach

This analysis has both some strengths and limitations that should be considered when interpreting findings, including:

- As noted previously the absence of detailed 'PYI model' including sufficient detail about how the core components of the model should be operationalised mean that the Evaluation Team cannot assess if the model was 'implemented as intended'
- Complete responses were received for six out of the seven PYI providers, which means these findings should be an accurate reflection of provider experiences
- A detailed understanding of the core components of the model is outside the scope of this analysis and will require additional work by DCJ.

6.3. Insights

The results of this analysis commence with an high-level overview of how PYI was operationalised in each catchment area. Subsequent sections focus on the goals and activities that providers undertake with young people as they transition from care:

- What young people received from PYI while they were still in OOHC

¹⁸ See Appendix C for details of respondents.

- What young people received as they were transitioning from OOHC into adult living arrangements
- What young people received as they lived like young adults in the community

6.3.1. How PYI was operationalised

Providers were supplied with program guidelines — which have been updated over time — that offer some guidance on how PYI services are to be provided. These guidelines are not exhaustive and there is scope for providers to interpret them differently. In this section the Evaluation Team explores variations in how PYI was delivered, with reference to the following elements:

- The roles of the core workers
- Access to core workers
- Provider perceptions of service quality
- Impact of the COVID pandemic on service delivery

Roles of core workers

Findings from focus groups with providers suggest that there is a shared recognition of their role as advocates for their clients. However, there was some variation between the way in which they operationalised staff with reference to:

- *The number of different workers used to engage with a young person* — some providers had a worker perform distinct PA, EEM and TSW roles, whereas other providers used one or more workers to perform various combinations
- *How each of the core roles were defined* — the distribution of activities as they were split between PA, EEM, TSW and Housing varied across providers.

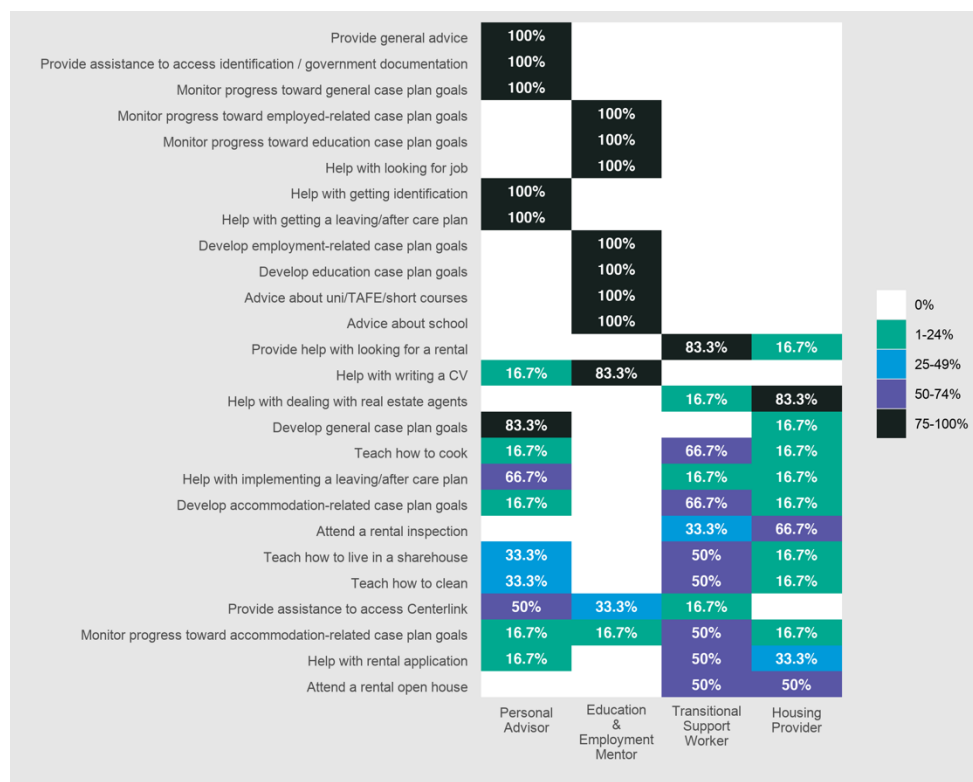
To investigate this further the Evaluation Team sought additional detail through the Implementation and Costing survey. Core activities were identified from role descriptions in the PYI program guidelines and providers were asked to identify which role they would typically undertake on a typical day. The results — shown in Figure 6.2 — demonstrate that just under half (46 per cent) of the activities clearly fall into the remit of one particular role, with the others being split among roles.

Activities relating to general advice, general goals, leaving care plans and accessing government services all clearly fell under the remit of the PA role. Likewise, EEMs took carriage of education and employment-related goal setting and monitoring as well as job seeking activities.

The TSW position was operationalised differently across providers with very little agreement between providers regarding which activities fell into this role. Five out of six providers considered it their role to attend a rental inspection with a young person and four out of six utilised them to teach how to cook and track accommodation-related goals.

Likewise, housing workers were mobilised differently across providers with no single activity being agreed to fall under their remit. The closest to consensus that providers reached was that five out of six used housing providers to liaise with real estate agents and four out of six attended rental inspections.

Figure 6.2 Distribution of activities between core PYI roles



Access to core workers

In focus groups with young people receiving PYI, there was a common theme that they would appreciate either additional and/or out-of-hours support beyond what is currently available. The program guidelines offer no specific guidance on the hours for which young people should have access to an advisor, so this question was posed in the survey. The results —shown in Table 6.1 below — illustrate some variation between providers. Two of the six respondents are 'available if required' on weekends, while others are not. Normal hours of access range during the week constitute normal business hours, with the exception of one provider who offers access into the evening.

Table 6.1 Hours of access to Personal Advisor by provider

Provider	Weekday access	Weekend access
Provider 1	8.30am — 5.30pm	Not available
Provider 2	9.00am — 5.00pm	Not available
Provider 3	8.00am — 6.00pm	Available if required
Provider 4	8.30am — 5.00pm	Available if required
Provider 5	8.00am — 8.00pm	Not available
Provider 6	9.00am — 6.00pm	Not available

Provider perceptions of service delivery

All providers who completed the survey indicated that they perceive they are currently delivering good services. Feedback was sought about the specific point in time when they considered that their services were 'delivered well'. Even though the results — shown in Table 6.2 — are based on self-perception, they highlight the complexities inherent in implementing a new program of services. Four of the six providers indicated that it took well over a year for them to develop the organisational knowledge to deliver good services.

Five of the six providers reported that their initial vision of their service model still reflects how they currently provide services. The exception to this was the one provider who identified two notable stages during that time.

Table 6.2 Time frames on provider perceptions of well delivered services

Provider	Month providers perceived services to be delivered well	Time between commencement of services and perception of delivered well
Provider 1	October 2018	15 months
Provider 2	October 2019	18 months
Provider 3	July 2018	Immediately
Provider 4	October 2018	7 months
Provider 5	October 2018	18 months
Provider 6	March 2019	19 months

Impact of COVID pandemic on service delivery

The COVID pandemic has clearly affected the delivery of services across the community services sector. Specific feedback was sought from providers regarding how it affected PYI services.

Providers noted that they were able to maintain service delivery by implementing the following strategies:

- *Limiting face-to-face visits and using technological supports (Zoom/FaceTime etc.)* — to maintain engagement with clients and other stakeholders
- *Undertaking COVID risk assessments* — prior to essential face-to-face interactions including the use of personal protective equipment (PPE) when required.

Notwithstanding the attempted mitigation strategies, providers observed the following external influences which affected their ability to deliver services:

- *Very limited services are available from external providers due to limitations in face-to-face service delivery e.g. short courses or education opportunities* — which affected a provider's ability to refer out for external assistance and/or collaborate with external agencies
- *Social distancing restrictions prevented in-person group activities* — limiting opportunities for prosocial activities
- *Opportunities for 'hands on learning' have been reduced due to social distancing* — requiring the use of more 'staff-assisted' practices
- *Effectiveness of technological supports is limited in regional/remote locations (e.g. limited phone reception or broadband access)* — negatively affecting the ability of some young people to engage with providers
- *Drop-in services are not available for clients* — requiring them to make appointments, which can often act as a barrier to engagement.

6.3.2. What young people received from PYI while they were in OOHC

This section explores how providers worked with young people while they were still in OOHC. This phase — which includes their initial engagement with the young person — is particularly important as it involves developing a trusting relationship, setting expectations and initial goals. This section includes an examination of:

- What providers prioritised at the commencement of PYI services
- The goals they seek to achieve with young people at this stage
- Things that help young people achieve these goals
- Things that hinder the achievement of goals
- Core activities undertaken by each core team member during this period.

Priorities at commencement of PYI services

Provider responses regarding priorities at the commencement of services are broadly divided into two broad categories. Those that focus immediately on 'rapport building' and those that turn their attention to 'goal setting' — see Table 6.3. These categories are not necessarily mutually exclusive, but it is nonetheless illustrative to understand how providers have articulated their approach.

Outside of these two broad categories providers also mentioned assessing a young person's current situation and responding to any immediate crises, including the need to access secure accommodation.

Table 6.3 Provider priorities at the commencement of services fall into two groups

Priorities related to 'goal setting'	Priorities related to 'rapport building'
<ul style="list-style-type: none"> • Understand young person's capacity — can they live independently (e.g. if there are significant disabilities) or develop necessary skills • Leaving care planning — ensuring that their case worker has a leaving care plan in place or is working towards that in consultation with the young person • Goal setting — using SMART (Specific, Measurable, Achievable, Relevant, Time bound) framework to develop goals to achieve prior to leaving care • Ensure young person has access to identification & other important documentation — including birth certification, bank details, Centrelink details, Medicare and education records. 	<ul style="list-style-type: none"> • Developing trust and building a relationship with the young person — getting to know the young person and doing enjoyable activities together • Explain the goals of the program and what it hopes to achieve — use this to understand the young person's expectations from the program • Make links with young person's caseworker and carers — to explain the role of PYI

Goals that PYI seeks to achieve while young people are in OOHC

Providers were fairly consistent around the goals they seek to achieve with young people while they are in OOHC. Common core goals included:

- Developing a trusting relationship with the young person
- Understanding the young person's experiences, including their existing level of support
- Ensuring they have access to the services they are entitled to, including counselling, medical and dental
- Obtaining amendments to and/or approval for their leaving care plan
- Developing a future plan with the young person that includes realistic goals for when they leave care
- Focusing on living skills they will require if they are going to be living independently, particularly finance and budgeting.

What helps young people achieve their goals while they are in OOHC

Provider's identified a range of factors that appear to help young people achieve their goals including:

- Developing good rapport and communication channels with the young person
- Placing the young people in charge of their goals and giving them control
- Nudging young people toward goals that are realistic
- Using motivational interviewing techniques
- Ensuring all goals are 'SMART'

- Collaboration between young person, PYI provider and OOHC provider to work together to ensure wrap around supports are available for the young person that meet their needs
- A consistent person in their lives, either carer or caseworker, who provides some stability that can be leveraged.

What hinders young people from achieving their goals while they are in OOHC

Providers identified a wide range of reasons that can negatively affect a young person's ability to achieve their goals while they are in OOHC. These included:

- Unwillingness of the young person's OOHC provider to engage with PYI or the leaving care process due to a lack of understanding of the process or having a poor relationship with the young person
- Current experiences of crisis and trauma, including young people who are homeless at the point they are referred to PYI
- Unstable placements that can lead to transient behaviour and affect their access to services due to the absence of any case plans or financial support to which they are entitled
- Negative care experiences including prior placement breakdown can affect their willingness to engage with PYI
- Poor mental health and regular misuse of alcohol and other drugs to cope with prior negative experiences

Common PYI activities while the young person is in OOHC

As noted in Section 6.3.1, the roles and activities undertaken by each of the core workers varies by provider. In Table 6.4 below, the Evaluation Team have synthesised the core activities — as identified by providers — that they undertook with young people while they were still in OOHC arrangements by identifying those that are 'common' and identified more than once by a provider across the focus groups. Note that this describes what providers say that they *are* doing, rather than what they think they should be doing.

Table 6.4 Common activities undertaken by different care workers while young person is in OOHC

Personal Advisor	Education & Employment Mentor	Transitional Support Worker	Housing Provider
<ul style="list-style-type: none"> • Build a positive relationship and rapport with young person • Develop a plan that includes young person's goals and objectives • Link young person into other supports available through PYI • Liaise and collaborate with case workers to ensure leaving care plans are developed and approved and reflect the young person's needs and wishes • Help young people navigate service systems • Provide referrals to external support if required • Assist young people to find, create and build their prosocial networks 	<ul style="list-style-type: none"> • Build a positive relationship and rapport with young person • Work with young person to identify short- and medium-term education and employment goals (possibly after using a tool like 'My Career Match' or exploring their interests and skills) • Identify the supports required to help young people achieve their goals e.g. help with resume writing, develop skills or experience • Help young people navigate Centrelink and mutual obligation requirements 	<ul style="list-style-type: none"> • Build a positive relationship and rapport with young person • Work with young people to identify where they would like to live, if they would like to share and their available budget • Support young people to develop living skills through training e.g. 'Rent it, Keep it', cooking, cleaning, budgeting • If housing is required when young person leaves care, commence preparing required documentation • Ensure the young person understands responsibilities associated with tenancy arrangements (e.g. pay bills, property maintenance, neighbour etiquette). 	<ul style="list-style-type: none"> • Build a positive relationship and rapport with young person • For young people who are currently homeless or unstably housed, engage with young person to identify needs and commence looking for suitable properties • For young people who do not require immediate housing, commence search for properties that may be required once they leave care

6.3.3. What young people receive as they transition from OOHC into adult living environments

This section explores how providers worked with young people as they transition from OOHC into adult living arrangements. This section includes an examination of:

- The goals they seek to achieve with young people at this stage
- Things that help young people achieve these goals
- Things that hinder the achievement of goals
- Core activities undertaken by each core team member during this period

Goals that PYI seeks to achieve while young people are transitioning from OOHC into adult living arrangements

By the time young people are transitioning from care into adult living arrangements, provider responses indicate that they shift their focus to achieving a different set of goals. These included:

- Ensuring that young people are aware of what happens as they leave care, including managing their expectations
- Building capacity of young people to navigate the supports they might require in the community, including ensuring they know where to go for advice, support or help when or if it is required

- Securing long term housing arrangements if they are unable to or unwilling to remain in their current living arrangement
- Ensuring that a young person's leaving care plan meets their requirements, has been approved and that young people know how to access its provisions, including transition to independent living allowance (TILA) and aftercare support from their OOHC agency
- Supporting young people to make informed decisions
- Providing advice on how they can safely contact — and maintain contact — with their birth family

What helps young people to achieve their goals while they are transitioning from OOHC into adult living arrangements

Feedback from providers on the success factors that they identified as allowing young people to achieve their goals while they are transitioning from care was highly consistent. Five out of the six respondents highlighted 'successful collaboration between PYI, the young person and OOHC providers' as a key success factor. Successful collaboration can lead to:

- Increased quality of leaving care plans that meet the young person's needs
- Ensuring that leaving care plans are approved and accessible to young people
- Making sure young people feel included as part of the planning process
- Ensuring young people remain connected with their networks that supported them while they were in care (e.g. carer/caseworker/service providers).

What hinders young people from achieving their goals while they are transitioning from OOHC into adult living arrangements

A number of barriers were identified by providers that prevented young people from achieving their outcomes whilst they transitioned into adult living arrangements. Many of these were similar to those that were identified when they were in care, including:

- Young people do not have the tools they are entitled to — such as case plans and financial support from their OOHC providers
- OOHC providers who are unfamiliar with the leaving care process or do not have a relationship with the young person can act as a barrier to the provision of support for the young person and can contribute to lengthy delays in accessing leaving care plans
- Young people that have disengaged from their OOHC providers or carers are experiencing transient behaviour and homelessness which — among other things — impedes their access to services
- Negative care experiences, alcohol and other drug issues and unmanaged mental health conditions can affect a young person's commitment to the process and level of engagement with PYI.

Common PYI activities while young people are transitioning from OOHC to adult living arrangements

As noted in Section 6.3.1, the roles and activities that are undertaken by each of the core workers varies by provider. In Table 6.5 below, the Evaluation Team have synthesised the core activities — as identified by providers — that they undertook with young people while they were transitioning from OOHC into adult living arrangements by identifying those that

are 'common'. Some of these activities' carryover from the previous stage, those that are newly introduced are highlighted in **bold**.

Table 6.5 Common activities undertaken by different core workers while young person is transitioning from OOH to adult living arrangements

Personal Advisor	Education & Employment Mentor	Transitional Support Worker	Housing Provider
<ul style="list-style-type: none"> Maintain a positive relationship and rapport with young person Advocate for the completion and approval of leaving care plans on behalf of young people Following approval, assist young people to access and implement the goals from this plan Support young people to develop prosocial personal support networks Encourage young people to engage with other PYI supports if required, for example EEM and TSW Facilitate access to information and support to from external agencies Support young people with day to day tasks that allow them to build their independent capacity 	<ul style="list-style-type: none"> Maintain a positive relationship and rapport with young person Provide education and employment related mentoring throughout the transition period to support young people in making informed decisions Assist young people to implement their education or employment- related goals by linking them to appropriate services (e.g. interview techniques), identifying possible employment opportunities and training courses Identify any barriers to accessing education and employment and work with young person to overcome them 	<ul style="list-style-type: none"> Maintain a positive relationship and rapport with young person Liaise with other PYI workers to ensure that appropriate documentation is released to young person and accommodation provider Ensure financial support is available to young person for set up costs in independent living arrangements Provide information and advice (as needed) to ensure young people have the knowledge and skills to live independently Provide ongoing support to young people to ensure they understand responsibilities associated with tenancy arrangements (e.g. pay bills, property maintenance, neighbour etiquette) 	<ul style="list-style-type: none"> Maintain a positive relationship and rapport with young person Find safe and secure accommodation in consultation with the young person and their other PYI workers Work with other PYI team members to ensure that young people understand responsibilities associated with tenanted accommodation

6.3.4. What young people received from PYI as they live as young adults in the community

This section explores how providers worked with young people as they live as young adults in the community. This phase builds upon the previous activities and seeks to ensure that young people continue to receive support as they navigate their lives as young adults. This section includes an examination of:

- The goals they seek to achieve with young people at this stage
- Things that help young people achieve these goals
- Things that hinder the achievement of goals
- Core activities undertaken by each core team member during this period

Goals that PYI seeks to achieve while young people are living independently

The goals towards which providers work with young people while they are living independently have common themes of building capacity and networks. Providers highlight the following common themes:

- Maintaining positive and trusting relationships with the young person so that they know where they can get support if it is required
- Assisting them to identify and achieve goals, particularly those related to skill development and growth
- Helping young people build capacity to advocate for themselves
- Ensuring that young people are supported to remain in stable accommodation and are developing the skills required to live independently
- Supporting young people in their education and employment goals
- Building and maintaining positive and respectful relationships and personal and community networks

What helps young people to achieve their goals while they are living independently

Providers identified two key success factors that they believed supported young people to achieve their goals whilst they were living independently.

First, maintaining a good rapport and a consistent relationship with a young person was considered to be helpful as it:

- Provided the young person with the confidence that they have ‘someone in their corner’ if they needed support
- Challenged young people to keep growing their skills and supported positive risk taking to try new activities
- Encouraged openness and transparency with regard to their future planning

Second, a couple of providers highlighted the role PYI played in helping young people maintain positive relationships with the people who supported a young person while they were in OOHC, particularly carers and support services. It was through these individuals that young people can form the basis of community networks on which to build.

What hinders young people from achieving their goals while they are living independently

Providers identified a wide range of issues that can negatively affect a young person’s ability to achieve their goals while they are living independently, including:

- Lack of engagement from the young person after they have left care, as some see themselves as adults who no longer need support
- Young people who do not have the skills or confidence to manage tenancies, leading to their eviction
- Complex mental health issues that can affect their ability to engage with PYI

- Misuse of alcohol and other drugs leading to a range of issues including the young person's inability to manage their finances
- Negative influences from family or others can frustrate their efforts to make positive choices and changes
- Incomplete leaving care plans or plans yet to receive approval.

Common activities while young people are living independently

As noted in Section 6.3.1, the roles and activities that are undertaken by each of the core workers varies by provider. In Table 6.6 below, the Evaluation Team have synthesised the core activities that they undertook with young people as they were living independently by identifying those that are 'common'. Some of these activities carryover from the previous two stages, those that are newly introduced are highlighted in **bold**.

Table 6.6 Common activities undertaken by different core workers while young person is living independently

Personal Advisor	Education & Employment Mentor	Transitional Support Worker	Housing Provider
<ul style="list-style-type: none"> • Maintain a positive relationship and rapport with young person • Regularly check in with to ensure that the young person is safe and well both emotionally and physically • Discuss goals and goal planning with the young person and support them to achieve their goals • Support young person to access their leaving care plan • Help to embed personal support networks by linking with community activities • Ensure they are engaging with education and employment mentors 	<ul style="list-style-type: none"> • Maintain a positive relationship and rapport with young person • Ensure the goals are up-to-date with young person's current goals and aspirations • Identify barriers for young people to access education and employment and adjust goals to help them overcome and engage with suitable services • If employed, check if their employment conditions are fair and reasonable • If not employed, provide access to education and skill development opportunities that are of interest to them 	<ul style="list-style-type: none"> • Maintain a positive relationship and rapport with young person • Support young person to develop independent living skills (e.g. cooking, cleaning, budgeting) • If required, facilitate access to aftercare plan for establishment costs and implement TILA for furniture and/or housing expenses • Provide ongoing support to young people to ensure they understand responsibilities associated with tenancy arrangements (e.g. pay bills, property maintenance, neighbour etiquette) • Monitor accommodation options over time and assess if young person's needs are being met e.g. if wish to share accommodation or relocate 	<ul style="list-style-type: none"> • Maintain a positive relationship and rapport with young person • Find safe and stable accommodation for the young person if required • Act as a liaison between the young person and real estate agent • Ensure that the young person is maintaining the property, rent is being paid correctly and maintenance for the property occurs when needed • Work with the PYI team around any issues arising from accommodation

6.3.5. Additional information required to determine effective core components of the PYI model

Common activities undertaken by different core workers across the service continuum for young people receiving PYI services shows a very different picture to the original service components and core program components for PYI outlined in Chapter 2. This is not surprising given more than three years have elapsed since the start of PYI and changes to content and delivery are expected as providers continuously adapt the program in

response to implementation challenges and codifying individual PYI staff practices over time.

This rich analysis — of how core staff actually work with young people across the PYI service continuum — is the first step in defining the core components of the intervention, which is in turn the first step toward program replication and scale-up to other geographic areas (Greenhalgh & Papoutsi, 2019). Core components are directly related to a program's theory of change and comprise (Blase & Fixsen, 2013):

- **Contextual factors** — such as the types of young people who receive PYI services (e.g. young people with prior experience of homelessness, young people in OOHC) and service delivery settings,
- **Structural elements, such as the amount of PYI a young person receives** — which can be interpreted in this context to mean the amount and type of services they require to address their need (given there is no known dose-response relationship between the amount of PYI a young person receives and the amount of improvement they experience), and
- **Specific intervention practices** — such as Motivational Interviewing to increase the engagement of young people in PYI or enabling the self-efficacy of young people receiving PYI through structured experiences of choice and control.

The development of PYI core components may also benefit from the introduction of flexible activities that enable the adaptation of components and practices to local contexts (e.g. provision of work experience for young people in partnership with a local business) (Knight, Maple, Shakeshaft, Shakeshaft, & Pearce, 2018).

Defining the core components of PYI in this way is however not enough to ensure these mechanisms are effective in enabling change for young people at-risk of homelessness. Approaches to determining the effectiveness of PYI core components include:

- Evidence reviews (e.g. systematic reviews, meta-analyses, rapid reviews) of the research literature to support specific intervention practices with young people of a similar age, demographic and risk profile to the PYI cohort. This approach can be used to both validate practices that are currently employed by core PYI workers and to identify evidence-informed practices that can be applied to PYI to strengthen the intervention.
- Further evaluation of PYI over time to enable testing of core components in relation to young people's experience of homelessness. This will assist in determining which core components of the PYI model are effective in positively influencing outcomes for young people.

7. Can the PYI prevent or delay homelessness in young people leaving the out-of-home-care system?

Key takeaways



PYI is successful at preventing homelessness after age 18 for young people with a history of homelessness while they were in OOHC



Young people leaving care, including those receiving PYI, are more likely to become homeless after age 18 if they are Indigenous and if they were in residential care before they left care



PYI may reduce the frequency of SHS utilisation after age 18, with those who received PYI returning to SHS for significantly fewer visits for any reason, including homelessness / emergency housing needs, than those who did not receive PYI



A greater period of follow-up and better measures of homelessness are needed to improve confidence in these findings

7.1. Introduction

A major aim of PYI is to equip young people for life after leaving care and to delay (or prevent) them from becoming homeless and/or requiring emergency housing from Specialist Homelessness Services (SHS). The original evaluation plan utilised an RCT to test this, complete with in-depth survey interviews with young people at recruitment, transition and after leaving OOHC. The reconfigured method relies entirely on regularly collected administrative data.¹⁹

7.2. Methodology

This analysis tested whether young people who received PYI (PYI group) were more likely to receive SHS services after leaving OOHC at age 18 than a statistically matched group of eligible young people who did not receive PYI (comparison group). Within those young people who received PYI, the analysis examined the type and dose of PYI services they received — using the type of planned services and the number of planned service types as proxies — and the association with SHS utilisation. Finally, the analysis explored the differences between the PYI and comparison group in terms of the type, frequency and duration of services they received from SHS before and after leaving OOHC.

7.2.1. Data Sources

Administrative data to inform this analysis was obtained from four unique sources:

- *Client Information Management System (CIMS)* — the information management system for PYI providers that includes demographic information, initial and ongoing assessments and information about the type, frequency and duration of PYI services.²⁰
- *Specialist Homelessness Services (SHS)* — the information management system for homelessness services that includes demographic information, initial and ongoing assessments and information about the type, frequency and duration of services for NSW. This data includes NSW homelessness services data obtained from both CIMS and non-CIMS systems.²¹
- *ChildStory* — the information management system containing the child protection and OOHC history of all children and young people in NSW.²²

¹⁹ Although administrative data such as those used in this chapter are informative, they only indicate that young people are homeless if they formally make an attempt to obtain homelessness services. This is clearly an underestimate. Interviews with young people would undoubtedly unearth greater housing instability and homelessness, as well as provide detail about the reasons these conditions are present.

²⁰ Dates of inclusion: 1 July 2017 – 31 March 2020

²¹ *Dates of inclusion:* individuals in care between 1 July 2015 to 31 March 2020

²² Dates of inclusion: OOHC history and CP history for children who were in OOHC between 1 July 2015 to 31 December 2019, specifically: OOHC history, dates of inclusion: 1 June 1987 – 30 June 2019; CP history, dates of inclusion: 1 January 1987 – 30 June 2019; Risk and Safety data, dates of inclusion: 1 July 2015 – 30 June 2020.

- *PYI quality assurance information* — sent to DCJ by each of the PYI providers.²³

These sources were cleaned, summarised, and linked — using a statistical linkage key (SLK) — to create an individual-level longitudinal dataset of young people who met the eligibility criteria for PYI that includes their service history in child protection, OOHC, PYI, and SHS.

7.2.2. Sample

Sample Selection

The PYI-specific CIMS data (hereafter referred to as ‘CIMS’) was used to identify all young people who received PYI during the evaluation phase and when they commenced services.²⁴ Using CIMS, it was sometimes difficult to determine the date at which young people commenced PYI. After consultation with DCJ, this was calculated using the first recorded interaction with a PYI provider for the following services:

- Date of initial PYI assessment
- Date of first PYI client outcomes tool (COT) assessment
- Date of first recorded PYI-specific plan
- Date of first night of PYI-provided accommodation.

Statistical Matching

Propensity Score Matching (PSM) methods were used to create a statistically equivalent control group. In essence, this method uses what is known about both the intervention group (PYI) and everybody else in the larger pool of eligible young people to select a matched group of only those young people from the larger pool who have similar, observed characteristics that are known or suspected to influence the outcome (homelessness post leaving OOHC).

Because there was no PYI start date for the potential control group and the age at which PYI can begin is variable (ages 16-18), age 17 was selected as the point in time to create the risk of homelessness profile using data from ChildStory (collected in the same way for both groups).

Young people from locations in which PYI was offered were excluded to control for unobserved selection bias.²⁵ Additionally, young people were selected for matching only if they were under the ‘Parental Responsibility of the Minister (PRM)’ and had turned 18 by 31 Dec 2019.²⁶

Following the matching process, 290 out of 297 PYI recipients (98 per cent) were matched (closest score) with one of 1127 possible controls across a range of important characteristics detailed in Table 7.1.

²³ Dates of inclusion: 01/01/2018 – 30/06/2020

²⁴ Received PYI from January 2018 onward, excluding the Stage 1 Pilot.

²⁵ The Evaluation Team had no information beyond inclusion criteria so could not be certain whether there was bias in the way in which young people were recruited, which young people had actually been approached, who had declined the service, and whether other unknown factors led to the provision of PYI for some young people rather than others.

²⁶ The extraction date for ChildStory data — understanding a young person’s last placement type during their transition from OOHC was required for this analysis.

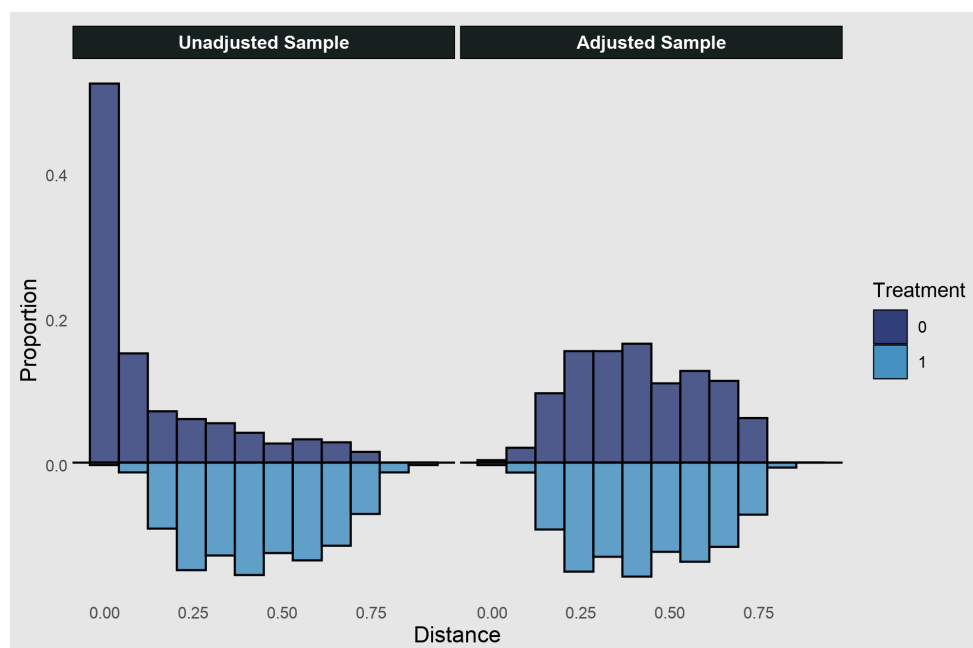
Table 7.1 Constructs used in PSM modelling

	Demographic information	<ul style="list-style-type: none"> • Aboriginal or Torres Strait Islander status • Gender • Age on 31 Dec 2019 • Age at the start of current episode in care at age 17
	Placement type at age 17	<ul style="list-style-type: none"> • In permanent care • Residential care • Foster care • Kinship care • Self-placed²⁷
	Placement stability at age 17	<ul style="list-style-type: none"> • # of placements lasting > 7 days in the year prior • Prior episode in OOHC (one or more placements) • Multiple short OOHC placements (7 days or less) • Spell in care started within the year before age 17
	Other	<ul style="list-style-type: none"> • Age at first Risk of Significant Harm (ROSH) report • Juvenile justice interaction in year prior to age 17

The match appears to have worked well with the distributional balance of propensity scores between the PYI sample and the adjusted (matched sample) samples clearly displaying a great deal of similarity when compared to the unadjusted (comparison sampling frame) scores — see Figure 7.1. Bivariate testing of comparison (n=290) and PYI (n=290) characteristics yielded no significant differences on any matching variables.

²⁷ PRM but not living in a formal OOHC setting because they have ‘self-restored’, run away, are living elsewhere and refuse to return, or may be homeless.

Figure 7.1 Distributional balance of propensity scores of the PYI group (treated=1) compared with the comparison group (treated=0) before and after matching



Statistical Analysis

Young people could begin receiving PYI services at any time between the age of 16.75 and 18, making it challenging to evaluate homelessness outcomes while young people were still in care. At the same time, the extract date meant that there was limited time to follow up all young people for substantial periods after age 18.²⁸ In addition, the Evaluation Team discovered a large number of young people had sought assistance from SHS before age 18 whether they were listed as ‘in care’ or not. Considering this, the analysis was divided into several pieces to understand if or whether:

- Young people receiving PYI were less likely to receive SHS than young people who did not receive PYI before or after they turned 18;
- The timing, type, frequency and duration of SHS services if they were used; and
- Among young people who received PYI, which types and dose of services were associated with the use of SHS services.

Cox Proportional Hazards Regression was used to compare homelessness between the PYI and their matched controls as measured by their utilisation of SHS. This form of event history analysis was used because it accounts for different lengths of follow-up (i.e. it accounts for the fact that a young person who just started PYI has much less time to become homeless after starting than a young person who started one year ago).²⁹

²⁸ Extract date: 31 December 2019 for ChildStory and 31 March 2020 for SHS CIMS

²⁹ Each young person’s 18th birthday was used as the beginning of the follow-up period whereby young people were at risk of homelessness. This corresponds to the main outcome of the evaluation — preventing or delaying homelessness upon leaving care. The Evaluation Team generated an age at which PYI began for each person in the PYI group, then used this information to find the equivalent start date for each matched control i.e. Age start control = age 18 PYI - age PYI start. This was used to estimate all OOHC variables to use as covariates at the start of PYI (or equivalent matched start). Thus,

Any use of SHS involving the provision of, or request for, accommodation was considered an incidence of homelessness. Similarly, the PYI group was followed forward past age 18 and the Evaluation Team explored whether individual providers or planned services within PYI were associated with this same measure of homelessness.

7.2.3. Limitations

Some caution needs to be taken with models presented in this chapter and findings should be considered as tentative. The fairly short follow-up time means that these findings can easily change as time passes. In addition, while administrative data such as those used in this chapter are informative, they only indicate that young people are homeless if they formally make an attempt to obtain homelessness services. This is clearly an underestimate. Interviews with young people would undoubtedly unearth greater housing instability and homelessness, as well as provide detail about the reasons these conditions are present.

7.3. Insights

7.3.1. Survival analysis — effectiveness of PYI to prevent first use of Specialised Homelessness Services

Key insights

- PYI successfully prevented young people from becoming homeless after age 18 if they had received homelessness services before³⁰;
- Young people who were in residential care at the start of PYI were homeless far more often than young people leaving other forms of care, regardless of whether they benefited from PYI;
- Indigenous young people became homeless far more often than Non-Indigenous young people, regardless of whether they benefited from PYI;
- Insufficient follow-up time limits confidence in our findings.

Young people in the PYI and comparison group were largely similar to each other on a wide range of demographic and service characteristics — see Table D.1 in Appendix D. Notable exceptions include:

- *more than one placement in last eight or more days in care in the prior year* — with more young people in PYI having such placements than those in the comparison group ($p=0.005$);
- *residing in the assigned DCJ placement at the start of PYI* — with young people in PYI more likely than the comparison group to be in their assigned placement ($p=0.029$); and

follow-up time was equal between the PYI and non-PYI groups, and for variable characteristics (e.g., current placement at PYI start).

³⁰ Models were based on event history analyses. Prevention, in these models, refers to both whether the outcome occurs and the time it takes for that outcome to occur.

- *whether young people had at least one episode of SHS prior to the start of PYI services compared to those who did not* — with young people in the PYI group more likely to have an SHS history ($p < 0.001$).

Because prior receipt of SHS was highly significant and was not controlled for in the PSM matching process, this factor was explored as a moderator by stratifying across the PYI and comparison groups.³¹ Specifically, it was examined whether PYI moderated the effect of having previously accessed SHS services by separately looking at, and comparing, whether receiving PYI decreased homelessness using the following categories.

- Received PYI and had no prior SHS history
- Received PYI with prior SHS history
- Did not receive PYI (comparison group) and had no prior SHS history
- Did not receive PYI (comparison group) with prior SHS history.

Results from the bivariate model indicate that, first and foremost, limited time has passed to observe the outcome and a relatively small number of young people in both groups presented at SHS as homeless after turning 18 ($n=60$). Secondly, more young people in the PYI group had received SHS than the comparison group — an indicator that they had more often been homeless than their comparison group counterparts. This suggests that the PYI group was more at risk than the comparison group.

These factors — alongside a limited set of other factors — were entered into a multivariate model, Cox Proportional Hazards Regression, that measured how long it takes to become homeless — as measured by accessing SHS services — after leaving care at age 18.³²

The Evaluation Team was constrained in its ability to make direct comparisons between those who received PYI and those that did not due to the relatively short amount of time the data tracked young people past the age of 18. This limited statistical power — the capacity of the models to detect differences between groups if those differences do, in fact, exist. Nonetheless, the final model used was able to detect a substantial ‘treatment effect’ for PYI but it is clear that longer follow-up is needed to fully explore the effectiveness of PYI and to increase confidence in these findings.³³

The final model — summarised in Figure 7.2 — displays the effect size of each of these factors using a ‘Hazard Ratio’ — a number that describes the likelihood or probability that a young person will experience homelessness after age 18. The top of the figure describes the effect of PYI while accounting for prior receipt of homelessness services. Starting from left and moving right, the reference group — i.e., group to which all other groups are compared — consists of young people who did not receive PYI and did not receive prior homelessness services from SHS. A hazard ratio of 1.0 indicates no effect. Each 0.10 increase in the hazard ratio above 1.0 represents a 10 per cent increase in the likelihood of

³¹ Model results are included in Table D.2 in Appendix D.

³² This analysis controlled for SHS use prior to leaving care, Indigenous status and residential care placement prior to leaving care.

³³ Cox Proportional Hazards Regression was used to model risk of homelessness post age 18.

experiencing homelessness. The results established that there are three known factors that influence whether young people become homeless after leaving care³⁴:

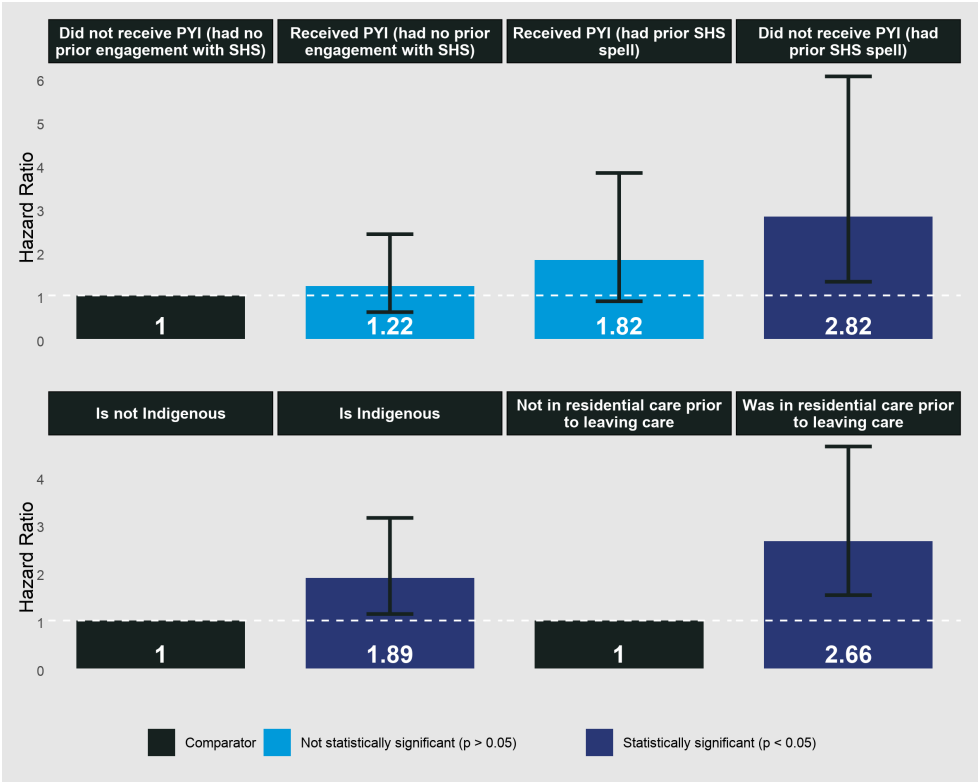
- *The receipt of PYI is effective for preventing homelessness, but to this point the effect is limited to young people who had previously accessed homelessness services before receiving PYI* — The effect of PYI cannot be understood without, at the same time, factoring in whether they had begun showing signs of homelessness before receiving PYI. The following variations between subgroups of young people, moving from left to right on Figure ES.1 describe the way in which receiving PYI ‘moderates’ or alters the risk of future homelessness posed by having experienced prior homelessness.³⁵
- *Young people who received PYI but had not received prior SHS had a very small increase in their likelihood of becoming homeless compared to young people who did not receive PYI without prior SHS, but this difference was not statistically significant (HR=1.22, p=0.571)* — this suggests that PYI was unlikely to have an impact on this group,
- *Young people who received PYI and who also received prior SHS had higher (82 per cent) increase in their likelihood of becoming homeless compared to young people who did not receive PYI without prior SHS, but this difference was also not statistically significant (HR=1.82, p=0.114)* — this means that even if they had a prior history of SHS, young people who received PYI were no more likely to experience homelessness than those who did not receive PYI and who had no prior SHS,
- *Young people who did not receive PYI and who also received prior SHS had a 182 per cent increase in their likelihood of becoming homeless. This difference was statistically significant (HR=2.82, p=0.007)* — this means that young people who did not receive PYI and who had prior SHS were far more likely to be homeless post age 18.³⁶
- *Accounting for the effect of PYI (where it might have had a positive effect), Indigenous status or prior SHS use on the likelihood of homelessness after age 18, care leavers whose last placement was residential care were more likely to become homeless* — compared to young people leaving other forms of care, they had a 166 per cent increase in their likelihood of receiving SHS (HR=2.66; p<0.001) after age 18. This difference was statistically significant.
- *Accounting for the effect of PYI (where it might have had a positive effect), prior residential care or prior SHS use on the likelihood of homelessness after age 18, Indigenous care leavers were more likely to become homeless* — compared to non-Indigenous young people, they had an 89 per cent increase in the likelihood of receiving SHS (HR=1.89; p=0.014). This difference was statistically significant.

³⁴ The effect size of each of these factors is shown as a ‘Hazard Ratio’ — a number that describes the likelihood or probability that a young person will experience homelessness after age 18.

³⁵ All comparisons in the PYI portion of the statistical model are made to young people who did not receive PYI and did not have prior SHS services.

³⁶ Young people who did not receive PYI but had not received prior SHS had a 55 per cent increase in the likelihood of becoming homeless after age 18 compared with young people who received PYI and had no prior SHS. However, this difference was not significant (HR = 1.551, p = 0.255).

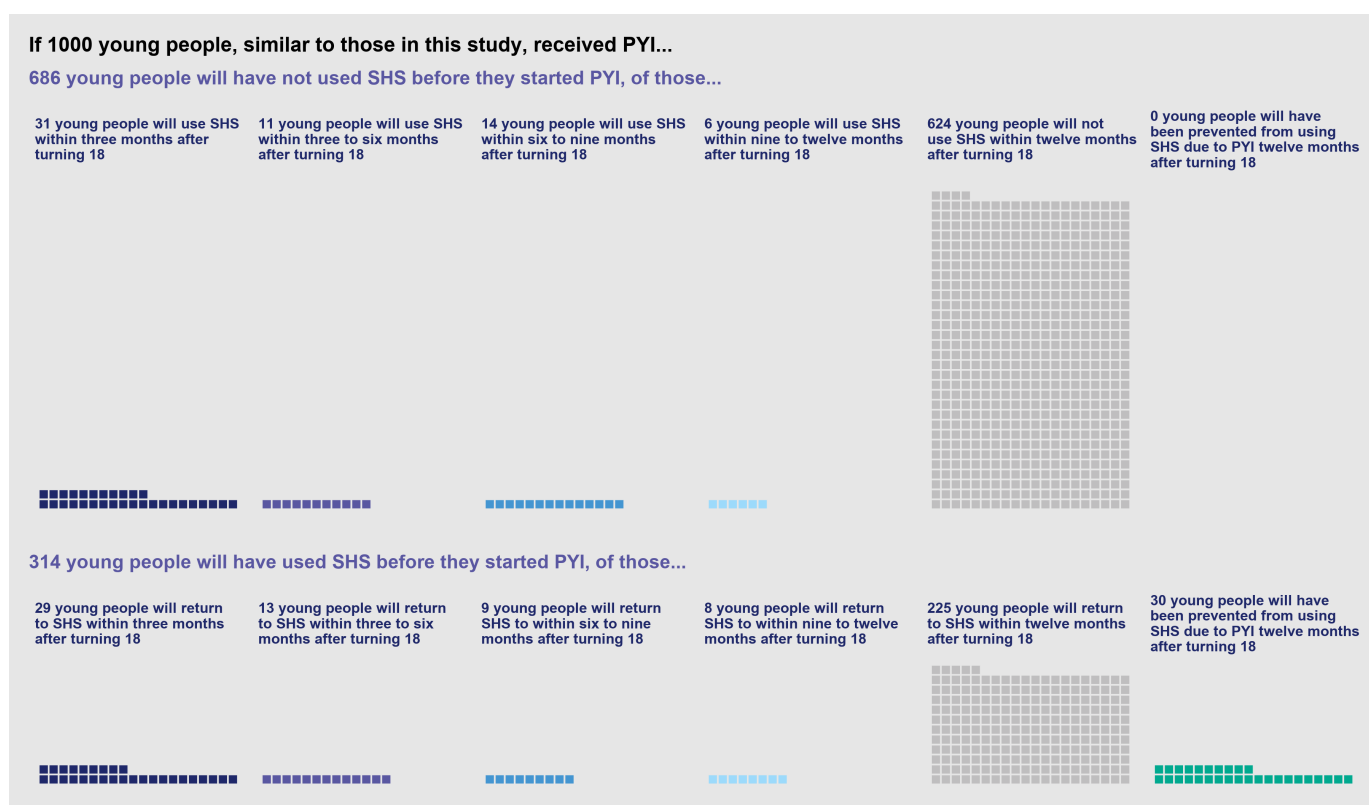
Figure 7.2 Summary of results



The results of this model are conceptualised visually in Figure 7.3 below. Not controlling for other factors, each square represents one individual and what their expected outcomes might be within a 12-month timeframe.³⁷ The figure uses the effect size estimates from the modelling described above to estimate how many young people would be prevented from using SHS within 3, 6, 9 and 12 months of turning 18 if PYI were delivered to a similar population. As shown in the figure, in this scenario 30 young people, who had previously accessed SHS, are estimated to have prevented their return visit to SHS as a result of involvement in PYI.

³⁷ The confidence in these estimates could be increased and other predictive factors included with more follow-up time.

Figure 7.3 Visualisation of estimated impact of PYI over a 12-month period, stratified by SHS history



7.3.2. Survival analysis — which elements of PYI were associated with utilisation of SHS accommodation services

Key insights

- Almost all young people in PYI had a service plan prior to the age of 18;
- Planned PYI services were not associated with whether PYI young people received SHS after age 18;
- Individual PYI agencies did not appear to differ with respect to the outcomes for their PYI recipients.

PYI service plans were analysed to ascertain whether planned services were associated with SHS outcomes after age 18. Planned services do not necessarily translate into actual services received but the absence of a plan, particularly in terms of providing accommodation, is rare. That is, in order to get the service, it is very likely that the service has to be listed in the plan.³⁸

Young people receiving PYI almost always (95 per cent) had a plan for service before turning 18, but the configuration of services varied. The vast majority (79 per cent)

³⁸ Analysis of whether they get the service, as well as its quality, is beyond the scope of this evaluation.

included plans for PA advice, just under one quarter (22 per cent) had housing plans, and 16 per cent had all four categories of plans — see Table 7.2.

Table 7.2 All combinations of PYI planned services (n=297)

Received Personal Advice (n = 233, 78.4 per cent)	Received Education and Employment Mentoring (n=219, 73.7 per cent)	Received Transitions Support (n=139, 46.8 per cent)	Received PYI accommodation (n=66, 22.2 per cent)	n (n=297)	%
✓	✓	✓	✓	46	15.5
✓	✓	✓	✗	59	19.9
✓	✓	✗	✓	2	0.7
✓	✓	✗	✗	73	24.6
✓	✗	✓	✓	5	1.7
✓	✗	✓	✗	14	4.7
✓	✗	✗	✓	4	1.3
✓	✗	✗	✗	30	10.1
✗	✓	✓	✓	1	0.3
✗	✓	✓	✗	5	1.7
✗	✓	✗	✓	5	1.7
✗	✓	✗	✗	28	9.4
✗	✗	✓	✓	1	0.3
✗	✗	✓	✗	8	2.7
✗	✗	✗	✓	2	0.7
✗	✗	✗	✗	14	4.7

Agency provider and service plan type were analysed with respect to their association with

receipt of subsequent SHS after age 18 using bivariate Cox regressions — model results are included in Table D.3 in Appendix D.

There were no significant differences by agency, meaning that no individual agency outperformed another with respect to whether planned services were associated with subsequent homelessness.

In addition, individual service plan type did not appear to predict receipt of SHS. When classified by highest level to lowest level of planned service prior to age 18, there was no association with whether or not a young person actually received SHS after age 18. When looked at by individual service plan type before age 18, there were still no significant associations with SHS receipt after age 18.

Going further with this analysis, service plan type was entered into a larger Cox Proportional Hazards Regression using the slate of demographic and case characteristics from the previous model. Similar data reduction techniques were used to contend with our similarly low (11 per cent) rate of event occurrence (i.e. limited follow-up time translated to small numbers of young people receiving SHS). In these models, Service Plan Type prior to age 18 was still not associated with SHS receipt post turning 18. In the end, having been placed in residential care at the start of PYI was highly associated (HR=3.92; $p<0.0001$). In addition, a key placement stability / homelessness indicator predicted SHS use after age 18.

If a PYI young person had not 'self-placed' when they commenced PYI (i.e. they resided in a sanctioned home other than residential care), they were far less likely to use SHS after age 18 (HR=0.37; $p=0.012$).

7.3.3. Descriptive analysis — Did the interactions with SHS differ between PYI and comparison kids after age 18?

Key insights

- PYI appears to impact the frequency of SHS utilisation after 18, with those who received PYI returning to SHS for significantly fewer visits for any reason including for homelessness / emergency housing needs;
- Receiving PYI does not appear to affect the duration of SHS support or alter the needs / requirements / services provided or received once SHS support is sought;
- These results are based on small sample sizes so they should be considered with care; longer follow-up time would provide greater insight and confidence.

One of the major aims of PYI is to assist young people with the transition from out of home care so that they can live independently and hopefully require less involvement with SHS after they turn 18. The previous analysis presented — in section 7.3.2 — was focused on the timing of the first return to SHS that occurred on/after age 18, but other important aspects to consider are the frequency and duration of SHS use.

Due to the small numbers of those who returned (n=29 comparison and n=31 PYI), the scope for a similar time-to-event analysis (which controls for prior SHS use) on the frequency and/or duration of SHS use post-18 is limited, as such analyses require larger samples and greater follow-up time to be trustworthy and robust. Therefore, to understand whether PYI affected the frequency and duration of SHS use post-age 18, the Evaluation Team were limited to performing several descriptive analyses; these used the same matched samples (the PYI group versus their matched control group) and their entire SHS homelessness history on or after age 18.

Method

Data were summarised per individual, according to how many distinct periods of support they received from SHS on or after age 18 (for either any reason or for homeless/housing needs specifically) and, on average, how long each young person stayed at SHS per period of support. Details of their first period of support at SHS for housing requirements was also compared according to identified needs and service provision.³⁹ Continuous data were analysed with t-tests and categorical data with *chi-squared* tests.

Did the frequency or duration of SHS use overall (for any reason) change for those over 18 if they received PYI?

Individuals who received PYI — compared with those who did not — returned for significantly fewer visits to SHS for any reason (t-test p=0.008), but no difference in duration was detected — see Table 7.3 below.

³⁹ As the matching process included age — How old each young person was as of 31 December 2019 — with no significant differences (mean \pm SD = 18.62 \pm 0.36 years for PYI and 18.61 \pm 0.41 years for comparison; t-test p=0.794) — it is possible to be reasonably confident that there were no meaningful differences in the follow-up times between the two groups that might confound the results or interpretation. Ideally, a future investigation (with longer follow-up times and larger sample sizes) would control for both time and potentially correlated factors, including prior history.

Out of the 290 young people in each group, 47 (16.2 per cent) young people in the PYI group and 43 (14.7 per cent) young people in the comparison group returned to SHS for any reason. No significant differences were observed in the average duration of SHS visits per young person. This could imply that receiving PYI did not impact the provision or duration of SHS if assistance from SHS was sought. Alternatively, it could imply that our sample was too small to detect a difference and disentangle effects of PYI given that the type of needs, at the time of presenting to SHS, are likely to affect the duration of SHS service provision.

Table 7.3 Number of visits and length of spell at SHS for any reason for those in PYI and the matched comparison group at or after age 18

	PYI (n=47) Mean (SD)	Comparison (n=43) Mean (SD)	p
Average number of visits per young person	1.57 (1.06)	2.6 (2.35)	0.008
Average days at SHS per young person	97.4 (195.42)	91.45 (116.79)	0.863

Did the frequency or duration of SHS use for homelessness / housing requirements decrease for those over 18 if they received PYI?

Individuals who received PYI (compared with those who did not) returned for significantly fewer visits to SHS for homelessness / emergency housing requirements (t-test $p=0.022$), but no difference in duration was detected — see Table 7.4 below.

As per the previous analysis, having housing needs was considered as having been homeless (sleeping rough or in short-term accommodation) within the last month and/or having an identified need for emergency or short-term housing.

Out of the 290 young people in each group, 31 (10.7 per cent) young people in the PYI group and 29 (10.0 per cent) of young people in the comparison group returned to SHS because they were homeless or had emergency housing needs. No significant differences were observed in the average duration of SHS visits per individual.

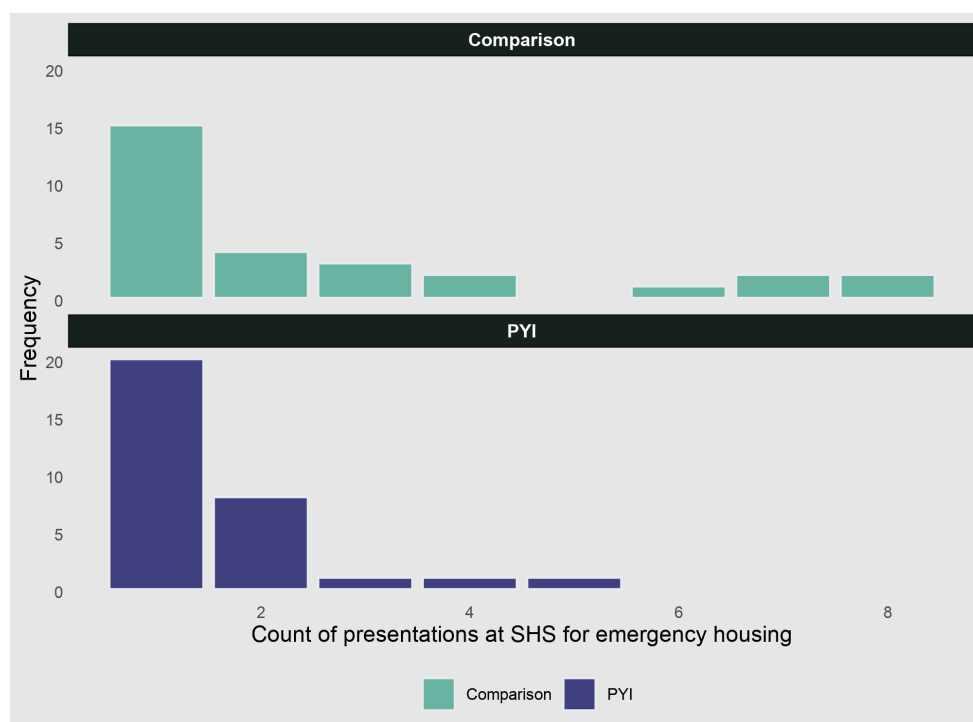
Table 7.4 Number of visits and length of spell at SHS for housing/homelessness needs for those in PYI and the matched comparison group at or after age 18

	PYI (n=32) Mean (SD)	Comparison (n=29) Mean (SD)	p
Average number of visits per young person	1.55 (0.96)	2.62 (2.34)	0.022
Average days at SHS per young person	116.19 (229.80)	68.67 (82.67)	0.297

This means that, while there were more young people in PYI who returned for one or two

services, young people who did not receive PYI tended to return with greater repetition — see Figure 7.4.

Figure 7.4 Frequency of distinct periods of support at SHS for homelessness services / emergency housing needs



Did the presenting needs or services provided differ between those who received PYI or not?

The needs and types of services received from SHS did not significantly differ between those who received PYI and those who did not. However, due to the low numbers of observed return visits (n=31 for PYI and n=29 for the matched control group), longer follow-up time may grant further insight into any potential impacts or differences — see Table D.4 in Appendix D.

7.3.4. Summary of findings

Despite having limited follow up time to observe outcomes, it appears as though the receipt of PYI services is fairly successful in preventing homelessness, as measured by receiving SHS.

- The provision of PYI successfully prevented young people from utilising SHS if they had received such services before.
- Young people who were in residential care at the start of PYI utilised SHS far more often than young people in other forms of care, regardless of whether they received PYI.
- Indigenous young people utilised SHS far more often than Non-Indigenous young people, regardless of whether they received PYI.
- PYI appears to impact the frequency of SHS utilisation after age 18, with those who received PYI returning to SHS for significantly fewer visits for any reason including for homelessness / emergency housing needs.

- Receiving PYI does not appear to affect the duration of SHS support or alter the needs / requirements / services provided or received once SHS support is sought.

8. Can the PYI prevent or delay the risk factors and consequences of homelessness?

Key takeaways



Two models were developed. One explored changes in outcomes prior to age 18 and one after age 18. Effects of predictors detected as statistically significant were generally modest in size and differed across the different phases of care.



Accommodation and Social Connections ratings improved overall up to age 18, remaining stable thereafter. There was no overall improvement on other wellbeing domains across the two phases of care (up to age 18, and post-18), including Education & Training, Employment, Mental Health, Risk-taking, and Living Skills. Physical Health ratings likewise did not improve prior to age 18 and deteriorated post-18.



Young people who received PYI housing assistance showed steeper gains on Accommodation ratings prior to age 18 than young people who did not, whilst females showed an advantage over males.

Some groups performed better across other well-being domains than others:



- Young people in receipt of a PYI Personal Advice plan did better on Mental Health outcomes, and Social Connections up to age 18
- Young people in receipt of PYI housing assistance performed worse on Education and Physical Health up to age 18, however receipt of this service appeared to confer a protective effect on Education performance during the post-18 phase
- Young people who were in SHS before starting PYI deteriorated on Employment outcomes prior to age 18
- Residential care and Emergency placement groups experienced greater gains in Education & Training up to age 18, however those in Emergency placement simultaneously deteriorated on Physical Health and Living Skills domains during the post-18 phase
- Females did better than males on Social Connections and Risk-taking up to age 18

8.1. Introduction

An outcomes-focused approach can provide greater transparency about what works and why. The PYI Client Outcomes Tool (PYI-COT) was designed to capture reflective discussions between PYI providers and clients about what the service is achieving or not achieving for young people.

The PYI-COT assesses outcomes across eight wellbeing outcome domains: safety, home, economic, health, education and skills, social and community, empowerment and living skills. These outcomes reflect each of the domains of the Department's Human Services Outcome Framework (HSOF) — see Table 8.1.

Table 8.1 The NSW Human Services Outcome Framework

	Social & Community	All people in NSW are able to participate and feel culturally and socially connected
	Home	All people in NSW are able to have a safe and affordable place to live
	Education & Skills	All people in NSW are able to learn, contribute and achieve
	Health	All people in NSW are able to live a healthy life
	Empowerment	All people in NSW are able to contribute to decision making that affects them and live fulfilling lives
	Economic	All people in NSW are able to contribute to, and benefit from our economy



8.2. Methodology

8.2.1. Design

This portion of the study investigated the relationship between receiving PYI and a series of factors that may be related to risk of homelessness and level of housing need. Risk and need are likely to differ at different times for young people transitioning from care. Specifically, these may differ between young people in PYI before turning 18 (within the period of being age-eligible for OOHC and in contact with their care providers) and after turning 18 (at which point they are more reliant on seeking assistance from adult-oriented SHS services if PYI services were not available). Thus, individuals were assessed, over time, across a range of outcomes to determine:

- *Before leaving care (prior to 18 years old)* — do young people in PYI improve with respect to the different outcome domains while still age-eligible for care?
- *After leaving care (post 18 years old)* — do young people in PYI improve with respect to the different outcome domains after leaving care?

8.2.2. PYI Client Outcomes Tool

The PYI-COT is an eight-item tool designed to measure client outcomes in the following domains:

- social connections
- accommodation
- education
- employment
- physical health
- mental and emotional wellbeing
- health and safety risk behaviours
- living skills.

Each of these domains is rated on a 1-5 scale, where 1 represents poor outcomes, and 5 represents positive outcomes, with intermediate response ratings between these two points. The Evaluation Team has strong reservations about the ability of the PYI-COT to validly and reliably measure outcomes. A summary of the Evaluation Team's concerns, previously provided to DCJ, is included in Appendix G.

The PYI-COT is administered by providers for young people receiving PYI with the results entered into the Client Information Management System (CIMS).

8.2.3. Sample

Almost all (98.3 per cent) of young people involved in PYI completed at least one PYI-COT assessment.⁴⁰ However, not all individuals who had completed PYI-COT assessments had scores within range of a baseline and/or linked with the covariates from ChildStory. Thus, the data were separated into two discrete (but overlapping) datasets — see Table 8.2:

- *Before leaving care (prior to age 18)* — were used for understanding how young people in PYI improved with respect to the different domains while still age-eligible for care; and
- *After leaving care (post 18 years old)* — were used for understanding how young people in PYI improved with respect to the different domains from the time that they were transitioning from being age-eligible for care onwards.

Table 8.2 Details of the two samples for ‘prior to 18’ and ‘post 18’ COT analyses

Sample	Sample size (n)	First record	Last record	Last record carried forward
Prior to 18	334	Earliest record before age 17.75	Closest record to age 18 between 17.75-18.08 years old	If no record after 17.75 years old, carry latest record forward to age 18 ⁴¹
Post 18	273	Closest record to age 18 between 17.75-18.08 years old	Latest record after age 18.08 years old ⁴²	If no record after 18.08 years old, carry latest record forward to end of study ⁴³

8.2.4. Analysis methods

Primary analyses investigated change on each of the eight PYI-COT domains between the first and last assessments within each phase of care; before leaving care (prior to 18 years) and after leaving care (post 18 years). The degree to which change occurred on the domains, and identification of predictors associated with differential patterns of change, was assessed using general linear model (GLM) repeated measures analysis of variance.⁴⁴

⁴⁰ i.e. 417 of the 424 in PYI-CIMS who had valid dates of birth, started PYI between 16-18 years old, and were not included in the Stage 1 rollout of the program.

⁴¹ Note: In 66 cases, an individual’s first and last records were identical.

⁴² Note: The last record after leaving care was identified as the last COT record during the study (before 31 March 2020).

⁴³ Note: in 67 cases, an individual’s first and last records were identical.

⁴⁴ Within the prior to 18 and post-18 samples there were a number of young people who had received only an initial assessment, with no subsequent assessment. For these cases, the missing assessment scores were imputed using ‘last observation carried forward’ (LOCF), a technique commonly used in longitudinal studies. In this method, if an individual drops out of a study before it ends, their last observed scores on the dependent variable is used for subsequent observation points. This includes the last observation also being the first observation, if no other observations are present. This technique is generally regarded as conservative, by minimising any potential bias produced by reporting exclusively on clients who were followed up for subsequent assessment. This method introduces a risk of bias that can arise when individuals get better (but this is not measured), then the

Between-groups comparisons for each predictor were represented by a two-level between subjects factor, and the first and last assessments within each phase formed a within-subjects factor representing time. A statistically significant interaction effect between the candidate predictor and time indicated that patterns of change differed for each level of the predictor. The interval between the first and last assessments was included as a covariate.

A two-stage analysis plan was implemented:

- Firstly, univariable analyses were undertaken to assess associations between each predictor and change over time on each domain, adjusting only for the interval between assessments.⁴⁵
- Secondly, where a predictor was associated with differential patterns of change on a particular COT domain at an a priori specified probability value of 0.10 or below, it was included in subsequent multivariable GLM analyses.⁴⁶

The results of this two-step process are summarised in Figure E.1 in Appendix E.

8.3. Insights

Although the PYI-COT has some limitations both structurally (reliability and validity) and in its implementation (missing data), it is the only available tool reflecting a young person's progress across these domains. The Evaluation Team has attempted to decrease some of the bias associated with missing data issues by implementing a conservative approach that includes all cases, rather than a potentially more biased approach which includes only those with complete data.

A number of statistically significant predictors of the eight domain scores pre and post-18 were identified, however effects were modest, with one notable exception — young people in the pre-18 sample who received PYI housing assistance showed substantially steeper gains on the accommodation domain than those who did not, accounting for 10.3 per cent of the total variation in accommodation outcome pre age 18, which equates to a medium effect size. However, this effect was not maintained, with no effect detected for PYI housing assistance on accommodation scores in the post-18 sample.

If it is hypothesised that those with an early accommodation plan are those where someone recognises that they have a problem and do something about it, and those that stay in PYI post 18 are then housed with PYI or do not need it, then it would be expected to observe lower scores improving during the pre-18 phase, and stable high scores post-18. Inspection of the means during the pre-18 and post-18 phases suggest that this may be the case. This type of inconsistency characterised findings across the pre- and post- 18

results suggest that they did not improve when they actually did. Conversely, the reverse is true when individuals worsen, but this is not measured, then the results suggest that they did better than they actually did. Assessments were carried forward for 66 (19.8 per cent) of the 334 clients in the prior to 18 analyses, and for 67 (24.5 per cent) of the 273 clients in the post-18 analyses.

⁴⁵ A list of child protection and demographic predictors that were used in the modelling are included in Table E.1 in Appendix E.

⁴⁶ The statistical significance of each candidate predictor in the multivariable model was assessed, and the least significant predictor identified, and removed from the model in the next iteration. This process was repeated until a final model for each domain was produced which contained an optimal set of predictors. Results for the second stage of the analysis were regarded as significant at or below a probability value of 0.05. For predictors with more than two levels, such as age at the start of PYI, a statistically significant omnibus p-value was followed up by carrying out LSD tests on the difference scores between each pair of age categories. All statistical tests were two-tailed.

samples. It is possible that this is partly accounted for by differences in the makeup of the samples, which were largely overlapping, but not completely so. For instance, 113 (one-third) of the 334 in the pre-18 sample were not in the post-18 sample. Conversely, 52 (19 per cent) of the 273 post-18 sample were not in the pre-18 sample. This discrepancy suggests that there are different selection effects in operation for both samples. That is, young people in the larger pre-18 sample who did not need services discontinued the PYI service while those who stayed were both helped by the PYI process before age 18 and needed continued service to remain housed after age 18.

8.3.1. Model results

Across both models, statistically significant results were observed over all of the domains, with the exception of Living Skills for the prior to 18 sample and Risk Taking for the over 18 sample — see Figure 8.1. These results are stratified by model and domain and presented below.

The numbers in each coloured square are partial Eta-squared coefficients, which can be interpreted as the proportion of total variance in each domain associated with membership of the levels of each predictor, partialling out the effects of other predictors in the model.⁴⁷ With respect to predictors of change over time which were identified as statistically significant, effects were modest, with one notable exception — the impact of PYI housing on the accommodation domain in the under 18 sample.

Figure 8.1 Summary of results, by model and predictor: partial Eta-squared coefficients



⁴⁷ It has been suggested that as an approximate guide to the magnitude of effect, a partial Eta-squared value of 0.01 corresponds to a small effect, 0.09 to a medium effect, and 0.25 corresponds to a large effect (Cohen, 1988). For those domains where no predictor significantly differentiated patterns of change over time, an overall mean was presented, adjusted for the variable time interval between assessments.

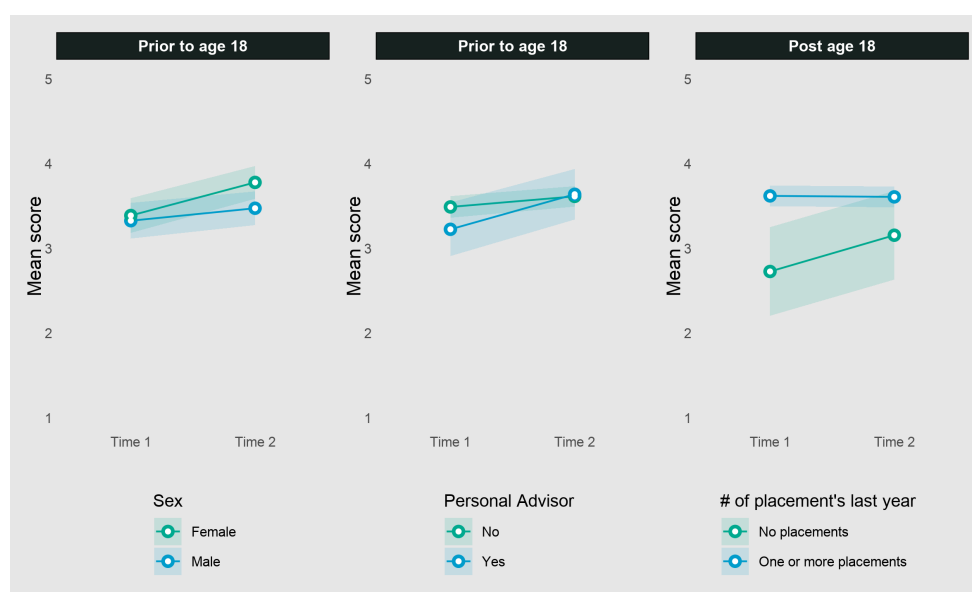
8.3.2. Social connections

Outcomes for social connections varied by sample, and where there were statistically significant effects for predictors, these were modest. For the prior to 18 years sample, statistically significant improvement across time ($p=0.035$) was observed for the sample overall — see Figure 8.2. In addition, some groups performed better than others:

- Females outperformed males, displaying steeper improvement (mean 0.39 point increase for females vs. 0.15 point increase for males; $p=0.010$), with sex accounting for 2.0 per cent of the total variation in social connections;
- Young people who had a PA plan (and no other type of PYI plan) showed steeper gains than those who did not receive this service (mean 0.41 point increase for young people with a PA plan vs. 0.13 point increase for young people without this service; $p=0.033$); this predictor accounted for 1.4 per cent of the total variation in social connections.

For the post-18 years sample, no significant change in mean social connections score was observed overall, however young people with no OOHC placement changes in the previous 12 months showed steeper gains (0.43 point increase) compared to those with 1 or more placements ($p=0.036$). This variable accounted for 1.6 per cent of the total variation in social connections.

Figure 8.2 Change in mean score for social connections domain by model (prior to age 18 and after age 18)



8.3.3. Accommodation

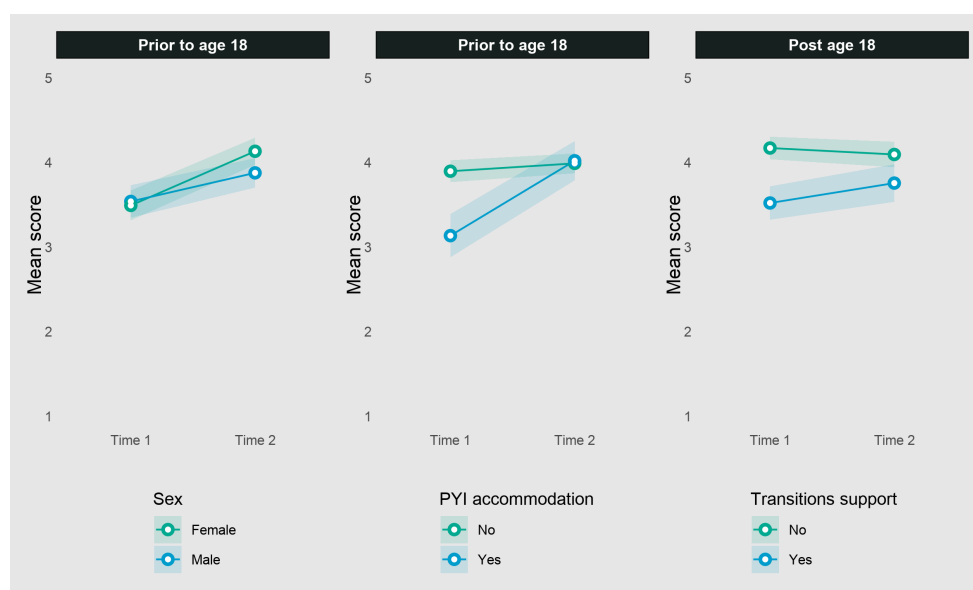
Accommodation outcomes varied between the prior to- and post-18 years sample, and where there were statistically significant effects for predictors, these were generally small, with one notable exception (PYI housing assistance). In the prior to 18 years sample, statistically significant improvement across time was observed overall ($p=0.001$), with two subgroups performing better than others:

- Females out-performed males, showing steeper improvement (mean 0.64 point increase for females vs. 0.34 point increase for males; $p=0.004$), with sex accounting for 2.5 per cent of the total variation in accommodation scores;

- Young people who received PYI Housing showed substantially steeper gains than others (mean 0.88 point increase for young people who received PYI housing assistance vs. 0.09 point increase for young people without this service; $p < 0.001$); this predictor accounted for 10.3 per cent of the total variation in accommodation, which is a medium effect size according to Cohen's (1988) terminology .

For the post-18 years sample no significant change was observed in average accommodation ratings for the sample overall, however young people who had a transition support plan⁴⁸ from PYI improved over time (mean 0.24 point increase) relative to those who did not, who declined over time (mean 0.07 point decrease) — see Figure 8.3. This predictor accounted for 2.3 per cent of the total variation in accommodation score.

Figure 8.3 Change in mean score for accommodation domain by model (prior to age 18 and after age 18)



8.3.4. Education

Outcomes across education domains were similar for both samples, with no overall improvement observed in either. For the prior to 18 years sample, some subgroups performed better than others to a modest degree:

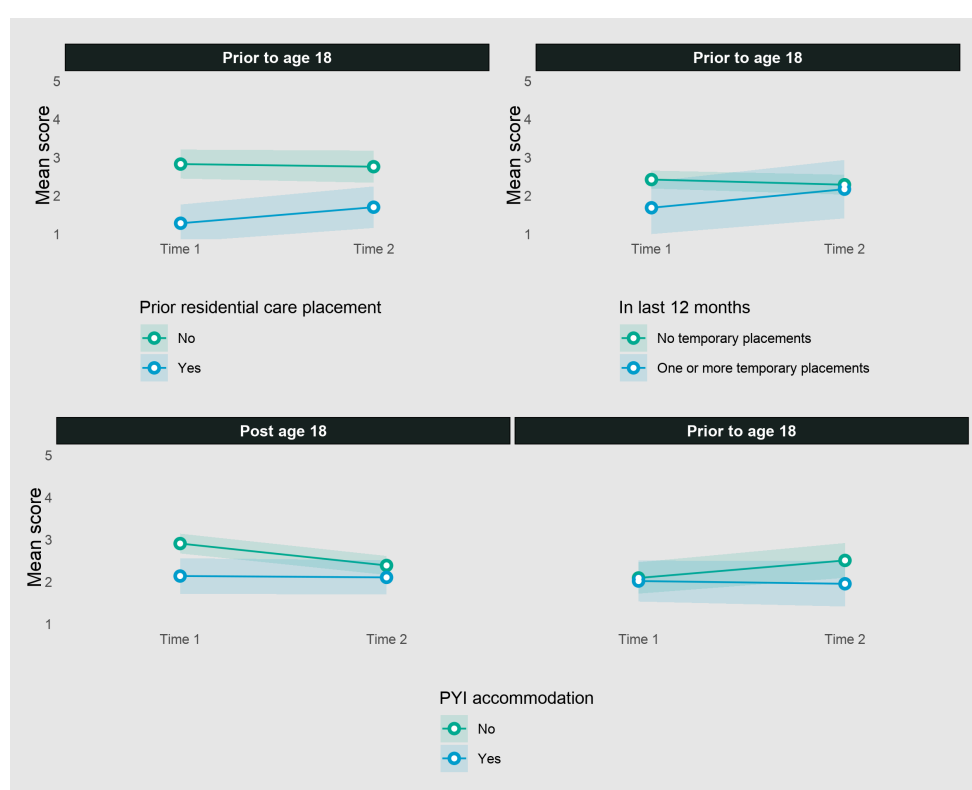
- Those in residential care placement in the last 12 months started off lower and exhibited greater gains (mean 0.419 point increase) compared to young people who were not in residential care, whose average score decreased slightly (mean 0.068 point decrease; $p = 0.011$). This predictor accounted for 2.0 per cent of the total variation in education scores;
- Young people who had an emergency placement before turning 17 started off lower and experienced significant gains over time (mean 0.486 point increase), compared to those who had not had an emergency placement who started off higher, but decreased over time (mean 0.135 point decrease; $p = 0.048$), accounting for 1.2 per cent of the variation in education scores;

⁴⁸ Who did not have PYI accommodation provided but may have had either a PA plan and/or a EEM plan.

- Those who did not receive PYI accommodation showed improvement (mean 0.416 point increase), whereas young people who did receive accommodation did not — with their average score decreasing slightly over time (mean 0.065 point decrease; $p=0.009$). This variable accounted for 2.1 per cent of the total variation in education scores. Similar to the overall accommodation effect, this may be a reflection of circumstances of young people who require accommodation even while under age 18. That is, young people requiring accommodation are in more challenging circumstances that relate to their educational functioning.

For the post-18 years group, no significant improvement was detected overall, however PYI accommodation appeared to confer a protective effect, with young people who did not receive this service showing declining scores (mean 0.52 point decrease), whereas those that were housed showed little change (mean 0.03 point decrease; $p=0.030$) — see Figure 8.4. This predictor accounted for 1.8 per cent of the total variation in education scores.

Figure 8.4 Change in mean score for education domain by model (prior to age 18 and after age 18)



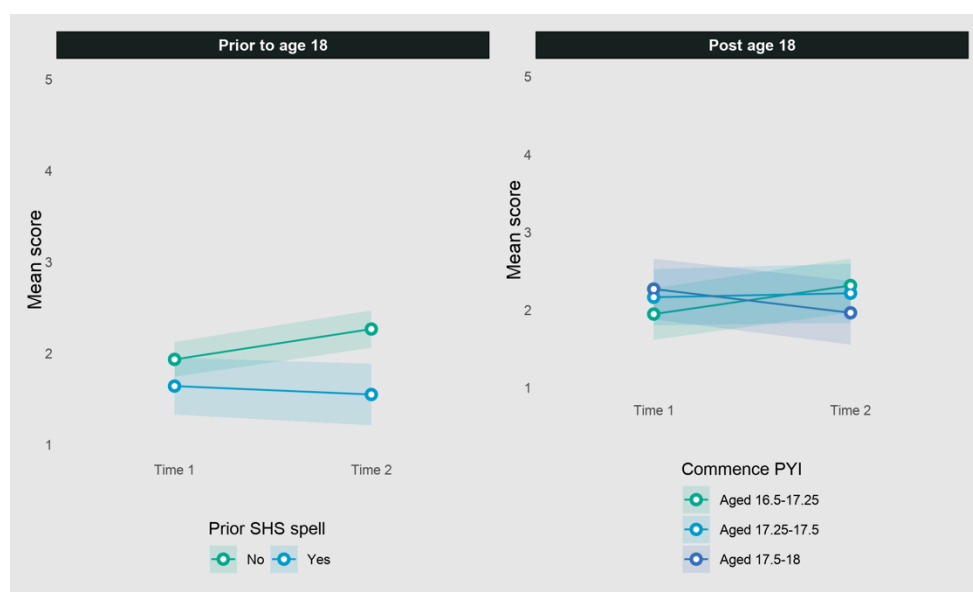
8.3.5. Employment

For the prior to 18 years sample no significant change over time was detected, however one predictor demonstrated differential change over time. Young people with a prior spell in SHS deteriorated over time (mean 0.092 point decrease), whereas those with no prior spell in SHS improved (mean 0.33 point increase; $p=0.009$). This variable accounted for 2.1 per cent of the total variation in employment scores.

Likewise, the post-18 years sample showed no significant change over time. However, some variation was observed based on the age at which young people commenced PYI. The youngest group (16.5 to < 17.25 yrs) improved significantly (mean 0.36 point increase) whereas the oldest group (17.5 to 18) deteriorated (mean 0.31 point decrease; $p=0.046$),

accounting for 2.5 per cent of the variation in employment scores. This may be evidence of a 'dose' effect of PYI, with the older group receiving insufficient exposure to PYI, thus accounting for their decline or may also involve a selection effect whereby young people obtaining a service right as they leave may be in worse circumstances than those who were identified and enrolled in PYI earlier — see Figure 8.5.

Figure 8.5 Change in mean score for employment domain by model (prior to age 18 and after age 18)

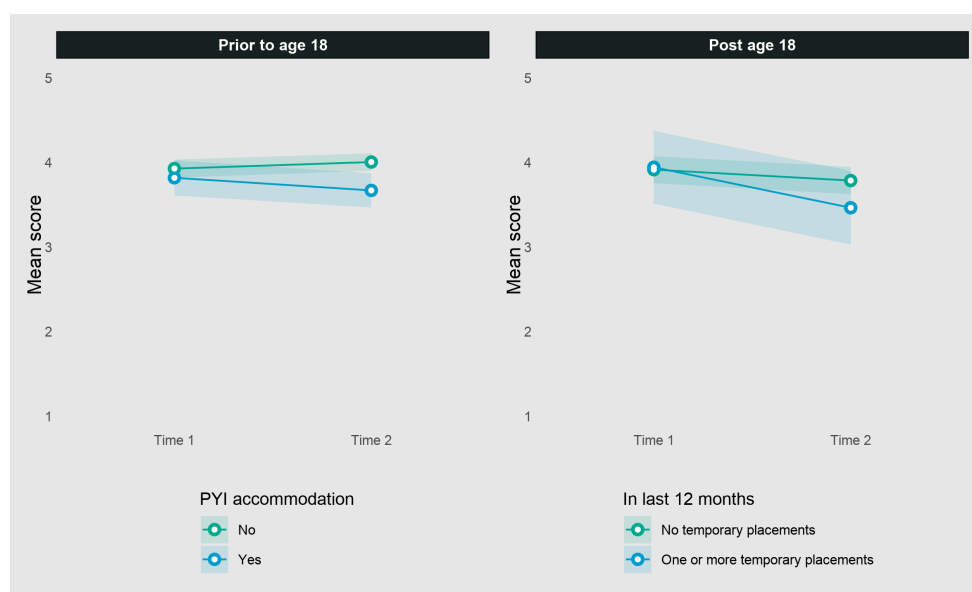


8.3.6. Physical health

For the prior to 18 years sample no significant change was detected over time for the entire sample. However, one predictor was associated with different patterns of change. Young people who received PYI housing assistance showed an average decline over time (mean 0.149 point decrease), while those that did not receive this service showed a small improvement (mean 0.078 point increase; $p=0.032$). This predictor accounted for 1.4 per cent of the total variability in physical health scores.

For the post-18 years group, the overall sample was observed to decline over time. Differential patterns of change were observed for one predictor, that of being in a temporary placement before turning 17. Both groups commenced at similar levels, before the temporary placement group declined more steeply (mean 0.48 point decrease) than their counterparts, who also declined, albeit at a slower rate (mean 0.13 point decrease; $p=0.045$)— see Figure 8.6. This variable accounted for a modest 1.5 per cent of the variability in physical health.

Figure 8.6 Change in mean score for physical health domain by model (prior to age 18 and after age 18)

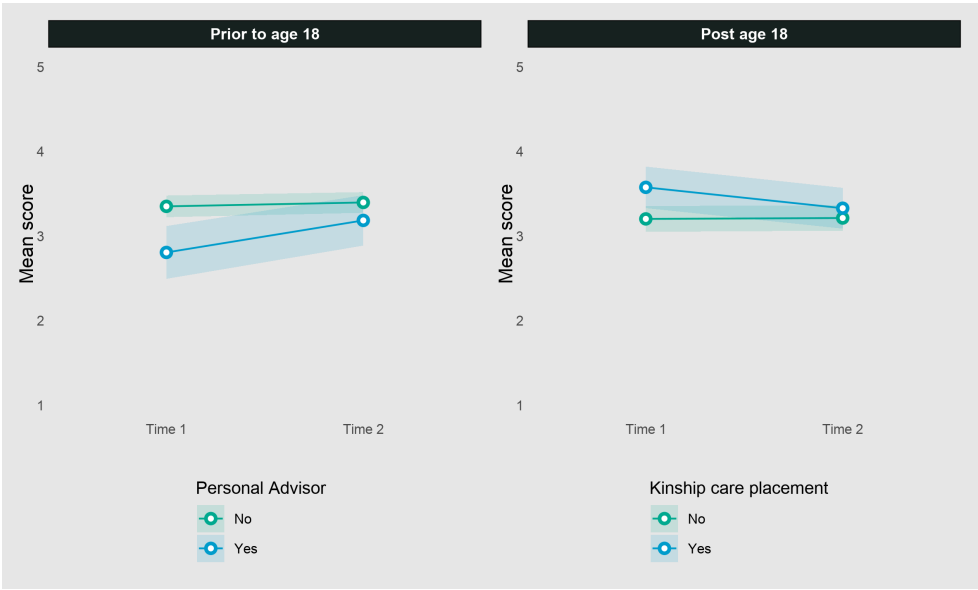


8.3.7. Mental and emotional wellbeing

No significant change was observed over time for the entire prior to 18 years sample, with one predictor showing a point of difference — young people who received a PA plan. Those who received this service showed greater improvement over time (mean 0.379 point increase) compared to their counterparts who did not (mean 0.046 point increase; $p=0.011$). This predictor accounted for 2.0 per cent of variability in mental and emotional wellbeing.

Likewise, no overall significant change in mental and emotional wellbeing over time was observed for the post-18 years group. Young people who were in kinship care showed a different pattern. Those in prior kinship placement showed statistically significant but small decline (mean 0.25 point decrease) while those in other placements showed little change over time (mean 0.02 point increase; $p=0.029$) — see Figure 8.7. This variable accounted for 1.8 per cent of the variation in mental and emotional wellbeing scores.

Figure 8.7 Change in mean score for mental and emotional wellbeing domain by model (prior to age 18 and after age 18)

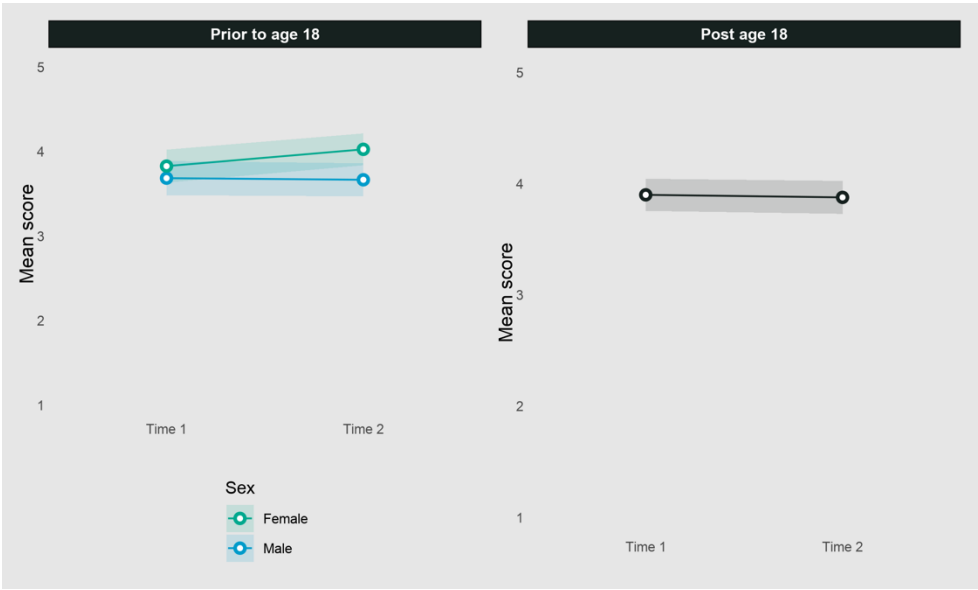


8.3.8. Health and safety risk behaviours

In the prior to 18 years sample, no significant change was observed over time overall. Sex was one predictor of change. Females improved over time (mean 0.198 point increase), whereas males declined slightly (mean 0.019 point decrease; $p = 0.048$). Sex accounted for 1.2 per cent of the total variation in health and safety risk behaviours.

Similarly, the post-18 years sample demonstrated no significant change overall, and unlike the prior to 18 sample, no different patterns of change emerged for any predictor — see Figure 8.8.

Figure 8.8 Change in mean score for health and safety risk behaviours domain by model (prior to age 18 and after age 18)

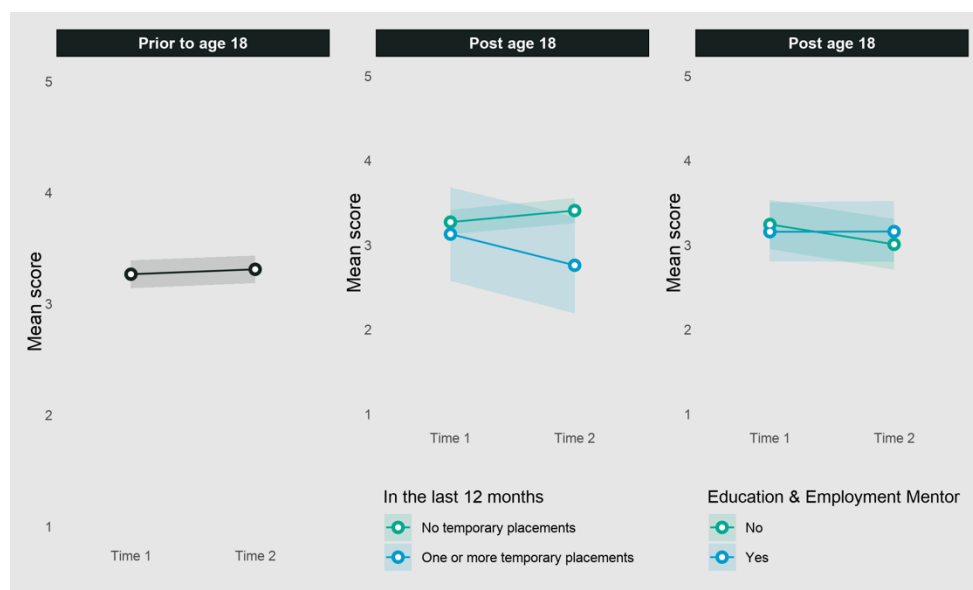


8.3.9. Living skills

In the prior to 18 years group, no significant change was observed over time and no different patterns of change emerged for any predictor. While, on the surface, this may be concerning given one of the main objectives of PYI is to prepare young people to live in the community as adults, the baseline rating of living skills were very high to begin with and stayed high. Thus, the lack of change may be due to poor measurement. In any case, there is little evidence that living skills, as assessed, were influenced by the provision of PYI. For the post-18 years group no significant change was observed over time for the entire sample, however two predictors of differential patterns of change emerged:

- *Temporary care placement at PYI start* — the two groups started off about the same, however those not in temporary care improved (mean 0.14 point increase), whilst those in temporary care showed a steep decline (mean 0.37 point decrease; $p=0.018$); this variable accounted for 2.1 per cent of the variation in living skills scores;
- *Young people who received Education & Employment Mentoring (EEM) from PYI⁴⁹* — the trajectory of the young people who received EEM was effectively unchanged (mean 0.003 point increase), whilst those who did not receive this service declined (mean 0.24 point decrease; $p=0.026$). This suggests that receipt of this service may confer a protective effect on Living Skills — see Figure 8.9. This predictor made a modest contribution to the percentage of explained variance in living skills scores (1.9 per cent).

Figure 8.9 Change in mean score for living skills domain by model (prior to age 18 and after age 18)



⁴⁹ Who many have also had a PA plan, but not accommodation or a TSW plan.

9. What is the unit cost of providing PYI services to children and young people?

Key takeaways



An estimate of the unit cost across all providers is \$15,145, however it varies between providers — from a low of \$10,606 to a high of \$22,732. This was largely driven by salaries.



The variation in these estimates is likely to be affected by the stage of implementation of each provider during the reference year. As some providers stated that it took longer for them to recruit young people to PYI and to deliver the services optimally (see Chapter 6), it is possible that the figures presented in this chapter do not reflect the costs of an optimal service.

9.1. Introduction

Obtaining credible estimates of the cost of delivering a service are important for both funders and service providers in deciding whether to expand service coverage or replicate different approaches elsewhere. With evidence of effectiveness, estimates of the cost of providing a service can allow providers to determine how a program's costs compare with its benefits, and help DCJ allocate resources effectively. This analysis — which underpins the results of the next two chapters — focuses on the cost side of the equation and examines how much it costs to deliver a 'spell' of PYI services and what resources are used in implementing them. This estimate of the cost of delivering a service will provide DCJ with an understanding of the funding required to deliver PYI in a new location.

9.1.1. What is in a unit cost estimate?

When the term 'cost' is used in this report, it refers to opportunity costs.⁵⁰ The cost of a program is the value of all of the resources or 'ingredients' used in the delivery of the program had they been assigned to their most valuable alternative use. For example, if an experienced program manager is hired to manage and run the service, then their salary and on-costs are their costs. If they end up spending more of their time as an advisor, then they are still costed at the same rate as if they were running the service.

Opportunity costs are further broken down by the type of cost:

- *the total cost of delivering the program* — is the cost of delivering the services to all participants
- *the average or unit cost* — is the cost per individual participant
- *the marginal cost* — is the cost per additional participant.

Noting that the NSW Treasury recommends the use of marginal costs in economic evaluations, the Evaluation Team has sought to estimate them for this analysis (NSW Treasury, 2017). The costing is considered from the perspective of the service provider, which provides an indication of the resources required to replicate this approach in a comparable context and at similar scale, which is of most relevance from a commissioning perspective. This perspective excludes costs to participants and government.⁵¹

In order to accurately capture the cost of delivering PYI, the Evaluation Team incorporated costs that are not generally captured in program budgets, for example:

- *The value of unpaid overtime for staff delivering services* — that is not reflected in salaries or fringe benefits,
- *The value of any donated goods and services* — including any volunteer time,
- The value of the use of physical space owned by the organisation.

⁵⁰ It is worth noting that expenditure and cost are not one and the same. An expenditure generally refers to dollar outlays by a specific group — for example, DCJ payments to PYI service providers — whereas the cost of providing a service might be higher due to co-financing arrangements like the use of volunteer labour or financial or in-kind donations.

⁵¹ Cost to participants could include any out-of-pocket expenses incurred by young people to participate in the program (e.g. cost of a phone call, transport to meetings, etc.) or the opportunity cost of any time young people spent attending PYI activities or events. Costs to the government could include the cost of any increased use in services arising from participating in PYI (e.g. additional leaving care expenses, NDIS registration etc.).

9.2. Methodology

To arrive at an estimate of the unit cost of delivering PYI, the Evaluation Team investigated three sub-questions:

- What are the total costs of providing PYI during a 12-month period (2018-19), by provider?
- What is the average length of time an individual received PYI for (i.e. their spell of services), by provider?
- What does it cost to provide PYI to a typical client per spell, by provider?

Information to answer these questions was collected through the use of an online survey of providers and administrative data — see Table 9.1.

Table 9.1 Data sources

Estimate	Source	Description
Resources used to deliver PYI in a 12-month period (2018-19)	Implementation & Costing Survey	Online survey that asked for retrospective estimates of costs during the reporting period
PYI case load during 12-month period (2018-19)	Client Information Management System extract	Subset of data for the reporting period for those providers that participated in the survey

9.2.1. Resources costed in this analysis

This analysis employed the ‘ingredient’ method to determine the cost of service delivery. This ‘bottom up’ approach involves obtaining information on the type of resources used by each provider, assigning values to each and aggregating them to estimate the total cost of the program (Levin, McEwan, Belfield, Bowden, & Shand, 2018).

Each resource is mapped to a cost type based on the following criteria:

- *Variable costs* — are directly related to service delivery and change in line with any variation in client numbers, for example: brokerage payments
- *Fixed-costs* — are those expenses that remain constant over time and are not usually affected by short term variation, for example: rent
- *Step-fixed costs* — are those costs that remain constant for a certain range, but can vary if client numbers increase or decrease outside that range, or example: salary expenses.

A breakdown of the resources investigated in this analysis and their associated ‘cost type’ is shown in Table 9.2 below.

Table 9.2 Resources included in this analysis

	Resource	Description	Cost type
	Salary expenses	Inclusive of all wage and salary expenses, employer superannuation contributions	Step-fixed
	Fringe benefits	Any non-financial benefit that supplements an employee's wage or salary e.g. a company car	Step-fixed
	Supplies and materials	Office supplies, computer software, postage, education materials, mobile phone expenses	Variable
	Durable equipment	Computers, cars, office furniture and accommodation furnishings	Fixed
	Contracted services	Cleaning, repair, maintenance or property management services	Variable
	Rent	For office space or accommodation	Fixed
	Brokerage	Payments for items for PYI clients, services not provided by your organisation etc.	Variable
	Overhead costs	Shared functions such as accounting, human resources or marketing expenses	Fixed
	Donated supplies	Monetary value of any donated goods	Fixed
	Own physical space	Estimated value of organisation-owned space used for the delivery of PYI services	Fixed
	Volunteer time	Estimated value of donated volunteer time	Fixed

9.2.2. Data collection







Information on the resources used to deliver PYI services was collected from service providers through an online survey, hosted on the Qualtrics platform. The survey elicited responses from service providers between August and September 2020.

Invitations were sent to the nominated contacts at each of the seven PYI service providers. Responses were received from all providers during the time the survey was open, however one was excluded from the analysis due to being incomplete.⁵²

9.2.3. Calculation of unit cost

The method used to estimate the unit cost is summarised in Table 9.3 below.⁵³

Table 9.3 Method used to calculate unit cost

	Step 1	Calculate the total cost of delivering PYI services at each provider in 2018/19
	Step 2	Estimate the average length of a PYI spell for each client, by provider in 2018/19
	Step 3	Sum all of individual PYI spells to estimate the total days of PYI delivered at each provider in 2018/19
	Step 4	Isolate the costs expected to vary through a change in output (i.e. variable and step-fixed costs) from the total costs (Step 1)
	Step 5	Estimate the marginal cost per day by summing the variable and step-fixed costs (Step 4) and dividing them by total PYI days' in 2018/19 (from Step 3)
	Step 6	Estimate the unit cost per spell by multiplying the marginal cost per day (from Step 5) with the average spell length (from Step 2) at each provider

9.2.4. Strengths and limitations of this approach

This analysis has some strengths and limitations that should be considered when interpreting findings. Including:

- Complete responses were received for six out of the seven PYI providers, which means that these results should be reflective of the experience of delivering PYI services in 2018-19.

⁵² See Appendix E for details of respondents.

⁵³ Key additional elements include:

- *All estimates use 2018/19 dollars* — no discounting was applied since all costs incurred in the same time period
- *The value of donated durable equipment* — was assigned over multiple years if it had greater than 1 year of useful life

- Estimates of the distribution of program costs and staff time use were sourced from self-reported estimates by providers and the analysis may be biased by this.
- The availability of administrative data (CIMS) meant that this analysis needed to use service usage figures from the 2018/19 financial year.⁵⁴
- The analysis assumes that 2018/19 was a typical year of 'steady state' operations for PYI. However, as stated in Chapter 6, services took up to 19 months to 'deliver services well'. Therefore, the figures given in this chapter might not reflect the costs of providing services as currently delivered.

9.3. Insights

The results of this analysis are presented in both an average and a disaggregated fashion to allow for consideration of local factors and speed of implementation. As service providers participated on the condition of anonymity, names of organisations have been removed from all results.

9.3.1. Cost of providing PYI services

Understanding the total annual cost of providing PYI services is integral to the rest of the cost analysis, as it directly affects all subsequent estimates. This estimate of the total cost includes the market value of purchased resources (e.g. salary expenses) and shadow price estimates of donated goods and services.

As shown in Table 9.4, there was wide variation in the total annual cost of providing PYI services, with estimates ranging from \$627,824 to \$2,267,792.

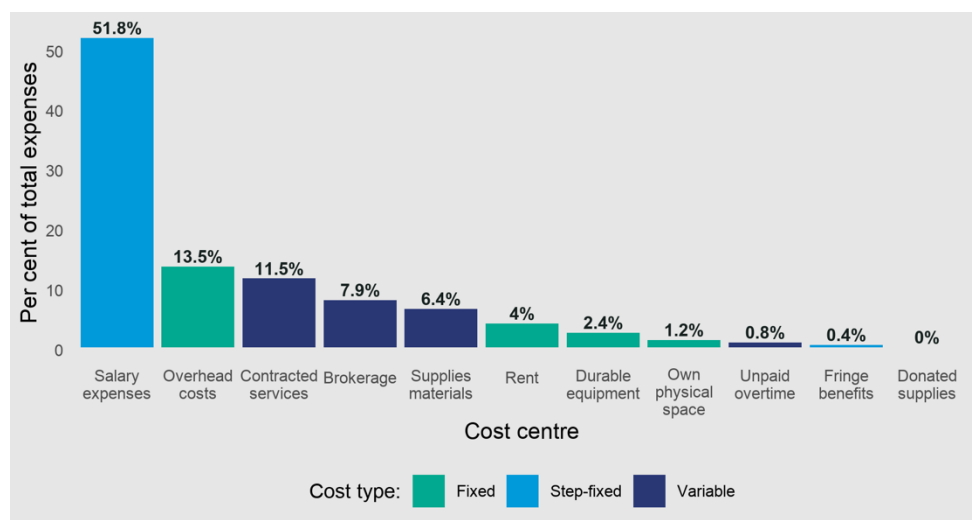
Table 9.4 Breakdown of expenditure by resource category, for all sites by provider

#	Variable costs				Step-fixed costs		Fixed costs				Total	
	Supplies materials	Contracted services	Brokerage	Unpaid overtime	Salary expenses	Fringe benefits	Durable equipment	Rent	Overhead costs	Donated supplies	Own physical space	Total
1	\$6040	\$24,163	\$114,774	\$22,746	\$320,161	\$0	\$6040	\$30,203	\$102,693	\$1000	\$0	\$627,824
2	\$246,535	\$12,975	\$116,779	\$0	\$531,997	\$21,409	\$17,516	\$64,877	\$285,461	\$0	\$0	\$1,297,554
3	\$137,665	\$550,660	\$68,832	\$12,537	\$344,163	\$0	\$68,832	\$68,832	\$137,665	\$0	\$37,222	\$1,426,411
4	\$45,101	\$0	\$78,928	\$0	\$710,352	\$11,275	\$90,203	\$67,652	\$124,029	\$0	\$0	\$1,127,543
5	\$66,738	\$0	\$30,335	\$0	\$910,064	\$0	\$0	\$40,042	\$166,238	\$0	\$6500	\$1,219,919
6	\$10,928	\$327,861	\$218,574	\$32,052	\$1,311,444	\$0	\$10,928	\$43,714	\$262,288	\$0	\$50,000	\$2,267,792
T	\$513,009	\$915,660	\$628,224	\$93,722	\$4,128,181	\$32,685	\$193,522	\$315,324	\$1,078,377	\$1000	\$67,336	\$7,967,044

⁵⁴ Data needed to measure the number of young people in PYI and the time they spent in PYI were not available for the 2019/20 financial year. The 2017/18 financial year could not be used as PYI services commenced in January 2018.

In aggregate, the largest resource category across all providers was for salary expenses, which made up more than half (51.8 per cent) of the estimate. Overhead costs and contracted services also made up greater than 10 per cent of total expenses — see Figure 9.1 for details.

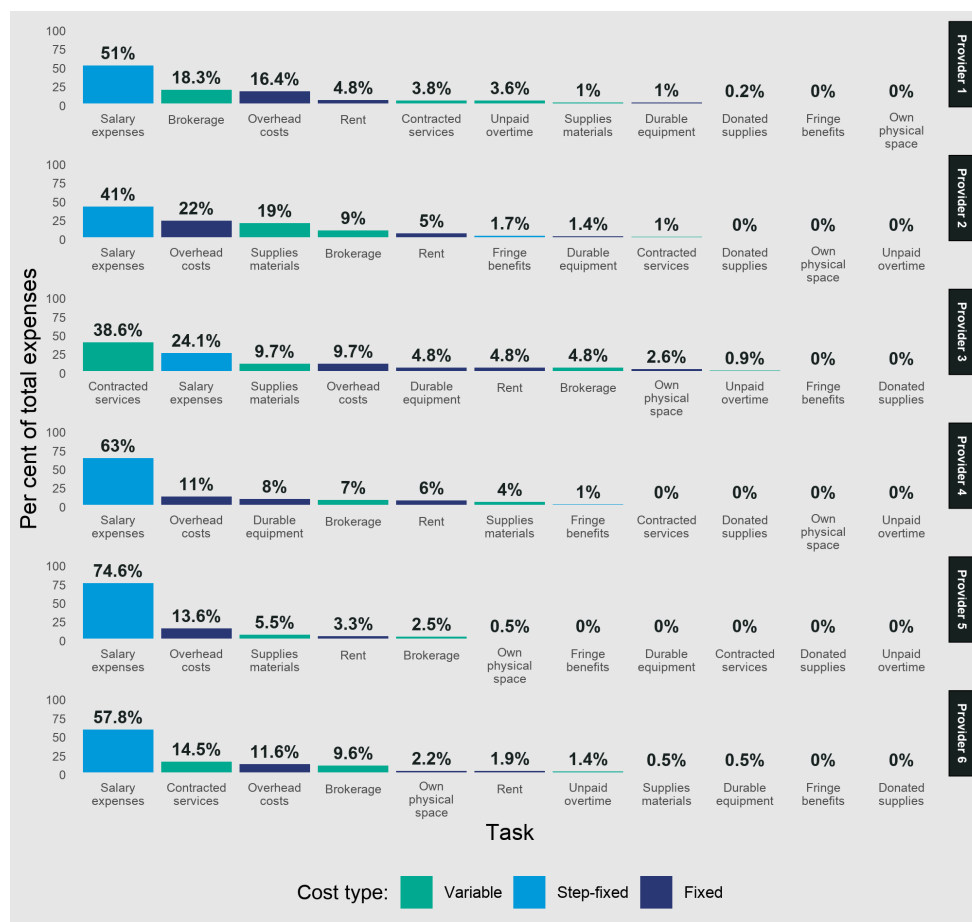
Figure 9.1 Distribution of PYI expenditure by resource category, for all providers



When the costs are broken down by provider and expense type, it can be seen that the costs are broadly consistent across providers. This is shown in Figure 9.2 below, where the expense types are ordered by their proportion of the total. Key points include:

- Salary expenses represent the largest component of total costs across all providers, with the exception of one provider that spent a larger amount on contracted services
- Overhead costs constitute the second highest component in aggregate, but this varies in importance between providers
- For some providers, staff working additional unpaid hours registers as a notable line item, whereas for others it does not
- Only one provider utilised donated supplies, but none used volunteer time.

Figure 9.2 Distribution of PYI expenses by resource type, by provider

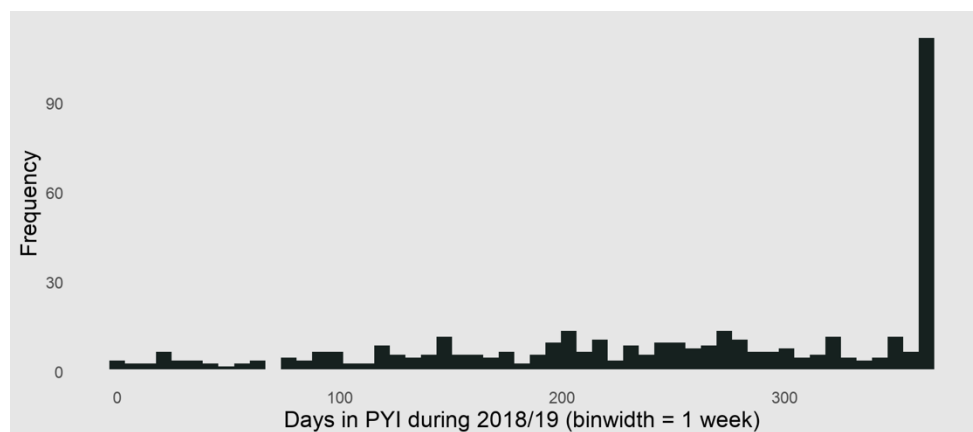


9.3.2. Variation in PYI spell length

Understanding the length of time (i.e. 'spell') a young person is involved in PYI is essential for estimating the cost per day of services and the cost per spell. The time considers the total days spent in PYI during 2018/19, which leaves the — likely rare — possibility of considering young people that might leave and then return again.

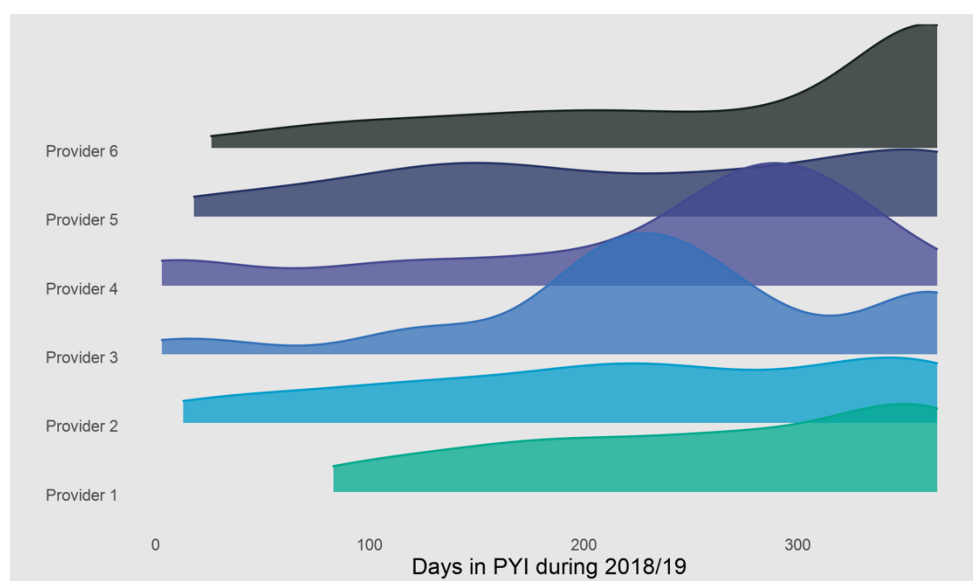
Figure 9.3 depicts a histogram showing the distribution of the length of spells for all providers participating in this cost analysis. At this aggregate level, the highest frequency of cases was for young people who had received services for the entire period (365 days). This number reflects the number of young people who have been in PYI for more than 1 year. The remaining distribution shows that young people were still entering services throughout the reference period.

Figure 9.3 Distribution of the length of PYI spells, for all providers



When disaggregated by provider, most have relatively similar distributions of spell lengths, which is likely accounted for by the number of cases for which each provider is funded to provide services and the speed with which they were able to recruit young people to PYI — see Figure 9.4 below.

Figure 9.4 Distribution of the length of PYI spell by service provider for 2018/19



9.3.3. Cost per spell of service delivery

The 'unit cost' or 'cost per spell' of PYI service varies between providers. The results of this analysis, which are detailed in Table 9.5 below, produce estimates that range from \$10,606 per spell, up to \$22,732. The cost per spell decreases as the average spell length increases. Across all providers the cost per spell is \$15,145.

Considering that this analysis relied on spell length data from 2018/19 — six months after PYI commenced in January 2018 — it would be reasonable to assume that the cost per spell of PYI would decrease over time as the average spell length increases in line with program expectations.

Table 9.5 Unit cost by provider

	A	B	C	D A+B+C	E	F	G F/E	H (A+B)/F	I H*G
	Variable costs	Step-fixed costs	Fixed costs	Total costs	Spell count	Total spell length (days)	Average spell length (days)	Marginal daily cost	Unit cost per spell
Provider 1	\$167,725	\$320,161	\$139,938	\$627,824	46	12,118	263	\$40	\$10,606
Provider 2	\$376,291	\$553,407	\$367,857	\$1,297,554	66	14,930	226	\$62	\$14,086
Provider 3	\$769,696	\$344,163	\$312,552	\$1,426,412	49	11,679	238	\$95	\$22,732
Provider 4	\$124,030	\$721,628	\$281,886	\$1,127,543	46	10,639	236	\$79	\$18,792
Provider 5	\$97,074	\$910,064	\$212,781	\$1,219,919	57	13,315	234	\$76	\$17,669
Provider 6	\$589,416	\$1,311,444	\$366,932	\$2,267,793	151	41,752	309	\$46	\$14,080
Total	\$2,124,231	\$4,160,867	\$1,681,946	\$7,967,045	415	104,433	252	\$60	\$15,145

10. What are the elements that determine the makeup of the unit cost?

Key takeaways



Staff salaries constitute the largest component of the PYI expenditure



How staff spend their time is broadly comparable between providers. By far the largest component of staff time was allocated to working directly with clients, which is both unsurprising and positive considering the aims of the program.

10.1. Introduction

The unit cost analysis in the previous chapter showed that greater than 50 per cent of the estimate was driven by salary costs. This chapter builds on that analysis by examining how these costs breakdown and how staff are using their time. Knowledge of this could potentially assist DCJ to support the implementation and delivery of these programs in the future.

10.2. Methodology

When investigating the components of the unit cost, the Evaluation Team focused on three sub-questions:

- What are the core program components that providers deliver?
- How are staff resources allocated across these program activities?
- What is the distribution of staff time between service delivery and administration?

Information to answer these questions was collected through the use of an online survey of providers and administrative data — see Table 10.1.

Table 10.1 Data sources

Estimate	Source	Description
Resources used to deliver PYI in a 12-month period (2018-19)	Implementation & Costing Survey	Online survey that asked for retrospective estimates of costs during the reporting period
PYI case load during 12-month period (2018-19)	Client Information Management System extract	Subset of data for the reporting period for those providers that participated in the survey

10.2.1. Data collection

Information on the resources used to deliver PYI services was collected from service providers through an online survey, hosted on the Qualtrics platform. The survey elicited responses from service providers between August and September 2020.




Invitations were sent to the nominated contacts at each of the seven PYI service providers. Responses were received from all providers during the time the survey was open, however one was incomplete and thus excluded from the analysis.⁵⁵

10.2.2. Analysis methods

The method used to allocate staff time use is summarised in Table 10.2 below.

⁵⁵ See Appendix C for details of respondents.

Table 10.2 Method used to allocate staff time

	Step 1	For each staff member at a provider, an estimate of a) the proportion of their total time spent on program components and b) their FTE hours worked was obtained
	Step 2	Use the proportions from (Step 1) to estimate the proportion of an FTE spent on each program component for each staff member
	Step 3	Sum the total FTE's at each provider and use the results of (Step 2) to obtain the breakdown of activities by provider

10.2.3. Strengths and limitations of this approach

This analysis has some strengths and limitations that should be considered when interpreting findings, including:

- Complete responses were received for six out of the seven PYI providers, which means that these results should be reflective of the experience of delivering PYI services in 2018-19.
- The availability of administrative data (CIMS) meant that the analysis needed to use the 2018/19 financial year as the reference year for this analysis.⁵⁶
- The analysis assumes that 2018/19 was a typical year of 'steady state' operations for PYI.

10.3. Insights

The results of this analysis are presented in both an average and a disaggregated fashion to allow for consideration of local factors and speed of implementation. As service providers participated on the condition of anonymity, names of organisations have been removed from any results.

10.3.1. Core program components delivered by each provider

Using insights from focus groups with providers, the PYI program guidelines and their knowledge of human services, the Evaluation Team identified a series of high-level program components to use in the implementation and costing survey. These components are detailed in Table 10.3 below. An additional category has been added to the table to denote whether the component in question is directly related to service delivery or is related to program or provider administration.

⁵⁶ CIMS data needed to measure the number of young people in PYI and the time they spent in PYI were not available for the 2019/20 financial year. The 2017/18 financial year could not be used as PYI services commenced in January 2018.

Table 10.3 Program components

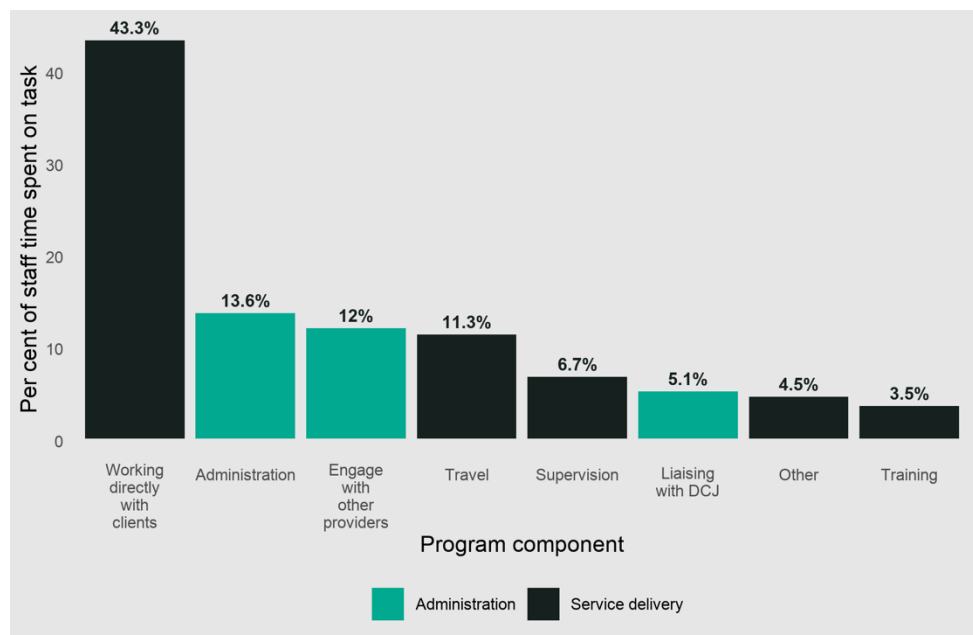
Name	Description	Category
Working directly with clients	Providing any advice, education and employment mentoring or transitional support undertaken directly with clients either face-to-face to remotely	Service delivery
Working with other service providers	Including clients' case worker, arranging other services for clients	Administration
Liaising or working with DCJ	Including contract management, meeting attendance, following up regarding leaving care plan, etc.	Administration
Travel & transportation	Including travel to and from appointments with clients and/or the transportation of clients to activities	Service delivery
Internal administration	Including HR, updating CIMS data etc.	Administration
Training	Providing or attending any job or skills-related training, for example motivational interviewing	Service delivery
Supervision for staff working with clients	Including attendance at or facilitating of sessions for staff and volunteers	Service delivery
Other tasks	Any activity not otherwise classified	Administration

10.3.2. Allocation of staff resources across program components

At an aggregate level, by far the largest component of staff time was allocated to working directly with clients, which is both unsurprising and positive considering the aims of the program — see Figure 10.1. Other key insights support findings from the focus groups with providers, including:

- the relatively high proportion of time spent engaging with other providers (12 per cent) — this could reflect the difficulties providers reported when engaging with OOHC providers during the recruitment process; and
- time spent on internal administration activities (13.6 per cent) is higher than estimates in similar studies, however this could also reflect provider feedback about the time taken to administer the 'recruitment list'.

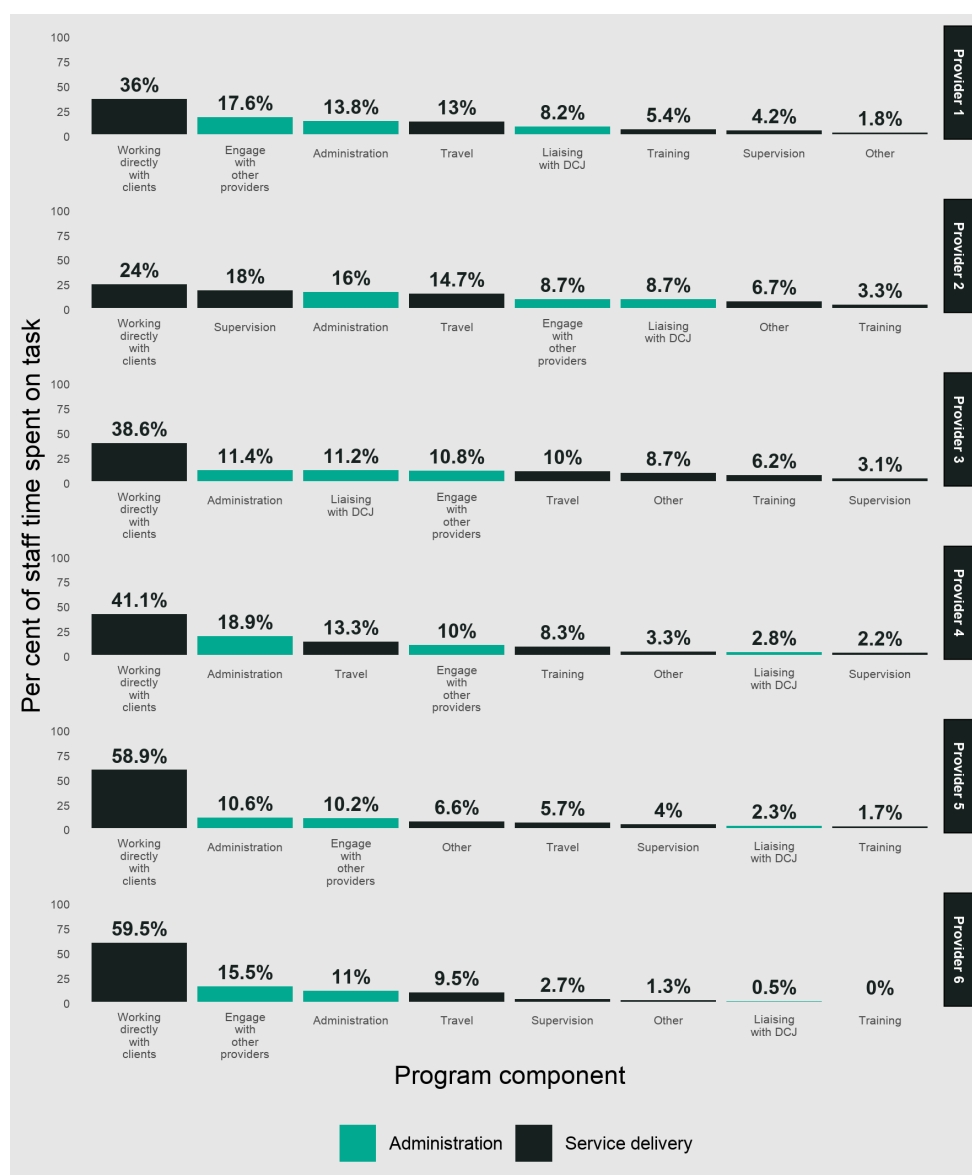
Figure 10.1 Percentage allocation of staff resources across program components, in aggregate



When these figures are broken down by provider, it can be seen that:

- Time spent *working directly with clients* is consistently the activity with the most amount of time allocated it to across all providers, however there is some variation with estimates ranging from a quarter (~25 per cent) of total time up to 60 per cent
- *Administration* activities were consistently ranked either second or third across providers, which is consistent with the overall rank
- *Engaging with other providers* varied in relative importance too, however it also reflected the aggregate results
- With the exception of one provider, where it made up almost a fifth of their total time, *supervision* and *training* activities took up approximately five per cent or less time across providers
- Time spent on *travel* was consistently in the top five components across providers, however the relative time varied from a low of ~5 per cent up to ~15 per cent, which reflects the variation in the geographical distribution and catchment size of each provider.

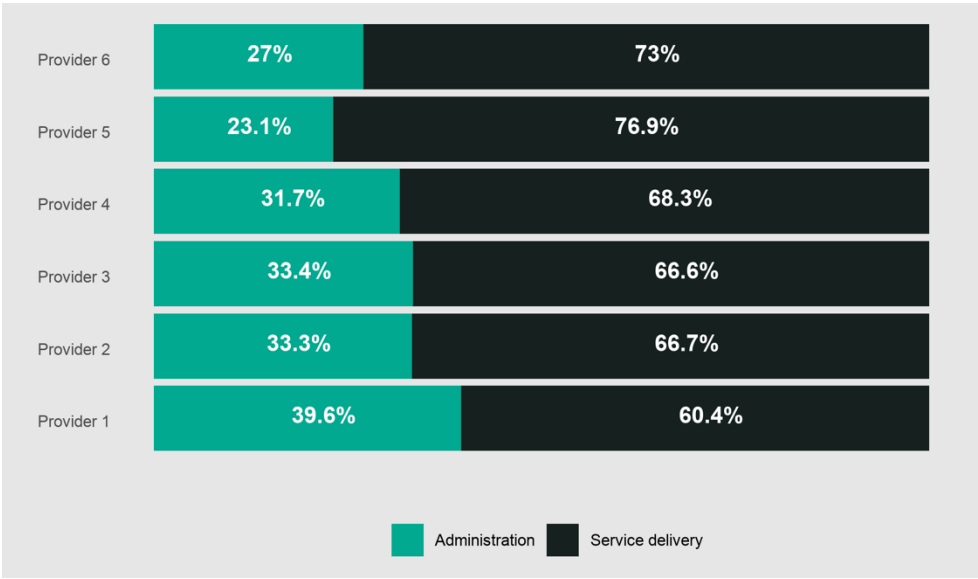
Figure 10.2 Percentage allocation of staff resources across program components, by site



10.3.3. Distribution of staff time between service delivery and administration

Program activities were categorised into two groups ‘service delivery’ and ‘administration’ — see Table 10.3 for how these activities were classified — and time spent on both was aggregated to assess if there was any notable variation between providers. At an aggregate level, approximately three-quarters (69.3 per cent) of staff time was dedicated to primary service delivery activities with the remainder spent on administration (30.7 per cent). When disaggregated by provider, a small amount of variation is observed — see Figure 10.3 below. The proportion of staff time spent on administration ranged from 27 per cent through to almost 40 per cent.

Figure 10.3 Distribution of staff time between administrative and service delivery activities, by provider



References

- Australian Institute of Health and Welfare. (2016). Child—current leaving care plan indicator. Retrieved August 15, 2020, from <https://meteor.aihw.gov.au/content/index.phtml/itemId/493098>
- Australian Institute of Health and Welfare. (2020). *Specialist Homelessness Services annual report 2018-19*. Canberra. Retrieved from <https://www.aihw.gov.au/reports/homelessness-services/shs-annual-report-18-19>
- Bach-Mortensen, A. M., Lange, B. C. L., & Montgomery, P. (2018). Barriers and facilitators to implementing evidence-based interventions among third sector organisations: A systematic review. *Implementation Science*, 13(1), 1–19. <https://doi.org/10.1186/s13012-018-0789-7>
- Barth, R. P. (1990). On Their Own: The Experiences of Youth After Foster Care. *Child and Adolescent Social Work Journal*, 7(5), 419–440. Retrieved from <https://link.springer.com/article/10.1007%2FBF00756380>
- Becker, S. J., Spirito, A., & Vanmali, R. (2015). Perceptions of “Evidence-Based Practice” among the consumers of adolescent substance use treatment. *Health Education Journal*, 75(3), 358–369. <https://doi.org/10.1177/0017896915581061>
- Bergström, M., Cederblad, M., Håkansson, K., Jonsson, A. K., Munthe, C., Vinnerljung, B., ... Sundell, K. (2019). Interventions in Foster Family Care: A Systematic Review. *Research on Social Work Practice*. <https://doi.org/10.1177/1049731519832101>
- Berzin, S. C., Rhodes, A. M., & Curtis, M. A. (2011). Housing experiences of former foster youth: How do they fare in comparison to other youth? *Children and Youth Services Review*, 33(11), 2119–2126. <https://doi.org/10.1016/j.childyouth.2011.06.018>
- Blase, K., & Fixsen, D. L. (2013). Core intervention components: identifying and operationalizing. *ASPE Research Brief*, (February), 21.
- Burke, K., Morris, K., & McGarrigle, L. (2012). *An Introductory Guide to Implementation*. Dublin.
- ChildStory. (2019). What is a Leaving Care Plan and how does it work? Retrieved October 20, 2019, from <https://www.caring.childstory.nsw.gov.au/leaving-care/preparing-for-independence/what-is-a-leaving-care-plan-and-how-does-it-work>
- Cohen, J. (1988). *Statistical Power Analysis for the Behavioral Sciences*. New York, NY: Routledge Academic.
- Courtney, M. E., Dworsky, A., & Pollack, H. (2007). *When Should the State Cease Parenting? Evidence from the Midwest Study*. Chicago IL.

- Cruickshank, A. (2015). The Premier's Priority to Reduce Youth Homelessness: Using the new NSW homelessness dataset to help young people move from homelessness to stable housing. *Parity*, 30(3), 21–23. Retrieved from <https://search.informit-com-au.ezproxy.lib.monash.edu.au/fullText;dn=877741820819963;res=IELFSC>
- Cusick, G. R., Havlicek, J. R., & Courtney, M. E. (2012). Risk for arrest: The role of social bonds in protecting foster youth making the transition to adulthood. *American Journal of Orthopsychiatry*, 82(1), 19–31. <https://doi.org/10.1111/j.1939-0025.2011.01136.x>
- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(50). <https://doi.org/10.1186/1748-5908-4-50>
- Donkoh, C., Underhill, K., & Montgomery, P. (2006). Independent Living Programmes for Improving Outcomes for Young People Leaving the Care System. *Campbell Systematic Reviews*, 2(1), 1–34. <https://doi.org/10.4073/csr.2006.8>
- Doyle, J. J. (2007). Child protection and child outcomes: Measuring the effects of foster care. *American Economic Review*, 97(5), 1583–1610. <https://doi.org/10.1257/aer.97.5.1583>
- Dworsky, A., & Courtney, M. (2010). *Assessing the impact of extending care beyond age 18 on homelessness: Emerging findings from the Midwest Study*. Chicago IL.
- Eccles, M. P., & Mittman, B. S. (2006). Welcome to implementation science. *Implementation Science*, 1(1), 1–3. <https://doi.org/10.1186/1748-5908-1-1>
- Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children*, 79(2), 213–230. <https://doi.org/10.1177/001440291307900206>
- Garland, A. F., Landsverk, J. L., Hough, R. L., & Ellis-MacLeod, E. (1996). Type of maltreatment as a predictor of mental health service use for children in foster care. *Child Abuse and Neglect*, 20(8), 675–688.
- Glisson, C., Hemmelgarn, A., Green, P., Dukes, D., Atkinson, S., & Williams, N. J. (2012). Randomized trial of the availability, responsiveness, and continuity (arc) organizational intervention with community-based mental health programs and clinicians serving youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51(8), 780–787. <https://doi.org/10.1016/j.jaac.2012.05.010>
- Greenhalgh, T., & Papoutsi, C. (2019). Spreading and scaling up innovation and improvement. *BMJ (Online)*, 365(May), 1–8. <https://doi.org/10.1136/bmj.l2068>
- Greenwood, M., Kendrick, T., Davies, H., & Gill, F. J. (2017). Hearing voices: Comparing two methods for analysis of focus group data. *Applied Nursing Research*, 35, 90–93. <https://doi.org/10.1016/j.apnr.2017.02.024>

- Hateley-Browne, J., Hodge, L., Polimeni, M., & Mildon, R. (2019). *Implementation in action*. Melbourne. Retrieved from <https://aifs.gov.au/cfca/publications/guidelines/implementation-action>
- Heerde, J. A., Hemphill, S. A., & Scholes-Balog, K. E. (2018). The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis. *Health and Social Care in the Community*, 26(1), e15–e30. <https://doi.org/10.1111/hsc.12348>
- Homelessness Australia. (2017). *A National Homelessness Strategy: why we need it — Strengthening the service response to people who are homeless or at risk of homelessness*. Retrieved from [https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-10/HA Position Paper - FINAL_0.pdf](https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-10/HA%20Position%20Paper%20-%20FINAL_0.pdf)
- Hook, J., & Courtney, M. (2010). *Employment of former foster youth as young adults: Evidence from the Midwest Study*. Chicago IL.
- Knight, A., Maple, M., Shakeshaft, A., Shakehsaft, B., & Pearce, T. (2018). Improving the evidence base for services working with youth at-risk of involvement in the criminal justice system: developing a standardised program approach. *Health and Justice*, 6(1), 8. <https://doi.org/10.1186/s40352-018-0066-5>
- Kushel, M. B., Yen, I. H., Gee, L., & Courtney, M. E. (2007). Homelessness and Health Care Access After Emancipation. *Archives of Pediatrics & Adolescent Medicine*, 161(10), 986–993. <https://doi.org/10.1001/archpedi.161.10.986>
- Levin, H. M., McEwan, P. J., Belfield, C., Bowden, A. B., & Shand, R. (2018). *Economic Evaluation in Education: Cost-Effectiveness and Benefit-Cost Analysis* (Third Edit). Thousand Oaks, CA: SAGE Publications.
- Lyon, A. R., & Bruns, E. J. (2019). From Evidence to Impact: Joining Our Best School Mental Health Practices with Our Best Implementation Strategies. *School Mental Health*, 11(1), 106–114. <https://doi.org/10.1007/s12310-018-09306-w>
- McDonald, M. (2011). *What role can child and family services play in enhancing opportunities for parents and families? Exploring the concepts of social exclusion and social inclusion*. Melbourne. Retrieved from <http://www.aifs.gov.au/cfca/>
- NSW Department of Family and Community Services. (2018). *Premier's Youth Initiative — homelessness prevention program for young people leaving OOHC: Program Guidelines — Version 4.1*. Sydney.
- NSW Government. (2019a). Premier's Priorities 2015 – 2019. Retrieved September 30, 2019, from <https://www.nsw.gov.au/improving-nsw/premiers-priorities-2015-2019/>
- NSW Government. (2019b). Reducing youth homelessness. Retrieved September 30, 2019, from <https://www.nsw.gov.au/improving-nsw/premiers-priorities-2015-2019/reducing-youth-homelessness/>

- NSW Treasury. (2017). *NSW Government Guide to Cost-Benefit Analysis*. Sydney. Retrieved from [https://www.treasury.nsw.gov.au/sites/default/files/2017-03/TPP17-03 NSW Government Guide to Cost-Benefit Analysis - pdf_0.pdf](https://www.treasury.nsw.gov.au/sites/default/files/2017-03/TPP17-03%20NSW%20Government%20Guide%20to%20Cost-Benefit%20Analysis%20-%20pdf_0.pdf)
- Palinkas, L. A., Aarons, G. A., Horwitz, S., Chamberlain, P., Hurlburt, M., & Landsverk, J. (2011). Mixed method designs in implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 44–53. <https://doi.org/10.1007/s10488-010-0314-z>
- Proctor, E. K., Landsverk, J., Aarons, G. A., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation Research in Mental Health Services: an Emerging Science with Conceptual, Methodological, and Training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(1). <https://doi.org/10.1007/s10488-008-0197-4>
- Proctor, E. K., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., ... Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65–76. <https://doi.org/10.1007/s10488-010-0319-7>
- Sanders, M. R., & Kirby, J. N. (2014). Surviving or thriving: Quality assurance mechanisms to promote innovation in the development of evidence-based parenting interventions. *Prevention Science*, 1–11. <https://doi.org/10.1007/s11121-014-0475-1>
- Stein, B. D., Zima, B. T., Elliott, M. N., Burnam, M. A., Shahinfar, A., Fox, N. A., & Leavitt, L. A. (2001). Violence exposure among school-age children in foster care: Relationship to distress symptoms. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40(5), 588–594. <https://doi.org/10.1097/00004583-200105000-00019>
- Stewart, C. J., Kum, H. C., Barth, R. P., & Duncan, D. F. (2014). Former foster youth: Employment outcomes up to age 30. *Children and Youth Services Review*, 36, 220–229. <https://doi.org/10.1016/j.childyouth.2013.11.024>
- Victorian Department of Health and Human Services. (2019a). *Client voice framework for community services*. Melbourne. Retrieved from <https://www.dhhs.vic.gov.au/client-voice>
- Victorian Department of Health and Human Services. (2019b). *Department of Health and Human Services Strategic Plan*. Melbourne. Retrieved from <https://www.dhhs.vic.gov.au/our-strategy>

Appendix A Client voice focus groups — supplementary information

A.1 Client focus groups by site

Table A.1 Details of Focus Groups with PYI clients

Provider	District coverage	Location of focus group	Number of attendees	Month held
Samaritans	Central Coast & Hunter	Newcastle	12	October 2019
Uniting	Mid North Coast & Northern NSW	Lismore	8	October 2019
Foundations Care	New England	Tamworth	<5	October 2019
Veritas House	Western NSW	Bathurst	<5	October 2019
St Saviours	South Western Sydney	Campbelltown	6	November 2019
Platform Youth Services	Nepean Blue Mountains	Penrith	5	November 2019
Southern Youth & Family Services	Illawarra Shoalhaven & Southern NSW	Wollongong	<5	November 2019

A.2 The invitation, recruitment and consent process for PYI client focus groups

Invitation

- The Evaluation Team contacted providers by email in September 2019 and requested their assistance to identify and approach clients who might be willing to participate in a focus group to discuss PYI
- Additional contact was made with provider contacts to answer questions and clarify the content and scope of the focus group

Recruitment

- Young people receiving PYI services, aged 18 years or older, were invited by their PYI providers to participate in a focus group on the PYI program (PYI providers were provided with an explanatory statement, consent forms and discussion guides to assist in the recruitment of young people for interview)

- Providers used the Explanatory Statement approved by the Monash University Human Research Ethics Committee to inform young people about the purpose and nature of the focus group and invite them to participate

Focus groups

- Focus groups were held in-person at or near the PYI providers usual place of business
- Sessions lasted for between 60 minutes
- Sessions were facilitated by two experienced qualitative researchers from CEI — one of whom had qualifications in either social work or psychology — who shared roles as moderator and scribe
- A semi-structured discussion guide was developed to guide discussion — it is included in section A.3

Consent:

- Prior to the focus group participants were provided with a copy of the Explanatory Statement, consent details and discussion guide
- The facilitator verbally went through the explanatory statement and consent procedures prior to commencement
- Participants signed a consent form with one copy retained by the participant and one retained by the facilitator
- Young people who provided consent to participate in the focus groups were provided with a gift voucher — not redeemable for alcohol or tobacco products — valued at \$25
- Respondent feedback was recorded by hand by facilitators anonymously to protect the confidentiality of respondents

A.3 Discussion guide used in focus groups with PYI clients

Introduction

- How long have you been involved in PYI services?

Personal advisor

- Do you all have a personal advisor?
- Did your personal advisor help you by:
 - supporting you to complete your leaving care plan?
 - assisting you to grow your support network?
- Is there anything they could have done differently?

Transitional support

- Have you all met with your transitional support worker?
- Did your transitional support worker help you by:
 - asking about your accommodation needs?
 - assisting with securing accommodation by working with a real estate agent or community housing provider?

- Is there anything they could have done differently?

Education and employment mentoring

- Have you all met with your education and employment mentor?
- How did they help you?
- Did they help you by:
 - Choosing education and employment goals?
 - Helping you apply for education / jobs?
- Is there anything they could have done differently?

General feedback

- Were you able to get help when you needed it?
- Would you like to add anything about stuff that's been challenging for you, that you would like to see improved with PYI?
- Is there anything about stuff that you really enjoy about PYI that you would like to see more of?

Overall

- Do you have any other feedback on how PYI could be improved?

Appendix B Provider and DCJ focus groups — supplementary information

B.1 Implementation interviews and focus groups by site

Table B.1 Details of Focus Groups with PYI providers

Provider	District coverage	Location of focus group	Number of attendees	Month held
Samaritans	Central Coast & Hunter	Newcastle	10	October 2019
Uniting	Mid North Coast & Northern NSW	Lismore	5	October 2019
Foundations Care	New England	Tamworth	<5	October 2019
Veritas House	Western NSW	Bathurst	<5	October 2019
St Saviours	South Western Sydney	Campbelltown	5	November 2019
Platform Youth Services	Nepean Blue Mountains	Penrith	5	November 2019
Southern Youth & Family Services	Illawarra Shoalhaven & Southern NSW	Wollongong	<5	November 2019

Table B.2 Details of interviews with PYI housing providers

Provider	District coverage	Month held
MyFoundations	Central Coast & Hunter	August 2020
Uniting	Mid North Coast & Northern NSW	August 2020
HomesNORTH	New England	August 2020
Argyle Housing	South Western Sydney	August 2020
Wentworth Community Housing	Nepean Blue Mountains	—
Southern Youth & Family Services	Illawarra Shoalhaven & Southern NSW	August 2020

Table B.3 Details of interviews with PYI housing providers

District coverage	Number of attendees	Month held
Statewide — Central office	3	August 2020
Central Coast, Hunter & New England	4	August 2020
Mid North Coast & Northern NSW	2	August 2020
Western NSW, Illawarra Shoalhaven & Southern NSW	2	August 2020
South Western Sydney & Nepean Blue Mountains	4	August 2020

B.2 The invitation, recruitment and consent process for PYI providers and housing providers

Invitation:

- The Evaluation Team contacted PYI providers by email in August and September 2019 to provide information about the focus groups and their scope.
- The Evaluation Team contacted PYI housing providers by email in August 2020 to provide information about the focus groups and their scope.
- Additional contact was made with provider contacts to answer questions and clarify the content and scope of the focus groups.

Recruitment:

- Providers were emailed a copy of the Explanatory Statement and Discussion Guide approved by the Monash University Human Research Ethics Committee and asked to review it and identify the individuals within their organisation who were best placed to provide input.

- The Evaluation Team liaised with providers to find a mutually beneficial date and time to hold the focus group.

Consent:

- Prior to the focus group participants were provided with a copy of the Explanatory Statement, consent details and discussion guide
- The facilitator verbally went through the explanatory statement and consent procedures prior to commencement

B.3 Discussion guide used in focus groups with PYI providers and housing providers

We have developed a discussion guide based upon the domains of the Consolidated Framework for Implementation Research (CFIR). The CFIR is a meta-theoretical framework that synthesises information and evidence about constructs and domains that affect implementation processes.

Implementation enablers and barriers can be related to five different areas: the types of services offered; the individuals involved in implementing the service; the organisation setting in which the service is implemented; the organisations outer context; and the quality of the implementation process itself. In the focus group, we will briefly discuss the five areas that impact implementation and then ask for your input about which areas you think are key challenges or enablers for PYI service providers.

Note: This discussion guide is indicative and may not be reflective of the exact content

Purpose and consent

Evaluation Team to provide brief overview of the purpose of the focus group and how it will be used to inform the evaluation. Verbal consent will be obtained in order to record the teleconference and use the information provided to inform our evaluation findings.

Introductions

Please introduce yourself to the group and tell us how long you have been involved with the Premiers Youth Initiative (PYI). What is your current role (program manager, executive manager, administrator) in relation to PYI?

The types of services offered

What is it? — The types of services offered are important because the different attributes (complexity, adaptability, cost, evidence strength and quality and design quality) of the services will influence how easy it can be taken up by individuals and service provider agencies.

Indicative talking points:

- What are some troubles that your clients face?
- What do you do to help clients?
- Is there anything you can't do?

The Individuals involved

What is it? — The individuals involved in implementing the service are important because their skills, expertise, attitudes, behaviours and values influence how they engage in the implementation process and how the organisation setting operates.

Indicative talking points:

- How were the PYI guidelines interpreted by your team?
- What are the three things that they do always?
- How do they work together?

The external context

What is it? — The organisation's outer context is important because funding structures, legislation, policy agendas and similar factors in the environment of the implementation can change or totally stop an implementation.

Indicative talking points:

- What challenges did you experience outside of your workplace (i.e. outside your control) that have made it difficult to implement PYI?
- Are you able to get the things they need in a timely fashion?
- Are there things that they need that you can't get them?

The organisational context

What is it? — The organisation setting in which the service is implemented is important because factors such as hierarchical structures, culture, communication and access to training and resources will influence how quickly and easily a new program can be taken up and utilised by an organisation.

Indicative talking points:

- In what ways were service providers well-prepared to deliver PYI?
- How do you know what your clients need?

The quality of the implementation process

What is it? — The quality of the implementation process itself is important because the attention paid, resources invested, and commitment made to an implementation process will enhance, or diminish, the likelihood of its success.

Indicative talking points:

- How did the process of implementing the PYI work?
- What are you doing that works to improve outcomes for your clients?

Overall

Do you have any other feedback on how PYI could be strengthened to better meet the needs of the young people it seeks to support? Please explain.

B.4 Discussion guide used in focus groups DCJ representatives

We have compiled a series of questions based upon the domains of the Consolidated Framework for Implementation Research (CFIR) . The CFIR is a meta-theoretical framework that synthesises information and evidence about constructs and domains that affect implementation processes.

Implementation enablers and barriers can be related to five different areas: the types of services offered; the individuals involved in implementing the service; the organisational setting in which the service is implemented; the organisations outer context; and the quality of the implementation process itself. We are interested in obtaining your input about which areas you think are key challenges or enablers in the implementation of PYI.

Note: This discussion guide is indicative and may not be reflective of the exact content

The types of services offered

What is it? — The types of services offered are important because the different attributes (complexity, adaptability, cost, evidence strength and quality and design quality) of the services will influence how easy it can be taken up by individuals and service provider agencies.

Specific questions:

- In what context was PYI developed?
- How was this population served before PYI?
- How did it fit into the broader policy/reform context?
- What decisions led to the current model being pursued?

The Individuals involved

What is it? — The individuals involved in implementing the service are important because their skills, expertise, attitudes, behaviours and values influence how they engage in the implementation process and how the organisation setting operates.

Specific questions:

- How were the program's goals decided?
- How was local demand for services estimated in each location?

The external context

What is it? — The organisation's outer context is important because funding structures, legislation, policy agendas and similar factors in the environment of the implementation can change or totally stop an implementation.

Specific questions:

- By the time they left care, what did DCJ envision PYI clients would be prepared for by their case workers?

The organisational context

What is it? — The organisation setting in which the service is implemented is important because factors such as hierarchical structures, culture, communication and access to

training and resources will influence how quickly and easily a new program can be taken up and utilised by an organisation.

Specific questions:

- What does a successful outcome for PYI clients look like from DCJ's perspective?

The quality of the implementation process

What is it? — The quality of the implementation process itself is important because the attention paid, resources invested, and commitment made to an implementation process will enhance, or diminish, the likelihood of its success.

Specific questions:

- Did you think the CIT and DIT structure suited the needs of this project?
- What elements of this structure/process do you think worked well?

Overall

Do you have any thoughts on how PYI could be strengthened to better meet the needs of the young people it seeks to support? Please explain.

Appendix C

Implementation & Costing survey — supplementary information

Table C.1 Details of Implementation & Costing survey participation

Provider	District coverage	Survey commenced	Survey completed
Samaritans	Central Coast & Hunter	Yes	Yes
Uniting	Mid North Coast & Northern NSW	Yes	Yes
Foundations Care	New England	Yes	No
Veritas House	Western NSW	Yes	Yes
St Saviours	South Western Sydney	Yes	Yes
Platform Youth Services	Nepean Blue Mountains	Yes	Yes
Southern Youth & Family Services	Illawarra Shoalhaven & Southern NSW	Yes	Yes

Appendix D Outcomes analysis — supplementary information

Table D.1 Demographic and Case Characteristics of Young People at the start of PYI (n=290) or comparison group (n=290)

Characteristics	PYI (n=290)	Comparison (n=290)	
Continuous	Mean (SD)	Mean (SD)	p-value (t-test)
Age at PYI start	17.37 (0.25)	17.37 (0.25)	0.999
OOHC episode Start Date	8.16 (5.04)	7.80 (5.20)	0.398
Number of prior placements (8+ days)	3.15 (3.66)	3.01 (4.08)	0.653
Number of prior placements (1-7 days)	0.13 (0.76)	0.22 (0.99)	0.221
Categorical	Freq (%)	Freq (%)	p-value (χ ²)
Female	145 (50.0)	141 (48.6)	0.803
Indigenous	94 (32.4)	96 (33.1)	0.930
Entered OOHC episode after age 13	66 (22.8)	67 (23.1)	0.999
Prior SHS service	88 (30.3)	52 (17.9)	0.001
'Self-Placed' at PYI start	250 (86.2)	229 (79.0)	0.029
Age 16.5-17.25 at PYI start	102 (35.2)	102 (35.2)	0.999
Age 17.25-17.5 at PYI start	87 (30.0)	87 (30.0)	0.999
Age 17.5-18 at PYI start	101 (34.8)	101 (34.8)	0.999
Current placement: residential care	57 (19.7)	42 (14.5)	0.122
Current placement: foster care	106 (36.6)	107 (36.9)	0.999

Characteristics	PYI (n=290)	Comparison (n=290)	
Current Placement: kinship care	78 (26.9)	78 (26.9)	0.999
In 'Permanent Care'	222 (76.6)	204 (70.3)	0.11
More than one placement (8+ days) in prior year	272 (93.8)	251 (86.6)	0.005
More than one prior placement (1-7 days) past year	7 (2.4)	16 (5.5)	0.089
Youth Justice placement in past year	6 (2.1)	11 (3.8)	0.325
Prior episode in OOHC	99 (34.1)	104 (35.9)	0.728
Current episode began in last year	15 (5.2)	17 (5.9)	0.856

Table D.2 Kaplan Meier Curves comparing PYI and comparison while accounting for prior SHS services⁵⁷

Group	n	events	Expected	(O-E)^2/E	(O-E)^2/V
Comparison & in SHS before	52	13	4.97	12.988	14.32
Comparison & not in SHS before	238	16	24.7	3.064	5.26
PYI & in SHS before	88	14	8.69	3.243	3.83
PYI & not in SHS before	202	17	21.64	0.996	1.58

Table D.3 Bivariate Cox Regressions subsequent SHS by PYI provider and plan type before age 18 (N=297)

Variable	coef	exp(coef)	se(coef)	z	Pr(> z)
PYI catchment					
South Western Sydney	-1.360	0.257	1.021	-1.332	0.183
Nepean Blue Mountains	-1.350	0.259	1.021	-1.322	0.186
Western NSW	0.613	1.846	0.469	1.307	0.191

⁵⁷ n=580; $\chi^2=20.5$, df=3, p<0.001

Variable	coef	exp(coef)	se(coef)	z	Pr(> z)
New England	0.008	1.008	0.738	0.011	0.991
Illawarra Shoalhaven & Southern NSW	0.168	1.182	0.546	0.307	0.759
Mid North Coast & Northern NSW	0.569	1.767	0.501	1.137	0.256
Hunter & Central Coast	0.034	1.035	0.469	0.073	0.941
Highest to lowest level of Service Plan prior to Age 18					
Housing	-0.432	0.649	0.546	-0.793	0.428
Transitional Support	0.374	1.453	0.417	0.897	0.370
Education and Employment Assistance	-0.505	0.603	0.468	-1.079	0.281
PA advice	0.579	1.784	0.469	1.236	0.217
Part of Service Plan Before Age 18					
Housing	-0.432	0.649	0.546	-0.793	0.428
Transitional Support	0.072	1.075	0.400	0.180	0.858
Education and Employment Assistance	-0.615	0.541	0.408	-1.506	0.132
PA advice	-0.534	0.586	0.429	-1.243	0.214

Table D.4 The presenting needs and services received during their first visit to SHS on or after age 18 for young people in PYI (n=31 of 290) and in the matched comparison group (n=29 of 290) who returned to SHS for homelessness/housing needs⁵⁸

Characteristics	PYI (n=31)	Comparison (n=31)	
Categorical variables	Freq (per cent)	Freq (per cent)	p-value (χ ²)
When started SHS service			
In active SHS support period when turned 18	10 (32.3)	9 (31.0)	0.999
Started SHS support period after turned 18	21 (67.7)	20 (69.0)	0.999
Presenting conditions			
Previously homeless: Sleeping rough or in non-conventional accommodation within month prior to presenting at SHS (%)	8 (25.8)	13 (44.8)	0.203
Previously homeless: Short-term or Emergency Accommodation within month prior to presenting at SHS (%)	16 (51.6)	13 (44.8)	0.789
Identified need when presenting: Short Term or Emergency Accommodation (%)	25 (80.6)	20 (69.0)	0.456
Main Presenting Reasons			
Housing (%)	20 (64.5)	18 (62.1)	0.999
Family (%)	7 (22.6)	5 (17.2)	0.846
Financial (%)	1 (3.2)	1 (3.4)	0.999
Health or Addiction (%)	1 (3.2)	0 (0.0)	0.999
Violence or Abuse (%)	0 (0.0)	4 (13.8)	0.105
Other or Not enough info (%)	2 (6.5)	1 (3.4)	0.999
Services provided or referred			
Housing services (%)	24 (77.4)	15 (51.7)	0.07

⁵⁸ Note that the data presented in this table differs from the two prior tables in that it compares the young person's *first* visit to SHS (on or after 18) rather than summarising the frequency or duration of all SHS visits (either overall or for housing needs) per child on or after 18

Counselling Mental Health Relationship services (%)	15 (48.4)	12 (41.4)	0.775
Short term (%)	18 (58.1)	11 (37.9)	0.193
Long or Medium term (%)	9 (29.0)	4 (13.8)	0.263
Sustain tenancy (%)	6 (19.4)	9 (31.0)	0.456
Prevent foreclosures (%)	1 (3.2)	0 (0.0)	0.999
Sustain tenancy or prevent foreclosures (%)	7 (22.6)	9 (31.0)	0.654
Assistance for sexual assault (%)	3 (9.7)	2 (6.9)	0.999
Assistance for domestic violence (%)	2 (6.5)	5 (17.2)	0.369
Relationship assistance (%)	9 (29.0)	7 (24.1)	0.892
Assistance for trauma (%)	5 (16.1)	6 (20.7)	0.903
Assistance behaviour problems (%)	9 (29.0)	10 (34.5)	0.86
Drug alcohol counselling (%)	1 (3.2)	1 (3.4)	0.999
Mental health services (%)	1 (3.2)	2 (6.9)	0.953
Continuous variables	Mean (SD)	Mean (SD)	p-value (t-test)
Financial assistance for housing - \$ (mean (sd))	96.14 (176.58)	38.89 (70.79)	0.388
Accommodation provided - days (mean (sd))	73.32 (208.03)	42.03 (108.68)	0.473
Duration			
Duration of SHS support period for housing (days; mean (sd))	127.71 (227.97)	97.59 (146.46)	0.548

Appendix E Risk Factor Analysis — supplementary information

Table E.1 Characteristics of ‘pre-18’ and ‘post-18’ samples

Predictor	Description	Pre-18 N (per cent) n = 334	Post-18 N (per cent) n=273
Interval between assessments	Mean (SD)	221.8 (96.1)	234.5 (150.2)
	Median	214.5	190.0
Sex	Female	177 (53.0)	146 (53.5)
	Male	157 (47.0)	127 (46.5)
Indigenous status	Indigenous	127 (38.0)	101 (37.0)
	Non-Indigenous	207 (62.0)	172 (63.0)
Age PYI commenced	16.5 to < 17.25	172 (51.5)	106 (38.8)
	17.25 to < 17.5	105 (31.4)	85 (31.1)
	17.5 to 18	57 (17.1)	82 (30.0)
Age OOHC commenced	Less than 13 years old	262 (78.4)	211 (77.3)
	13 years or greater	72 (21.6)	62 (22.7)
Prior residential care placement	Yes	61 (18.3)	39 (14.3)
	No	273 (81.7)	234 (85.7)
Prior foster care placement	Yes	137 (41.0)	111 (40.7)
	No	197 (59.0)	162 (59.3)
Prior kinship care placement	Yes	88 (26.3)	75 (27.5)

Predictor	Description	Pre-18 N (per cent) n = 334	Post-18 N (per cent) n=273
	No	246 (73.7)	198 (72.5)
Placements in last 12 months (none versus one or more)	None	16 (4.8)	15 (5.5)
	1 or more	318 (95.2)	258 (94.5)
Placements in last 12 months (none or one versus two or more)	None or 1	62 (18.6)	55 (20.1)
	2 or more	272 (81.4)	218 (79.9)
Temporary placement in year before turning 17	None	315 (94.3)	257 (94.1)
	1 or more	19 (5.7)	16 (5.9)
Prior spells in care	Yes	129 (38.6)	104 (38.1)
	No	205 (61.4)	169 (61.9)
Received PA plan, and no other types of plans	Yes	47 (14.1)	31 (11.4)
	No	287 (85.9)	242 (88.6)
Received EEM plan, may have received PA plan, but did not received TSW or accommodation	Yes	126 (37.7)	91 (33.3)
	No	208 (62.3)	182 (66.7)
Received TSW plan, may have received PA and/or EEM plan, but did not receive accommodation	Yes	93 (27.8)	86 (31.5)
	No	241 (72.2)	187 (68.5)
Received accommodation, may have received PA, EEM and/or TSW plans	Yes	68 (20.4)	65 (23.8)
	No	266 (79.6)	208 (76.2)
Priority placement at PYI commencement	Yes	284 (85.0)	240 (87.9)
	No	50 (15.0)	33 (12.1)
Prior spell in SHS	Yes	90 (26.9)	76 (27.8)
	No	244 (73.1)	197 (72.2)

Figure F.1 Summary of univariate associations and inclusion in modelling



Appendix G Client Outcomes Tool — supplementary information

The Client Outcomes Tool was developed to help case managers explore the issues and challenges experienced by young people and how they change over time. The Evaluation Team has substantial concerns about the validity and reliability of the tool that affect its ability to measure outcomes over time:

- **Validity of the tool** — validity refers to the ability of a measurement tool to capture what it is intended to measure.
- **Reliability of the tool** — reliability refers to the capacity of a measurement tool to measure the same thing in a consistent manner e.g. between two assessors, over-time or between items on a tool.

G.1 Validity

Concerns about the tool's capacity to consistently capture information include:

- Some questions have too many constructs being described (i.e. it is difficult to interpret which construct is improving and not improving).
- Responses within constructs cannot be objectively assessed (i.e. a difference between a score of '2' and '3' as opposed to '4' and '5' equals '1' but may not equal '1' in reality). This affects the ability to compare changes within individuals and across individuals.
- Responses are subjected to interpretation which is a concern especially when they differ by a single word e.g. the interpretation of "little awareness" to "some awareness" is subjective and two clients with identical behaviour may be classified differently due to the assessor's interpretation of the questions and responses.

G.2 Reliability

Concerns about the tool's capacity to accurately measure each of the constructs include:

- There is no clearly defined reference period for any of the items, which increases the chance of response bias due to differences in interpretation e.g. in the clients' engagement in employment or education category, one client may refer to his/her attendance as "regular" since the last quarterly month, while another might report "regular" attendance by referring within the last month, but attendance was "infrequent" prior to that.
- Differences in interpretation can arise because clients or practitioners interpret responses differently, this is because the question wordings create ambiguity making differentiation between clients in the two response categories difficult and potentially subjective.

- The use of double-barrelled (combining two or more constructs into one scale) questions can affect the evaluation of client responses e.g. the domains employment and education ask about frequency of attendance and level of engagement simultaneously. While each response option is a different combination of engagement and attendance, the response set is not complete. This may result in increased reporting error due to differences in the true response and the available options.

//

CEI refers to the global organisation and may refer to one or more of the member companies of the CEI Group, each of which is a separate legal entity.

CEI operates in the UK under the company name CEI Global UK Limited. CEI operates in Singapore under the name of Centre for Evidence and Implementation Singapore Ltd. In Australia CEI operates under the name Centre for Evidence and Implementation Ltd.



Centre for
Evidence and
Implementation