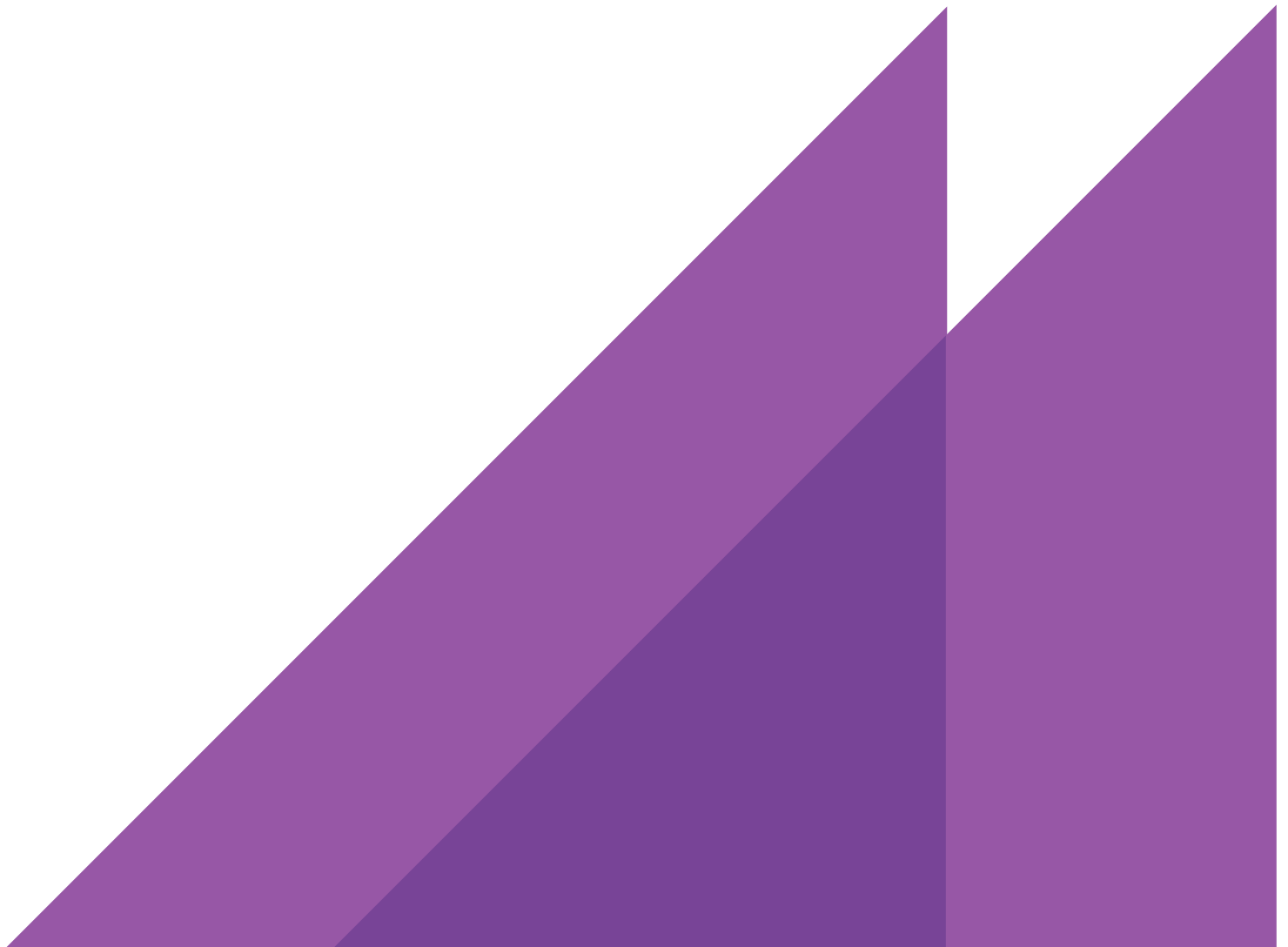


REPORT TO
DEPARTMENT OF SOCIAL SERVICES
MARCH 2020

TOWARDS INDEPENDENT ADULTHOOD TRIAL EVALUATION



FINAL REPORT





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ABBREVIATIONS

ACCO	Aboriginal Community Controlled Organisation
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
BCR	Benefit-Cost Ratio
CBA	Cost Benefit Analysis
DSS	Australian Government Department of Social Services
LIG	TIA Trial Local Implementation Group
NOOHCS	National Standards for Out-of-Home Care
PMG	TIA Trial Project Management Group
SA	Signature Actions
TIA Trial; Trial	Towards Independent Adulthood Trial
TILA	Transition to Independent Living Allowance
WA DC	Western Australia Department of Communities
Wanslea	Wanslea Family Services
Yorgum	Yorgum Aboriginal Corporation



KEY FINDINGS AND IMPLICATIONS

The following highlights the potential implications for state and territory leaving care investment based on the key findings and learnings from the evaluation of the first two years of the three-year Towards Independent Adulthood (TIA) Trial.

TIA Trial outcomes

- Almost two years since commencement of the TIA Trial, 80 per cent of active participants were aged 18 and above and were receiving supports in the life domains of Housing, Health and Wellbeing, Relationships and Supports, Education and Training, Employment, Financial Security and Life Skills. The domain with the highest proportion of services provided was Housing.
- Participants in the Trial were perceived by Youth Workers and Case Managers surveyed to have benefitted most in the areas of Housing, Education and Employment, and Life Skills.
- The majority of active participants (66) during the period April to June 2019 were reported to be in secure housing (69 per cent), engaged in some form of education and training in a post-school environment (57 per cent) and just under one third (29 per cent) were employed in some capacity with a further 30 per cent actively taking steps to seek employment.
- Youth Workers expected that at the end of the TIA Trial, at a minimum some support would be required for active participants across all domains. Key reasons for young people considering they were not ready to leave the Trial related to the life skills needed to live independently and support networks to replace the Youth Worker.
- The ability to impact key outcomes for young people leaving care through the TIA Trial model is estimated to provide a modest return on investment in the short term that increases over the medium to longer term.

Implications for future investment in leaving care supports

- To fully benefit from strengthened leaving care supports and services, early involvement of workers specialising in this area will enable a more seamless transition for the young person. This transition can leverage from the relationship and knowledge of case managers, documentation of early planning, provide sufficient space for the young person to be supported to explore their needs in moving to independence, and ensure a line of sight that extends the 'good' parenting of the care phase.
- Linking to service providers working with young people leaving care provides a valuable opportunity for government and non-government organisations to better understand and respond to the needs of this group of young people. Mechanisms or communication pathways should be established to enable integrated service planning that is tailored to young people transitioning out of care and is able to build on existing local, state and national supports and services, and advocate for increased capacity as appropriate.
- A more systematic and pro-active approach to supporting young people beyond the age of 18 has improved their access to opportunities and their confidence. The duration of a more active approach to engaging young people leaving care will need to be longer for a proportion of these young people with more complex needs.
- A supportive work environment is essential to enabling a rapid response to any identified barriers to responding to the needs of young people, to ensuring the worker is equipped with the skills and tools to provide a quality service and to accessing the wider expertise relevant within the organisation to delivering a safe service.
- Programs that draw together community organisations and different government agencies to deliver leaving care programs require governance / communication protocols to drive and support changes in practice, with a clear lead for implementing changes.



EXECUTIVE SUMMARY

Context

At June 2018 there was approximately 45,800 children and young people in out-of-home care in Australia of whom just over 7,000 (15 per cent) were young people aged 15-17. Rates of discharge from out-of-home care was highest for this age group at 3.7 per 1,000 children (3,222) in 2017-18. This includes those discharged from care on turning 18.¹

The poorer life outcomes experienced by young people leaving out of home care compared to their peers can be seen in higher rates of homelessness, mental illness, substance abuse, poor education and employment opportunities, greater exposure to the criminal justice system and early parenthood, with young parents more likely to need out-of-home care for their children. Young people leaving care are more likely to have poorly developed social and emotional skills, which can cause significant barriers as they transition to adulthood, including developing social networks and engaging with support services. The evidence reinforces the timing and extent of support needed to assist young people to transition to adulthood with a focus on three main phases; the planning and transition phases while in out-of-home care and commencing generally at age 15, and the post-care phase generally from 18-25 years during which a young person can continue to access services and supports on a voluntary basis.

The quality of out-of-home care impacts the extent to which the care environment can support vulnerable children and young people to have the same opportunities as other children. Feedback from children and young people in Australia about their experiences of out-of-home care assessed against quality standards suggests that, generally, more could be done to strengthen effective engagement of young people in making important decisions about their life including the support required to assist in their transition to independence.

Challenges identified by states and territories in effectively supporting young people to transition to adulthood include the resources required for transition planning, the supply of post care resources such as housing and mental health services, lack of flexibility in service provision and the stigma from being a child in care.²

The Towards Independent Adulthood Trial

The Towards Independent Adulthood (TIA) Trial (the Trial) is an initiative under the National Framework for Protecting Australia's Children 2009-2020 and forms part of the response to strategies

¹ Australian Institute of Health and Welfare, 2019. *Child Protection Australia: 2017-18. Child welfare series no. 70. Cat. No. CWS 65.*

² *Transition from out of home care to adulthood. Mapping legislation and policy across Australian jurisdictions December 2018.* National Framework for Protecting Australia's Children 2009-2020. Third Action Plan 2015-2018. Discussion Paper. Australian Capital Territory, Canberra 2018.

identified to strengthen the abilities of families and communities, including 'Helping young people in out-of-home care to thrive into adulthood'. Agreed action included that the Commonwealth Government trial ways of improving support to young people by better utilising data and delivering intensive case management linking to education, health and housing, with findings available to states and territories to guide future interventions.

The TIA Trial, including an independent evaluation, is funded by the Department of Social Services (DSS) for \$3.87 million over four years (2016-2020). The Trial is being implemented over three years from 2017-18 to 2019-2020.

The purpose of the TIA Trial is to support eligible young people transitioning from out-of-home care to overcome barriers to participation in education, training and/or employment. Recruitment to the Trial would be from among young people aged 16 and on permanent care orders until they turn 18 years. Trial participants would be engaged with the Trial for approximately two years during their transition from care and one year post-care.

The Trial is being conducted in selected districts of Western Australia. Planning for the Trial commenced in early 2017 and was fully subscribed with 80 eligible young people at 1 November 2017.

Evaluation of the TIA Trial

DSS commissioned ACIL Allen Consulting in partnership with the Social Research Centre, to undertake a process and impact review of the TIA Trial that reflected on the distinguishing elements of the Trial. The evaluation was also required to consider performance of the Trial compared to similar initiatives in a number of states and territories.

A mixed methods approach to the review was informed by an evaluation framework that guided collection of data predominantly over a two-year period through surveys, interviews, adapted administrative data, and a longitudinal study of Trial participants. A review of recent literature about the evidence for action in this area also was conducted and an economic analysis undertaken to estimate the costs and benefits of the Trial.

At the outset of the evaluation, a program logic model that underpinned the evaluation framework was refined in consultation with key parties to the TIA Trial. The program logic sets out the expected outcomes of the Trial which relate to increased and sustained change associated with participant engagement in services and supports, acquisition of independent living skills, stable accommodation, formal qualifications and health and wellbeing supports being in place.

The TIA Trial model

The model for the TIA Trial aims to build on transition planning and post-care supports available to young people with a view to better harnessing those opportunities and extending them to meet the individual needs of young people.

The model focuses on the provision of individual intensive support for Trial participants to be provided by personal advisers (subsequently referred to as Youth Workers). This support, to be located in a non-government agency, would work alongside the young person's departmental case manager during the care and transition phases, and with departmental leaving care staff located in the relevant district office in the post-care phase. The model also incorporated a reflective practice component enabling Youth Workers and participants to be involved in the ongoing review of the initiative.

Facilitating access to services would utilise priority referral pathways for state and Commonwealth funded support services. The Trial model addresses eight life domains identified for good practice in supporting the transition of young people from out-of-home care with a particular focus on education and training, and employment.

The TIA Trail infrastructure

An amount of \$2.6 million was awarded to Wanslea Family Services (Wanslea) by DSS to deliver the three-year TIA Trial. In addition, brokerage funding was made available to the Trial by the Western Australia Department of Communities (WA DC) at an estimated \$500 per participant annually. Other usual avenues of financial support were available to the Trial including existing WA DC case support costs and post care supports up to the age of 25, Commonwealth payments and allowances, notably the Transition to Independent Living Allowance, and state funded programs and initiatives.

The TIA Trial is underpinned by a number of agreements that establish the roles and responsibilities of DSS, WA DC and Wanslea as key parties to the implementation of the Trial. DSS and WA DC have collaborated to document guidance on delivery of the model. Local and overarching governance arrangements support the implementation and ongoing development of the Trial through the key parties in collaboration with local service providers.

Eight Youth Workers were recruited to the Trial as a dedicated resource. The Youth Worker would bring a close knowledge of local supports and services and facilitate access through advocacy and innovation.

The TIA Trial cohort

Recruitment

Recruitment to the Trial was consistent with model eligibility criteria but widened age of entry from 16 years to between 16 and 17 years. At commencement, 57 per cent of the Trial cohort were aged 16 and 43 per cent were aged 17. It is estimated that by the end of Year 1 of the Trial, almost one-third of participants had turned 18. Challenges faced in recruiting to the Trial included the potential for participants to perceive engagement as an extension of their involvement with child protection, and the ability to convey the benefit of another worker in their lives.

The finalised entry cohort of 80 young people represented 40 per cent of young people in Western Australia who met the eligibility criteria of age and permanent care order, and 48 per cent of eligible young people in the Trial sites of metropolitan Perth and the three districts of Peel, the Wheatbelt and South West that are within 300 kilometres of the Perth CBD. Just over three quarters (77 per cent) of the Trial cohort were located in metropolitan Perth.

Characteristics of the Trial cohort were generally representative of all eligible young people in the Trial sites when analysed by age, sex, Aboriginal³ status, cultural and linguistic diversity, and out-of-home care placement type.

Overall, for the Trial cohort, young people had been in out-of-home care placements for 10 years on average and had experienced an average of eight placements. Aboriginal Trial participants had been in care for longer and had experienced a higher number of placements on average than non-Aboriginal participants. On entry to the Trial, the 80 young people who made up the TIA Trial cohort were considered to have a range of needs across the life domains. Forty per cent of the cohort were assessed as having a formal physical, cognitive and/or mental health condition. Just over one-third of Trial participants had a history with the police or justice system and over half the cohort had the presence of safety factors identified.

Retention and engagement

Critical to the performance of the Trial was the ability to engage with the young person throughout the life of the Trial. In the 20-month period 1 November 2017 to 30 June 2019, 15 per cent of the original 80 participants were inactive (12 young people) or had withdrawn (3) from the Trial. Feedback from Case Managers and Youth Workers suggests that inactive Trial participants may not have fully understood the intensity and length of engagement required on their part. This may have influenced their motivation to participate in the Trial, especially if the benefits were not immediately experienced.

³ Aboriginal and Torres Strait Islander peoples may also be referred to in this report as Aboriginal and Indigenous.

The distribution of participants across Trial sites was not substantially affected by the change in active status.

The extent of engagement in the Trial was assessed using a number of sources. Based on analysis of individual quarterly activity reports for the 18-month period to end June 2019, females were more likely than males to actively engage in the Trial, and while the proportion of females who engaged remained relatively steady over time, the proportion of males decreased over time. It was also found that non-Aboriginal participants were more likely to be actively participating in the Trial than Aboriginal people, and that while participation declined over time for both groups, the decline for Aboriginal young people was evident early but stabilised over time, while for non-Aboriginal young people the decline began much later in the Trial.

While strength of views varied between Case Managers and Youth Workers surveyed in July 2019, the Trial was perceived positively and generally they agreed that young people in the Trial had engaged well.

From the perspective of Trial participants, young people providing feedback in early 2019 to the longitudinal study generally attributed their progress to the relationship with their Youth Worker, and the emotional and moral support they provided.

Overall, the Trial has successfully recruited and retained young people, demonstrating for similar programs the importance of a clear operating model, strong communication with potential participants, and a well-defined target cohort. Analysis of the level of engagement with the Trial suggests that there is opportunity to strengthen approaches to engaging/retaining young men and Aboriginal young people.

Operation of the TIA Trial

Services and referrals

Case Managers' assessment of the needs of young people at entry to the TIA Trial indicated the need for supports in the life domains of employment, education or training, and budgeting or money management. A significant number of young people also required support to develop their life skills and to access accommodation and maintain a home. In addition, just under one half of the cohort were expected to require medical management skills and approximately one-third needed assistance with self-care skills and legal issues.

Based on individual quarterly activity reports for the 12-month period, July 2018 to June 2019 (Q3-Q6), services provided by Youth Workers generally peaked in January-March 2019 (Q5), with a majority of active participants in the Trial receiving services across the life domains. This included over 80 per cent of participants being supported in the domains of housing, health and wellbeing, relationships and supports, financial security, employment, education and training, and life skills.

The nature of services provided by Youth Workers was qualitatively different in most domains over time. For example, services provided in Q3 tended to meet an immediate and tangible need, such as assisting young people to access housing or health services, enrolment in education opportunities and writing resumes. In Q6, services were likely to be more future-focused, such as future planning, ongoing advocacy with housing services and assistance in accessing other income sources, or to become reinforcing requiring a 'lighter touch', such as encouragement to continue positive changes, informal counselling and general advice.

The nature of referrals to external support services varied over time potentially reflecting immediate needs in the transition phase and a young person's eligibility for programs/services, the availability of new initiatives, and establishing stronger connections to community-based services.

Access to brokerage funds allowed Youth Workers to complete activities and access services at a much faster rate than standard departmental processes, helping participants to receive support in a timely fashion and providing some security. In the two years to June 2019, the health domain was the area of highest expenditure followed by social relationships and support networks, and housing. An average of 50 participants accessed funds in the five quarters to April-June 2019, which translates to

an average engagement rate of 77 per cent, calculated as the proportion of brokerage participants to the active cohort.

Youth Workers indicated that the scale of brokerage funds could be increased, but the flexibility provided was highly valued. Future programs may need to consider the scale and parameters for brokerage funds to ensure this essential enabler is maximised.

Fidelity to model

The operation of the TIA Trial generally has been implemented in line with its intended design. This has included recruitment and retention of a dedicated workforce, an increased focus on support for leaving care planning for young people, identification of referral pathways and establishment of priority access, collaboration between Case Managers and Youth Workers, implementation of reflective practice processes and development of communication tools. Each of these elements of the model have been refined over the operation of the Trial, providing insights into the challenges as well as what works well in establishing good practice.

A range of methods were used to strengthen the capacity of the Trial to respond to the needs of Aboriginal care leavers. This included recruitment of Indigenous Youth Workers, collaborations with Aboriginal organisations, notably Yorgum Aboriginal Corporation, and Youth Worker access to a new appointment within Wanslea of a Practice Leader – Aboriginal Programs. In the broader implementation of the Trial it was apparent that additional work was needed to effectively operationalise the partnership with Yorgum including identifying the benefits to both services.

In relation to the expected case load of Youth Workers, it had been estimated that each worker would have 10 cases. Though the level of need was high, the patterns of support varied over time, between participants and across life domains. The resourcing model used in the Trial helped to accommodate the varying intensity of demand. The case load provided sufficient flexibility for Youth Workers to provide differentiated support to participants over the course of the Trial, scaling up or scaling down support as guided by the participant.

During the care phase of the Trial, barriers to participation in leaving care planning included attendance at meetings, and mental health concerns for the young person. Youth Workers often felt they were advocating for the young person, to ensure their voice was represented in the leaving care planning process.

The TIA Trial facilitated a more consistent response in relation to priority access to services. Where practices differed from policy, the Trial was able to highlight these differences in local governance meetings and where appropriate, be supported by state-wide discussions to reinforce existing policy with service providers.

While the strength of opinion has been greater for Youth Workers than Case Managers, both workforces surveyed in 2019 considered that a co-working relationship was in place to support retention and engagement of young people in the Trial, and to identify and provide needed supports and referrals. Ensuring ongoing collaboration through WA DC District Offices was important to consistency of practice during the after-care phase.

Ongoing training for Youth Workers benefitted from skills gaps identified through reflective practice sessions. This has included additional training opportunities related to mental health and suicide prevention, cultural training, youth sexual health training, dealing with challenging behaviours, social inclusion and disability awareness, and trauma informed practice.

In relation to communication aides in supporting young people, the Sortli mobile app formed part of the Trial toolbox and had been adapted to young people in WA to assist them in planning their future. In 2019, Youth Workers considered that the app was beneficial and likely to provide a useful resource in relation to employment, education and housing, once young people were stable. There was limited application of the app when working with young people with complex trauma, limited literacy and who require support to access services.

Youth Workers were able to effectively operate as the interface between Trial participants and access to support, working with young people to build their understanding of departmental assistance and negotiating with the bureaucracy to drive changes for the broader cohort.

Evidence of improved outcomes for young people

Three-quarters of Case Managers surveyed considered that young people had benefited (slightly, moderately or significantly) from the one-on-one support and mentoring from their Youth Worker and for those actively engaged in the Trial, outcomes reported included improved continuity of case management and enhanced provision of support, improvements in confidence, and improved access to services.

Youth Workers were most confident about gains made by young people in the domains of housing, education and employment, and life skills. Case Managers also perceived that some or a lot of improvement had been made in these domains. Youth Workers and Case Managers considered some level of improvement had been made in all domains, although in addition, an average of just over one-quarter of Case Managers felt that no improvement had been made in each of the domains.

Achievement of goals

The setting, achievement, and review of individual goals under the relevant domains varied for young people as their needs were identified and developed over time. In relation to housing goals, young people reported that their Youth Worker had helped them to progress their goals through assistance in identifying housing opportunities, preparing rental applications and working with WA DC to help access housing or funding. Trial participants also commented on the support from Youth Workers to help them decide on educational pathways, working through their interests and strengths while helping them find courses and enrol in classes. Gaining employment was a key goal for most young people with perceived barriers including lack of work experience, transport, high unemployment in their local area, and lack of confidence. Case Managers considered that participation in the Trial had developed the confidence of young people in their skills and abilities while giving them practical skills and resources to help engage with education and employment.

The interdependence of the life domains was evident especially for the domain of health and wellbeing. While good progress in achieving improved health outcomes was reported by Youth Workers, there was a need to address mental health requirements in particular before progress for some could be made in other domains. This was seen to limit the ability to focus on employment, and education and training during the Trial. The extent of progress against health goals also suggests the existence of complex issues for some participants that require long-term management and may not be resolved within the period of the Trial.

A snapshot view of the status of goals in a sample of domains based on all activity reports for the period April-June 2019 (Q6), shows that just over two-thirds of Trial participants were in secure (independent or dependent) living arrangements, more than half of Trial participants were engaged in some form of education or training in a post-school environment, and just under one-third of young people were employed in some capacity over the quarter with a similar proportion actively taking steps to seek employment. Where it was possible to determine the status of young people in these domains, it was also reported that approximately one quarter of participants were in unstable housing circumstances, 10 per cent of the cohort were at or below Year 10 education and were not participating in education and training, and that 17 per cent were deemed to be not employed for reasons including carer responsibilities and disability.

Difference in cohort performances

Further analysis of activity reports for the period April-June 2019 (Q6) suggests that for most domains, females achieved a greater proportion of their goals compared to males. Differences in achievement of goals for Aboriginal young people compared to non-Aboriginal young people appeared to vary across most domains, except for a similar performance in relation to education and training. This difference potentially reflects differing level of need, external supports and feelings of cultural safety. Similarly, the differences seen in achievement of goals across domains between metropolitan and regional participants requires further analysis but could in part reflect issues of service access and opportunities.

Sustainability of outcomes

Youth Workers considered that some continuing support for participants would be required across all domains at the conclusion of the Trial. The domains of greatest need were expected to be health, financial security, and identity and culture. In relation to health, particular issues related to access to system supports as an adult, the challenges of transitioning out of care and the profound impact of trauma on the young person. While Case Managers were more likely to consider that additional support would not be required, domains identified for expected further support included housing, education and employment, life skills and financial security.

While the TIA Trial model and practice reflects the benefit of early engagement with young people prior to leaving care, the Trial is also providing demonstrable evidence of the need for strengthened supports for a number of young people beyond 19 years with the prospect of a reducing level of support as young people continue on to establish their independence.

Service system changes

Consultations with relevant WA DC Case Managers and service providers suggests that coordination of local services had improved over the course of the TIA Trial but that new arrangements had not necessarily been established.

Local governance arrangements established as part of the Trial played an important role in driving local networks and priority access to services. Through these platforms, Youth Workers were able to discuss challenges or obstacles in supporting young people to identify services available, existing networks and referral pathways. Benefits of the local forums had been the inclusion of a WA DC Housing representative at meetings to assist in addressing access issues, formalising hot desking arrangements for Youth Workers with WA DC offices, and building connections with WA DC education officers.

Partnerships established through the involvement of Wanslea and other local service providers, WA DC and DSS in Trial governance arrangements facilitated state-wide support to clarify contacts and ensure awareness amongst service providers of policies around priority access. Notably, in the area of housing, the Trial had built an awareness of the need for options for young people outside social housing which had led to new conversations and referrals that may not have otherwise occurred. At the national level, it had been possible for DSS to facilitate matters highlighted in the state-wide forum for the Trial such as resolution of case-based challenges with CentreLink and New Zealand citizenship.

The operation of Trial governance arrangements was able to leverage directly from the experiences of Youth Workers and enhance their ability to navigate local service networks and develop workable solutions to meet the needs of young people.

Success factors of the TIA Trial

Success factors related to the achievement of outcomes in the TIA Trial include a dedicated workforce and their capability, effective collaboration between the leaving care service provider and government, the resourcing and case load, and operation outside the formal child protection system.

In terms of replicability of the Trial, attention would need to be given to the ability to ensure equity of access to services, the suitability of the lead service provider, the capacity to provide for a similar level of resourcing to achieve the intensity of support required, and the location of young people relative to their support worker with a view to ensuring frequency of access.

Economic outcomes of the TIA Trial

A rapid cost benefit analysis (CBA) was undertaken to assess the costs and benefits of the Trial. In the absence of sufficient detail about the leaving care cohort and client outcomes, the assessment framework for the CBA incorporated benefit drivers and enabled assumptions to be made regarding the extent to which Trial participants receive particular types of supports and the associated benefits.

Combining the results from the mid-2019 surveys of Youth Workers and Case Managers about their perceptions of improved outcomes for Trial participants by life domain provided an estimate of the effect the Trial had on participants' skills in the relevant domains. These skills were deemed to have a range of effects on selected life outcomes in areas of prison, health, police/court, employment, and housing. A value was assigned to each domain and outcome to represent the extent to which an improvement of an individual's skill in a specific domain flows on to influence their outcomes in other relevant domains.

The participant cohort is calculated to be the 66 participants engaged at June 2019 with a partial benefit assigned to an additional four participants who had disengaged after one or more years of participation in the Trial. The cost of the Trial (2016-2020) is estimated at \$2.15 million.

The analysis estimates that \$4.76 million in benefits are generated one year post-Trial. It is estimated, therefore, that for every \$1 invested in the Trial, \$1.80 in benefits are returned. The key driver of benefits is the avoided incarcerations. The estimated return on investment holds for a number of sensitivity scenarios except where the entire avoided incarceration benefit is excluded from the analysis. The analysis also suggests that the estimated returns increase significantly as the assessment period is extended to three and five years post-Trial.

Comparison of outcomes with similar initiatives

A number of jurisdictions agreed to participate in a comparison of their similar initiatives to the TIA Trial as part of the overall Trial evaluation. This involved annual interviews in 2017 to 2019 with departmental representatives in Victoria, the Northern Territory and Western Australia, and additional consultation in 2019 with a number of the non-government leaving care providers in Western Australia. Relative to the TIA Trial, the comparison considered the delivery models and outcomes achieved by the Better Futures initiative in Victoria, the Transition from Care Officers initiative in the Northern Territory and usual leaving care programs and the LIFT program in Western Australia.

The comparator programs were found to have broadly similar features to the TIA Trial model despite the differing contexts and resourcing. Model features include early engagement with young people leaving care, techniques to improve communication across government agencies, and the capacity for individual support. In the case of the TIA Trial, LIFT program and Better Futures, designated workers assisted young people to resolve issues across state government agencies (for example, housing), and Commonwealth agencies (such as Centrelink). Hot desking was a common approach to help build workforce relationships at the local level, while governance structures had helped to resolve more systemic challenges. The Northern Territory initiative played a central role in building service navigation capability and connections across agencies to develop the capability of case managers to resolve similar challenges.

In the comparator programs, the capacity for individual support occurs either directly through dedicated support workers or indirectly through dedicated officers to support case managers and the development of a robust leaving care system. The service needs of these young people emerge as the departure from care approaches but can also reoccur (generally around 20 to 25) as the young people require additional post-care support to achieve or maintain independence. The experiences of young people across the jurisdictions highlight the existing gap in services and supports for this cohort, in particular the need for accommodation and case management support.

There were little documented outcomes for comparator programs available at the time of this analysis, however, a range of early outcomes were reported. These included increased participation of the young person in leaving care processes, re-engagement with education and training, access to stable accommodation and financial supports, and improved communication between agencies and departments. The TIA Trial also shows positive outcomes across a number of domains for many of the young people actively involved in the Trial for almost two years.

Issues impacting the effectiveness of programs included resourcing that enabled a sufficient level of attention to the needs of all program participants and enabled a proactive rather than reactive approach to support. The TIA Trial Youth Worker case load of 10 young people across a cohort of young people with different levels of need appeared to be a workable case load in this regard. It was also important to appreciate the interrelatedness of the life domains and the influence of good

outcomes in one domain on performance in other domains. To this extent, the comparator programs illustrated the need for a wholistic approach to support that recognised the needs of young people across multiple life domains. In the post-care environment in particular, this support increasingly relies on specialist services and the challenge of accessing services already experiencing a high level of demand. The mobility of some young people has also presented challenges in maintaining contact with programs reinforcing the importance of connectedness to departmental regional outlets, as a minimum, for eligible young people in the post-care phase.

Future directions

The findings and learnings from the evaluation of the TIA Trial provide a practical guide to the effective delivery of leaving care programs. The findings largely reinforce the evidence to date about good practice in this area and confirm that the range of similar initiatives in other jurisdictions are drawing on this evidence base to adapt programs to their respective contexts and service systems. Implications of the TIA Trial evaluation findings for future investment in leaving care programs relate to the benefits of:

- ensuring a seamless transition for young people to leaving care provider/program
- establishing communication pathways to enable strengthened system responses that leverage from leaving care provider experiences/learnings
- mapping supports that cover the continuum of transition and after care recognising that a more proactive, extended after care approach may be desirable
- workforce and workplace prioritising facilitation of knowledge, skills, adaptability and flexibility in working effectively with young people leaving care.



The following provides contextual information about disadvantaged and vulnerable children and the opportunity for the child protection system to improve outcomes for young people leaving statutory care.

1.1 Context

1.1.1 Care and protection of vulnerable children and young people

Disadvantaged and vulnerable children and young people in Australia may be placed in statutory care, generally in the form of out-of-home care, to ensure their safety and wellbeing. Care and protection orders usually involve child protection in the relevant state or territory department being responsible for the daily care and requirements of the child or young person. Long-term orders generally transfer this responsibility for a specified period greater than two years, until a child reaches the age of 18.⁴

Out-of-home care is one of the services available to families and children to support children and young people aged from 0 to 17 who need to be protected or whose families are unable to provide a sufficient level of care. At June 2018, an estimated total of 45,756 children and young people were in out-of-home care, an increase of around 6 per cent than at June 2014. Indigenous⁵ children and young people made up approximately 39 per cent (17,787) of those in out-of-home care and the rate of Indigenous children in out-of-home care was 11 times that of non-Indigenous children. Forty per cent (18,236) of those in out-of-home care at June 2018 had been in care continuously for five years or more.⁶

Children aged 15-17 made up 15 per cent (7,064) of children in care at June 2018. In 2017-18, the rates of discharge from out of home care was highest for children aged 15-17 at 3.7 per 1000 children (3,222) of whom an estimated one third (1,053) were Indigenous children. This includes those discharged from care on turning 18. Over the five-year period from 2013-14 to 2017-18, the rates of discharge of children aged 15-17 remained relatively stable and were consistently higher than for any other age group.⁷

In 2017-18 it was estimated that recurrent expenditure on out-of-home care services cost \$3.8 billion nationally. This made up almost 59 per cent of total recurrent expenditure nationally on child protection services which saw a real increase from 2016-17 of approximately 10 per cent.⁸ A further

⁴ Australian Institute of Health and Welfare (AIHW) 2019. *Child Protection Australia: 2017-18*. Child welfare series no. 70. Cat. No. CWS 65. Canberra: AIHW.

⁵ The terms 'Indigenous' and 'Aboriginal' are used also in this report to refer to Aboriginal and Torres Strait Islander people.

⁶ AIHW 2019. *Child Protection Australia: 2017-18*. Child welfare series no. 70. Cat. No. CWS 65. Tables S43 and S47. Canberra: AIHW.

⁷ AIHW 2019. *Child Protection Australia: 2017-18*. Child welfare series no. 70. Cat. No. CWS 65. Tables S38 and S63. Canberra: AIHW.

⁸ Productivity Commission. Report on Government Services 2019. Child Protection Services. Australian Government.

similar real increase from 2017-18 in recurrent expenditure nationally on child protection services was reported for 2018-19.⁹

1.1.2 Views of children and young people

A sense of security, stability, continuity and social support are strong predictors of better long-term outcomes after leaving care.¹⁰

The quality of out-of-home care impacts the extent to which the care environment can support children and young people who have experienced trauma to have the same opportunities as other children and young people. The experiences of children and young people entering care may include neglect and/or physical, sexual and emotional abuse. National Standards have been developed as a priority action under the National Framework for Protecting Australia's Children 2009-2020 (the National Framework)¹¹ to achieve a consistent quality of out-of-home care in Australia¹². Thirteen National Standards have been developed to focus on key areas to promote best practice in out-of-home care services. These Standards include aspects of a child's health and education, their safety, stability and security, connection to family and culture, care planning and transition from planning. The Australian Institute of Health and Welfare (AIHW) and the CREATE Foundation have reported on the views of children and young people in care in a number of surveys aligned to the indicators developed to measure performance against the National Standards.

Feedback from the 2018 CREATE Foundation survey of 1,275 children and young people aged 10-17 in and transitioning from care included on views about their involvement in decision making, interactions with their caseworker, and transition planning.¹³

- Just over two-thirds (67.5 per cent) of respondents felt that they were able to have a say 'reasonably often' in important decisions about life issues, while for a small proportion (15.7 per cent) of respondents, this opportunity was 'rarely' or 'never' available.
- Just over one-third (38.3 per cent) of respondents indicated they participated in formal departmental meetings, with approximately half (52.4 per cent) of this group feeling that their views were considered.
- Approximately two-thirds of respondents considered that their caseworker was adequately accessible (63.7 per cent) and helpful (62.7 per cent). There was a strong connection between the perceived helpfulness of caseworkers and the ability to share concerns.
- Almost one quarter of respondents 15-18 years were aware of having a transition plan, which increased to 40 per cent for respondents aged 17-18, noting substantial variation across states and territories.¹⁴
- The mean concern rating about transitioning from care was 35.2 for respondents 15-16 years and this concern increased for those aged 17 and 18 with a rating of 40.2. Concerns included finding accommodation, financial issues and employment.

AIHW conducts a biennial survey of children and young people in care with data provided through state and territory case management processes. The second survey was conducted in 2018 with a national sample of 2,428 respondents aged 8-17 of whom almost one quarter (24 per cent) were aged 15-17. A similar response to the CREATE 2018 survey was reported for the extent to which children and young people usually get to have a say in what happens to them, but this increased to almost three-quarters (73 per cent) of respondents aged 15-17. There was an increase in the proportion of respondents aged 15-17 who considered they were getting as much help as they needed to make decisions about their future to 64 per cent compared to 58 per cent in the inaugural 2015 survey.

⁹ Productivity Commission. Report on Government Services 2020. Child Protection Services. Australian Government.

¹⁰ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group 2011. *An outline of National Standards for out-of-home care*. Commonwealth of Australia 2011.

¹¹ *Protecting Children is Everyone's Business. National Framework for Protecting Australia's Children 2009-2020*. An initiative of the Council of Australian Governments. Commonwealth of Australia, 2009.

¹² Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group 2011. *An outline of National Standards for out-of-home care*. Commonwealth of Australia 2011.

¹³ CREATE Foundation 2018. *Out-of-Home Care in Australia: Children and young people's views after five years of National Standards*.

¹⁴ At June 2018 it was reported nationally that 58.8 per cent of young people in care aged 15-17 had a current and approved leaving care plan. This included 38 per cent at age 16, 58 per cent at 16 and 75 per cent at 17. (AIHW 2019 survey)

In 2018, a further one quarter of respondents indicated that they were getting some help but wanted more.¹⁵

1.1.3 Supporting transition from out-of-home care to adulthood

*Preparing young people for independence through a gradual and supported transition from care will help to ensure that young people thrive when they leave care and have the best start to their life as an independent adult.*¹⁶

State and territory governments (jurisdictions) are responsible for child protection services in Australia. As part of this responsibility, out-of-home care services are provided by government and non-government agencies broadly through home-based care, family group homes, residential care and independent living. Out-of-home care is provided to children and young people up to the age of 18. To prepare young people for leaving care, all jurisdictions commence pre-transition support for young people from 15 including through the development of a leaving care plan. Other support provided may include access to information about services available, referrals to services, case management and financial support to access services. Post care transition support is also available on a voluntary basis to provide assistance in such areas as housing, health, education and employment.¹⁷

Challenges identified for jurisdictions in effectively supporting young people to transition from out-of-home care to adulthood include:¹⁸

- the demands on service funding
- competing priorities of crisis-driven work and transition planning
- understanding the impact of post care support services
- housing and homelessness
- limited post-care therapeutic and mental health support services
- lack of flexibility in service provision
- late and/or ineffectual transition planning
- engaging young people with ongoing behavioural problems
- stigma from being a child in care.

1.2 The Towards Independent Adulthood Trial

*There is an opportunity to improve the effectiveness of this transition [from out of home care to independence] for more young people leaving out of home care through better planning and preparation for leaving care; better targeting of existing services to young people with a care experience; actions to encourage the engagement of these young people with existing services, and developing stronger, more effective referral pathways.*¹⁹

The Towards Independent Adulthood (TIA) Trial (the Trial) is a national initiative commenced under the *Third action plan* and continuing under the *Fourth action plan* of the National Framework endorsed by the Council of Australian Governments.^{20, 21} The TIA Trial forms part of the response under the *Third action plan* to strategies identified to strengthen the abilities of families and communities, which included 'Helping young people in out-of-home care to thrive into adulthood'. This strategy (Strategy 2) was designed to address the evidence that many young people in out-of-home care experience poor social and economic outcomes, and many groups continue to have complex needs post care,

¹⁵ AIHW 2019. *The views of children and young people in out-of-home care. Overview of indicator results from the second national survey.*

¹⁶ *Transition from out of home care to adulthood. Mapping legislation and policy across Australian jurisdictions December 2018.* National Framework for Protecting Australia's Children 2009-2020. Third Action Plan 2015-2018. Discussion Paper. Australian Capital Territory, Canberra 2018.

¹⁷ *Ibid*

¹⁸ *Ibid*

¹⁹ *Transitioning from out of home care to independence. A national priority under the National Framework for Protecting Australia's Children 2009-2020.* Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group, December 2010.

²⁰ *Driving Change: Intervening Early. Third three-year action plan, 2015-2018.* National Framework for Protecting Australia's Children 2009-2020. Commonwealth of Australia (Department of Social Services) 2015.

²¹ *Supporting families, communities and organisations to keep children safe. Fourth Action Plan 2018-2020.* National Framework for Protecting Australia's Children 2009-2020. Commonwealth of Australia (Department of Social Services) 2018

including Aboriginal and Torres Strait Islander young people. The focus of action under this strategy was to 'develop and strengthen support for young people in care transitioning to adulthood and improve priority access to support services' (Action Area 2.1). A number of Signature Actions (SA) were agreed to give effect to this Action Area including that the Commonwealth trial ways of improving support to young people by better utilising data and delivering intensive case management linking to education, health and housing with findings available to guide future interventions (SA 2.1.2).

The TIA Trial, including an independent evaluation, is funded by DSS for \$3.87 million over four years (2016-2020). The Trial is being implemented over three years from 2017-18 to 2019-20.

The purpose of the TIA Trial is to support eligible young people transitioning from out-of-home care to overcome barriers to participation in education, training and/or employment. The model for the TIA Trial involved recruitment of young people aged 16 (in mid-2017) and on permanent care orders until they turn 18 years. The Trial is being undertaken in Western Australia drawing eligible participants from the target locations of metropolitan Perth and the three districts of Peel, the Wheatbelt and South Western that are within 300 kilometres of the Perth CBD. Planning for the Trial commenced in early 2017 and was fully subscribed with 80 participants at 1 November 2017. For the purposes of this evaluation, 1 November 2017 is taken as the commencement of the Trial.

1.3 This report

This report brings together the findings of the evaluation of the TIA Trial across the implementation phases of the Trial. These phases relate to preparation to establish the Trial and delivery of the Trial, including provision for ongoing review and reporting on the impact of the Trial on participating young people. The approach to evaluation of the Trial is outlined and concluding remarks provided about the key findings, the learnings and the way in which they might inform future efforts to improve outcomes for young people transitioning from care to independent adulthood.



The TIA Trial was established to test a service delivery model designed to improve outcomes for young people leaving out-of-home care. Evaluation of the TIA Trial was conducted over two and a half years and draws on information largely collected during the first two years of the three-year Trial.

2.1 Methodology

The purpose of the evaluation was to conduct a process and impact review of the TIA Trial that incorporated the distinguishing elements of the Trial. The evaluation was also required to consider performance of the Trial compared to similar initiatives in a number of states and territories in Australia.

A mixed methods approach was used to obtain qualitative and quantitative data which was progressively collected and analysed to report on aspects of the Trial over time. Reporting included documenting establishment of the Trial, and production of process and impact reports informed by a targeted literature review, quarterly reports on individual Trial participants, two waves of stakeholder survey and interviews, and a series of interviews with young people participating in the Trial. The final evaluation report consolidates this information and incorporates new material from additional interviews with young people providing case studies, and an economic analysis of the costs and benefits of the Trial.

The evaluation commenced in mid-2017 and formal data collection was largely completed by mid-2019. Data collection was guided by an evaluation framework setting out research questions and measures to inform the process and impact review. These questions preface the relevant chapters of this report.

2.2 Program logic

The program logic model developed (see Appendix A) to underpin the evaluation framework was based on the model used in the pre-implementation review²² and refined through a stakeholder evaluation planning workshop at commencement of the evaluation and a series of key informant interviews with parties to the Trial. The program logic focuses on the implementation phase of the Trial and provides a high level summary of the way in which resources and activities are designed to achieve outcomes that will lead to improved social and economic benefits for young people who have transitioned from out-of-home care.

²² Chung, D and Cordier, R et al 2017 *Towards Independent Adulthood Trial – Pre-implementation Review Report*. Curtin University, June 2017.

For the purposes of this evaluation the short-term (6-12 months) outcomes expected to be achieved in Year 3 of the Trial when young people were aged 18 are in scope. The expectation is for the beginning of change associated with participation in services and supports, acquisition of independent living skills, stable accommodation, formal qualifications and health and wellbeing supports in place.

In practice, however, recruitment to the Trial included young people aged 17 on entry requiring the Trial to respond to the after care needs of a proportion of young people leaving care before the end of Year 2 (as identified in the program logic) of the Trial. The Trial was fully subscribed with 80 participants at 1 November 2017 although the Trial was operational from July 2017 and able to respond to young people as they progressively entered into the Trial. It is estimated that at the end of the first year of the Trial for the original cohort (i.e. October 2018 based on original cohort of 80), 30 per cent of the cohort had turned 18 and by the end of the second year, all of the cohort were aged 18 and above. As such, within the limitations of the data, this evaluation also considers the impact of the Trial on young people aged 19, which aligns to expectations set out in the program logic related to medium term (1-3 years) outcomes. These expectations largely relate to evidence of increased and sustained change in priority areas aligned to the life domains.

2.3 Data collection

2.3.1 Stakeholders

A range of data collection methods were used to obtain experiences and perspectives of key stakeholders about the Trial and an understanding of the supports and services accessed by young people in the Trial. A summary of key stakeholders associated with the TIA Trial, approaches to data collection and timing is provided in Table 2.1.

TABLE 2.1 STAKEHOLDERS AND EVALUATION DATA COLLECTION APPROACHES AND TIMING

Stakeholder	Data collection approach	Timing and sample size
Young people participating in the TIA Trial and their carers	Interviews through a longitudinal study (LS)	LS Wave 1: December 2017 – January 2018. N=38 young people LS Wave 2: February – May 2019. N=36 (26 from the W1 sample)
	Case studies compiled from interviews as part of a longitudinal study	LS Wave 3: December 2019 - January 2020. N=8 young people (participated in W1 and W2) and 3 carers
	Quarterly individual activity reports	For six quarters covering the period January 2018 – June 2019
Youth Workers in the TIA Trial	Survey	Wave 1: June-July 2018. N=7 Wave 2: June-July 2019. N=9
	Focus group	Waves 1 and 2
WA DC Case Managers	Survey	Wave 1: June-July 2018. N=30 Wave 2: June-July 2019. N=23
	Interview	Waves 1 and 2
WA DC District Leaving Care Officers/Team	Interview and focus group	Waves 1 and 2
WA DC central office management staff	Focus group	Waves 1 and 2
Yorgum Aboriginal Corporation	Interview	Wave 2
DSS WA regional office staff	Interview	Wave 1
Service providers	Survey	Wave 1: June-July 2018. N=20
		Wave 2: July-August 2019. N=12
Local Implementation Groups (LIG)	Observation	Wave 1: Northern LIG Meeting
		Wave 2: Southern LIG Meeting

SOURCE: ACIL ALLEN CONSULTING 2020

2.3.2 Description of data collection

There were two waves of primary and secondary data collection, the first in 2018 and the second in 2019, with a third wave of data collection for the longitudinal research involving Trial participants, which commenced in December 2019. Further detail about elements of the evaluation data collection plan is provided below. This includes those approaches identified in Table 2.1 as well as additional information obtained through desktop review including a targeted literature review. Over the period of the evaluation, information was also obtained about comparator programs/trials being implemented by a number of states and territories. Capacity to remain connected to ongoing developments in the Trial was supported by representation at the regular meetings of the Trial oversighting body, the Project Management Group.

Stakeholder surveys

Surveys were conducted at two points in time to obtain the experiences and perspectives of TIA Trial Youth Workers, relevant WA DC Case Managers and Service Providers in the Trial sites. The first wave of surveys focused on implementation of the Trial and the second also sought feedback on the early impact of the Trial on young people and the accessibility of services. Survey tools were developed guided by the evaluation framework and with feedback from WA DC in relation to Case Managers. Invitation to participate in the surveys were provided to service providers included in the directory of service providers maintained by Wanslea and used by Youth Workers in the Trial, and to Case Managers with an involvement with Trial participants through WA DC and relevant district offices. Participation in surveys across the two waves of data collection is summarised in Table 2.2.

TABLE 2.2 TIA TRIAL WAVE 1 AND 2 SURVEY PARTICIPATION BY STAKEHOLDER CATEGORY

Stakeholder category	Number of invitations	Response rate
Youth Workers (Wanslea)	W1: 8	W1: 88% (7)
	W2: 9*	W2: 100% (9)
Case Managers (WA DC)	W1: 67	W1: 45% (30)
	W2: 60**	W2: 38% (23)
Service Providers	W1: 75	W1: 27% (20)
	W2: 62	W2: 19% (12)

Note: * 9 respondents included 8 Youth Workers and one co-ordinator also providing case management services. ** Approximation

SOURCE: ACIL ALLEN CONSULTING, 2019

Differences in response rates across waves may be associated with the decreased involvement of Case Managers as Trial participants turn 18, and loss of the history of the Trial among service providers with turnover of staff and the potential for Youth Workers to be associated with Wanslea's usual leaving care referrals rather than TIA Trial referrals. Preliminary contact with service providers in Wave 1 had also been more intensive because of the need to establish accurate contact details, which may have contributed to the higher response rate.

Stakeholder consultations

Consultations were undertaken in mid-2018 and mid-2019 to gather comprehensive qualitative information on stakeholders' experiences of Trial implementation and impact. Consultations occurred in Perth, on-site in WA DC and Wanslea offices, and either on-site or by telephone to access staff in WA DC regional offices.

Tailored discussion guides were used to support consultations and provided to participants prior to interview. This ensured that the consultation process was transparent and efficient. As for survey questionnaires, some changes were made to guides in Wave 2 to better reflect the impact evaluation phase and post care departmental arrangements for young people.

The evaluation also benefitted from participation in meetings of the Project Management Group, ongoing contact with Wanslea senior management team and occasional newsletters produced by Wanslea about progress of the Trial, especially in the early stages of the Trial.

Interviews with young people

A longitudinal, qualitative approach was deemed most appropriate to ensure the opinions and experiences of young people were gathered over the course of the Trial. This component of the evaluation was led by the Social Research Centre. The first wave of research provided an opportunity to talk with young people about their expectations and early experiences of the Trial and the second explored any outcomes or impacts of young people's participation and whether they were continuing to receive the support they required.

All young people in the Trial were invited to participate in the research. Recruitment of young people was facilitated by TIA Trial Youth Workers. In the second wave of research, young people who had not participated in the first wave of research were also contacted to account for sample attrition.

A third wave of research was specifically designed to provide case studies focusing on recruitment of participants involved in both the first and second waves of research who were undergoing significant transitions, such as moving home or moving into employment. Wave three interviews also included carers, subject to the agreement of the young person and the carer.

The sample composition for the three waves of research is summarised in Table 2.3.

TABLE 2.3 SAMPLE COMPOSITION FOR YOUNG PEOPLE AND CARERS BY RESEARCH WAVE

Participant	Wave 1	Wave 2	Wave 3
YOUNG PEOPLE			
Sample size	38	36*	8**
Age	16 & 17	17 & 18	18 & 19
Sex			
Male	23	20	4
Female	15	16	4
Cultural background			
Aboriginal and Torres Strait Islander	10	13	2
Withdrawn/non-active	NA	2	0***
CARER			
Sample size	NA	NA	3
Relationship to young person			
Biological relative	NA	NA	1
Formal carer	NA	NA	1
Foster carer	NA	NA	1

Note: * 26 from Wave 1. ** Participated in both Wave 1 and 2 interviews *** Trial status at time of interview variously described as Low (1), Low to Moderate (2), Moderate (1), Moderate to High (1) or High (3)

SOURCE: BASED ON DATA PROVIDED BY SOCIAL RESEARCH CENTRE 2018-2020

A summary of the longitudinal study is at Appendix B. The report includes comparison of results from an Outcome Star completed by participants across the first two waves of interviews and a summary of overall findings from the research about the impact of the Trial. These findings are incorporated into the body of this report as they provide insights into the impact of the Trial from the young person's perspective. Where case studies have been used, names and details of the participants have been changed.

Ethics approval for this research was granted through the Australian National University's Human Research Ethics Committee.

Individual Quarterly Activity Reports

Quarterly activity reporting by Youth Workers providing a summary of their interactions with TIA Trial participants in the preceding three months was used to gather information on the services and supports required and provided, referrals made and the extent to which participants' goals were achieved during the period. The quarterly reports form part of standard reporting on participants undertaken by Wanslea as part of its agreement with WA DC. Reporting to WA DC originally related to young people during their care phase but was extended to the life of the Trial irrespective of the age of the young person.

The quarterly report format changed after the first six months of reporting (January to June 2018) separating out the category of 'services/referrals' and incorporating assessment of achievement of goals under each of the life domains. Analysis in some instances has focused on reporting in the revised template representing the 12-month period July 2018 to June 2019, which aligns to Year 2 of implementation of the Trial.

De-identified and redacted quarterly reports were provided to the evaluation through WA DC. Table 2.4 summarises the time period covered by each quarter and the number of reports (corresponding to individual participants) received for each quarter. It also provides the reported number of active participants as at the end of the respective quarters (also see 'TIA Trial cohort data' description below).

TABLE 2.4 QUARTERLY REPORT PERIODS BY NUMBER OF REPORTS AND ACTIVE PARTICIPANTS JANUARY 2018 TO JUNE 2019

Quarter number	Period covered	Number of reports received*	Number of active participants
Quarter 1 **	January-March 2018	56	70
Quarter 2 **	April-June 2018	64	68
Quarter 3	July-September 2018	71	68
Quarter 4	October-December 2018	72	67
Quarter 5	January-March 2019	71	65
Quarter 6	April-June 2019	70	66

Note: * The number of reports does not match the number of active participants as Youth Workers may provide reports for non-active or withdrawn participants depending on when their change in status is deemed. ** Reports in Q1 and Q2 were less than the number of active participants as a small number of reports were not completed in time for quarterly submission

SOURCE: ACIL ALLEN CONSULTING 2019 BASED ON QUARTERLY AND COHORT TRIAL STATUS REPORTS COMPILED BY WANSLEA

No reports were available for the period between Trial commencement and 31 December 2017. In the early period of reporting, individual reports were also unavailable for early withdrawals from the Trial and for some young people whose reports were not submitted in time for inclusion in the reporting period.

Quarterly Report anomalies and assumptions

There were a number of reporting anomalies that have created limitations in the analysis and in some instances have required assumptions to be made. These limitations and assumptions include:

- Modifications to improve the quarterly report format mean that for some variables, comparison across the whole Trial period was not possible.
- A number of data recording practices were ambiguous, for example, a significant proportion of quarterly reports contained entries that were identical to previous reports. It was not always clear whether repeat entries indicated no change of status, or whether there had been no engagement with the Trial participant. For the purposes of this analysis, these repeat entries have been taken to mean that the goals, supports or referrals are ongoing, without regard for whether the participant did or did not engage during the period.
- While the fields for supports and referrals were separately categorised from Q3, a number of entries included the same information in both fields, suggesting that a referral to an external service provider

could also be considered to represent an activity provided by the Youth Worker. Where this occurs, the assumption has been made that both a service and referral has been provided.

TIA Trial cohort data

The evaluation used program administrative data that described the characteristics of TIA Trial participants on entry to the Trial. De-identified information on the cohort was made available to the evaluation by WA DC for participants in the TIA Trial as at the agreed commencement date of 1 November 2017 when the Trial was fully subscribed with 80 participants.

The cohort data summarised key characteristics and needs of TIA Trial participants, as originally reported in their referral forms on entry to the TIA Trial.

Occasional updates to accompany quarterly activity reports were also provided on the status of Trial participants, including whether they were active, non-active/case closed, or had withdrawn from the Trial. Of the original 80 participants, 15 were either non-active/case closed or had withdrawn from the Trial by June 2019. Two new participants were added in the early stages of the Trial, one of whom withdrew from the Trial by June 2019. This brought the total number of active Trial participants to 66 (including 65 of the original cohort of 80) by June 2019.

Cohort data was used to gain an understanding of the characteristics and needs of Trial participants upon entry to the program. Where possible, this information has informed consideration of individual quarterly reports to provide an assessment of progress and service/supports provided to different subgroups of participants.

Brokerage data

Brokerage data recorded by Wanslea and reported to WA DC, was used to examine expenditure across the life domains for TIA Trial participants. Brokerage expenditure data were available for eight quarters, spanning June 2017 to June 2019. In addition, brokerage spending was linked to the original cohort data provided by WA DC to enable brokerage payments to be considered by demographic categories (e.g. sex, age and Indigenous status) contributing to an assessment of the extent to which some participants might have benefited more than others from the Trial. A total of 1,271 individual payment records were successfully linked out of 1,770 records. Reasons for unlinked records included an incorrect recording of participant code (201 records), different participant identification number format used in the first two quarterly reports (156 records) and absence of a participant identification number (142 records).

The categorisation of brokerage data has become more granular over time, with a more detailed breakdown provided in the later reporting periods. In the first two quarters (June-September 2017 and October-December 2017), brokerage data were categorised in different ways and lacked an equivalent level of detail, which limited the ability to examine expenditure consistently with subsequent quarters. The notable aberrant higher proportion of brokerage expenditure in the 'Other' domain for these two quarters is a likely reflection of the initial limited categorisation of brokerage expenditure. Where appropriate, analysis has excluded expenditure in the first two quarters.

Service Provider progress reports to DSS

Under contractual arrangements with DSS, the funding body for the TIA Trial, the Service Provider, Wanslea, provides a series of regular reports against the Activity Work Plan for delivery of the TIA Trial. Document review for this report has been informed by reporting for April, July and August 2019 against the Activity Work Plan. Completed Quarterly Progress Report forms were also accessed for the period January-March 2019 and April-June 2019. The progress reports provide 'status updates' for key aspects of the Trial, such as workforce recruitment and training, participant involvement, referral pathways, reflective practice and any changes to the service delivery model. There is also opportunity to comment on best practices or success stories.

Literature review

A targeted literature review was undertaken as part of the process review component of the evaluation of the TIA Trial. The review explored newly applied research insights about effective interventions to support a successful transition from out-of-home care to adulthood and consolidated the existing evidence about effective strategies.

The literature review was revised and updated, as appropriate, in August 2019, one year after the initial literature review was finalised. The revised literature review focused on new publications made in the year prior. A summary of key aspects of the literature review is incorporated into this report to highlight the evidence base for good practice in this area.

Financial information

Income and expenditure data relating to grant funding for the TIA Trial was provided by Wanslea, for the establishment phase in 2016-17 through to the end of Year 2 (2018-19) of the three-year Trial. Income (budgeted) data only was available for the current third and final year (2019-20) of the Trial. Financial information includes the number of full-time equivalent staff delivering and supporting the Trial.

2.4 Limitations

It has not been possible to retrospectively access information through WA DC about a similar cohort of young people who would have been eligible for inclusion in the TIA Trial (as at mid-2017) because of the need for the young person's consent. This would have provided a useful point of comparison with the usual approach to supporting young people transitioning out of care especially in the environment of on-going reform within the sector. Some information is available from the usual leaving care program in Western Australia and from similar initiatives in Victoria and the Northern Territory. This enables comparison and contrasting of program features and performance within the extent of the data available and is discussed in Chapter 10 of this report.

In the absence of a comparator cohort, the economic analysis contained in Chapter 9 that estimates the costs and benefits of the Trial has drawn from the findings of the evaluation including the perspectives of Youth Workers and Case Managers about change associated with the Trial and from the literature researching outcomes for young people who have experienced care.



This chapter addresses the following evaluation research questions:

- *What new infrastructure has been developed for the TIA Trial?*
- *What program documentation is available to guide the Trial?*
- *What evidence is there of the development of local networks and referral pathways to facilitate Trial implementation?*

An outline is provided of the evidence for good practice in supporting young people leaving care to the extent that they frame the design of the TIA Trial. Key features of the TIA Trial service delivery model are identified along with a description of the resourcing and establishment of the Trial.

3.1 Current research and knowledge

A targeted literature review was undertaken in June 2018 as part of this evaluation. The review explored evidence about the nature of the challenge relating to life outcomes for young people leaving care and effective strategies for supporting a successful transition from out of home care to adulthood. The review built on a similar earlier review undertaken to inform the design of the TIA Trial. The literature review was revised and updated to investigate and incorporate any newly published research in August 2019. A summary of the key findings of the review is provided below as it describes the challenges, phases of transition and what works in supporting young people.

3.1.1 The challenge

Young people leaving out-of-home care are more likely to have poor life outcomes compared to their peers who were never in care. This includes higher rates of homelessness, mental illness, substance abuse, poor education and employment opportunities, greater exposure to the criminal justice system^{23,24} and early parenthood, with young parents more likely to need out-of-home care for their children.^{25,26,27,28,29,30,31,32}

Young people leaving care around the world face similar challenges and poor outcomes.^{33,34} They often have poorly developed social and emotional skills and do not trust authority. They are more likely to be developmentally immature and use anger and antisocial or aggressive behaviours. This can cause significant barriers as they transition to adulthood, including trouble developing social networks and engaging with support services.³⁵

Young people are more likely to face challenges transitioning to adulthood if they have experienced:^{36,37,38,39,40, 41}

- poor / unstable care or sudden / early exits from care⁴²
- significantly shorter time to transition to independence than young people who were never in care
- movement interstate after care or disengagement from the care system
- primarily crisis-driven support from care services, with not enough follow-up support from post-care and mainstream services
- difficulty accessing leaving care services due to low awareness of such services, or limited services available for those living in rural areas
- few services on offer due to poor funding compared with demand or limited staff time and expertise

²³ Mendes, P., Baidawi, S., & Snow, P. C. (2014). Young people transitioning from out-of-home care in Victoria: Strengthening support services for dual clients of child protection and youth justice. *Australian Social Work*, 67(1), 6-23.

²⁴ Australian Institute of Health and Welfare (2018). *Young people in child protection and under youth justice supervision: 1 July 2013 to 30 June 2017*. Data linkage series no. 24. Cat. no. CSI 26. Canberra: AIHW.

²⁵ Beauchamp, T. (2014). *Young people transitioning from out-of-home care to adulthood: Review of policy and program approaches in Australia and overseas*. NSW: Uniting Care, Uniting Care Children, Young People and Families.

The Child & Family Welfare Association of Australia (CAFWAA) (2007). *Call to Action for Australia's Children*. Sydney: CAFWAA.

²⁶ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

²⁷ Brännström, L., Forsman, H., Vinnerljung, B. & Almquist, Y. (2017). The truly disadvantaged? Midlife outcome dynamics of individuals with experiences of out-of-home care. *Child Abuse & Neglect*. 67. 408-418. 10.1016/j.chiabu.2016.11.009.

²⁸ Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 74-83.

²⁹ Maclean, M. J., Taylor, C. L., & O'Donnell, M. (2017). Relationship between out-of-home care placement history characteristics and educational achievement: a population level linked data study. *Child abuse & neglect*, 70, 146-159.

³⁰ Walsh, P., McHugh, M., Blunden, H. and Katz, I. (2018). *Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 6*. Sydney: NSW Department of Family and Community Services.

³¹ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

³² ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

³³ Jackson, S. & Cameron, C. (2012). Leaving care: Looking ahead and aiming higher. *Children and Youth Services Review*, 34(6), 1107-1114.

³⁴ Liabo, K., McKenna, C., Ingold, A., & Roberts, H. (2017). Leaving foster or residential care: a participatory study of care leavers' experiences of health and social care transitions. *Child: care, health and development*, 43(2), 182-191.

³⁵ Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

³⁶ Department of Social Services (2010). *Transitioning from out of home care to independence: A national priority under the National Framework for Protecting Australia's Children 2009 – 2020*. Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group.

³⁷ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

³⁸ Walsh, P., McHugh, M., Blunden, H. and Katz, I. (2018). *Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 6*. Sydney: NSW Department of Family and Community Services.

³⁹ Deloitte (2018). *Extending care to 21 years in New South Wales*. Sydney: Home Stretch Campaign NSW.

⁴⁰ Rome, S. H., & Raskin, M. (2019). Transitioning out of foster care: The first 12 months. *Youth & Society*, 51(4), 529-547.

⁴¹ Prince, D. M., Vidal, S., Okpych, N., & Connell, C. M. (2019). Effects of individual risk and state housing factors on adverse outcomes in a national sample of youth transitioning out of foster care. *Journal of adolescence*, 74, 33-44.

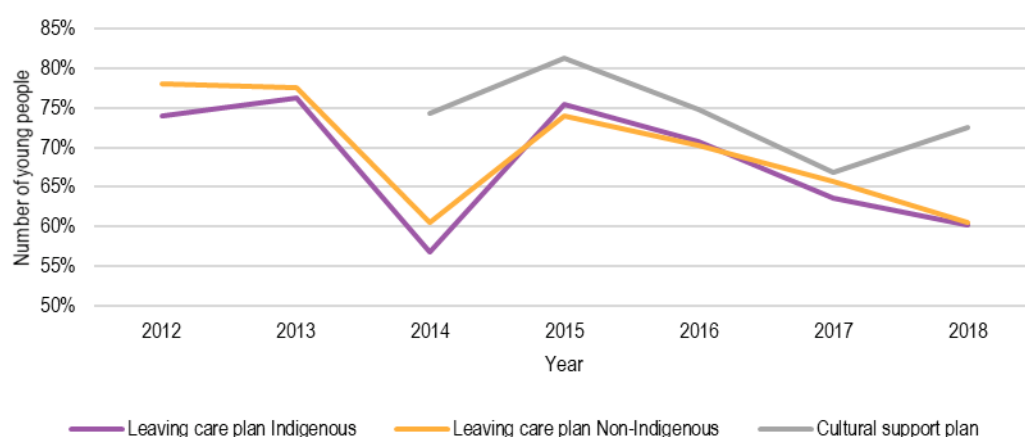
⁴² Mendes, P., Johnson, G., & Moslehuddin, B. (2011b). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.

Young people are more likely to face challenges transitioning to adulthood if they have complex needs such as disabilities or mental health issues, or if they are from Aboriginal and Torres Strait Islander backgrounds or live in rural and remote areas.⁴³

The National Standards require that all young people have a transition from care plan from the age of 15 years. However:

- A 2013 review by the CREATE Foundation found that nationally (except WA), only a third of young people aged 15-18 years were aware of a transition plan developed for them.⁴⁴ - A 2018 follow up survey by CREATE five years later found that nationally (including WA) this awareness had decreased when almost one quarter of respondents 15-18 years reported being aware of having a transition plan. While that number increased to 40 per cent for respondents 17-18 years, there was significant variation across states and territories
- A 2019 report on the *Beyond 18 Longitudinal Study on Leaving Care*⁴⁵ showed that in Victoria, caseworkers often deferred transition planning to prioritise immediate needs, such as housing. As such, only 46 per cent of young people knew if they had a transition plan and 53 per cent of young people did not have access to leaving care services.
- Results of AIHW reports on indicators listed under the National Framework and the National Standards for Out-of-Home Care (NOOHCS)⁴⁶ included that:
 - Over the period 2012 to 2018, the number of Indigenous and non-Indigenous young people with a leaving care plan is similar, and has decreased in years to 60 and 61 per cent respectively (see Figure 3.1). Further, the number of young people with a cultural support plan decreased from 2015 to 2017, before increasing to 73 per cent in 2018.

FIGURE 3.1 YOUNG PEOPLE 15 YEARS AND OVER IN CARE WHO HAVE A CURRENT AND APPROVED LEAVING CARE PLAN BY INDIGENOUS STATUS 2012-18, AND INDIGENOUS CHILDREN 0-17 YEARS WHO HAVE A CULTURAL SUPPORT PLAN 2014-2018



Note: refers to the National Framework for Protecting Australia's Children Indicators:

4.6: Young people aged 15 years and over) who have a current and approved leaving care plan at 30 June, by Indigenous status and age, 2012-18. Graph refers to young people aged 15-17 years (also NOOHCS Indicator 13.1).

5.6: Indigenous children aged 0-17 in care with a current documented and approved cultural support plan at 30 June, 2014 to 2018 (also NOOHCS Indicator 10.1).

SOURCE: AIHW (2019). NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN INDICATORS. ACCESSED 4 MARCH 2019: <https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-standards-indicators>

- As shown in Figure 3.2, between 56 and 82 per cent of young people in out-of-home care aged 15-17 participating in the second national survey conducted by states and territories, consider that they have as much support as they need to prepare for adult life across the nine life domains.

⁴³ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

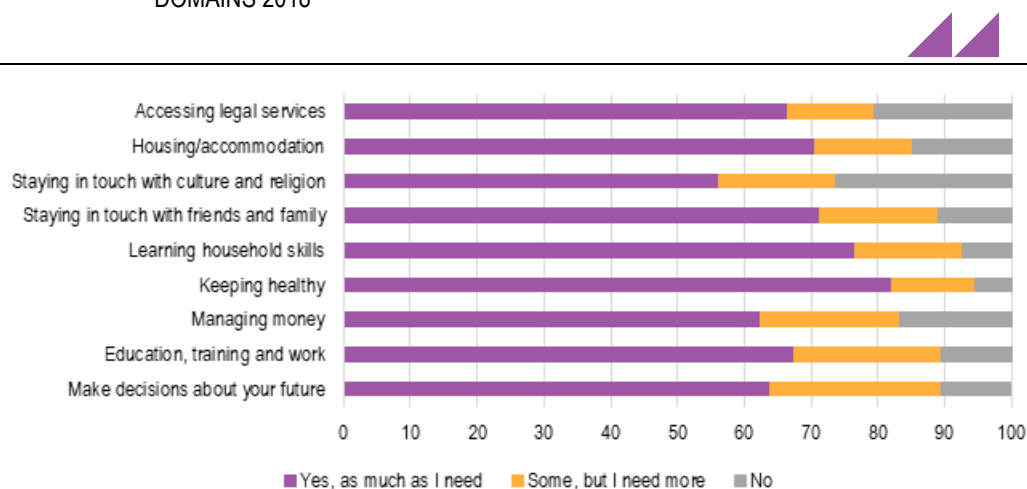
⁴⁴ McDowall, J.J. (2013). *A National Study Young Person Report Card*. Sydney: CREATE Foundation.

⁴⁵ Purtell, J., Muir, S., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 2 Research Report: Transitioning to post-care life*. Melbourne: Australian Institute of Family Studies.

⁴⁶ AIHW (2019). *National framework for protecting Australia's children indicators*. Accessed 4 March 2019: <https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-standards-indicators>.

Young people were least supported to stay in touch with culture and religion (56.2 per cent) and most supported to keep healthy (82 per cent). In general, Indigenous young people were more likely not to have adequate assistance to prepare, or to have some support, but need more.

FIGURE 3.2 YOUNG PEOPLE AGED 15-17 IN OUT-OF-HOME CARE WHO REPORT THEY ARE RECEIVING ADEQUATE ASSISTANCE TO PREPARE FOR ADULT LIFE BY LIFE DOMAINS 2018



Note: refers to the NOOHCS Indicator: Children aged 15-17 years in care who report they are receiving adequate assistance to prepare for adult life, by life domains, 2018.

SOURCE: AIHW (2019). NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN INDICATORS. ACCESSED 4 MARCH 2019: [HTTPS://WWW.AIHW.GOV.AU/REPORTS/CHILD-PROTECTION/NFPAC/CONTENTS/NATIONAL-STANDARDS-INDICATORS](https://www.aihw.gov.au/reports/child-protection/nfpac/contents/national-standards-indicators)

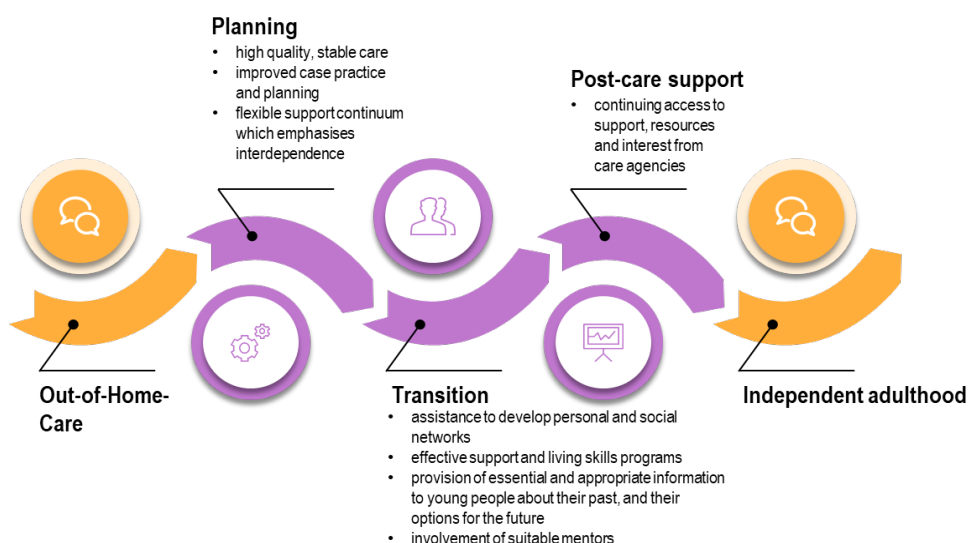
3.1.2 Support to transition to adulthood

Efforts to support a young person's transition to adulthood focus on three main phases (see Figure 3.3):^{47,48}

- The **planning / pre-transition** support phase should begin prior to a young person leaving care, at age 15. Planning should involve a youth worker providing access to information and supporting the development of a transition plan.
- The **transition** phase occurs when a young person physically leaves care, finds housing and financial independence and establishes themselves as adults.
- The **post-care** phase occurs when a young person has left care.

⁴⁷ McDowall, J. J. (2009). *CREATE report card 2009: Transitioning from care: Tracking progress*. Sydney: CREATE Foundation.

⁴⁸ Bedford, H. (2012). *Young people transitioning from out-of-home care: A nationally consistent approach to planning*. Canberra: Australian Government.

FIGURE 3.3 TRANSITION FROM OUT-OF-HOME CARE TO INDEPENDENCE

SOURCE: ACIL ALLEN CONSULTING 2020, BASED ON VARIOUS SOURCES

Support for those facing additional challenges

Young people with disabilities or mental health issues, those from Aboriginal and Torres Strait Islander backgrounds and those living in rural and remote areas face additional difficulties transitioning from care.⁴⁹ For example, in relation to multiple and complex needs, young people with mental health issues and disabilities often have poorer short and long-term outcomes, particularly for housing and mental health.

Aboriginal and Torres Strait Islander young people are over-represented in out of home care and have poorer access to transition services and less stable care placements,⁵⁰ due to the lack of culturally appropriate services and care workers, and the challenge of delivering services in remote areas.⁵¹ The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) establishes five core elements that promote the rights and wellbeing of Aboriginal and Torres Strait Islander children and young people, their families and communities: prevention; partnership; placement; participation; and connection. The ATSICPP focuses on strengthening the connectivity between child protection systems and services to improve outcomes. Although the ATSICPP does not make specific provisions for transitioning from out of home care, elements of the ATSICPP can be applied to transition policies. This includes ensuring that Aboriginal and Torres Strait Islander young peoples' community connection needs are supported and leaving care programs involve partnership with the Aboriginal and Torres Strait Islander community and community-controlled organisations.⁵²

⁴⁹ CFCA (2016). *Paper No. 41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

⁵⁰ Kalinin., D, Gilroy., J, Pinckham., S (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. Sydney: Macquarie University and The University of Sydney.

⁵¹ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. Canberra: ACT Community Services.

⁵² Ibid

3.1.3 What works in supporting young people

A review of programs / initiatives supporting young people to transition from out of home care to adulthood identifies key support features needed for programs / initiatives to successfully support young people. These are detailed below according to the three transition support phases.^{53,54,55}

Planning/pre-transition support phase

For the planning phase to be successful:

- A comprehensive assessment of the young person's individual needs should be conducted, and all subsequent support tailored to meet these needs.
- Young people should be engaged early and play a central role in preparing a high-quality personal transition plan.⁵⁶ This process should be governed by caseworkers who empower young people to be an active and informed participant in their transition. The plan should focus on:
 - equipping the young person with extra skills
 - detailing the approach the young person should take to develop support networks
 - linking them to services that can assist with financial support, education and training, employment, housing and social support.
- It should be thorough, flexible and high-quality.⁵⁷ Services that offer flexible timing, location, type and number of interactions may foster greater connection with young people,⁵⁸ for example, services that allow participants to use 'drop-in' facilities rather than scheduling appointments, or that offer the opportunity to meet in the young person's environment (such as a park or café). Care workers who "go the extra mile" are critical in supporting young people's development.⁵⁹
- Young people should be in stable placements with high quality care.⁶⁰
- It should include emotional support and focus on a young person's developmental readiness.⁶¹

Transition phase

For the transition phase to be successful:^{62,63}

- Young people should develop strong relationships with their support workers, and with other positive adult role models in their community to build trust and gain access to support services.^{64,65,66} These

⁵³ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group. *Transitioning from out of home care to independence A national priority under the National Framework for Protecting Australia's Children 2009 – 2020*. Canberra: Australian Government.

⁵⁴ Mendes, P., Johnson, G., & Moslehuddin, B. (2011b). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.

CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

⁵⁵ Beauchamp, T. (2014) *Young people transitioning from out-of-home care to adulthood: review of policy and program approaches in Australia and overseas*. Sydney: UnitingCare.

⁵⁶ McDowall, J.J. (2010). *Chapter 2: Making Sense of Leaving Care Issues Experiences of Homelessness by Care Leavers in Australia*. Sydney: CREATE Foundation.

⁵⁷ Mendes, P., Johnson, G., & Moslehuddin, B. (2011b). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.

CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

⁵⁸ Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

⁵⁹ Liabo, K., McKenna, C., Ingold, A., & Roberts, H. (2017). Leaving foster or residential care: a participatory study of care leavers' experiences of health and social care transitions. *Child: care, health and development*, 43(2), 182-191.

⁶⁰ Mendes, P., Baidawi, S and Snow, P (2014). Young People Transitioning from Out-of-Home Care: A Critical Analysis of Leaving Care Policy, Legislation and Housing Support in the Australian State of Victoria. *Child Abuse Review* 23(6) 402-414 at 404.

⁶¹ AIFS (2016) at 11, 14; citing Mendes, P., Johnson, G., & Moslehuddin, B. (2011). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.

⁶² Beauchamp, T. (2014) *Young people transitioning from out-of-home care to adulthood: review of policy and program approaches in Australia and overseas*. Sydney: UnitingCare.

⁶³ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

⁶⁴ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

⁶⁵ Skobba, K., Meyers, D., & Tiller, L. (2018). Getting by and getting ahead: Social capital and transition to college among homeless and foster youth. *Children and Youth Services Review*, 94, 198-206.

⁶⁶ Spencer, R., Drew, A. L., Gowdy, G., & Horn, J. P. (2018). A positive guiding hand: A qualitative examination of youth-initiated mentoring and the promotion of interdependence among foster care youth. *Children and Youth Services Review*, 93, 41-50.

networks are important for maintaining the social, practical, emotional and financial support that most young people receive until their early twenties.⁶⁷

- Care and support should be person-centred and emphasise both the young persons' independence and their need to develop meaningful relationships that will support them to build their capability and capacity during their transition to adulthood.⁶⁸
- Skill development and capacity building should be practical and specific.⁶⁹
- It should be a gradual and adaptable process that meets individual need.⁷⁰ This means providing support that reflects the emotional and developmental readiness of the young person rather than their numerical age.⁷¹

Post-care support phase

For the post-care phase to be successful:

- Services need to connect young people with the broader community, including referral to relevant community and financial services.
- Young people should be provided with extended, flexible and high-quality support after a young person leaves care to create stability and access to required services. This includes ongoing mental health support and assistance with social and emotional development.⁷² The level of care provided should depend on the individual's emotional and developmental readiness.
- Young people should have the option to remain in care until 21 years of age and have ongoing access to support services up to 25 years of age.^{73,74} This ongoing support is even more important for young people who have an Aboriginal and Torres Strait Islander background or are experiencing complex issues such as disability, mental health issues.⁷⁵

Support for young people with complex needs

Evidence suggests that young people with complex needs would benefit from longer duration, more comprehensive support, including coordination with specialist, highly trained care workers and adult disability services.^{76,77}

Support for Aboriginal and Torres Strait Islander young people

To foster better outcomes for Aboriginal and Torres Strait Islander young people transitioning from out of home care, support should focus on strengthening the connectivity between the young person and their community, consistent with the ATSICPP. As such:⁷⁸

- There should be a requirement for Aboriginal and Torres Strait Islander community members to play a role in transition decision making, planning and support. This would ensure the availability of culturally appropriate support and active engagement of the community in caring for young people.

⁶⁷ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2010). *Transitioning from out of home care to independence A national priority under the National Framework for Protecting Australia's Children 2009 – 2020*. Canberra: Australian Government.

⁶⁸ Whyte, I. (2011). *'Just Beginnings' The report of Berry Street's Leaving Care Scoping Project*. Melbourne: Berry Street.

⁶⁹ Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

⁷⁰ Beauchamp, T. (2014); Mendez et al (2014); AIFS (2016) citing Stein M (2012) *Young People Leaving Care: Supporting Pathways to Adulthood*. London: Jessica Kingsley Publisher.

⁷¹ Mendes, P. (2007). *When leaving home means being abandoned*. Centre for Policy Development. Retrieved from <http://cpd.org.au/article/when-leaving-home-means-beingabandoned>.

⁷² Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

⁷³ Beauchamp, T. (2014); AIFS (2016).

⁷⁴ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. Canberra: ACT Community Services.

⁷⁵ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

⁷⁶ Mendes, P., & Snow, P. (2014). The needs and experiences of young people with a disability transitioning from out-of-home care: The views of practitioners in Victoria, Australia. *Children and Youth Services Review*, 36, 115-123.

⁷⁷ Lee, J. S., & Ballew, K. M. (2018). Independent living services, adjudication status, and the social exclusion of foster youth aging out of care in the United States. *Journal of Youth Studies*, 21(7), 940-957.

⁷⁸ Baidawi, S., Mendes, P. and Saunders, B.J. (2016). *The complexities of cultural support planning for Indigenous children in and leaving out-of-home care: the views of service providers in Victoria, Australia*. Melbourne: Monash University.

- Culturally appropriate support services for post-care support are needed for Aboriginal and Torres Strait Islander young people. This may focus on improving connections to family, community and country following leaving out of home care.⁷⁹
- Aboriginal Community Controlled Organisations (ACCOs) should be given additional resources to continue their important role in ensuring culturally appropriate transition planning, and therefore improved outcomes for Aboriginal and Torres Strait Islander young people.
- Staff at mainstream services should undergo cultural awareness and cultural competency training to be better equipped to support Aboriginal and Torres Strait Islander young people to connect with culture and community.

3.2 Features of the TIA Trial model

Key features of the TIA Trial model are:⁸⁰

- Personal Advisers (referred to as Youth Workers) – who support participant engagement with employment, education and/or training over the three-year period during their time in care and on transitioning to independent living
- Reflective practice – that engages Youth Workers and participants in the ongoing development of responsive and innovative service delivery approaches
- Access to services – through the establishment of priority access referral pathways for state and Commonwealth funded support services, such as housing, health and training programs.

In addition, an online resources component (a phone app, Sortli, and a dedicated webpage on the DSS website) was designed to provide TIA Trial participants with additional pathways for information, resources and support during the Trial.

The Trial model address the eight life domains identified for good practice in supporting the transition of young people from out-of-home care with a particular focus on education, training and employment. The life domains reflect the holistic approach required to effectively address the transition needs of the young person and cover:⁸¹

- Housing/accommodation
- Health (physical and emotional)
- Education and training, employment or other suitable activity
- Financial security
- Social relationships and support networks
- Life and after care skills
- Identity and culture
- Legal matters.

The service delivery model sets out the eligibility criteria for participation in the Trial (see section 1.2) with the expectation that the Trial would be available to all eligible young people including Aboriginal and Torres Strait Islander young people, young parents and carers, young people with a disability and those with a history of contact with the juvenile justice service.

3.3 Resourcing of the TIA Trial

The TIA Trial includes the establishment of a supporting infrastructure through the allocation of resources (human and financial), formalisation of partnerships between key agencies, implementation of a governance structure, and the development of supporting documentation to guide practice.

⁷⁹ Kalinin, D, Gilroy, J, Pinckham, S (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. Sydney: Macquarie University and The University of Sydney.

⁸⁰ Towards Independent Adulthood Trial – Service Delivery Model 2017-2020. National Framework for Protecting Australia's Children. Third Action Plan 2015-2018 – Strategy 2 – Signature Action 2.1.2. DSS (Working Paper)

⁸¹ Supporting young people transitioning from Out-of-Home Care to independence in Australia: good practice. Commonwealth Government, 2011/12.

An amount of \$2.6 million has been awarded to Wanslea to deliver the TIA Trial. Contractual reporting to DSS associated with Wanslea's use of these funds for the purposes of implementing the Trial, involves submission of activity work plans, progress reports, early service stocktake reports and an annual financial acquittal.

In addition to in-kind project support, additional funding has been provided to Wanslea by WA DC for brokerage to support participant activity for the period of the TIA Trial. This is estimated at \$500 per participant annually, and takes into account the step up and step down phases of the Trial and other supports that can be brokered at the discretion of WA DC. The grant agreement for brokerage funds is supported by brokerage funding guidelines. In addition to existing WA DC case support costs and post care supports up to the age of 25 years, other usual avenues of financial support include Commonwealth payments and allowances, notably the Transition to Independent Living Allowance, and state funded programs and initiatives.

Implementation of the TIA Trial is managed through a collaboration between DSS and WA DC, formerly the Department for Child Protection and Family Support. The TIA Trial model is being tested in Western Australia and delivered by Wanslea Family Services (Wanslea – the Service Provider) working with Yorgum Aboriginal Corporation to ensure culturally appropriate responses to the needs of Aboriginal and/or Torres Strait Islander young people participating in the Trial. It was estimated that Aboriginal young people would make up 30 per cent of the participant cohort.

The eight Youth Workers, including Indigenous Youth Workers, to provide intensive support to a cohort of 80 TIA Trial participants are managed by Wanslea and work in collaboration with the existing WA DC Case Managers for TIA Trial participants. Once a young person is 18 years of age and is discharged from care, support continues to be available from WA DC up to the age of 25 years. For the young people participating in the Trial who have been discharged from care, Wanslea works in consultation with the leaving care contact in the relevant WA DC District Office. Each Youth Worker is responsible for a caseload of 10 trial participants. Youth Workers are able to identify their ongoing training needs and they are actively involved in the reflective practice component of the TIA Trial, which is being delivered and reviewed by Wanslea.

Partnerships with service providers, or local networks, were to be established to support Youth Workers when delivering services to young people by developing referral pathways to relevant Commonwealth and state government and other local services. These partnerships, which operate primarily at the TIA Trial catchment area level, have been established progressively.

Documentation to guide operation of the Trial included the TIA Trial Practice Guidelines (June 2017) intended as a guide for WA DC Case Managers to support their work with Youth Workers and Towards Independent Adulthood Trial Participation Guidelines (finalised in December 2018). The latter guidelines are designed to provide guidance to Youth Workers on how to manage participants throughout the Trial with the objective of keeping participants engaged for the duration of the Trial. Documentation for the Trial has been developed collaboratively by DSS and WA DC with input from Wanslea on the Participation Guidelines.

Governance arrangements for the Trial were established to provide local, state-wide and national representation through Local Implementation Groups (LIG - in the North and South catchment areas), a Project Management Group (PMG) and a pathway through DSS and WA DC to national forums responsible for wider actions to give effect to the National Framework.

The Community Services Ministers and the Children and Families Secretaries (CAFS) group oversee the *Fourth Action Plan* under the National Framework, and the National Forum for Protecting Australia's Children and the Aboriginal and Torres Strait Islander Working Group are the main advisory bodies on the *Fourth Action Plan*. A number of government officials working groups sit under CAFS to deliver activities of the *Fourth Action Plan*. DSS reports to the Australian Government on the TIA Trial as requested.

3.4 Establishment of the TIA Trial

Recruitment of TIA Trial participants occurred through referrals to Wanslea by Case Managers in WA DC and other recruitment sources. The eligibility criteria for participation in the Trial, which largely followed that set out on the service delivery model, required the young person to:

- be subject to a protection order (until the age of 18)
- be aged between 16 and 17 years at 30 June 2017 (i.e. born between 1 July 2000 and 30 June 2001)
- reside in the metropolitan area or within 300 kilometres from Perth close to Bunbury, Northam and Mandurah⁸².

The recruitment process commenced in 2017, in line with the intended commencement of the TIA Trial in July 2017. Challenges in achieving the target cohort size of 80 participants resulted in completion of recruitment by end October 2017. There was a high degree of consistency between characteristics of the Trial participants and the wider pool of eligible young people in care, with over 50 per cent of the Trial cohort expected to require assistance across multiple life domains. This analysis is detailed in Chapters 4 and 5.

3.5 Discussion

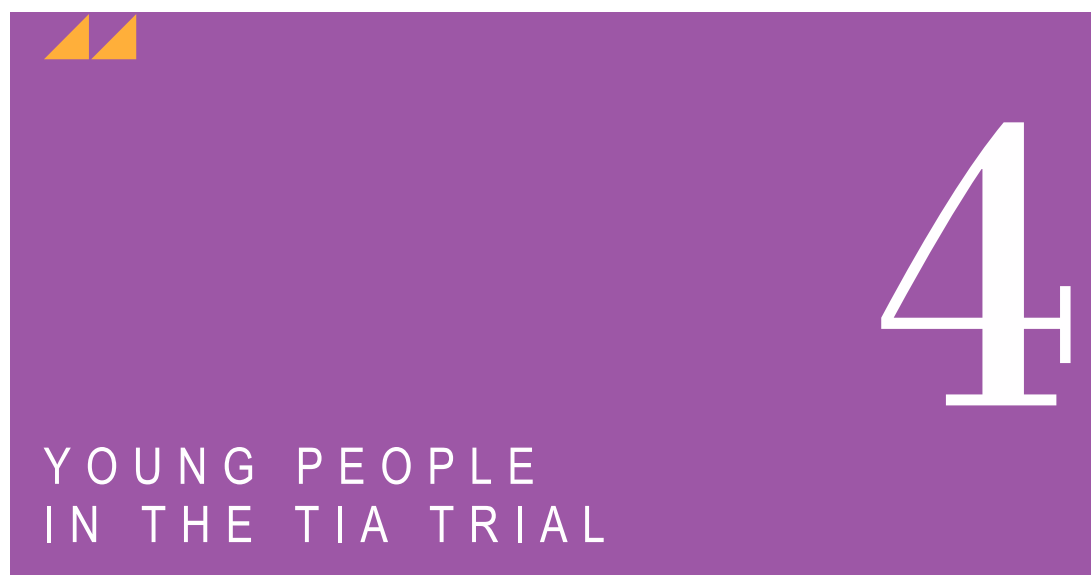
The TIA Trial service delivery model draws from the evidence of good practice in supporting young people to transition from out-of-home care to independent adulthood. Feedback in 2018 from a national sample of young people in care suggests that further work is needed to ensure that young people are engaged in decisions about their future and that plans are in place to tailor support to individuals to transition to independence. The evidence supported a strong relationship between the young person and their support worker, which was considered important to building trust and access to services that aligned to their emotional and developmental readiness.

Key features of the TIA Trial include dedicated Youth Workers able to work consistently with young people to identify their needs across the life domains to support transition outcomes. The Youth Worker would bring a close knowledge of local supports and services and facilitate access through advocacy and innovation.

The TIA Trial is underpinned by a number of agreements that establish the roles and responsibilities of DSS, WA DC and Wanslea as key parties to the implementation of the Trial. DSS and WA DC have collaborated to document guidance on delivery of the model. Local and overarching governance arrangements support the implementation and ongoing development of the Trial through the combined and separate efforts of DSS, WA DC and Wanslea in collaboration with local service providers.

Recruitment to the TIA Trial was consistent with model eligibility criteria but widened age of entry from 16 years to between 16 and 17 years. Recruitment was largely through WA DC Case Managers resulting in the Trial being fully subscribed with 80 consenting young people by end October 2017. Approaching young people to potentially extend their involvement with child protection, to convey a sufficient understanding of the community-based nature of the initiative and to accept another worker in their lives required time. However, although there had been challenges in recruiting to the Trial, the cohort of young people entering the Trial were representative of all those who would have met the eligibility criteria and were considered to have a range of needs across the life domains.

⁸² Bunbury, Northam and Mandurah are located in the South West, Wheatbelt and Peel districts in the country areas of WA respectively, and are locations where WA DC has offices.



This chapter addresses the following research questions from the evaluation framework:

- *Have eligible young people consented to engage in the Trial?*
- *To what extent does the Trial cohort represent a cross-section of eligible young people in out-of-home care?*
- *Have there been withdrawals from the Trial?*

The chapter considers the characteristics and representativeness of young people in the TIA Trial. It focuses on the recruitment of young people into the TIA Trial and follows the journey of participants over the time period examined by the evaluation. Changes in the cohort of Trial participants are examined, as young people may have disengaged and/or formally withdrawn from the Trial over time.

4.1 Recruitment and retention

According to Child Protection Australia 2015-16, there were a total of 5,138 children on care and protection orders in WA as at 30 June 2017. Of these children, 53.8 per cent identified as Aboriginal. Based on the eligibility criteria for the TIA Trial, WA DC advised that there were 166 young people eligible for the Trial from the target catchment areas, of whom 38.6 per cent identified as Aboriginal and/or Torres Strait Islander. This compares to 198 young people state-wide who met the eligibility criteria including 44.9 per cent who were Aboriginal and/or Torres Strait Islander young persons.

4.1.1 Representation of the participant cohort

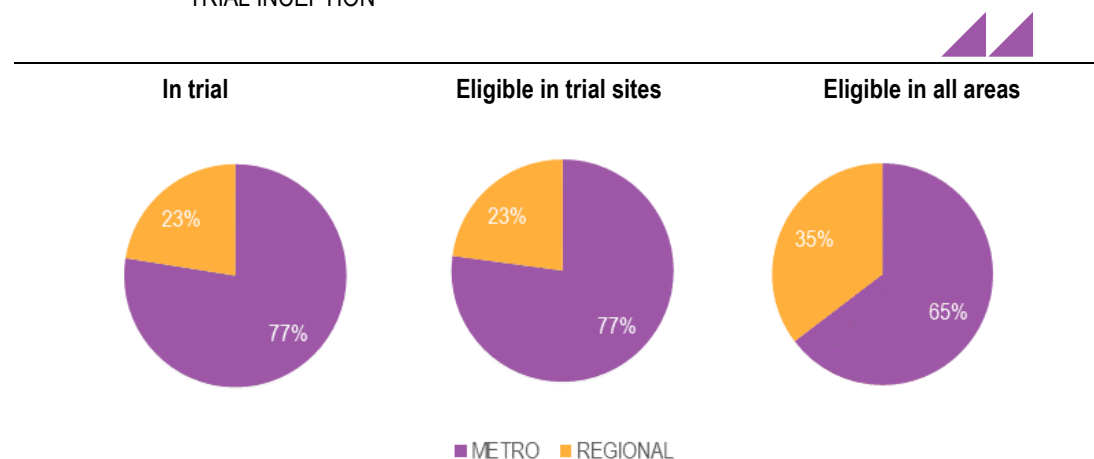
Analysis was undertaken to determine the extent to which the TIA Trial cohort approximated a cross section of the population of eligible young people in out-of-home care in Western Australia. This analysis considered characteristics such as location of the young person, their age, sex, Aboriginal status, cultural and linguistic diversity, and out-of-home care placement type.

Based on the Trial eligibility criteria, WA DC identified 198 young people (the 'target cohort') in the state as at 6 October 2017 who met the first two eligibility criteria (age and protection order status). Of these, 166 young people (84 per cent) met the third criteria of residing within the TIA Trial catchment areas. The finalised entry cohort of 80 young people at November 2017 represented 48 per cent of the 166 eligible young people and 40 per cent of the state-wide target cohort of 198 young people.

Location

Figure 4.1 shows the distribution of young people eligible for the Trial in metropolitan and regional locations by cohort. Across Western Australia, 65 per cent of eligible young people were located in metropolitan areas, and 35 per cent in regional locations. In the Trial catchment areas, a higher proportion of eligible young people were in metropolitan areas (77 per cent). The metropolitan-regional split for participants at the start of the Trial reflected the distribution found in eligible Trial sites.

FIGURE 4.1 METROPOLITAN-REGIONAL SPLIT FOR TIA TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION



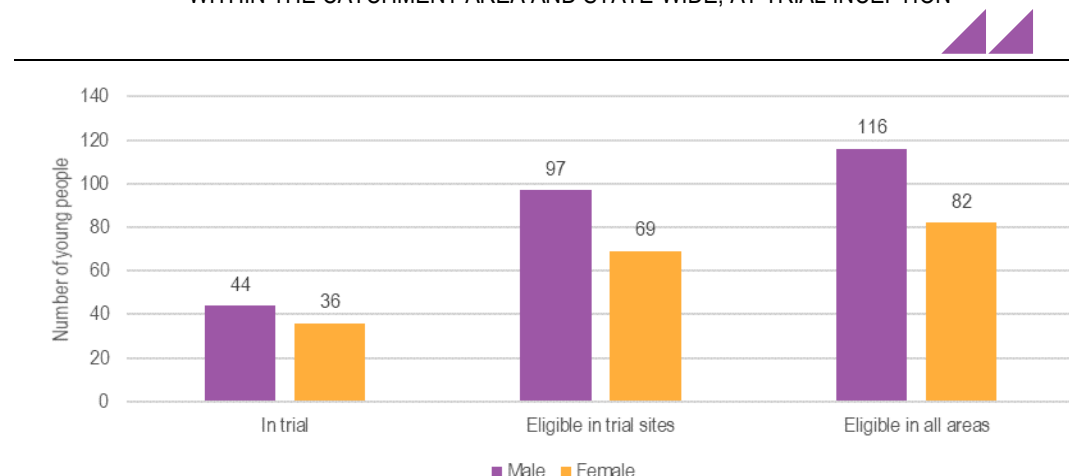
Note: Total eligible participants state-wide = 198, in trial sites = 166, in trial = 80.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Sex

A slightly larger number of males than females formed the Trial inception cohort. This is consistent with the proportion of males and females among eligible young persons across Trial catchment areas and in Western Australia more broadly (see Figure 4.2).

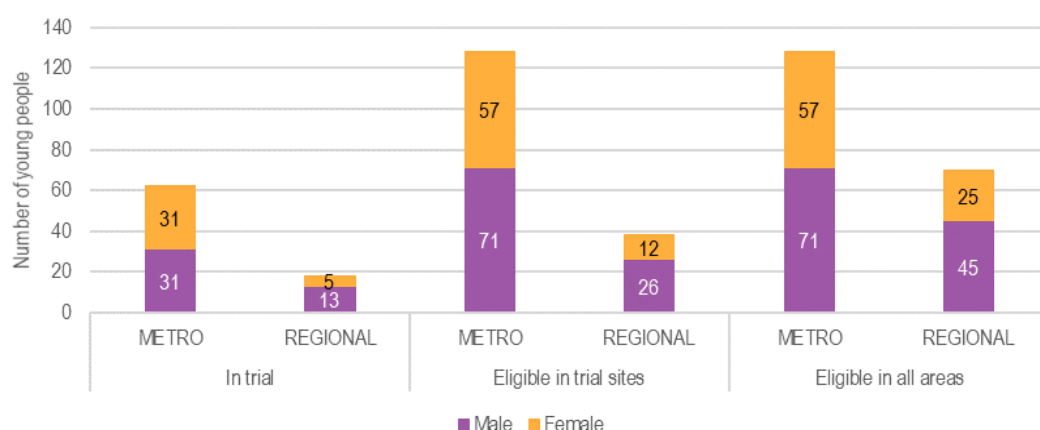
FIGURE 4.2 SEX SPLIT FOR TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018

Considering male and female representation within metropolitan and regional sites, as shown in Figure 4.3, there were equal numbers of males and females participating in the Trial in metropolitan areas. More males than females participated in regional locations. However, across the Trial catchment areas, there were a higher number of eligible males than females in both metropolitan and regional locations. This was also true for eligible young people in Western Australia more broadly.

FIGURE 4.3 SEX AND REMOTENESS SPLIT FOR TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION

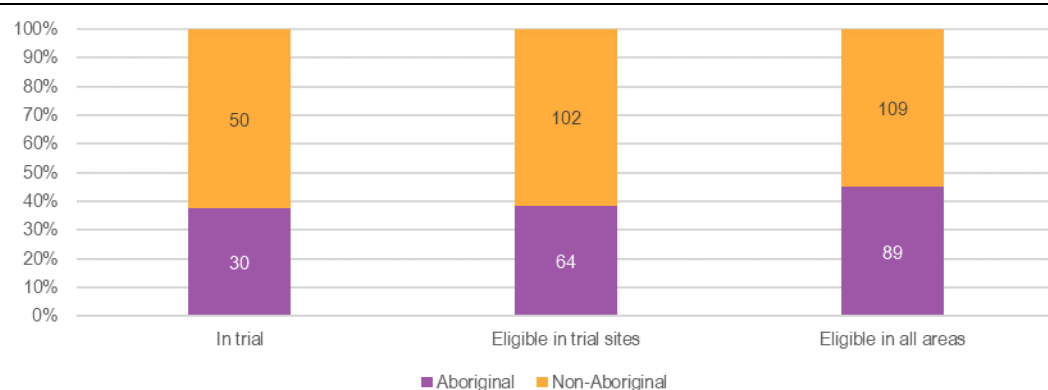


SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Aboriginal status

Analysis was undertaken of the initial TIA Trial cohort to determine representativeness with respect to Aboriginal status, given the overrepresentation of Aboriginal children and young people on care and child protection orders. As shown in Figure 4.4, within the initial Trial cohort, 38 per cent of young people identified as Aboriginal. Among all eligible young people in Trial catchment areas, 39 per cent were Aboriginal. Across all eligible young people in Western Australia, 45 per cent were Aboriginal. This indicates that Aboriginal young people are well represented in the TIA Trial as the Trial participants' distribution by Aboriginal status is similar to that of all eligible young people in the Trial catchment areas.

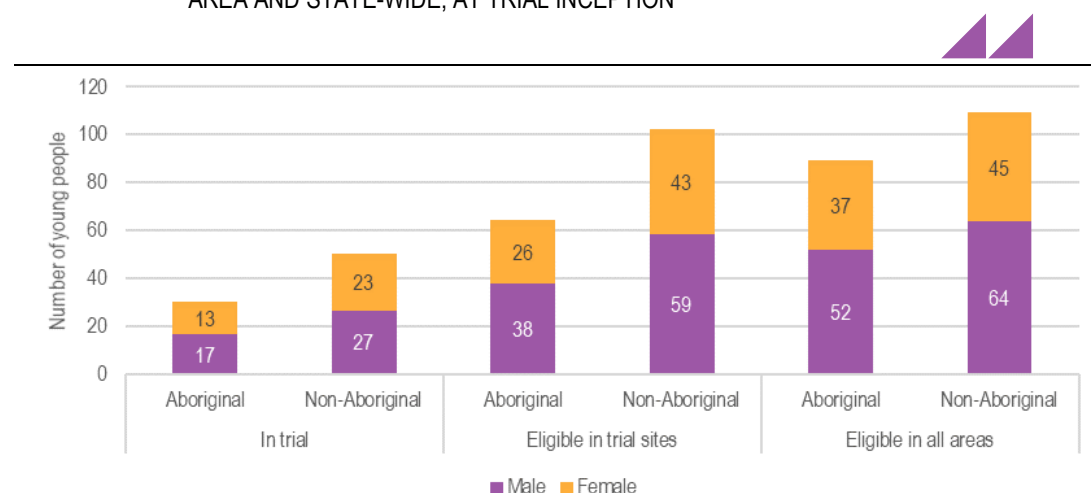
FIGURE 4.4 DISTRIBUTION OF YOUNG PEOPLE BY ABORIGINAL STATUS AMONG TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Given the slightly higher proportion of eligible males than females in Trial sites, among both Aboriginal and non-Aboriginal young people, it appears that the initial cohort slightly over represents Aboriginal and non-Aboriginal females (see Figure 4.5). This may have been due to a preference for gender balance in the TIA Trial. Consequently, while exactly half of the young Aboriginal females in Trial sites were involved in the Trial, 45 per cent of young Aboriginal males in Trial sites were involved.

FIGURE 4.5 NUMBER OF YOUNG PEOPLE BY ABORIGINAL STATUS AND SEX AMONG TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION

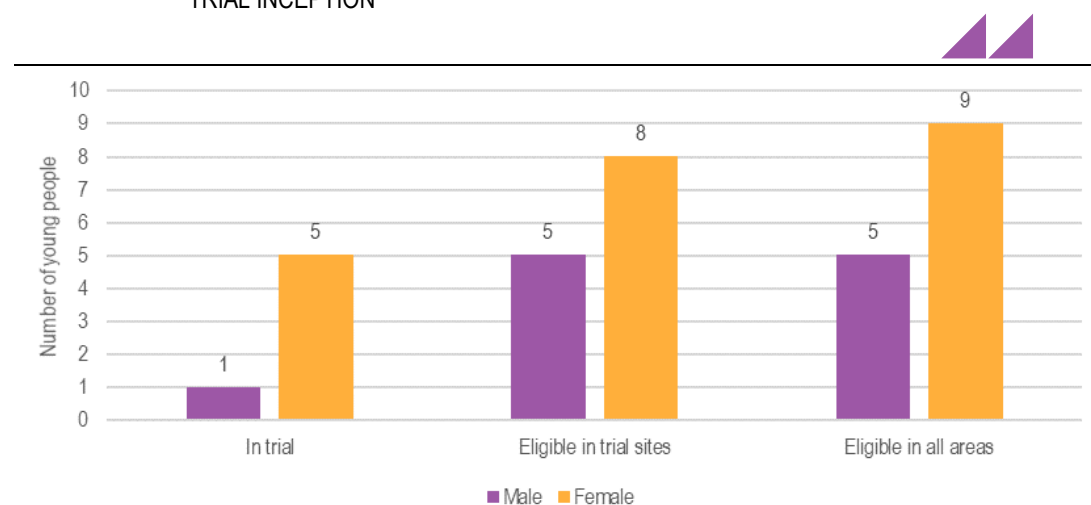


SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Cultural and linguistic diversity (CALD)

Figure 4.6 shows the number of young people from culturally and linguistically diverse (CALD) backgrounds among Trial participants and eligible young people. There were a total of 14 CALD young people who met the eligibility criteria for the Trial relating to age and protection order status in Western Australia. Of these, 13 eligible young people were located in the Trial catchment areas. Six of these 13 young people were recruited to the Trial. Across all cohorts, there were more CALD females than males. In the initial TIA Trial cohort, there was greater representation of CALD females than CALD males.

FIGURE 4.6 NUMBER OF CALD YOUNG PEOPLE AMONG TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION

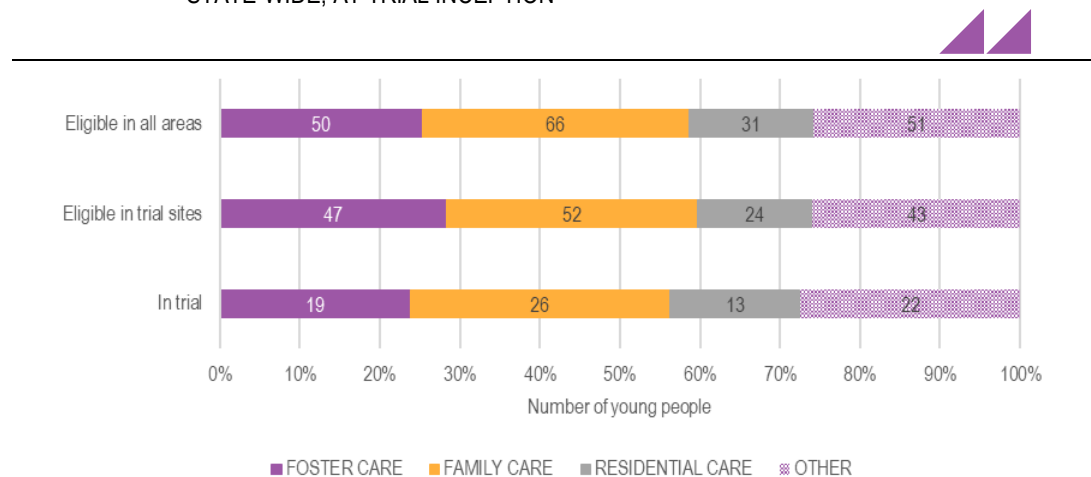


SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Placement type

The TIA Trial initial cohort was found to be relatively representative of the distribution by placement type of eligible young people in catchment areas, and the target cohort across Western Australia, as shown in Figure 4.7. Just over half of the cohort were in family care and foster care.

FIGURE 4.7 NUMBER OF YOUNG PEOPLE BY PLACEMENT TYPE AMONG TRIAL PARTICIPANTS COMPARED TO ELIGIBLE YOUNG PEOPLE WITHIN THE CATCHMENT AREA AND STATE-WIDE, AT TRIAL INCEPTION



Note: 'Other' includes independent living, with parent/s, and other unspecified types of placement

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

4.1.2 Characteristics of the Trial cohort

This section describes the within-Trial demographics of the initial cohort. It provides additional detail on the location of young people in the TIA Trial, as well as more detailed information on their placement type and history (as a proxy for complexity), age, and needs as provided in their referral forms on entry to the TIA Trial.

Geographic distribution

More than three quarters of the original 80 participants in the TIA Trial were located in metropolitan Perth (see Figure 4.1). Among the remaining participants, eight were located in Peel and seven were located in South Western. The smallest number of participants were located in the Wheatbelt (three participants). Participants from regional areas made up less than a quarter of the initial cohort.

Placement type

Almost a third of Trial participants were in family care (32 per cent), followed by foster care (24 per cent) and residential care (16 per cent) (see Figure 4.7). Trial participants in independent living and those living with their parents made up eight and four per cent of the cohort respectively. The remaining 16 per cent of Trial participants were in a mix of placements including 'unendorsed' living arrangements, in detention, or in unknown locations⁸³.

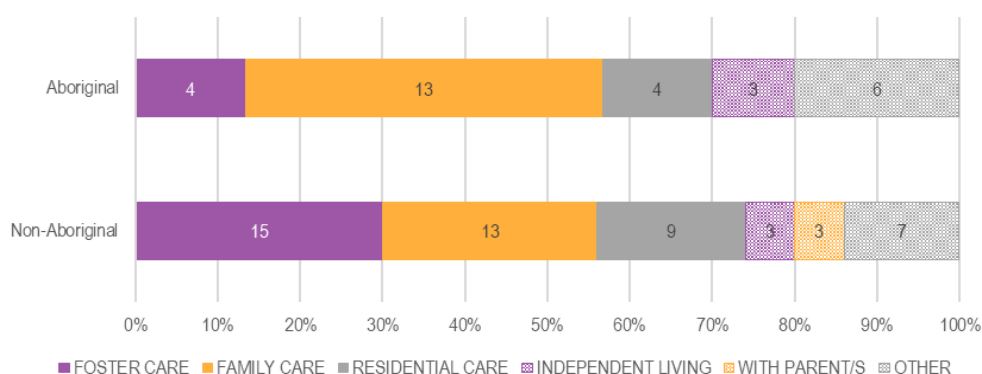
In regional areas, Trial participants in foster and family care constitute a larger proportion of the cohort than in metropolitan areas. All Trial participants that are placed with their parents or living independently are in metropolitan locations.

Distribution of care type among Aboriginal and non-Aboriginal young people in the initial TIA Trial cohort is shown in Figure 4.8. The proportion of young people who were placed in family care was much higher among Aboriginal participants than non-Aboriginal participants in the initial TIA Trial cohort (43 per cent as compared to 26 per cent). Conversely the proportion of Trial participants who

⁸³ An unendorsed living arrangement is where a young person in the CEO's care self-selects to live with a person or people who have not been assessed or approved by the Department as a carer, which may include a parent, other family member or friend.

are non-Aboriginal and placed in foster or residential care is higher than Trial participants who are Aboriginal.

FIGURE 4.8 PLACEMENT TYPE AMONG TRIAL PARTICIPANTS BY ABORIGINAL STATUS, AT TRIAL INCEPTION



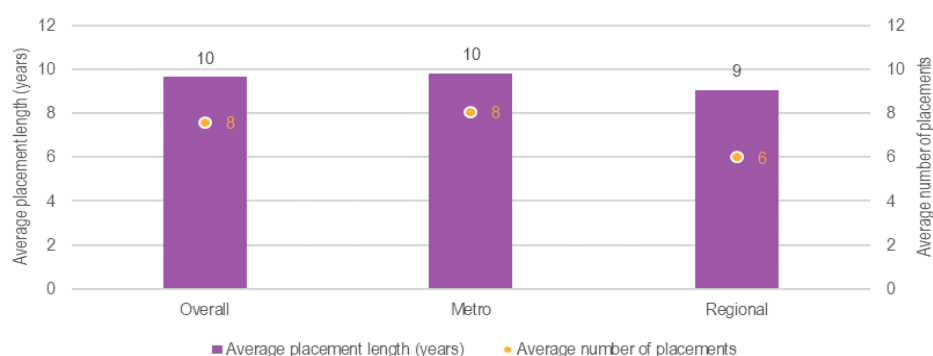
Note: Total number of trial participants = 80. 'Other' includes unendorsed environments, or with unendorsed people, in detention, and unknown.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Placement history

The placement history of young people in the TIA Trial was considered as a proxy measure for the complexity of issues that they might face when exiting the system. Overall for the cohort, young people had been in out-of-home care placements for 10 years on average (Figure 4.9). Each young person had been in an average of eight placements. These values were similar for the subset of young people in metropolitan areas. Among the young people in regional locations, average placement length was slightly shorter (nine years), with slightly lower average number of placements per person (six placements). This is consistent with national data that show most children in out-of-home care are reported to have spent at least a year in care, with a large proportion being in care for more than five years.⁸⁴

FIGURE 4.9 AVERAGE NUMBER OF PLACEMENTS AND PLACEMENT LENGTH AMONG TRIAL PARTICIPANTS BY LOCATION, AT TRIAL INCEPTION



Note: Total number of trial participants = 80.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

In both metropolitan and regional locations, Aboriginal Trial participants had been in care for longer, on average 12 years as compared to eight years among non-Aboriginal participants. Aboriginal Trial participants in metropolitan areas experienced a higher average number of placements as compared

⁸⁴ Australian Institute of Health and Welfare, 2018, Child Protection Australia 2016-17.

to non-Aboriginal Trial participants. This was not true for participants in regional areas, where both Aboriginal and non-Aboriginal participants had an average of six placements each prior to entry into the Trial.

Age

The age of young people on entry into the TIA Trial cohort has implications for the way in which the Trial model functions. A brief summary of the design of the TIA Trial, with respect to the intended age of young people moving through the different phases of the Trial, is provided in Table 4.1.

TABLE 4.1 EXPECTED AGE OF YOUNG PEOPLE OVER THE PERIOD OF THE TIA TRIAL

	Years 1-3		
	2017-18	2018-19	2019-20
Expected age of young person	16 to 17 years old	17 to 18 years old	18 to 19 years old
Anticipated activity undertaken with young person	Service provision – active engagement with Youth Workers		Case maintenance – transition at age 18, less intensive support*

Note: * Where a young person has indicated to their Youth Worker that less intensive support would be beneficial/appropriate to them.

SOURCE: ACIL ALLEN CONSULTING BASED ON TIA TRIAL PARTICIPATION GUIDELINES – DECEMBER 2018 & EVALUATION PROGRAM LOGIC

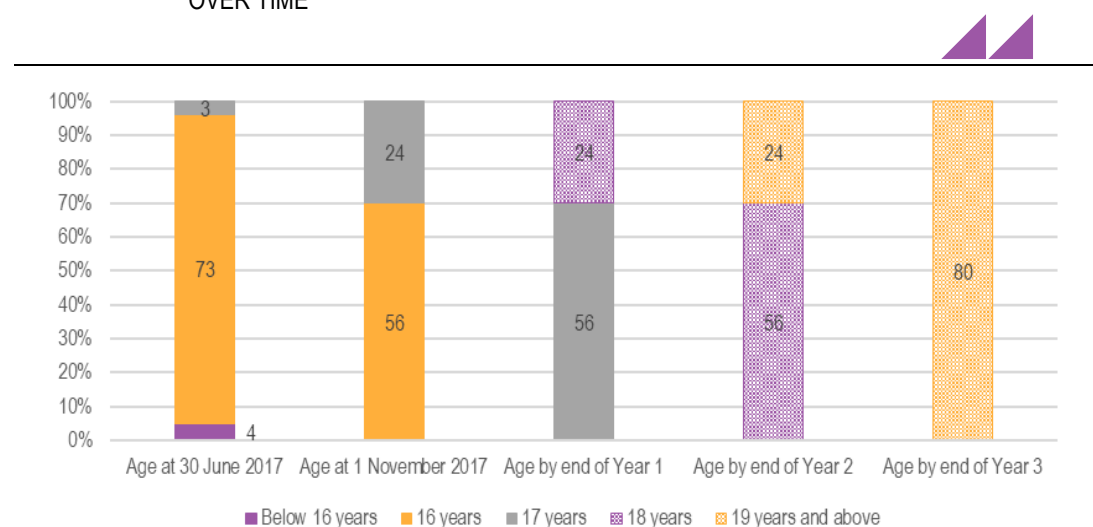
The TIA Trial Participation Guidelines (August 2018) indicates that the case maintenance phase may be appropriate for young people post 18 years old. Therefore, young people who enter the Trial at age 17 rather than 16 years old may receive a shorter amount of time in the potentially more intensive service provision (preparation and transition) phase. However, the timing and extent to which young people move from the service provision to case maintenance phase depends on their individual support needs.

The guidelines mention that service provision within the Trial can continue regardless of the age of the young person, however, there may be an expectation that a young person potentially will move to the case maintenance phase once they turn 18 years old.

Analysis of participants' ages was based on their birth month and year. Their birth date was deemed to be the last day of their birth month.

At the start of the TIA Trial, taken as 1 November 2017, 57 per cent of the initial Trial cohort were 16 years old and the remaining 43 per cent were 17 years old. A projected age breakdown for the initial cohort of TIA Trial participants over time is shown in Figure 4.10.

FIGURE 4.10 PROJECTED AGE DISTRIBUTION AMONG INITIAL COHORT OF TRIAL PARTICIPANTS OVER TIME



Note: Total trial participants = 80. Trial participants aged 17 years turned 17 by July 2018. Year 1 = 1 Nov. 2017 – 30 Oct. 2018.

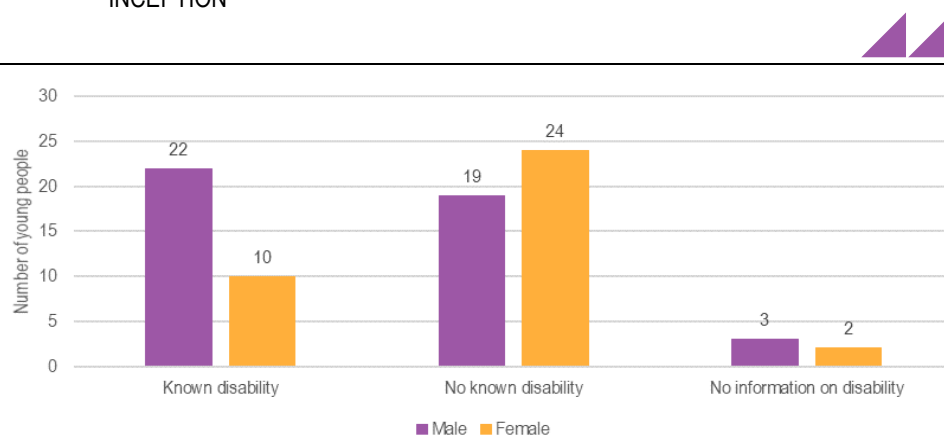
SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

By the end of the first year of the Trial (31 October 2018), 56 of the original 80 participants were estimated to be 17 years of age (70 per cent), while 24 participants were 18 years of age (30 per cent). This indicates that almost one-third of Trial participants would be eligible to move into the case maintenance phase of the Trial after receiving a single year of service provision. While service provision by Youth Workers may continue for young people past 18 years of age, and young people still have access to Leaving Care Officers, the level of support needed will depend on how well the Trial has been able to work with the young person during the care period and have met the transition needs of the young person by 18 years of age. - Consideration of the nature and level of services and supports provided in the TIA Trial in the period January 2018 to June 2019 is given in Chapter 5.

Disability and other health diagnoses

Presence of disability (i.e. formal physical, cognitive, or mental health diagnoses) was relatively high among the TIA Trial inception cohort and not consistently distributed by sex. Forty per cent of young people in the inception cohort were known to have a disability. Half the males had a known disability, compared with 28 per cent of female participants. For five Trial participants, no information was provided on disability status. The distribution of known disability status among Trial participants at inception is shown in Figure 4.11.

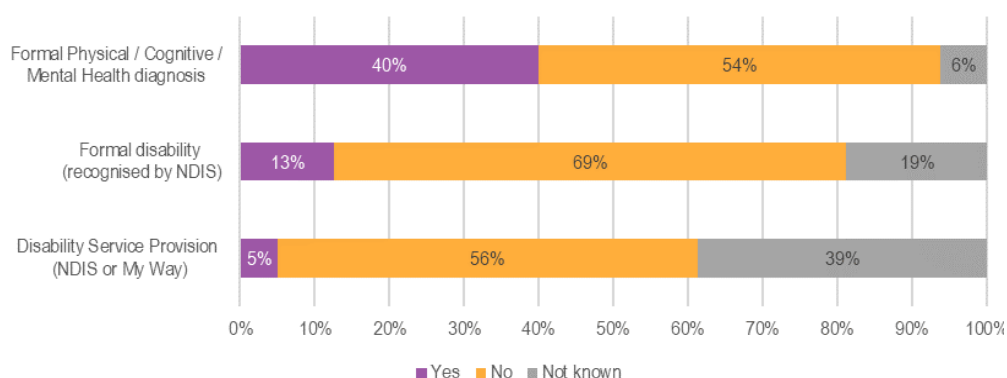
FIGURE 4.11 PRESENCE OF DISABILITY AMONG TRIAL PARTICIPANTS BY SEX, AT TRIAL INCEPTION



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Despite the presence of disability in 40 per cent of the cohort, only 13 per cent of the initial Trial cohort had a formal diagnosis that matches those recognised by the National Disability Insurance Scheme (NDIS) and five per cent were recorded as in receipt of disability service provision. This could relate to differences in the way a formal disability is recognised by NDIS and My Way and diagnostic criteria used or could reflect that young people who have received a diagnosis may not yet have gone through the process to achieve NDIS or My Way recognition. Figure 4.12 summarises formal diagnoses, disabilities recognised by NDIS, and Disability Service Provision by NDIS or My Way.

FIGURE 4.12 PROPORTION OF TIA TRIAL PARTICIPANTS WITH FORMAL PHYSICAL, COGNITIVE, MENTAL HEALTH, AND DISABILITY DIAGNOSES AS COMPARED TO RECOGNITION OF A DISABILITY BY NDIS / MY WAY AT TRIAL INCEPTION



Note: Total number of trial participants = 80. Percentages may not sum to 100 per cent because of rounding.

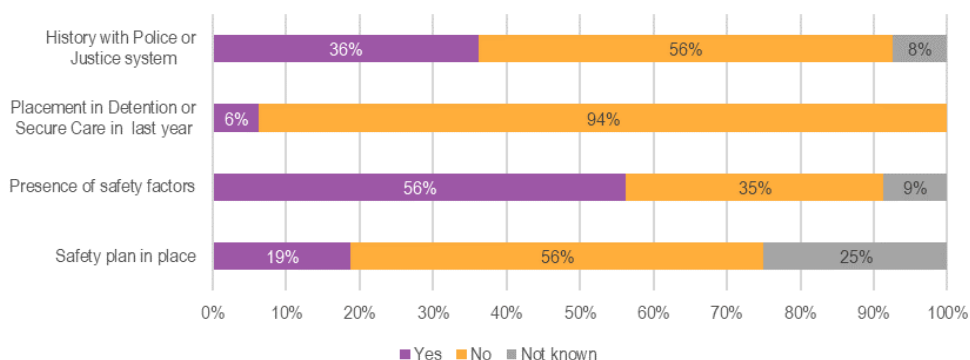
SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

Interactions with the police, justice system, and safety factors

More than one third of Trial participants at inception had a history with the police or justice system, and six per cent of the cohort had been placed in detention or secure care in the last year. Over half the cohort had the presence of safety factors identified and 19 per cent had a safety plan in place.

Figure 4.13 provides a summary of Trial participants' history with the police and justice system, presence of safety factors, and presence of safety plans.

FIGURE 4.13 HISTORY WITH POLICE AND JUSTICE SYSTEM, AND SAFETY FACTORS AMONG TRIAL PARTICIPANTS, AT TRIAL INCEPTION



Note: Total number of Trial participants = 80.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2018.

4.1.3 Retention of the cohort over the Trial

It needs to be recognised that a primary objective of the trial is to continue engaging with the young people throughout the life of the trial. The trial is to be treated as such and not a service offering.

Towards Independent Adulthood Participation Guidelines, December 2018

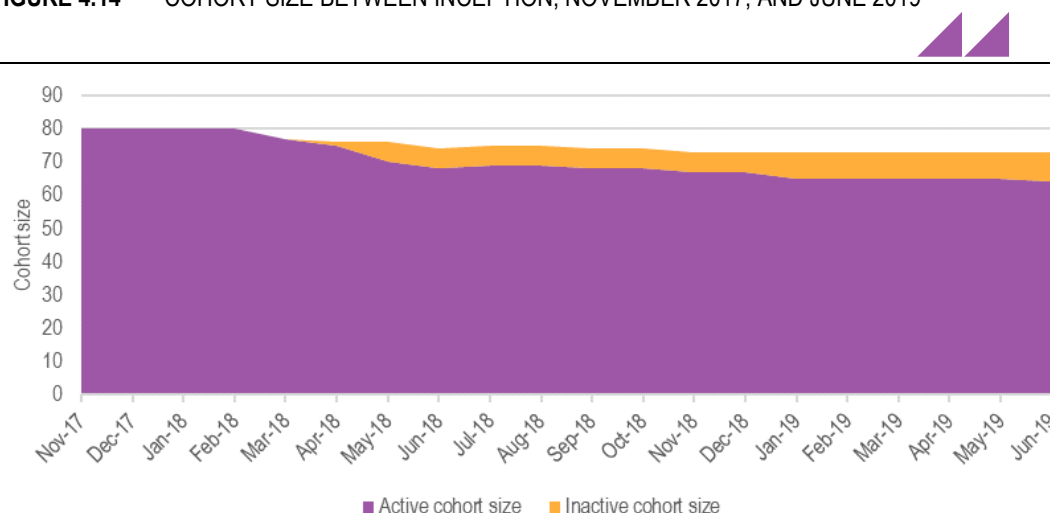
Over the course of the Trial, the PMG was required to clarify Trial participant retention and case closure processes, which was done through the release of the TIA Trial Participation Guidelines in August 2018 (and finalised in December 2018). The guidelines specify that if a young person has not been in contact with the Trial for three consecutive months, they will be assigned inactive status

unless they have a legitimate reason for lack of engagement. In cases where there are no known changes of circumstances, the methods used by the Youth Worker to contact the young person will be reviewed to identify alternative methods of engagement. The young person's Case Manager should also be involved to discuss options for re-engagement.

Young people who are deemed inactive will be provided with a letter discussing their status and have an opportunity to discuss the consequences of their non-engagement with their Youth Worker. If the young person reconnects with the TIA Trial at any point, their status may be changed to active. The person will not be exited from the Trial unless they have explicitly requested to withdraw. They will then receive a referral to leaving care services from their Case Manager.

Of the original 80 participants, 12 were inactive due to non-engagement and three had formally withdrawn from the Trial by June 2019. There were two additions to the Trial over time, one of whom is currently still active and one who has also formally withdrawn. Figure 4.14 shows the change in cohort size over time since the inception of the Trial.

FIGURE 4.14 COHORT SIZE BETWEEN INCEPTION, NOVEMBER 2017, AND JUNE 2019



Note: Total initial trial participants = 80. One participant who joined the Trial and exited during the period was excluded from the analysis, one participant who joined the Trial by July 2018 did not have a start date so was assigned to have been included in July 2018.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2019

Among the four participants who had formally withdrawn, two were male and two were female. Two were located in Metropolitan Perth, and two in regional WA. All four participants who withdrew were non-Aboriginal and/or Torres Strait Islander persons. Reasons given for withdrawal from the Trial were that one young person felt that their goals had been achieved and, therefore, did not feel the need to participate in the Trial any longer, while another participant indicated that they did not find it helpful for them.

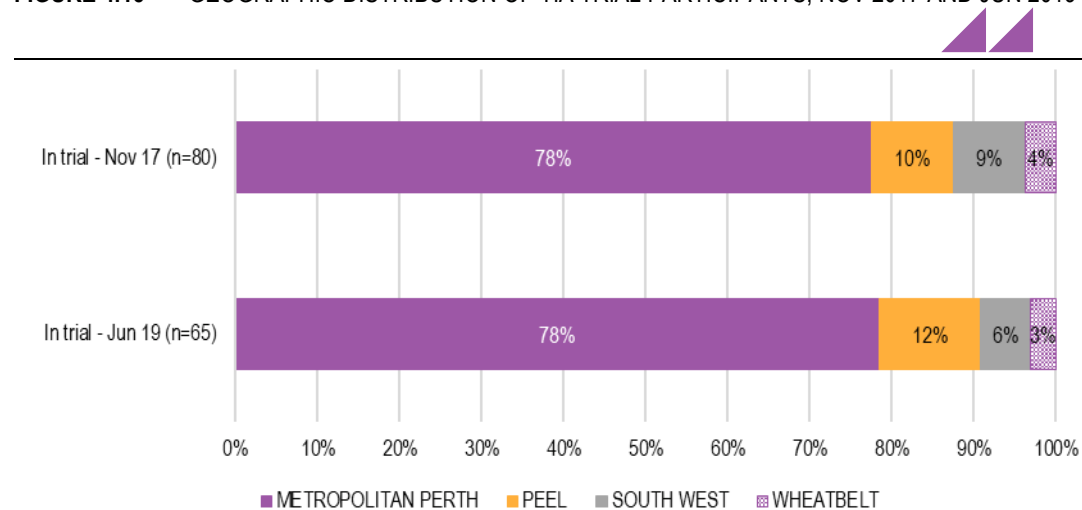
Among the 12 participants who were inactive, 75 per cent were male. Two-thirds of inactive participants identified as Aboriginal and/or Torres Strait Islander. Seven (just over half) of the inactive participants were located in metropolitan Perth and five across the regional Trial sites of South West, Peel and Wheatbelt.

Youth Workers and Case Managers suggested that the Trial participants who were not active in the Trial may not have fully understood the intensity of engagement required. They also noted that young people had not read all the paperwork and might not have realised the three-year duration of the Trial. This could have impacted on their motivation to engage over an extended period of time, especially if they did not see immediate benefits as a result of their engagement.

Comparison of the geographic distribution of participants in the TIA Trial at inception (taken from 1 November 2017) and at 30 June 2019 shows that loss of participants to either inactive status or due to withdrawal from the Trial has disproportionately occurred in the South West Trial site (see Figure 4.15), although this involves relatively small numbers (from 7 at Trial inception to 4) and occurred early in the implementation of the Trial. Overall, at 30 June 2019, metropolitan Perth had 18 per cent fewer active participants than at November 2017, and active participation in regional

catchments declined by 22 per cent. As shown in Figure 4.15, the change in overall distribution of participants across Trial sites is not substantially affected.

FIGURE 4.15 GEOGRAPHIC DISTRIBUTION OF TIA TRIAL PARTICIPANTS, NOV 2017 AND JUN 2019



Note: TIA Trial participation in this instance is defined as anyone recruited into the trial at 1 Nov. 2017 whose status is active at 30 June 2019. Percentages may not sum to 100% due to rounding.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2019

The representativeness of the Trial cohort over time has been considered for various participant demographic characteristics and placement type. Table 4.2 summarises these participant characteristics and compares them at three points in the Trial period to the eligible state-wide cohort and to the eligible cohort in the Trial catchment areas at the time of recruitment to the Trial.

TABLE 4.2 DISTRIBUTION OF DEMOGRAPHIC CHARACTERISTICS BY TRIAL ELIGIBILITY AND SINCE INCEPTION

Participant Characteristics	Eligible state-wide (n=198)	Eligible in trial sites (n=166)	In trial – Nov 2017 (n=80)	In trial – June 2018 (n=68)	In trial – June 2019 (n=66)*
Remoteness					
Metropolitan	65%	77%	78%	79%	79%
Regional	35%	23%	23%	21%	21%
Gender					
Female	41%	42%	45%	47%	48%
Male	59%	58%	55%	53%	52%
Aboriginal status					
Aboriginal	45%	39%	38%	34%	35%
Non-Aboriginal	55%	61%	63%	66%	65%
Placement type					
Family care	33%	31%	33%	26%	28%
Foster care	25%	28%	24%	26%	25%
Residential care	16%	14%	16%	18%	18%
Other	26%	26%	28%	29%	29%
Age					
<18	100% of eligible young people under 18		100%	96%	6%
≥18			0%	4%	94%

Note: Percentages may not sum to 100% due to rounding. *Includes one young person recruited after the original cohort was established

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2019

From the time of the Trial's inception, participants in regional areas have been more likely to disengage with the Trial than those located in metropolitan areas. Males are also more likely to disengage compared to females, and Aboriginal and Torres Strait Islander participants are more likely to disengage in the Trial compared to non-Aboriginal and Torres Strait Islander participants. Trial participants who were in family care placements were also more likely than those in other placement types to disengage. These factors are correlated with withdrawals from the Trial, but without a larger quantum of data and more robust quantitative analysis it is not possible to determine which is a greater driver of withdrawals, or if there is an interaction effect between the two factors. As a result, the participants in the TIA Trial at 30 June 2019 are less representative of all eligible young people than the inception cohort, however, these changes are marginal.

In terms of participant age, it had been expected that the Trial would cover two years of the care period for participants and one year of after care. As shown in Table 4.2, by the end of Year 2 of the Trial (June 2019), the majority of participants (94 per cent) were aged 18 or above and had transitioned from care. Among those who turned 18 during the Trial, 30 per cent turned 18 by the end of the first year of participation in the Trial, while the remaining 70 per cent turned 18 during their second year of the Trial (see Figure 4.10).

4.2 Engagement with the Trial

The extent to which young people were engaged with the Trial was measured using a variety of sources. One way is to determine the level of participation in the TIA Trial by young people reported in the quarterly individual progress reports completed by Youth Workers. Note that 'not actively engaged' in this analysis refers to inability to achieve contact with the young person in that quarter. A young person was considered to be actively engaged if the Youth Worker had been able to meet with them to discuss their case during the time period of the relevant quarter.

TABLE 4.3 PROPORTION OF YOUNG PEOPLE ACTIVELY ENGAGED OVER THE COURSE OF THE TRIAL

Quarter	Total proportion engaged	Sex		Aboriginal Status		Remoteness		Placement Type at Start of Trial			
		Male	Female	Aboriginal	Non-Aboriginal	Metropolitan	Regional	Foster care	Family care	Residential care	Other
Q1 (n=56*)	85.7%	82.5%	93.8%	80.0%	87.8%	86.8%	83.3%	87.5%	82.4%	100%	78.6%
Q2 (n=64*)	87.5%	87.9%	87.1%	77.3%	92.9%	88.2%	84.6%	81.3%	77.8%	90.9%	100%
Q3 (n=71)	85.9%	81.6%	90.9%	81.5%	88.6%	89.5%	71.4%	77.8%	80.0%	100%	90.5%
Q4 (n=72)	83.3%	81.6%	85.3%	77.8%	86.7%	84.5%	78.6%	66.7%	85.0%	100%	86.4%
Q5 (n=71)	83.1%	76.3%	90.9%	74.1%	88.6%	78.9%	100%	70.6%	85.0%	100%	81.8%
Q6 (n=70)	80.0%	73.7%	87.5%	74.1%	83.7%	78.6%	85.7%	70.6%	85.0%	91.7%	76.2%

Note 1: Q1 and Q2 quarterly reports were not completed for all participants in the Trial during the quarter and should be interpreted with caution. Number of quarterly reports may be greater than number of active participants in the quarter as reports may be completed for participants who were deemed inactive or formally withdrew during the quarter.

Note 2: Q1-4 cover the year 2018, Q5 and 6 cover the first half of 2019

SOURCE: ACIL ALLEN CONSULTING 2020

The number of quarterly reports that were completed in Q1 and Q2 were fewer than the total cohort at the time as, in the initial stages of the Trial, reports were not completed for young people who had left the Trial. In some instances, it was also not possible to obtain individual quarterly reports from youth workers in time for inclusion in the reports submitted to WA DC. As such, figures from these quarters are not representative of all participants in the Trial during those quarters and should be interpreted with caution. The number of reports completed across the remaining four quarters were highly consistent ranging from 70 to 72 individual reports in each quarter.

The analysis indicates that, over time, engagement among the Trial participants has remained broadly consistent, with a small decrease over time of under six percentage points. Considering that these proportions include young persons who disengage and withdraw from the program over time, the proportion of young people who actively participate and engage in the Trial has remained consistently high.

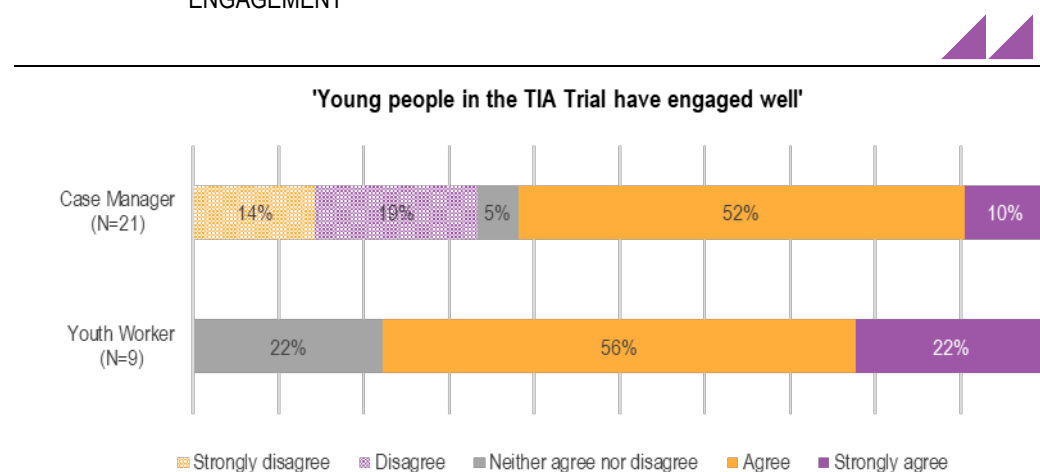
Some trends are evident from this analysis. Females were consistently more likely than males to actively engage and participate in the Trial. Between Q3 and Q6, the difference in engagement between females and males varied, with differences ranging from less than four percentage points to just under 15 percentage points. Notably, the proportion of males who actively engaged in the Trial decreased over time, while the proportion of females remained relatively steady.

Non-Aboriginal young people were also more likely than Aboriginal young people to be actively engaged and participating in the Trial. While the proportion of young people in both categories who actively engaged have declined slightly over time, the proportion of Aboriginal young people actively engaging has been consistently lower across all quarters. The decline began earlier in the Trial and stabilised towards the end for Aboriginal young people, whereas it began much later in the Trial for non-Aboriginal young people.

Placement type also appeared to be associated with engagement. Young people who were in residential care at commencement of the Trial were the most likely to have actively engaged in the Trial, with the proportion of young people actively engaging in each quarter above 90 per cent. One possible reason is that their movements are monitored more closely, making it easier for Youth Workers to make appointments with them and ensure that they attend. Young people in Family Care had the next highest level of active engagement, with 85 per cent of young people in this category actively engaging over the last three quarters. On the other hand, young people in Foster Care were least likely to actively engage with the Trial, with the proportion of young people who actively engage between 67 and 71 per cent over the last three quarters of the Trial.

Case Managers and Youth Workers were also asked about the engagement of young people in their survey. Engagement by young people in the TIA Trial was perceived positively (see Figure 4.16). Both Case Managers and Youth Workers generally agreed that young people participating in the Trial had engaged well. Youth Workers were more likely to report that engagement was strong (78%; 7), when compared with Case Managers (62%; 13). Of the responding Case Managers, about one-third disagreed (33%; 7) with the statement, which suggests variation across the participant cohort.

FIGURE 4.16 CASE MANAGER AND YOUTH WORKER PERCEPTIONS OF TIA TRIAL PARTICIPANT ENGAGEMENT



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER AND YOUTH WORKER SURVEYS, 2019.

There was variation in Case Manager perspectives on the extent to which young people in the TIA Trial had benefited from one-on-one support and mentoring from their Youth Worker. As shown in Figure 4.17, equal proportions (25%; 5) reported significant, moderate, and slight benefits. A small proportion (15%; 3) reported no benefit or were unsure of the scale of benefits (10%; 2).

The level of engagement was seen to be directly related to the benefit of the support. Case Managers clarified that limited benefits were mostly attributable to the young person's lack of participation in the Trial or limited engagement with the Youth Worker. For young people who were actively involved, Case Managers reported that outcomes included:

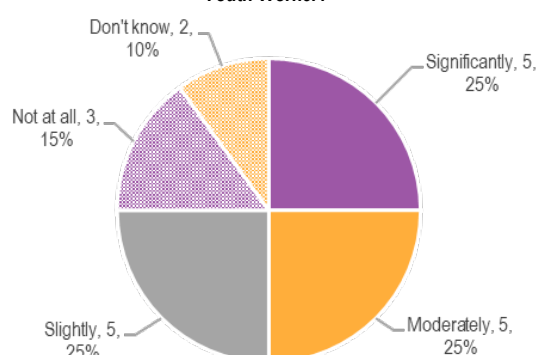
- improved continuity of the case management and enhanced provision of support
- improvements in confidence as a product of one-on-one support from a mentor
- improved access to services (discussed further in chapter 5).

'The intensive support provided by Youth Workers has ensured TIA participants are connecting with Education, Employment, securing housing and linking with community services. It is difficult to provide information for young people who are not linked with TIA.'

(WA DC Case Manager)

FIGURE 4.17 CASE MANAGER PERCEPTIONS OF TIA TRIAL BENEFITS

'To what extent do you think the young person in the TIA Trial has benefited from one-on-one support and mentoring from their Youth Worker?'



NOTE: (N=20)

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEY, 2019.

In feedback gathered in Wave 2 of the longitudinal study, young people participating in the Trial generally reported that the Youth Worker was essential in achieving the progress that had been made. Youth Workers were seen to supply emotional and moral support that participants greatly valued. Many participants attributed the positive progress they had made in their lives to their Youth Worker.

'I think without [my Youth Worker], I would be pretty stuck a lot. She's helped me get unstuck in situations and they've helped - they do little programs during the holidays with independent skills like how to do rental budget, how to cook, different programs you can reach into or be a part of... They'd helped me when I was low of financial - I don't have a job before. I don't have Centrelink. So, they've been a huge impact.'

(Young person participating in the TIA Trial, 2019)

4.3 Discussion

Overall, the TIA Trial has recruited and retained young people well. Recruitment to the Trial has occurred largely in line with the intended design and the initial cohort was representative of the total eligible cohort. Retention of young people in the Trial has worked reasonably well, with more than 80 per cent of the original cohort retained over the first 20 months of the Trial commencing 1 November 2017. The successful recruitment and retention demonstrate the importance of a clear operating model, strong communication with potential participants, and a well-defined target cohort for similar leaving care programs.

The Trial has resulted in active engagement among young people, with more than 80 per cent of participants actively engaging with the Trial on average in the 18 months (six quarters) from 1 January

2018 to 30 June 2019. The ability of the Youth Worker to develop a strong relationship with the young person, and provide the emotional, moral, and tangible support needed, were clear drivers for the active engagement. Given the different demographics and circumstances of Trial participants, it is important that Youth Workers have the ability to build rapport with diverse young people to help facilitate this engagement.

Analysis of the data available at the end of Year 2 of the Trial suggests that males are more likely to disengage with the Trial than females, and that Aboriginal young people are more likely to disengage with the Trial than non-Aboriginal people. The sex difference may be explained by differences in cognitive development, as females often mature faster than males. Another possible explanation may be that females and males have different patterns of help-seeking behaviour. This highlights the need for flexible service delivery models and Youth Workers who are able to adapt and support participants, in line with their preferences, to maintain engagement.

The greater likelihood for Aboriginal young people to disengage may be linked to the different way in which Aboriginal young people experience trauma, with an additional layer of culture and identity issues. Many mainstream programs and interventions do not work well for Aboriginal people because they are designed fundamentally from a non-Aboriginal perspective. Nevertheless, it should be noted that the TIA Trial has retained more than three-quarters of the Aboriginal young people that were originally enrolled, which is only marginally lower than the 82.5 per cent retention rate overall.

There may be aspects of the Trial that can be improved to better suit Aboriginal young people. For example, it may be culturally important for young people to have older persons or role models of the same sex, which may also explain why Aboriginal males were more likely to disengage compared to Aboriginal females. This demonstrates the need for diversity in the Youth Worker cohort, with the need for a mix of sex, age and background to support appropriate matching. In addition, Youth Workers need the skills and capability to provide culturally appropriate supports. For the TIA Trial, this took the form of professional development and an Aboriginal Practice Leader. These supports played a significant role in ensuring consistent practices across Youth Workers.

5

OPERATION OF THE TIA TRIAL

This chapter addresses the following evaluation questions:

- *What services have been provided to participants?*
- *Has the Trial been implemented as intended?*

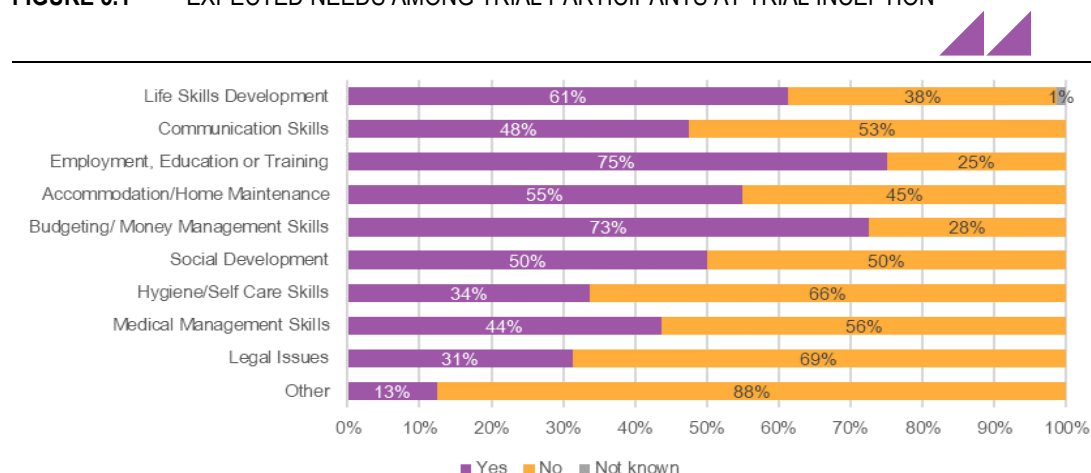
The chapter focuses on the operation of the TIA Trial, describing the outputs that have been delivered. The outputs include:

- services and supports, which are provided directly to the young person by the Youth Worker
- referrals, which are made to external services for the young person by the Youth Worker
- brokerage funding, which is used to purchase various goods and services for the young person by the Youth Worker.

5.1 Services and supports

Services and referrals were provided to Trial participants by their Youth Workers in order to meet their identified needs over the Trial period. At the inception of the Trial, participants who were referred to the Trial were assessed by Case Managers and their individual needs were identified. Figure 5.1 illustrates the proportion of Trial participants with identified needs across different life domains at Trial inception.

FIGURE 5.1 EXPECTED NEEDS AMONG TRIAL PARTICIPANTS AT TRIAL INCEPTION



Note: Percentages may not total 100% due to rounding.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2017

Approximately three-quarters of all Trial participants were judged at Trial inception by their Case Managers to require support in employment, education or training, and budgeting or money skills. More than half the cohort were expected to need support in life skills development and to be supported to access accommodation and/or home maintenance skills. Approximately half the participants in the TIA Trial also had expected needs in social development and communication skills. Medical management skills were anticipated to be needed by 44 per cent of Trial participants at inception. Approximately one-third of Trial participants were assessed as requiring support to learn hygiene or self-care skills, and for legal issues.

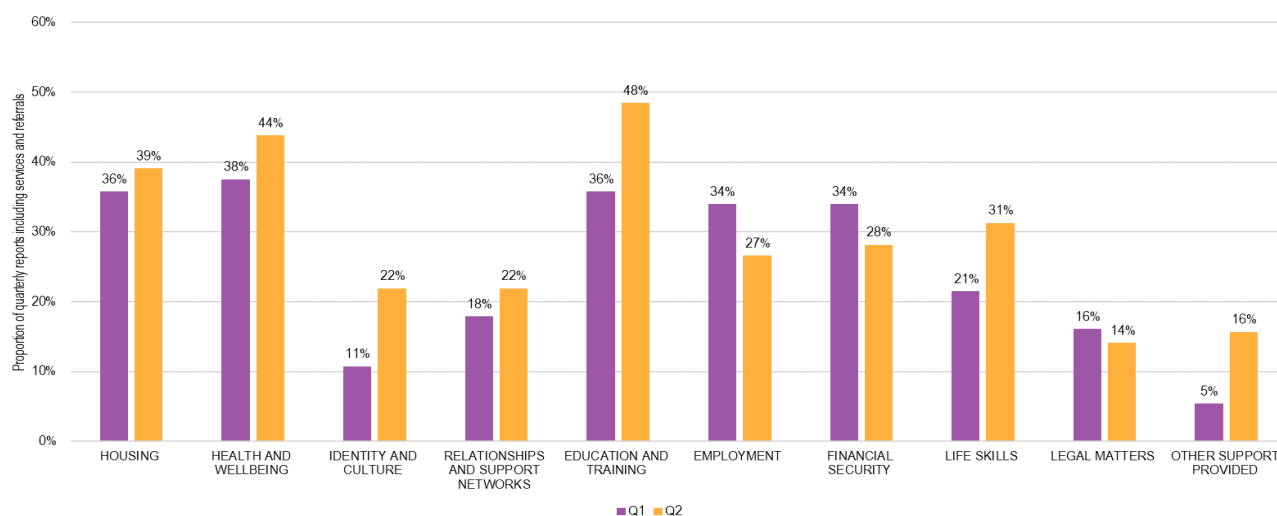
As outlined in Chapter 3, for the purposes of the TIA Trial, the service delivery model addresses the eight life domains⁸⁵ identified for good practice in supporting the transition of young people from out-of-home care. The following outlines the focus through the transition and after care phases of the domains referred to throughout this report:⁸⁶

- Housing
 - Securing safe, affordable and appropriate accommodation and living arrangements after the order expires and support to access or retain suitable accommodation
- Health (physical, emotional, mental, sexual and dental)
 - Health care needs that require ongoing attention into adulthood are attended to
- Education and training
 - Consolidate engagement in education and training or other suitable activity
- Employment
 - Consolidate engagement in employment or other suitable activity
- Financial security
 - Facilitate access to income support and other financial entitlements
- Social relationships and support networks
 - Continue and consolidate with significant others (including mentoring where appropriate) and/or family members. Relationships important to the young person are supported or mediated. Empower the young person to achieve independent community engagement and connections
- Life (and after care) skills
 - Core life skills are further developed and consolidated
- Identity and culture
 - Supporting the young person with their emerging independent identity
- Legal matters
 - Relevant information is provided. Access to relevant services and/or supports is facilitated, including referrals.

As outlined in Chapter 2 in reference to quarterly individual reports, services and referrals provided by Youth Workers to Trial participants were reported in the same field over the first two quarters (January to June 2018 – Q1 and Q2) but were separated into their own distinct fields from the third quarter (Q3 – July to September 2018) onwards. As such, analysis of referrals and services are broken down into these different time periods. Figure 5.2 summarises the services and referrals provided in Q1 and Q2 representing the commencement of reporting in January 2018 (Q1) to June 2018 (Q2).

⁸⁵ 'Education and Training, and Employment' are considered one of the life domains but may be separated in this report for the purposes of analysis.

⁸⁶ *Supporting young people transitioning from out-of-home care to independence in Australia: good practice in 2011/12. A priority under the National Framework for Protecting Australia's Children.* Commonwealth Government, 2011/12.

FIGURE 5.2 SERVICES AND REFERRALS PROVIDED TO TIA TRIAL PARTICIPANTS FOR Q1 AND Q2, JANUARY TO JUNE 2018

Note: Q1 = January – March 2018; Q2 = April – June 2018

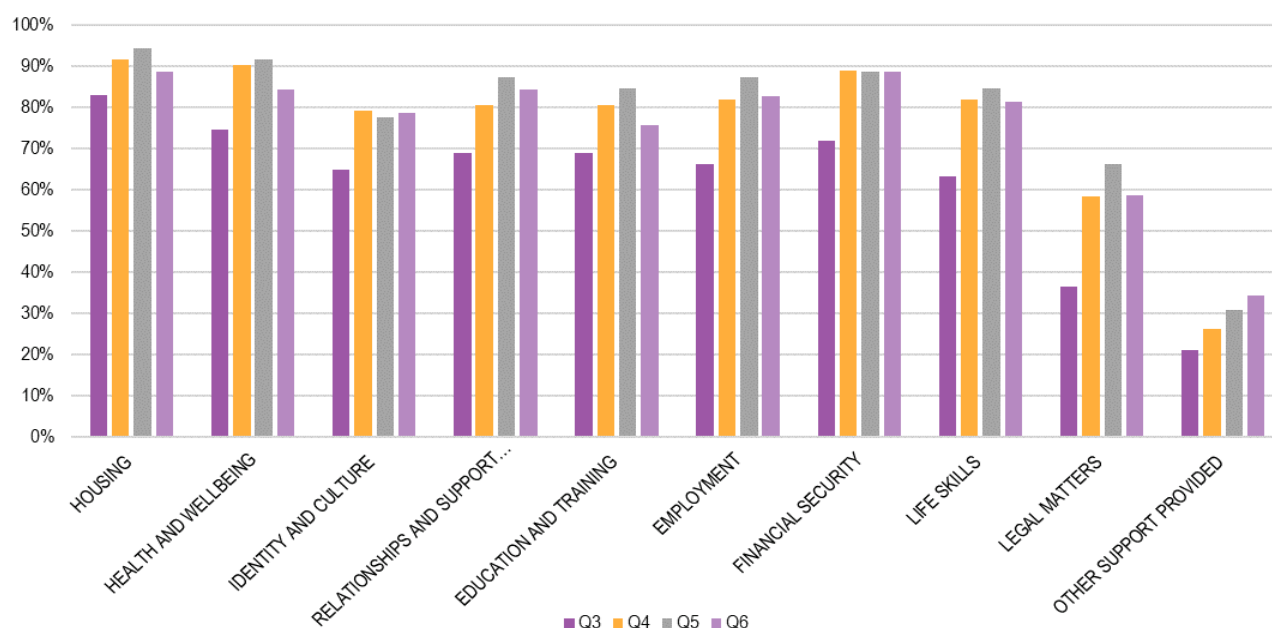
SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF DATA FROM WA DEPARTMENT OF COMMUNITIES, 2019

An increased proportion of young people were provided with services and referrals in Q2 as compared to Q1 for all domains except Employment, Financial Security, and Legal Matters. The upwards trend in services/referrals is likely to be due to the increased understanding by the Youth Worker of the young person's situation over time, and improved ability to tailor services/referrals to the young person's needs. This may be especially true for domains in which the young person's preferences might be diverse, such as in the identity and culture domain. This trend may have been reversed for the Employment, Financial Security, and Legal Matters suggesting early resolution of these matters meeting both an immediate (legal matters) and longer term (education course) need.

5.1.1 Services provided to participants from Q3 to Q6

The modified quarterly report template used from Q3 (July to September 2018) onwards collected data on services provided, which are defined as direct supports provided by the Youth Worker to the participant. Figure 5.3 summarises the proportion of services recorded in quarterly reports for the 12-month period to June 2019 under each of the life domains.

FIGURE 5.3 SERVICES PROVIDED BY YOUTH WORKERS TO TRIAL PARTICIPANTS BY QUARTER AND LIFE DOMAIN FOR Q3 TO Q6, JULY 2018 – JUNE 2019



Note: Q3 = July-September 2018; Q4 = October-December 2018; Q5 = January-March 2019; Q6 = April-June 2019

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2019.

The level of reported service activity shown in Figure 5.3 is higher overall than the combined mention of services and referrals in the first six months of reporting (see Figure 5.2). There was an increase in reported activity for Q4 (October-December 2018) and Q5 (January-March 2019) over the level for Q3 (July-September 2018) for all domains. For Q5, over 80 per cent of participants were receiving supports in the domains of Housing, Health and Wellbeing, Relationships and Supports, Education and Training, Employment, Financial Security and Life Skills. While there was a decrease in the level of activity across all domains in Q6 (April-June 2019) with the exception of Identity and Culture and Financial Security where activity was basically maintained at Q4 levels, the level of activity remained higher than reported for Q3 for all domains.

Overall, for the 12-month period to June 2019, the domain with the highest proportion of services provided was Housing, with 89 per cent of all quarterly reports recording a service provided. This increased between Q3 and Q5 but decreased slightly during Q6.

The next domains with the highest proportion of reports were Health and Wellbeing and Financial Security. Both of these domains recorded an average of 85 per cent of quarterly reports with a service provided. Health and Wellbeing services demonstrated a similar trend with Housing, increasing between Q3 and Q5 but decreasing slightly during Q6. However, Financial Security demonstrated a different trend, with an increase in Q4 and then holding steady for the next three quarters.

While Health and Wellbeing did not appear to be a particularly high need as shown in Figure 3.3, the Health and Wellbeing domain is broader than the category of Medical Management, and Youth Workers may be providing general advice to improve participants' Health and Wellbeing. This may include suggestions to improve an individual's diet or to participate in exercise. Financial security is linked to the Budgeting and Money Management need assessed, which is the second highest assessed need. There were a large proportion of services provided in this domain. The trend also suggests that financial security and management is an area that participants can continue to need help with over the course of the Trial.

Most of the services provided in other domains decreased in Q6 after increasing throughout the Trial period, with Relationships and Support Networks, Education and Training, Employment, Life Skills and Legal Matters showing this trend. Identity and Culture appears to hold steady during Q6. This

suggests that for the majority of domains, the interventions of previous quarters begin to take effect by Q6, which allows Youth Workers to reduce the level of direct supports to participants.

The nature of services provided by Youth Workers is also qualitatively different in most domains. In most domains, the services tend to be fairly tangible and concrete in Q3. Examples of these would include helping the client to access housing or health services, enrolment in educational opportunities, and resume writing. However, by Q6, many of the services either became more future focused (e.g. future planning, ongoing advocacy with housing services) or became a fairly light touch (e.g. engagement to continue positive changes, informal counselling, and general advice).

Table 5.1 provides examples of common services reported by each domain at two points in time; Q3 and Q6.

TABLE 5.1 EXAMPLES OF SERVICES PROVIDED IN Q3 AND Q6

Domain	Examples of common services provided in Q3	Examples of common services provided in Q6
Housing	<ul style="list-style-type: none"> – Active exploration of housing options – Advocacy with housing services – Informal counselling – Transport to appointments 	<ul style="list-style-type: none"> – Informal counselling – Future planning – Advocacy with housing services – Furniture purchases and assistance with living in accommodation
Health and Wellbeing	<ul style="list-style-type: none"> – Assist client to access healthcare – Assist client to access sporting opportunities – Informal counselling – Transport to appointments 	<ul style="list-style-type: none"> – Future planning – Informal counselling – Education on healthy behaviours – Healthy eating and cooking
Identity and Culture	<ul style="list-style-type: none"> – Organising visits to cultural and social activities – Assisting with genealogical enquiries – Supporting clients during visits to elders and community, including transportation 	<ul style="list-style-type: none"> – Informal counselling and future planning – Advocacy to contact and engage with family – Family history and genealogical enquiries – Participation in cultural activities
Relationships and Support Networks	<ul style="list-style-type: none"> – Informal counselling – Assisting client with accessing social group activities – Liaising with other services to access client's family members or significant others 	<ul style="list-style-type: none"> – Informal counselling about healthy relationships – Ongoing support – Encouragement to continue attending social activities
Education and Training	<ul style="list-style-type: none"> – Discussion of educational opportunities with clients – Support to enrol in courses – Support to attend education and training 	<ul style="list-style-type: none"> – Future planning – Support to enrol in further education – Support with fees and transport arrangements
Employment	<ul style="list-style-type: none"> – Assistance in resume writing and job applications – Advice regarding job searching – Volunteer opportunities to gain work experience 	<ul style="list-style-type: none"> – Informal counselling – Ongoing encouragement and advice – Assistance with resume drops and interview skills – Future planning
Financial Security	<ul style="list-style-type: none"> – Financial assistance – Advice on budgeting and financial management – Assistance in accessing relevant benefits 	<ul style="list-style-type: none"> – Ongoing advice on financial management, budgeting and saving – Assistance in accessing other income sources where applicable
Life Skills	<ul style="list-style-type: none"> – Support to attend appointments and participate in activities – Facilitate daily tasks such as grocery shopping, cooking and cleaning – Assistance with obtaining driving licence 	<ul style="list-style-type: none"> – Informal counselling – Future planning – General advice – Assistance with obtaining driving licence, including negotiation of tests
Legal Matters	<ul style="list-style-type: none"> – Assistance and advocacy in engaging with Legal Aid – Advice on accessing legal advice and other legal services 	<ul style="list-style-type: none"> – Legal advice due to justice involvement

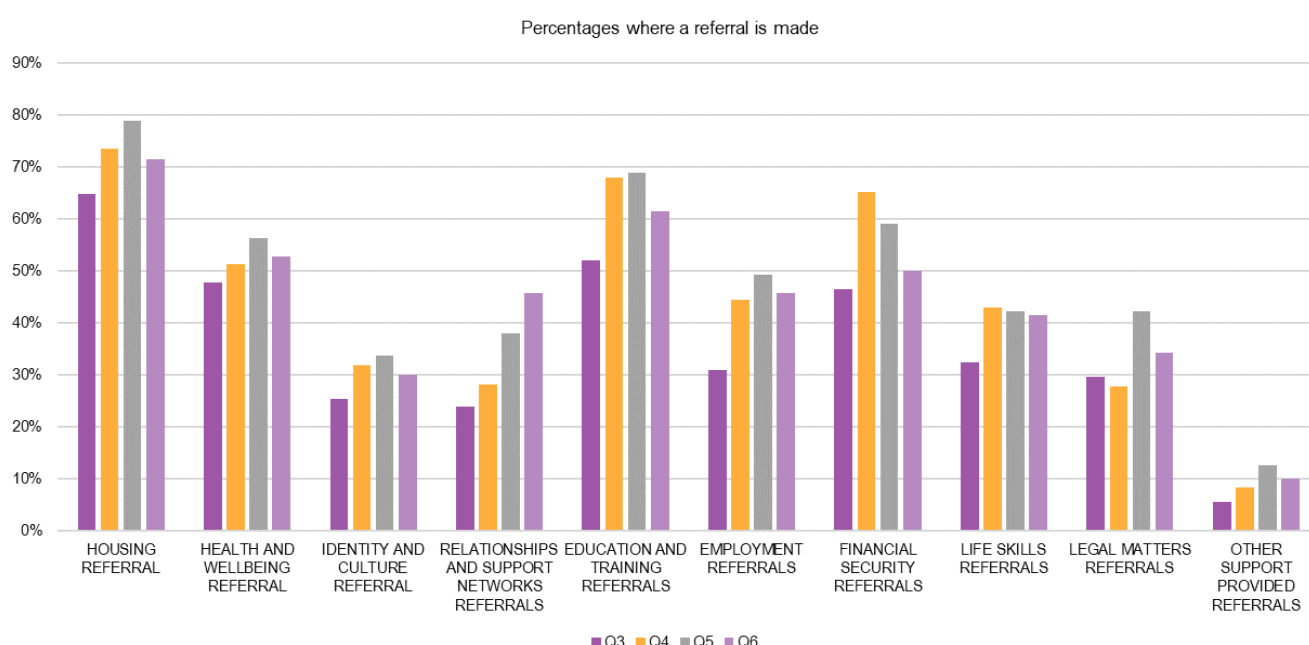
Domain	Examples of common services provided in Q3	Examples of common services provided in Q6
Other Support Provided	<ul style="list-style-type: none"> – Activities to support general engagement – Assistance with dealing with fines 	<ul style="list-style-type: none"> – Future planning – Informal counselling – Transport to attend appointments

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2019

5.2 Access to external services

Similar to services, referrals were separately captured from Q3 onwards (see Figure 5.4) and are therefore presented separately from data for Q1 and Q2 (see Figure 5.2).

FIGURE 5.4 PROPORTION OF CASES WHERE A REFERRAL WAS MADE FOR THE PARTICIPANT BY QUARTER AND DOMAIN



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2019

Unlike services provided by Youth Workers, which were generally quite consistent across all domains with the exception of Legal Matters and Other Support Provided, the proportion of referrals identified and facilitated by Youth Workers across domains differed more markedly. Housing constituted the largest proportion of referrals with an average of 89 per cent of all quarterly reports indicating referral activity. This is followed by Education and Training with an average of 63 per cent of reports indicating referrals in all quarters.

The next highest number of referrals were for the Financial Security domain. The referrals for this domain peaked in Q4 and declined thereafter, which is a different trend compared to most of the other domains. One possible explanation is that referrals in this domain are most commonly linked to the application and access to Centrelink benefits, and that once these processes are in place external supports were more targeted, such as referral for financial counselling. Referrals were often supplemented in this domain by financial planning and budgeting activity incorporated into Youth Worker ongoing conversations and activities across domains relating to financial planning and budgeting with the young person.

Two domains with unique referral trends over time are Relationships and Support Networks, and Legal Matters. For Relationships and Support Networks referrals, these tended to increase over the period linearly, with no signs of decrease or stabilisation. One possible reason is that, as Youth

Workers prepare for the end of their engagement with the participant, and consistent with successful transition to independence, they are more likely to make referrals regarding Relationships and Support Networks to increase the amount of positive supports the participant will have once their involvement with the Trial ends. For Legal Matters, the level of referral activity had no discernible pattern, although activity was more pronounced in 2019 than in 2018.

Examples of referrals provided in Q3 and Q6 are provided in Table 5.2. Between Q3 and Q6, there were minor differences in the referrals provided. Within each domain, there were a number of similar referrals provided, such as the domains of Relationships and Support Networks, Education and Training and Life Skills. In some other domains, there were some different referrals made over time. For Housing, the Assisted Rental Pathway (ARP) Pilot was mentioned in Q6 but not Q3, as was the Transition to Independent Living Allowance⁸⁷ (TILA), the former mention reflecting the availability and promotion of this reform and the latter responding to an age-related demand for support to change living arrangements. Some additional services provided by other organisations, such as Teem Treasure and One2One were also more frequently cited in Q6.

TABLE 5.2 EXAMPLES OF REFERRALS PROVIDED IN Q3 AND Q6

Domain	Examples of Referrals Provided in Q3	Examples of Referrals Provided in Q6
Housing	<ul style="list-style-type: none"> – Department of Housing – Department of Child Protection and Family Services – Real Estate Agents – Crisis or emergency housing services run by councils (e.g. City of Canning Accommodation) or non-profit organisations (e.g. Foyer) 	<ul style="list-style-type: none"> – Department of Housing – Assisted Rental Pathway Pilot – Department of Child Protection and Family Services – Indigo Junction – Accommodation services and/or Housing Information Services – Department of Social Services – TILA – My Place (disability housing)
Health and Wellbeing	<ul style="list-style-type: none"> – General Practitioners and Medical Centres (including Aboriginal Health Services) – Specialists for specific issues (e.g. dentists, psychologists, throat specialists, chiropractors, women's health services) – Sporting facilities (e.g. gym facilities, organised Teem sports) 	<ul style="list-style-type: none"> – General Practitioners, Community Health Centres (including Aboriginal Health Services) and hospitals – Specialists for specific issues (e.g. dentists, psychologists, podiatrists, chiropractors, women's health services) – Sporting facilities (e.g. gym facilities, organised Teem sports) – NDIS – Teem Treasure – HeadSpace
Identity and Culture	<ul style="list-style-type: none"> – Kinship Connections – Wirrapunda Foundation – South West Aboriginal Land and Sea Council – Wungening Moort 	<ul style="list-style-type: none"> – OutCare – Yorgum Aboriginal Co-Op – Corroberree for Life – Kinship Connections

⁸⁷ The Transition to Independent Living Allowance (TILA) is an allowance of up to \$1,500 per person to support eligible young people aged 15-25 years with a statutory care background to successfully transition to independent living. DSS has policy responsibility for TILA which operates through a Department of Human Services portal. TILA is capped at \$3.5 million annually and is available for a range of approved supports relating to entering accommodation, household items, life skills programs, accessing employment, education and training opportunities, one-off transport expenses, counselling to address transitioning issues and other items that might be approved. Applications under the TILA can only be submitted by a registered worker in an approved agency. Source: Based on information available from *Transition to Independent Living Allowance (TILA) Operational Guidelines 1 April 2016*, Australian Government Department of Social Services.

Domain	Examples of Referrals Provided in Q3	Examples of Referrals Provided in Q6
Relationships and Support Networks	<ul style="list-style-type: none"> – Create Foundation (club and workshop activities) – Relationships Australia – Wanslea group activities – Counselling referrals 	<ul style="list-style-type: none"> – Create Foundation (club and workshop activities) – Relationships Australia – Youth Focus – Wanslea group activities – Teem Treasure – Youth Link – CPFS (links to other family members)
Education and Training	<ul style="list-style-type: none"> – Skills and Training providers (e.g. Stirling Skills and Training) – Local youth services (e.g. Swan City Youth Service) – CPFS Education Officer/Department of Education participation coordinator – TAFEs and schools 	<ul style="list-style-type: none"> – Skills and Training providers (e.g. Stirling Skills and Training) – Local youth services (e.g. Swan City Youth Service) – TAFEs, schools and universities
Employment	<ul style="list-style-type: none"> – BizLink (through Department of Communities) – TAFEs and schools – Wanslea Job Club – Volunteer Resource Centre – Indigenous Employment Parity Initiative (IEPI) – Seek or other public job networks 	<ul style="list-style-type: none"> – Seek, JobSearch, Konekt (and other public job networks) – Gnulla Maya (Aboriginal Employment Seekers) – Stirling Skills – Teem Treasure – Jobs and Skills WA
Financial Security	<ul style="list-style-type: none"> – DHS Community Outreach/Community Engagement – Centrelink/CentrePay – Financial advisors/counsellors (e.g. Mission Australia) 	<ul style="list-style-type: none"> – One2One – Centrelink – Mission Australia
Life Skills	<ul style="list-style-type: none"> – Wanslea cooking workshops – Department of Transport (driving licence) – Driving instructors/schools – Wungening Moort – parenting workshop 	<ul style="list-style-type: none"> – Department of Transport – One2One – Relevant independent living workshops – Driving schools – Eyes Wide Open
Legal Matters	<ul style="list-style-type: none"> – CPFS Law Unit (passport matters, claims) – Legal Aid (Juvenile Action Group) – Youth Justice Service – Juvenile Justice Teams 	<ul style="list-style-type: none"> – CPFS Law Unit (passport matters, claims) – CIC Claim Lawyer – PYCL Teem for Family Law advice – Juvenile Justice Teams
Other Support Provided	<ul style="list-style-type: none"> – Fines Enforcement Registry – Street Law 	<ul style="list-style-type: none"> – Fines Enforcement Registry – Oral Health Centre

Note: Examples are as they are reported in the quarterly individual reports. Reference to Department of Housing and Department for Child Protection and Family Services are to responsibilities of the Department of Communities.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2019

5.3 Brokerage

Brokerage guidelines

A grant agreement has been established between WA DC and Wanslea for brokerage funds to support the TIA Trial. Under the agreement, Wanslea is responsible for determining how the funds are allocated across participants, which means some may receive higher or lower amounts. The grant agreement is supported by brokerage funding guidelines. Key requirements that Wanslea is required to meet include:

- Any expenditure of brokerage funds must be linked to the achievement of goals identified in the young person's care plans.

- The young person should be involved in planning or decision-making regarding their leaving care needs and goods or services required.
- Prior to using brokerage, Wanslea must explore alternative sources (such as the potential for access to supports through existing service providers, more cost-effective measures, or no-cost options).

The guidelines also provide advice on the way in which brokerage funding may be used. Examples include obtaining a driver's licence, education and employment expenses, housing and accommodation establishment, health services, and legal advice. Brokerage could not be used to support program funding, supplement the participant's income, or for services that may be available through other systems.

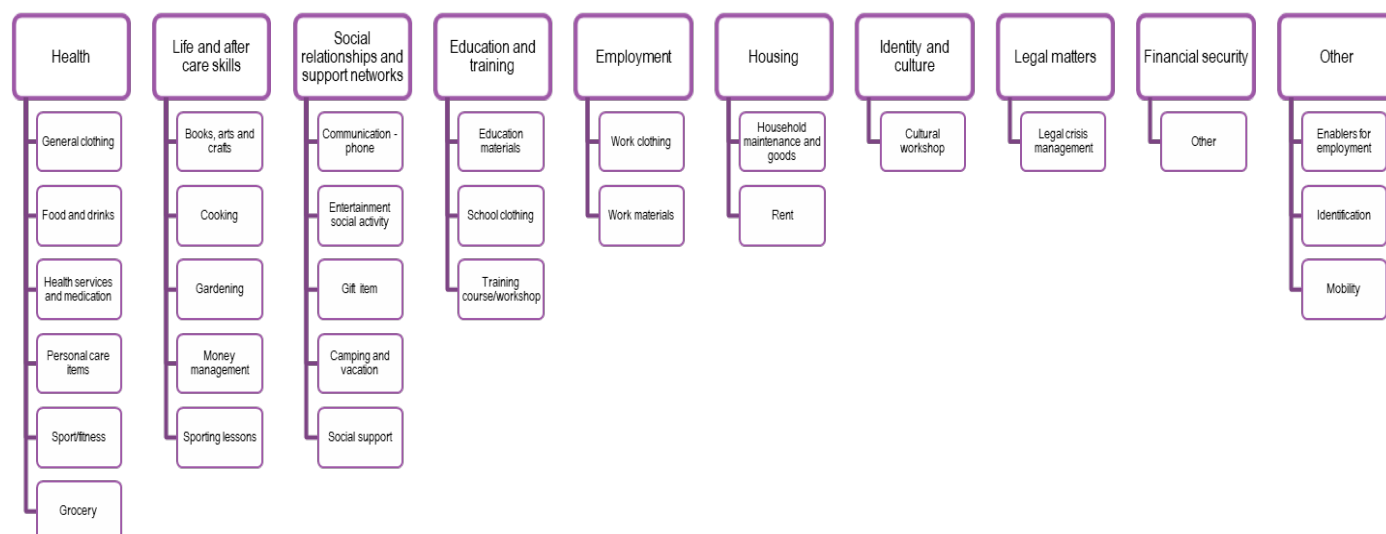
Brokerage data and domains

Brokerage data provides another source of insight into the services and supports (both type and scale) provided through the Trial. Brokerage expenditure reports were available to this analysis for the period from June 2017 to June 2019.

Figure 5.5 shows the framework used to map brokerage expenditure to the life domains totalling nine with the separation of education and training from employment. Six of these life domains were more commonly reported across the entire period of the TIA Trial – Health, Social relationships and support networks, Housing, Education and training, Life and after care skills and Employment. Common inclusions under these domains are described below:

- 'Health' included expenditure on food and drinks (e.g. restaurants and takeaway), personal care items (e.g. contraception and toiletries), grocery (e.g. supermarket shopping) and general clothing (e.g. clothing not specific to employment or education).
- 'Social relationships and support networks' included expenditure on communication (e.g. phone credit) and social entertainment activities (e.g. movie, bowling and theme parks).
- 'Housing' included expenditure on household maintenance and goods (e.g. white goods, appliances and bedding) and rent.
- 'Education and training' included expenditure on workshop/course fees, education materials (e.g. course books, stationery and software) and education-specific clothing.
- 'Life and after care skills' included expenditure on arts and crafts (e.g. art supplies), cooking (e.g. cooking lessons), sporting lessons (e.g. horse riding and swimming), gardening (e.g. supplies) and general books.
- 'Employment' included expenditure on employment materials (e.g. stationary) and employment-specific clothing.

In addition, an 'Other' domain was included in brokerage reports that comprised expenditure that did not clearly suit any of the nine life domains. This included expenditure for enablers for employment (e.g. driver's licence, police check and working with children check), mobility (e.g. public transportation) and identification (e.g. birth certificate, passport and proof of age card).

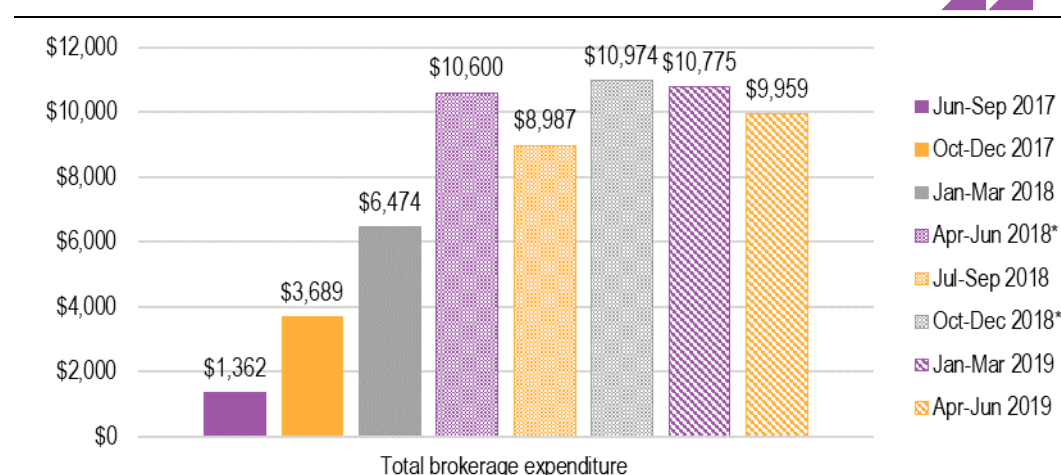
FIGURE 5.5 BROKERAGE DOMAINS AND SUB-DOMAINS

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE REPORTS, 2019.

Brokerage expenditure

The total brokerage spending between June 2017 to June 2019 was \$62,818, after excluding large outlier expenditure (e.g. group camping and vacations) that was incurred on two occasions involving multiple participants. The total brokerage spending, including these outliers, was \$74,711. The following data presents results for brokerage spending after excluding outliers.

There was a gradual increase in expenditure of brokerage funds from June-September 2017 to April-June 2018. Thereafter, expenditure for each quarter was maintained at an average of \$10,259 for the cohort. Figure 5.6 shows the brokerage expenditure across the period from June 2017 to June 2019.

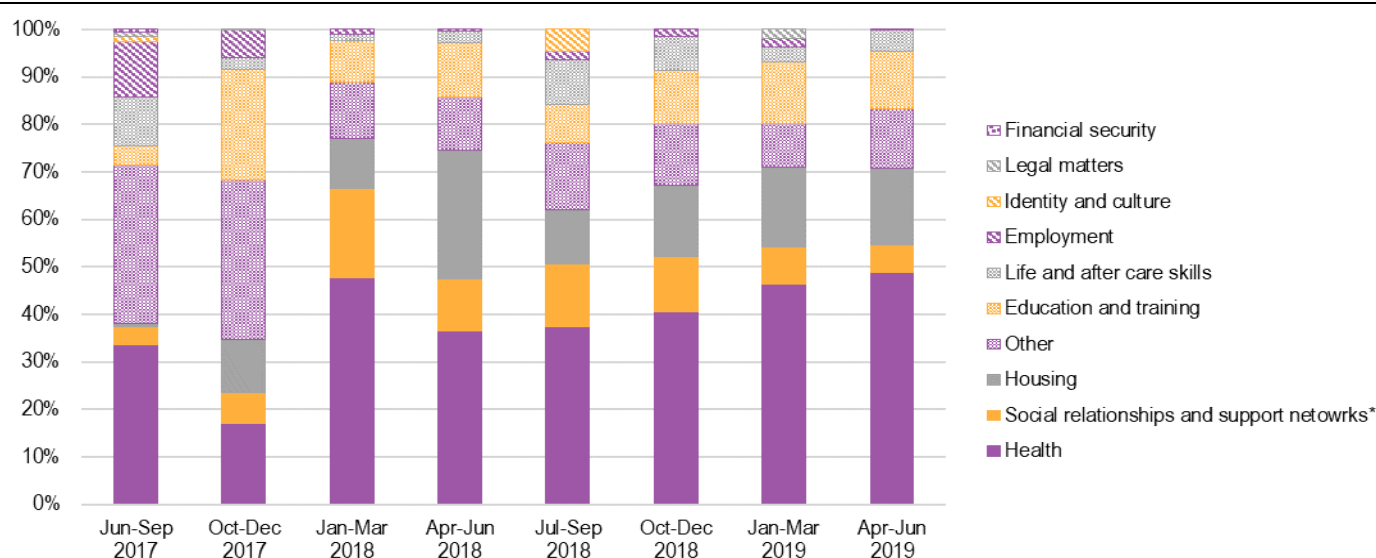
FIGURE 5.6 BROKERAGE EXPENDITURE ACROSS QUARTERS, JUN-2017 TO JUN-2019

Note: * Outlier brokerage expenditure were excluded for Apr-Jun 2018 and Oct-Dec 2018. This involved a single large purchase in each of the relevant quarters.
SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

Proportion of brokerage expenditure over time

In the last four quarters, from July-September 2018 to April-June 2019, the proportion of expenditure on Health gradually increased from 37 per cent to 49 per cent. There were also increases in expenditure, albeit smaller, on Housing (from 11 per cent to 16 per cent) and Education and training (from 8 per cent to 12 per cent). - In contrast, expenditure on Social relationships and support networks has more than halved in the same time period (from 13 per cent to 6 per cent). - The increased level of brokerage funding in these domains suggests a higher level of participant activity in giving effect to their identified needs in areas with immediate relevance to transitioning to independence. For Housing and Education and Employment, both Youth Workers and Case Managers perceived that young people had made the most significant improvements in these domains (see section 6.1). Figure 5.7 shows the proportion of brokerage expenditure by life domain for the period June 2017 to June 2019.

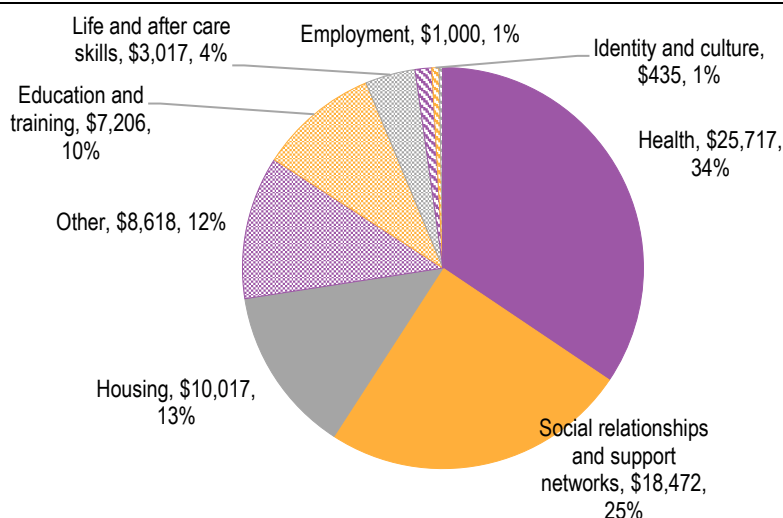
FIGURE 5.7 PROPORTION OF BROKERAGE EXPENDITURE ACROSS QUARTERS BY LIFE DOMAIN, JUN-2017 TO JUN-2019



Note: * Outlier brokerage expenditures were excluded for Apr-Jun 2018 and Oct-Dec 2018.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

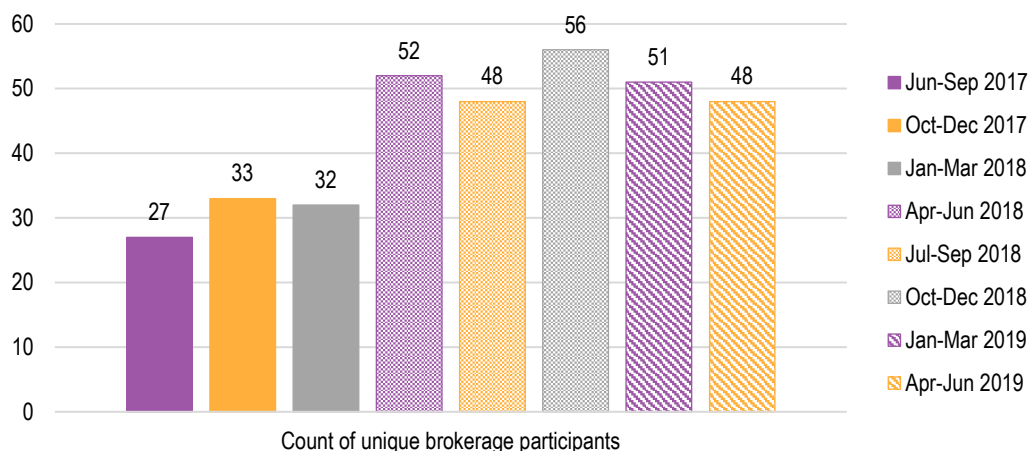
Brokerage data for the first two years of the Trial shows that the Health domain was the area of highest expenditure at 34% (\$25,717), followed by Social relationships and support networks at 25% (\$18,472) and Housing at 13% (\$10,017) (see Figure 5.8). This aligns with qualitative feedback on the scale and significance of Health needs for young people participating in the Trial, and the importance of building a sense of belonging and connection to support achievement of outcomes.

FIGURE 5.8 DISTRIBUTION OF BROKERAGE EXPENDITURE BY DOMAIN, JUN-2017 TO JUN-2019

Note: * Percentages may not sum to 100% due to rounding. The life domains for 'Legal matters' and 'Financial security' are not shown because they each represent less than one per cent.

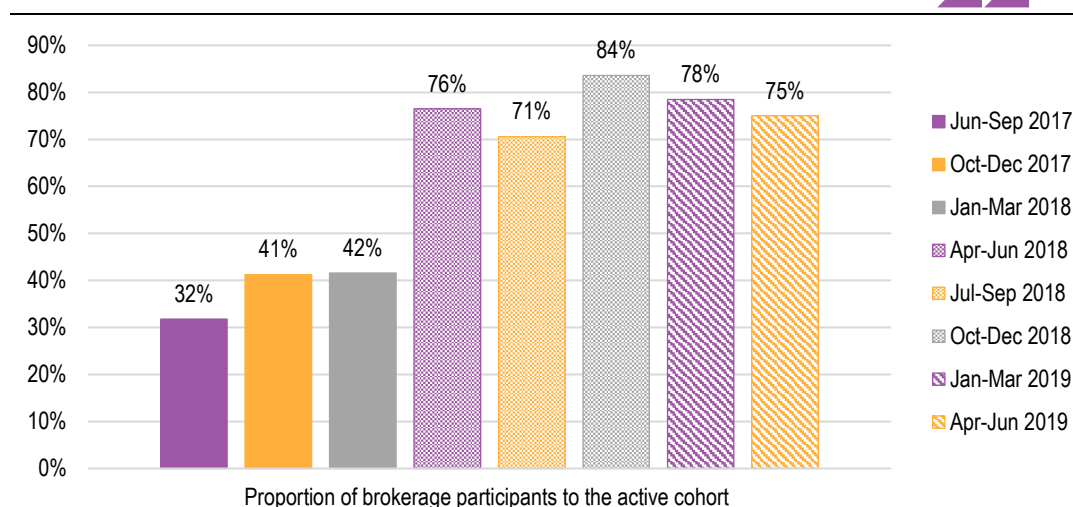
SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

Participants

FIGURE 5.9 NUMBER OF UNIQUE BROKERAGE PARTICIPANTS ACROSS EACH QUARTER, JUN-2017 TO JUN-2019

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

The number of participants accessing brokerage funds across each quarter has remained consistent at an average of 50 participants between Apr-Jun 2018 and Apr-Jun 2019. Figure 5.9 shows the number of unique brokerage participants for the period June 2017 to June 2019. This translates to an average engagement rate of 77 per cent, calculated as the proportion of brokerage participants to the active cohort (see Figure 5.10). In the most recent three quarters, from Oct-Dec 2018 to Apr-Jun 2019, there was a slight decrease in brokerage engagement from 84 per cent to 75 per cent. The notable increase in engagement from Jan-Mar 2018 to Apr-Jun 2018 (i.e. from 42 per cent to 76 per cent) coincides with the transition of participants into early adulthood (17-18 years and beyond) where the participants are likely to be leaving out-of-home care and entering independent living.

FIGURE 5.10 PROPORTION OF BROKERAGE PARTICIPANTS TO THE ACTIVE COHORT ACROSS EACH QUARTER, JUN-2017 TO JUN-2019

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

A breakdown for the April-June 2019 quarter by participant characteristics (i.e. sex, Indigenous status and geographic location) compared to the breakdown of participants in the Trial as at June 2019 is summarised in Table 5.3. There was a higher proportion of participants who used the brokerage who were female (54 per cent compared to 48 per cent in the Trial), non-Aboriginal and Torres Strait Islander (69 per cent compared to 65 per cent), and from metropolitan Perth (95 per cent compared to 79 per cent), compared to overall participants in the Trial.

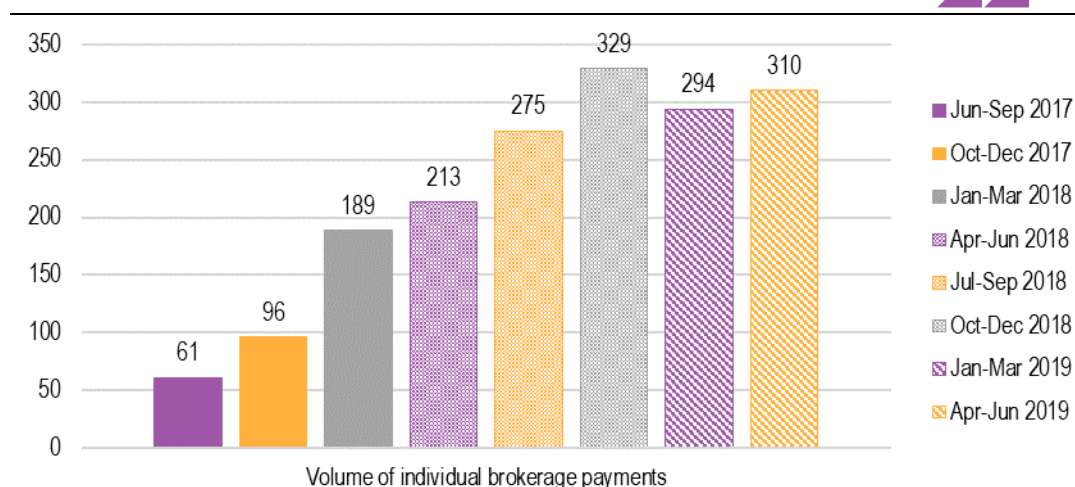
TABLE 5.3 TRIAL PARTICIPANTS RECEIVING BROKERAGE FUNDS FOR APR-JUN 2019 QUARTER

Participant characteristic	Apr-Jun 2019 brokerage use (n=48), N (%)	Participants in Trial at June 2019 (n=66), N (%)
Sex		
Male	22 (46)	34 (52)
Female	26 (54)	32 (48)
Indigenous status		
Aboriginal and Torres Strait Islander	15 (31)	23 (35)
Non-Aboriginal and Torres Strait Islander	33 (69)	43 (65)
Geographic region		
Metropolitan Perth	38 (95)	52 (79)
Regional	2 (5)	14 (21)

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

Volume of brokerage payments

The number of times brokerage funds were accessed rose to 329 payments in October-December 2018 since the inception of the brokerage and thereafter has been maintained at 310 payments in April-June 2019. Figure 5.11 shows the volume of individual brokerage payments for the period June 2017 to June 2019.

FIGURE 5.11 VOLUME OF INDIVIDUAL BROKERAGE PAYMENTS ACROSS EACH QUARTER, JUN-2017 TO JUN-2019

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

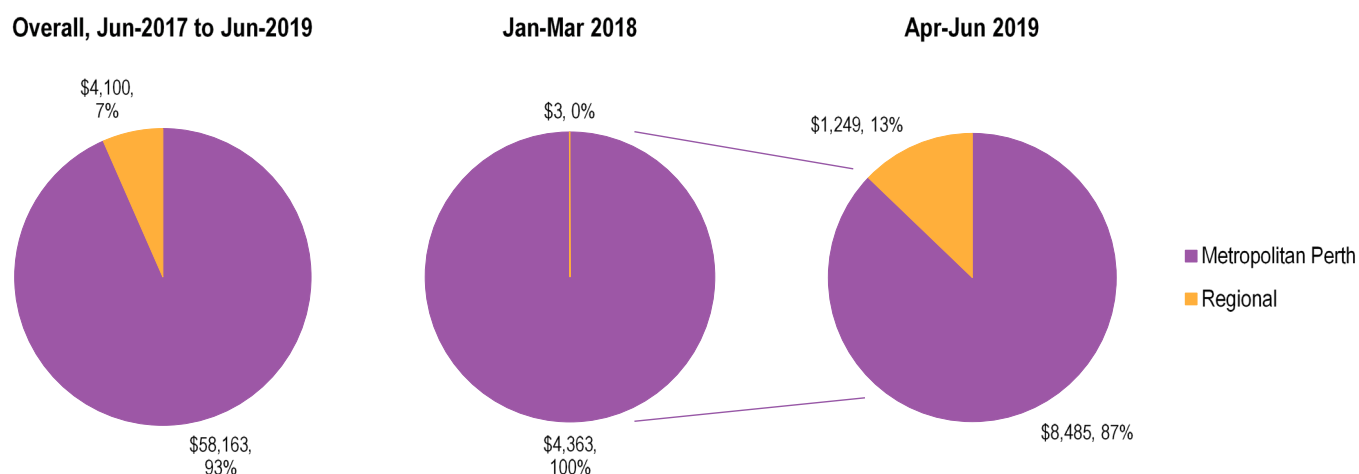
Amount of brokerage payments

The average brokerage expenditure for the period June 2017 to June 2019 was \$434 per participant. However, this includes outliers where four participants had an unusually large total spend of over \$2,000 each. Omitting these outliers, the average brokerage expenditure was \$360 per participant, which is a more accurate figure of the amount of brokerage used per participant. Examples of usual brokerage spending are summarised in the first part of Section 5.3, and in Figure 5.5. While the average spending was \$360 per participant, there was a wide range, from \$3 to \$1,800 (including outliers, the upper range was \$4,067). The distribution is skewed towards smaller payments. There were some large spending outliers including spending on large household items and horse riding lessons.

Overall, 70 per cent of participants who received brokerage funds had a total expenditure of less than \$400 each. In total, there were 1,770 brokerage payments for the period June 2017 to June 2019. The brokerage was used an average of 11 times per participant, with an average expenditure of \$36 for each payment.

Brokerage expenditure by geographic region

Brokerage expenditure in the Perth metropolitan region was 93 per cent (\$58,163) and in the regional areas was 7 per cent (\$4,100), which generally is consistent with the proportion of participants in metropolitan and regional areas (see Table 4.2). In the most recent quarter (i.e. April-June 2019), the proportion of expenditure in regional areas was 13 per cent (\$1,249), while in the earliest quarter with available area data (i.e. January-March 2018), it was less than 1 per cent. This suggests an increasing level of engagement of regional participants for the brokerage. Figure 5.12 shows the brokerage expenditure by geographic region for the period June 2017 to June 2019.

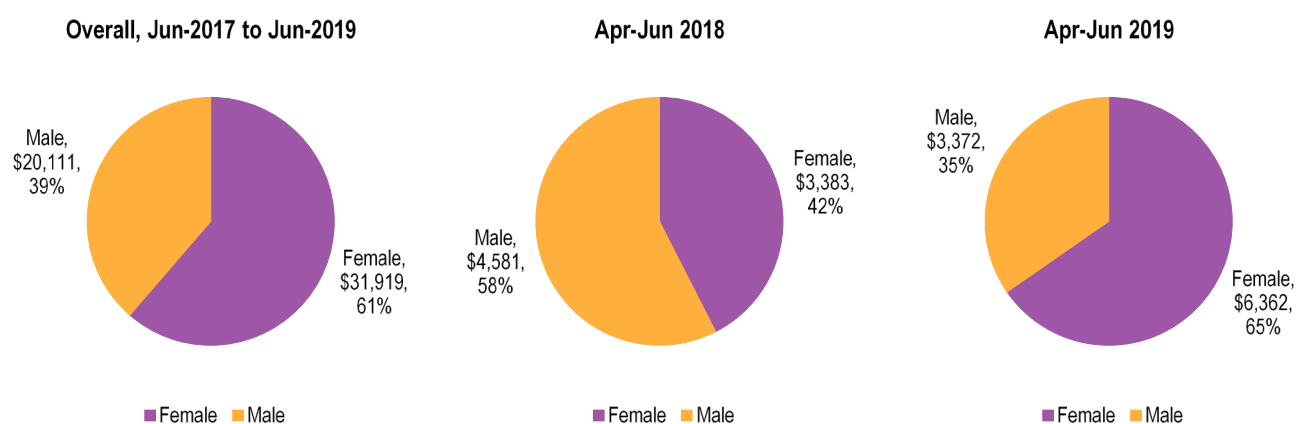
FIGURE 5.12 DISTRIBUTION OF BROKERAGE EXPENDITURE BY GEOGRAPHIC REGION, JUN-2017 TO JUN-2019

Note: * Percentages may not sum to 100% due to rounding. Outlier brokerage expenditure was excluded for Apr-Jun 2018 and Oct-Dec 2018. Sum of overall brokerage spending may not add up to \$68,819 due to missing data for geographic region.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

Brokerage expenditure by sex

Figure 5.13 shows the brokerage expenditure by sex for the period June 2017 to June 2019. Overall brokerage expenditure by females was 61 per cent (\$31,919), and males was 39 per cent (\$20,111). Over the 12-month period between Apr-Jun 2018 to the most recent quarter available, Apr-Jun 2019, the proportion of expenditure by females increased from 42 per cent (\$3,383) to 65 per cent (\$6,362), while expenditure by males decreased from 58 per cent (\$4,581) to 35 per cent (\$3,372). These changes suggest an increasing level of engagement of female participants for the brokerage, which was independent of the active cohort demographics given the comparably minimal changes in the proportions of females and males across the same time period, as shown in Table 4.2 (i.e. the proportion of active participants in the trial between June 2018 and June 2019 changed from 47 per cent to 48 per cent for females and 53 per cent to 52 per cent for males).

FIGURE 5.13 DISTRIBUTION OF BROKERAGE EXPENDITURE BY SEX, JUN-2017 TO JUN-2019

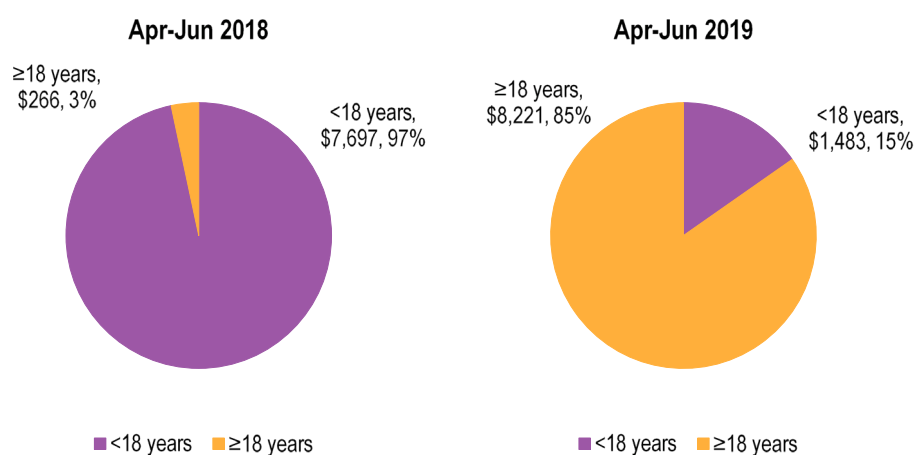
Note: * Percentages may not sum to 100% due to rounding. Total sample is 1,271 brokerage payments with available data on participant's gender. Outlier brokerage expenditure was excluded for Apr-Jun 2018 and Oct-Dec 2018. Sum of overall brokerage spending may not add up to \$68,819 due to missing data for gender.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

Brokerage expenditure by age

Figure 5.14 shows the brokerage expenditure by age (i.e. under 18 years and 18 years or above) for the quarters Apr-Jun 2018 and Apr-Jun 2019. Over the 12-month period between Apr-Jun 2018 to the most recent quarter, Apr-Jun 2019, the proportion of expenditure by users aged 18 years or above increased from 3 per cent (\$266) to 85 per cent (\$8,221), while expenditure by users aged under 18 years decreased from 97 per cent (\$7,697) to 15 per cent (\$1,483). This suggests a maintained level of engagement of participants as they transition into independent living.

FIGURE 5.14 DISTRIBUTION OF BROKERAGE EXPENDITURE BY AGE, JAN-MARCH 2018 AND APR-JUNE 2019

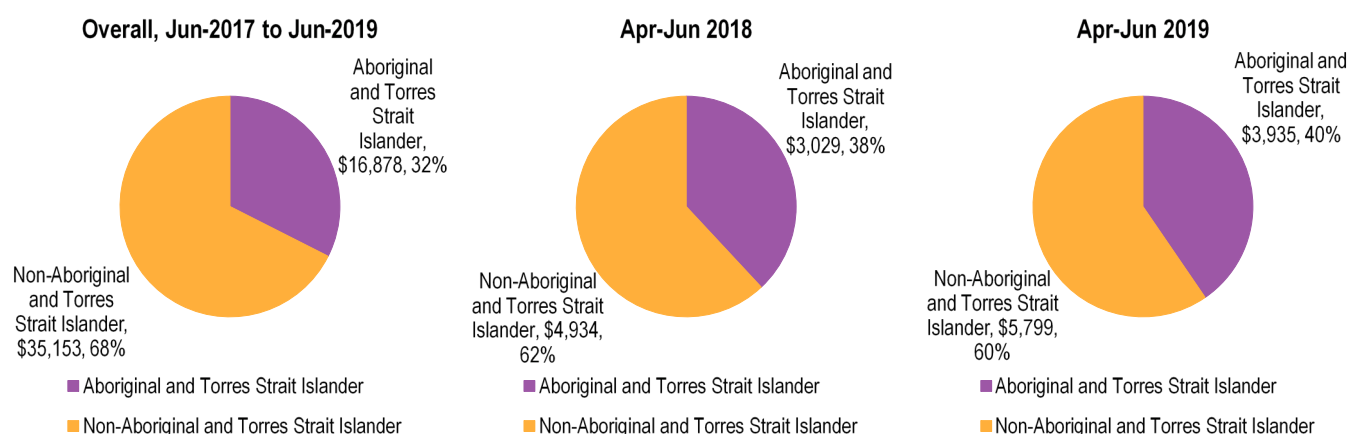


Note: * Percentages may not sum to 100% due to rounding. Total sample is 1,271 brokerage payments with available data on participant's age.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

Brokerage expenditure by Indigenous status

Figure 5.15 shows the brokerage expenditure by Indigenous status (i.e. Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander) for the period June 2017 to June 2019. Overall, brokerage expenditure by Indigenous young people was 32 per cent (\$16,878), and non-Indigenous was 68 per cent (\$35,153). Over the 12-month period between Apr-Jun 2018 to the most recent quarter, Apr-Jun 2019, the proportion of expenditure by Indigenous participants increased from 38 per cent (\$3,029) to 40 per cent (\$3,935), while expenditure by non-Indigenous participants decreased from 62 per cent (\$4,934) to 60 per cent (\$5,799). These changes suggest an increasing level of engagement of users from Aboriginal and Torres Strait Islander backgrounds for the brokerage. These changes were somewhat reflected by the changes in the active cohort demographics where there was a comparable increase in the proportion of Aboriginal and Torres Strait Islander participants across the same time period, as shown in Table 4.2 (i.e. the proportion of active participants in the Trial between June 2018 and June 2019 changed from 34 per cent to 35 per cent for Aboriginal and Torres Strait Islanders and 66 per cent to 65 per cent for non-Aboriginal and Torres Strait Islanders).

FIGURE 5.15 DISTRIBUTION OF BROKERAGE EXPENDITURE BY INDIGENOUS STATUS, JUN-2017 TO JUN-2019

Note: * Percentages may not sum to 100% due to rounding. Total sample is 1,271 brokerage payments with linkable data on participant's Indigenous status. Outlier brokerage expenditure was excluded for Apr-Jun 2018 and Oct-Dec 2018. Sum of overall brokerage spending may not add up to \$68,819 due to missing data for Indigenous status.

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON TIA TRIAL BROKERAGE DATA EXPENDITURE, 2019.

5.4 Fidelity to model

The TIA Trial service delivery model, outlined in Towards Independent Adulthood Trial – Service Delivery Model 2016-2020 (DSS) includes the following activities:

- partnership with Yorgum
- recruitment of a dedicated workforce (Youth Workers)
- completion of leaving care planning for young people participating in the Trial
- identification of referral pathways and establishment of priority access
- collaborative practice between DC Case Managers and Youth Workers
- implementation of reflective practice processes
- use of brokerage funds as required
- development of communication material and tools (including the Sortli application).

This section outlines the key activities and assesses the extent to which they have been implemented over the first two years of the three-year TIA Trial with fidelity to the Trial model.

5.4.1 Partnership with Yorgum

Yorgum is an Aboriginal Community Controlled Organisation (ACCO) that delivers counselling and support programs to Aboriginal children and their families. Wanslea's partnership with Yorgum was intended to ensure culturally appropriate responses to the needs of Aboriginal and/or Torres Strait Islander young people participating in the Trial.

The Wanslea/Yorgum team was intended to operate out of a dual outreach and centre based model. The TIA Trial model as implemented by Wanslea included some co-hosting arrangements for Youth Workers operating out of Yorgum. Yorgum has also provided support to the Youth Workers through cultural awareness and safety events.

In the broader implementation of the TIA Trial, there has been less interaction between Wanslea and Yorgum than might have been anticipated. The nature of the partnership, and associated roles and responsibilities, were unclear for both parties and there was little understanding of how Wanslea and Yorgum could support each other throughout the Trial (either through in-kind or dedicated resourcing).

In reporting to DSS against the TIA Trial Activity Work Plan, Wanslea acknowledges that 'more could be done to involve Yorgum as an active partner in the trial' and that 'work is being done to ensure this occurs' (Report covering the period April-July 2019). This has included regular correspondence between the two organisations relating to 'logistics, joint working arrangements and matters such as cultural consultation and learning and development'. Yorgum continues to contribute to the provision of culturally appropriate services for Trial participants including work with Youth Workers on a 'healing through bush medicine' course for young people.

More broadly, WA DC is examining the parameters of the partnership arrangements between service providers and Aboriginal organisations, including:

- roles and responsibilities
- operating arrangements for implementation
- benefits to both services.

5.4.2 Dedicated workforce

The Youth Workers recruited to the Trial, and managed by Wanslea, work in collaboration with the existing WA DC Case Managers who have overall responsibility for the Trial participants while the young people are in out-of-home care. Once a young person is 18 years of age, they may be supported by community-based Leaving Care Services funded by WA DC and/or they may seek assistance through WA DC district offices. Post care assistance can be in the form of employment, housing, health and other matters and provides a point of contact for occasional ongoing supports until the young person reaches 25 years of age⁸⁸ (also see Chapters 3 and 10).

There are different models of leaving care across District Offices. For example, in Armadale, there is a dedicated Leaving Care team who focus on those children who are transitioning out of care. This team is comprised of five Child Protection workers, a Placement worker, and a Youth and Family Engagement worker. The dedicated Leaving Care team was seen to help ease communication between WA DC and Wanslea as there was a level of understanding of individual cases and activities underway, which made it easier to allocate responsibilities and monitor progress. Other WA DC Districts have dedicated Leaving Care officers located within their broader teams.

While the Leaving Care Officers bring a degree of understanding, it also presents challenges in maintaining connections with Case Managers, Leaving Care Officers operating within different local arrangements and Youth Workers within the Trial working with young people as they transition through different departmental support arrangements. The continuity provided by the Youth Worker and their ability to increase awareness of continuing departmental assistance is an important enabler in connecting services and eligible young people.

Case loads

Each Youth Worker was to be responsible for a caseload of ten Trial participants. In the initial phase of the Trial, there was concern that Youth Workers were carrying higher caseloads than intended. This was attributed, in part, to issues with retention and the co-case management model used by Wanslea, in which a young person in the Trial was introduced to a 'shadow' Youth Worker to build familiarity and rapport across multiple contacts and to allow for Youth Worker absences.

The current caseload appears to be within the parameter of the service delivery model, noting that the Coordinator role (the 'ninth' Youth Worker) also provides case management within the Trial, however, Youth Workers reported during the course of the Trial that priority was given to young people who were engaged to ensure that time was spent effectively as it was challenging to provide intense support to the full case load of ten participants. The analysis of services provided earlier in the chapter suggests that for most of the domains, Youth Workers were actively providing support but this support varied in intensity across the domains.

⁸⁸ 3.4.14 Leaving the CEO's care. Casework Practice Manual, Last modified 10 March 2020, Department of Communities, Government of Western Australia.

The Trial participation guidelines emphasise that a participant can remain in the Trial regardless of their level of engagement, unless they formally withdraw. This level of flexibility both acknowledges the differing needs of the participants over time but also focuses resources on those young people who respond to the support available.

Training

As part of the onboarding process, Youth Workers attended a two-day Wanslea induction session. Ongoing training has also been provided including in response to areas of professional development identified by Youth Workers. Additional training undertaken by Youth Workers has included mental health and suicide prevention training, cultural training, youth sexual health training, dealing with challenging behaviours, social inclusion and disability awareness, and trauma informed practice. Reflective practice during the course of the Trial has provided an opportunity for Youth Workers to identify areas for skills enhancement. To help build collective capability, Youth Workers have each been allocated a domain area and share the learning with others. This has also helped with information sharing among Youth Workers.

Youth Workers have been provided access to WA DC's learning and development centre to assist in building consistency of practice between Youth Workers and Case Managers. However, there were often difficulties in getting access to the courses or programs and uptake was relatively limited. Supervision of the Youth Workers is provided by Wanslea's Leaving Care Coordinator and the appointment to Wanslea of a Practice Leader – Aboriginal Programs provides additional support when working with Aboriginal people.

5.4.3 Leaving care planning

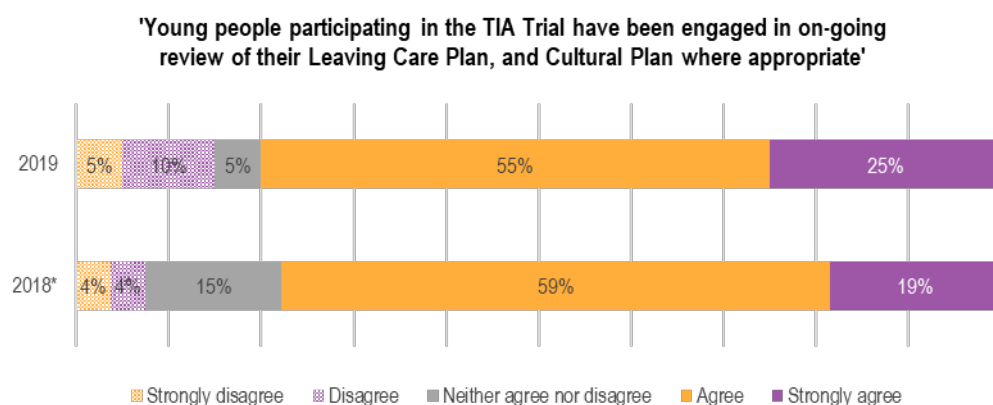
Trial participants were intended to have in place both a leaving care plan and cultural plan, as appropriate, developed as a collaborative process involving the young person, WA DC and the Youth Worker.

While a similar proportion of Case Managers surveyed in 2018 (78 per cent) and 2019 (80 per cent) agreed that young people in the Trial have been engaged in on-going review of their Leaving Care and Cultural Plans, there was an increase in those strongly agreeing with this statement (see Figure 5.16). In addition, while fewer Case Managers were ambivalent about participant engagement in on-going review in 2019 compared to 2018, there was an increase in those who disagreed or strongly disagreed in 2019 that this engagement had occurred.

WA DC staff reported that there was a perceived increase in the involvement of young people in leaving care planning, and that outcomes were clearer where young people had participated in a collaborative discussion. However, there was limited development of Cultural Plans for Aboriginal and Torres Strait Islander young people. This was perceived by WA DC staff to be a key gap in current processes.

'I found [the Youth Workers] to be very helpful with the leaving care planning process. Having the Youth Worker there made the case workers, the team leaders accountable on what needs to be put in place for the child in the real world. They're really good advocates.'

(DC Case Manager)

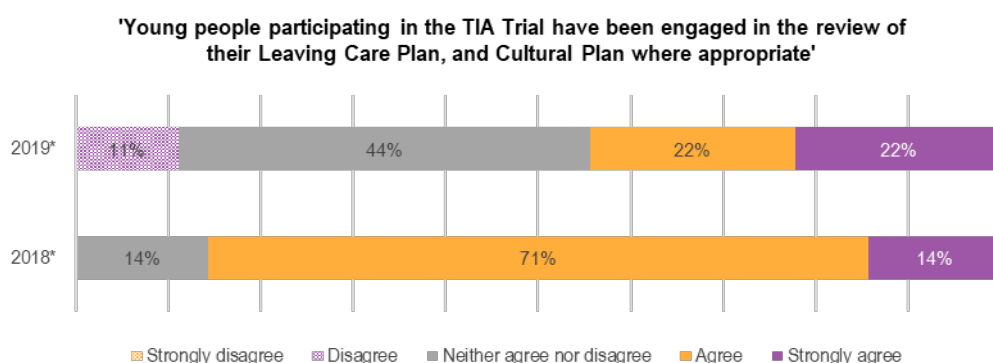
FIGURE 5.16 CASE MANAGER PERCEPTIONS OF THE TIA TRIAL – LEAVING CARE PLANNING

* Percentages may not sum to 100% due to rounding. 2019: n=20; 2018: n=30

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEYS, 2019.

By contrast, there was a marked change in the views of Youth Workers moving from 85 per cent of respondents in 2018 either agreeing or strongly agreeing that young people were engaged in review of their plans, to 44 per cent sharing this view in 2019. In 2019, a further 44 per cent neither agreed nor disagreed with this statement. This may in part reflect that a proportion of young people had exited care on turning 18, and in part that there was a reduced opportunity for Youth Workers to participate in these discussions convened by Case Managers. Feedback from Youth Workers did not indicate any change in processes between 2018 and 2019.

Youth Workers reported that barriers to participation in leaving care planning included attendance at meetings, and mental health concerns for the young person. Youth Workers often felt they were advocating for the young person, to ensure their voice was represented in the leaving care planning process.

FIGURE 5.17 YOUTH WORKER PERCEPTIONS OF THE TIA TRIAL – LEAVING CARE PLANNING

* Percentages may not sum to 100% due to rounding. 2019: n=9; 2018: n=7

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF YOUTH WORKER SURVEYS, 2019.

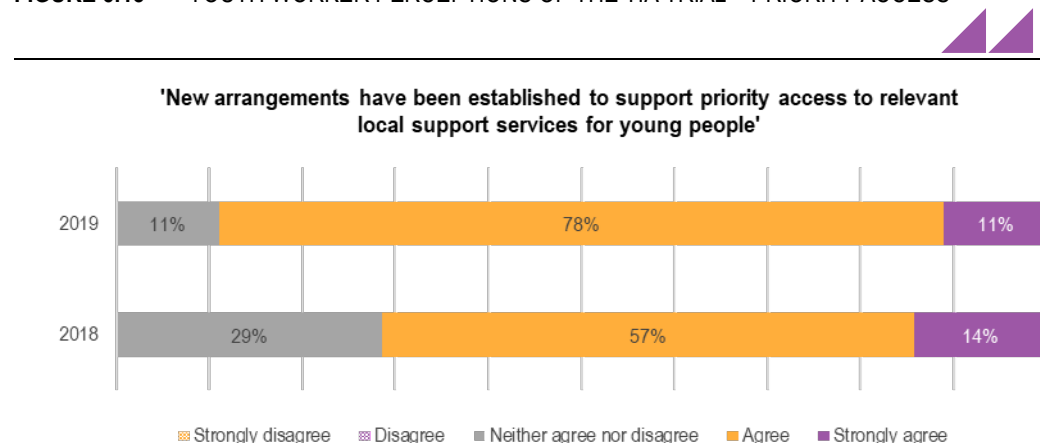
5.4.4 Priority access

The TIA Trial Model included the development and establishment of prioritised referral pathways to state and Commonwealth funded support services, such as housing, health and training programs. This priority access was intended to be facilitated through local networks, established by connecting service providers with Youth Workers, through Wanslea. Local referral pathways and service provider

networks are compiled in an agency service directory and used by Wanslea with a view to ensure these connections are shared across the workforce and agency.

Based on survey responses, priority access pathways had improved between 2018 and 2019 (see Figure 5.18). Most Youth Workers agreed that new arrangements to access priority services had been established (89%; 8). Youth Workers reported that the Trial had significantly improved relationships with other service providers, including Aboriginal services, housing and health providers.

FIGURE 5.18 YOUTH WORKER PERCEPTIONS OF THE TIA TRIAL – PRIORITY ACCESS



Note: 2019: n=9; 2018: n=7

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF YOUTH WORKER SURVEYS, 2019.

Networking and informal relationships were seen as key to facilitating access, with Youth Workers building strong connections with other services and government departments including education and youth justice. These relationships were seen to improve the likelihood of receiving priority access for Trial participants. While there were some positives observed in relation to priority access, Youth Workers reported that there was variation across Districts and agencies which resulted in inconsistent practices for priority access.

'Efforts have been made by some agencies such as Housing and Centrelink to prioritise access for young people in the TIA Trial but there is need for internal communication within these agencies to ensure consistency as some districts have been more difficult to work with than others.'

(Youth Worker)

Partnerships with service providers, or local networks operate primarily at the TIA catchment area level. The majority of service providers who responded to the survey (83%; 5) had been aware of the TIA Trial for between one and two years, indicating ongoing engagement.

While engagement with service providers has been positive, there was mixed understanding of the TIA Trial model and associated roles and responsibilities. In 2018, the majority of service providers reported they had a good understanding of the TIA Trial (62%; 8) whereas the 2019 data saw a slight decline (50%; 3). Open text responses indicated that there was ongoing confusion about the difference between the TIA Trial and usual leaving care services, or those offered by other community service organisations.

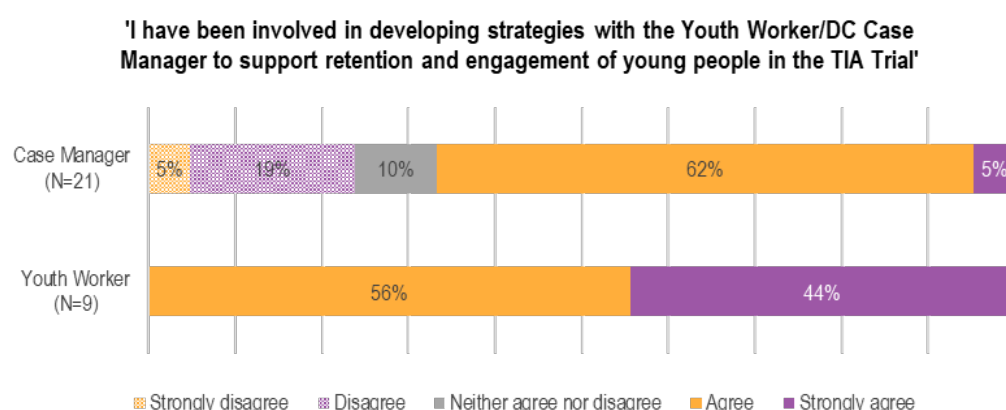
This response might also be influenced by a lack of distinction from the sector's perspective and as the Trial has progressed, between the Trial and Wanslea's usual leaving care program workforces. It should also be noted that local inconsistencies regarding priority access was escalated, as appropriate, through the Trial governance arrangements and may have resulted in state-wide discussions to reinforce existing policy with service providers. These service providers are unlikely to have been aware of the link between the Trial and the messaging to reinforce practice consistent with current policy relating to young people leaving care.

5.4.5 Collaborative practice

The TIA Trial model is premised on a co-working relationship between Youth Workers and Case Managers, in which the two parties establish a care team that provides wrap around support to the young person from the beginning of their transition from care. The model envisaged that the in-care transition phase would exist for up to two of the three years of the Trial.

Case Managers and Youth Workers were surveyed to determine whether the two parties had been working together to *'develop strategies that supported the engagement and retention of young people in the TIA Trial'* (see Figure 5.19). In 2019, all Youth Workers (100%; 9) agreed or strongly agreed that this collaboration had occurred, as did the majority of Case Managers (67%; 14).

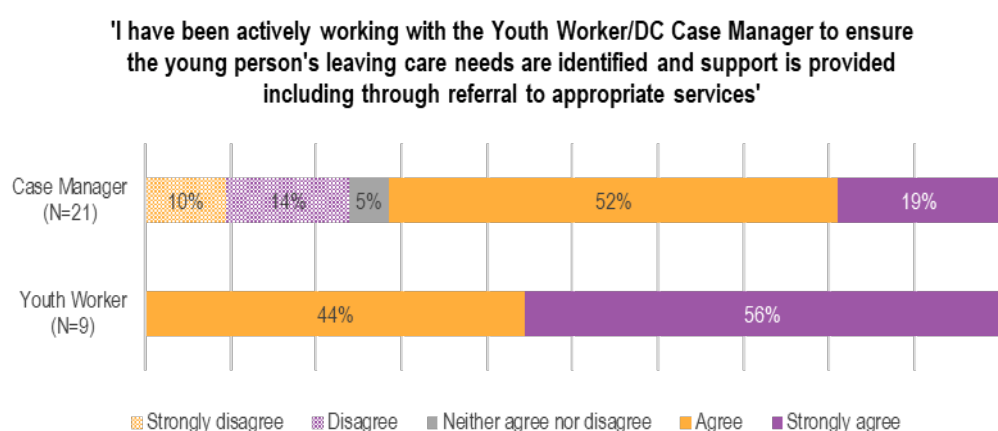
FIGURE 5.19 PERCEPTION OF THE TIA TRIAL AMONG CASE MANAGERS AND YOUTH WORKERS 2019 – CO-WORKING RELATIONSHIPS



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER AND YOUTH WORKER SURVEYS, 2019.

Responses were comparable when Case Managers and Youth Workers were asked also whether they had been working collaboratively *'to ensure that the young person's leaving care needs are identified and support is provided, including through referral to appropriate services'* (see Figure 5.20). The majority of Case Managers (71%; 5) and all Youth Workers agreed or strongly agreed that this form of collaboration was taking place.

FIGURE 5.20 PERCEPTIONS OF THE TIA TRIAL AMONG CASE MANAGERS AND YOUTH WORKERS 2019 – IDENTIFICATION OF NEEDS



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER AND YOUTH WORKER SURVEYS, 2019.

Collaboration and communication were seen as key to identifying needs and supporting young people in the transition from care. However, based on other feedback from Youth Workers and Case Managers, there was some variation in approaches across Districts and Case Managers which was seen to impact on the ability to cooperate in meeting the young person's needs.

'Transparency and open communication between all parties (Case Manager, Youth Worker and Young Person) has been vital to ensuring that needs are identified, and the outlined leaving care goals are met, or measures have been put in place prior to the young person turning 18.'

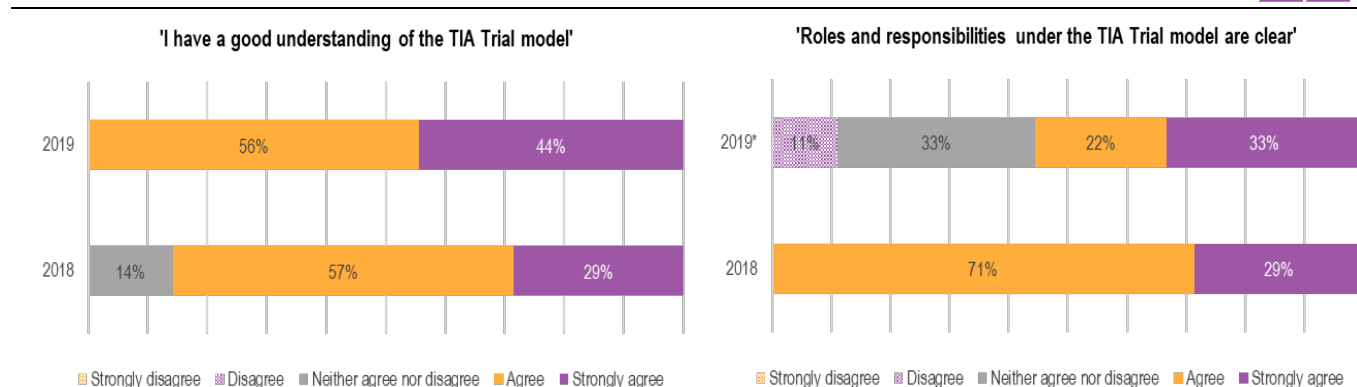
(Youth Worker)

Roles and responsibilities

Uncertainty about the roles and responsibilities within the TIA Trial continues to exist. Figure 5.21 shows survey responses from Youth Workers to the statements 'I have a good understanding of the TIA Trial model' and 'Roles and responsibilities under the TIA Trial model are clear' across the 2018 and 2019 surveys.

Between 2018 and 2019, Youth Workers' understanding of the Trial model improved with all either agreeing or strongly agreeing in 2019. However, clarity around roles and responsibilities under the Trial decreased over the same period with fewer Youth Workers agreeing that roles and responsibilities were clear.

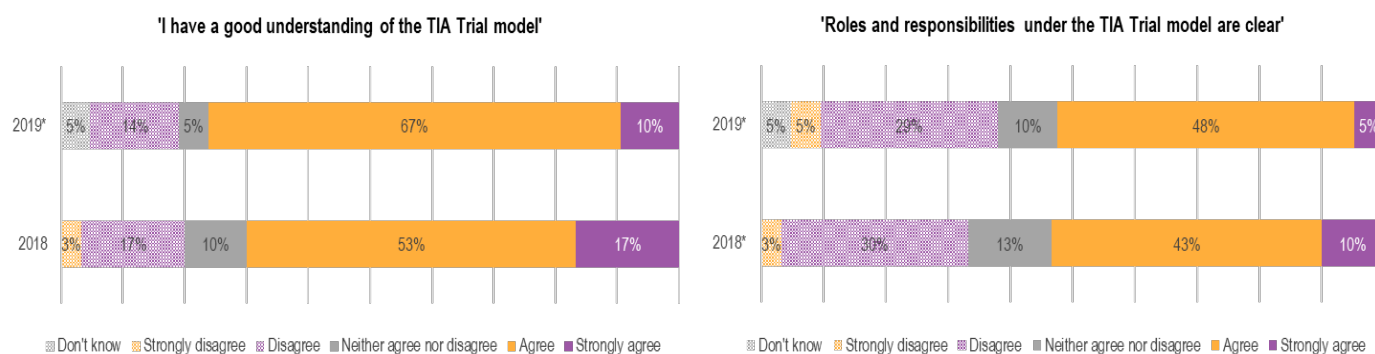
FIGURE 5.21 YOUTH WORKER PERCEPTIONS 2018 AND 2019 – ROLES AND RESPONSIBILITIES



Note: * Percentages may not sum to 100% due to rounding. 2019: n=9; 2018: n=7

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEYS, 2019.

For Case Managers, responses in both surveys remained comparable across 2018 and 2019 (see Figure 5.22). The majority of Case Managers indicated that they agreed or strongly agreed that they had a good understanding of the TIA Trial model and just over half agreed or strongly agreed that roles and responsibilities were clear. However, qualitative feedback indicated that there was a significant lack of clarity in terms of the position description of the Youth Worker, the balance of responsibilities between Case Managers and Youth Workers, and the communication protocols.

FIGURE 5.22 CASE MANAGER PERCEPTIONS 2018 AND 2019 – ROLES AND RESPONSIBILITIES

Note: * Percentages may not sum to 100% due to rounding. 2019: n=20; 2018: n=30

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEYS, 2019.

Some of the continued confusion may be attributable to the change of the role of the Youth Worker throughout the Trial. Youth Workers reported that the role changes once young people turn 18 and there is no longer a direct Case Manager to interact with in WA DC and this can impact on the nature and scope of services provided by Youth Workers.

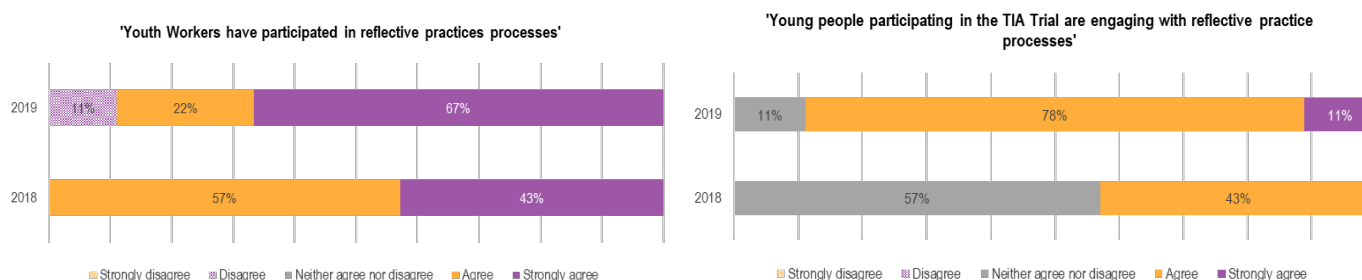
Some WA DC district offices were in the process of implementing dedicated Leaving Care Teams with associated staff. This role was seen to assist in consistency of practice and ensuring that collaborative processes between Youth Workers and WA DC were able to continue once the young person turned 18.

5.4.6 Reflective practice

The majority of Youth Workers reported being involved in reflective practice. In response to the statement 'Youth Workers have participated in reflective practice processes about operation of the TIA Trial model', 89% (8) agreed or strongly agreed. Figures were broadly consistent between 2018 and 2019. (See Figure 5.23, LHS)

The involvement of young people in reflective practice was reported to have improved in 2019. The majority of Youth Workers agreed or strongly agreed (89%; 8) with this position compared to half this number in 2018 (see Figure 5.23, RHS).

The limited involvement of young people in the reflective practice process was seen to be related to priorities at the time of transition. Youth Workers highlighted that young people are often experiencing significant change and coping with the new context becomes the priority; however, once the young person becomes stable post-care there may be additional opportunities to reflect.

FIGURE 5.23 YOUTH WORKER PERCEPTIONS 2018 AND 2019 – REFLECTIVE PRACTICE

Note: Respondents 2019: n=9; 2018: n=7

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF YOUTH WORKER SURVEYS, 2019.

The Youth Worker forums (case discussion/team meetings) have served as a valuable platform for sharing information, identifying obstacles and developing strategies. Individual cases are discussed, which allows Youth Workers to leverage each other's experience and networks to create solutions that address participants' needs.

In Wanslea reporting on opportunities for reflective practice, it is noted that in addition to staff forums for reflective practice, opportunities are also available through Peer Supervision, Clinical Supervision, monthly Team Meetings and quarterly LIG meetings (Wanslea Quarterly Progress Report to DSS June 2019).

Case Managers were surveyed in 2019 (n=20) to determine whether they '*Had an opportunity to provide input into ongoing refinement of the TIA Trial model, including development of local service coordination*'. Responses were relatively evenly spread across Case Managers with 40 per cent disagreeing or strongly disagreeing and 40 per cent agreeing or strongly agreeing. This indicates that there has been variation in the experience of Case Managers.

5.4.7 Brokerage funds

Brokerage funds have been provided to Wanslea by WA DC to support participant activity for the period of the TIA Trial.

An analysis of the brokerage expenditure (see section 5.3) indicates that the brokerage is important in supporting an increasing number of young people. The brokerage funded a diverse range of items in all life domains, in line with the funding guidelines, and its usage became more important when the participant reached early adulthood. This reflects changing patterns in the needs of young people as they leave care and transition into independent living. The increasing usage of the brokerage over time may also relate to the development of trust between the Youth Worker and young person or a better understanding on the part of the Youth Worker about the ways in which brokerage can facilitate meeting the needs of the young person.

Youth Workers reported that access to brokerage funds had been important for implementation of the model and achievement of objectives. Brokerage funds helped to build relationships between the Youth Worker and young person in the initial stages of the Trial by funding activities that contributed to establishment of rapport and trust, in turn reducing barriers to engagement.

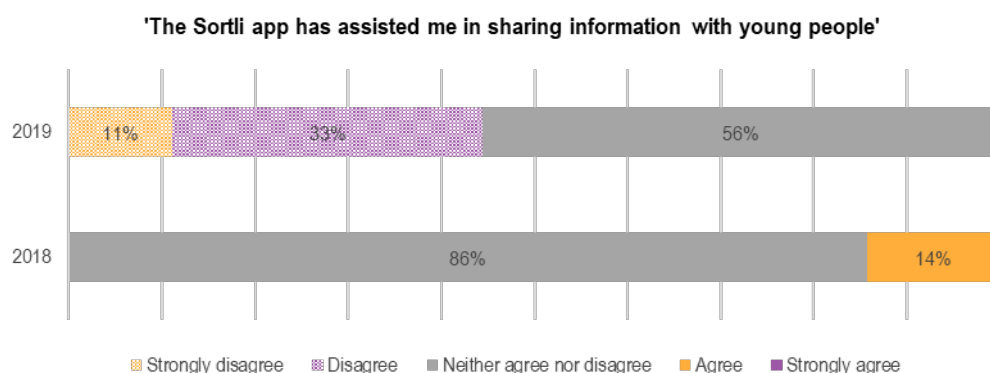
A key benefit of the brokerage funds was the ability to complete activities and access services at a much faster rate than standard departmental processes. Examples noted by Youth Workers included driving lessons, assistance with identification, phone credits and medication.

5.4.8 Communication platforms

The TIA Trial model featured the establishment of online resources (a phone application, Sortli, and a dedicated webpage on the DSS website), intended to provide Trial participants with additional pathways for information, resources and support during the Trial.

Sortli is a mobile app that has been developed by the CREATE Foundation, in collaboration with young people who have transitioned from care, as a tool to support young people to plan their future. The Sortli app has been adapted for a WA audience and forms part of the TIA Trial toolbox, providing information to support planning by participants in their transition to independence.

In the 2019 survey response to the statement '*The Sortli app has assisted me in sharing information with young people*', most Youth Workers neither agreed nor disagreed (56%; 5) with the statement followed closely by those who disagreed or strongly disagreed (44%; 4). No Youth Worker indicated that they agreed with the statement. These responses represent a slight decline on the 2018 survey data with a tendency to have a more considered position about the value of the application (see Figure 5.24).

FIGURE 5.24 YOUTH WORKER PERCEPTIONS OF THE SORTLI APPLICATION, 2018 AND 2019

Note: 2019: n=9; 2018: n=7

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF YOUTH WORKER SURVEYS, 2019.

In qualitative feedback from Youth Workers in 2019, it was reported that the creation of the Sortli app was beneficial and was likely to provide a useful resource once young people were stable, linked with employment, education and housing. However, there are limitations of the application particularly when working with young people with complex trauma, limited literacy and who require support to access services.

'The Sortli app is very informative and a great resource, however the young people see it as an extension of their care environment in being told what to do and how to do it, rather than viewing this as a resource, and that they are using it to seek assistance within the care system for themselves and now have to source this on their own.'

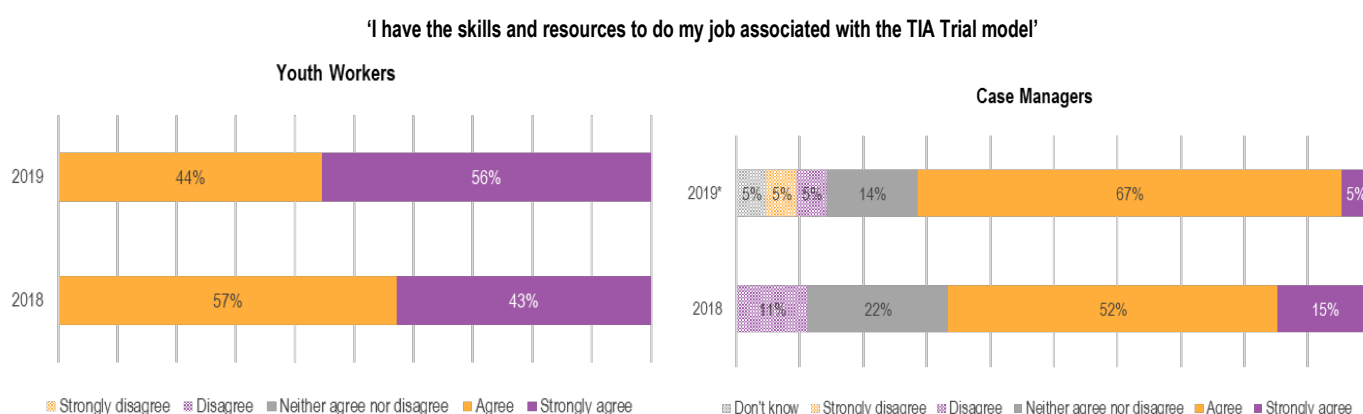
(Youth Worker)

Young people participating in the Trial reported a low awareness of the Sortli application. Some had heard of the app from their Youth Worker, but only one participant had reported using the application on an ongoing basis. (Wave 2 Longitudinal Study, 2019)

5.4.9 Sufficiency of resourcing

Youth Workers and Case Managers generally agreed that the infrastructure established for the TIA Trial had provided them with sufficient resources to meet their requirements. Figure 5.25 shows survey responses to the statement *'I have the skills and resources to meet the requirements under the TIA Trial model'*.

All Youth Worker respondents indicated that they had the resources to do their job in both 2018 and 2019. Case Managers' perceptions have remained relatively consistent across the same period, with the majority agreeing they have the skills and resources required. The relative consistency of responses indicates that there has been little change in the perceptions of the adequacy of resourcing, although qualitative feedback obtained through consultations highlights the administrative burden of reporting and challenges this presents for both Youth Workers and Case Managers.

FIGURE 5.25 PERCEPTIONS OF THE TIA TRIAL AMONG YOUTH WORKERS AND CASE MANAGERS 2018 AND 2019 – RESOURCING

Note: * Percentages may not sum to 100% due to rounding. Youth Workers – 2019: n=9; 2018: n=7; Case Managers – 2019: n=20; 2018: n=30

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER AND YOUTH WORKER SURVEYS, 2019.

5.5 Discussion

The operation of the TIA Trial generally has been implemented in line with its intended design. A range of services and supports, referrals, and brokerage funds have been made available to Trial participants. Patterns of use have changed over time, reflecting the different needs across the life domains as young people transitioned out of care. These patterns provide insights into the elements of the model that may be effective in other contexts, and implementation issues that could be improved in future.

The level of need for Trial participants was high, with support required across all life domains. Areas with higher levels of need were employment, education or training, and budgeting or money skills. Brokerage expenditure also indicated a significant level of needs in Health, with expenditure comprising 34 per cent of the overall brokerage use. The experience of the TIA Trial highlights the need for similar programs to account for the breadth of support required by this cohort, both in terms of the skills of the youth or support workers to provide assistance and the connection to local services to support referrals in all domains. The diversity of experience and expertise among the Youth Workers assisted Wanslea in being able to meet the needs of Trial participants.

The level of need reflects the vulnerability of the participant cohort, with many experiencing mental health issues or complex trauma. The vulnerability of the participants may have impacted on certain parts of the TIA Trial model, such as participation in leaving care meetings and reflective practice components. Youth Workers reported that often they felt they were advocating for the young person, ensuring their voice was represented. Similar programs may need to consider the most appropriate mechanisms for young people to participate in leaving care programs, recognising the impact of trauma and vulnerability.

Though the level of need was high, the patterns of support varied over time, between participants and across life domains. This reflects the individual circumstances of the participants, their immediate needs when transitioning out of care and the more future-focused needs when moving to independence. The resourcing model used in the TIA Trial helped to accommodate the varying intensity of demand. The case load of ten participants provided sufficient flexibility for Youth Workers to provide differentiated support to participants over the course of the Trial, scaling up or scaling down support as guided by the participant.

Access to brokerage was a significant enabler in providing support and access to services for Trial participants. The brokerage funds allowed Youth Workers to complete activities and access services at a much faster rate than standard departmental processes, helping participants to receive support in

a timely fashion and providing some security. Youth Workers indicated that the scale of brokerage funds could be increased, but the flexibility provided was highly valued. Future programs may need to consider the scale and parameters for brokerage funds to ensure this essential enabler is maximised.

Youth Workers were able to effectively operate as the interface between Trial participants and access to support, working with young people to build their understanding of departmental assistance and negotiating with the bureaucracy to drive changes for the broader cohort (for example, through the LIG meetings). The continuity provided by the Youth Worker was an important enabler in connecting services and eligible young people. The composition of the dedicated workforce, governance arrangements and knowledge of bureaucracy helped to facilitate referrals to services and use of funds to access supports.

The ability of the Youth Worker to provide flexible supports to participants, working both with WA DC and the broader service system, was an important component of the model. However, the variation in the Youth Worker's approach as participants scaled up and scaled down supports may have contributed to a lack of clarity in roles and responsibilities over the course of the Trial, with Case Managers becoming familiar with either the high or low intensity models. This may speak to the need for improved clarity between different stakeholders (for example, Case Managers and Leaving Care Officers) on the different approaches that may be observed over the course of providing support to participants, and the ways in which Wanslea and WA DC can interact both while the participant is in care and once they have transitioned out of care.

6

EVIDENCE OF IMPROVED OUTCOMES FOR YOUNG PEOPLE

The following evaluation questions are addressed in this chapter:

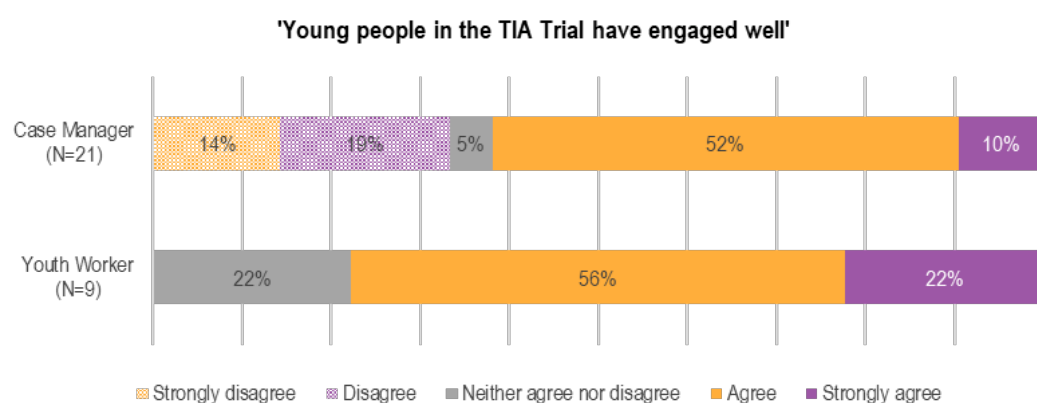
- What evidence is there for improved outcomes associated with participation in the Trial?
- Have any improved outcomes affected some participant cohorts more than others?
- How sustainable are any improved outcomes?

The chapter focuses on the impacts that the TIA Trial has had on young people participating in the Trial. The main sources of data that are used for this chapter are qualitative data from consultations, administrative data in the form of quarterly reports submitted by youth workers, and participant feedback from the longitudinal study of young people in the Trial.

6.1 Overarching benefits of the Trial

Engagement by young people in the TIA Trial was perceived positively (see Figure 6.1). Both Case Managers and Youth Workers generally agreed that young people participating in the Trial had engaged well. Youth Workers were more likely to report that engagement was strong (78%; 7), when compared with Case Managers (62%; 13). Of the responding Case Managers, about one-third disagreed (33%; 7) with the statement, which may reflect variation across the participant cohort.

FIGURE 6.1 CASE MANAGER AND YOUTH WORKER PERCEPTIONS OF PARTICIPANT ENGAGEMENT



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER AND YOUTH WORKER SURVEYS, 2019.

There was variation in Case Manager perspectives on the extent to which young people in the TIA Trial had benefited from one-on-one support and mentoring from their Youth Worker. As shown in Figure 6.2, equal proportions (25%; 5) of Case Managers responding to the 2019 survey reported significant, moderate and slight benefits. A small proportion (15%; 3) reported no benefit or were unsure of the scale of benefits (10%; 2).

The level of engagement was seen to be directly related to the benefit of the support. Case Managers clarified that limited benefits were mostly attributable to the young person's lack of participation in the Trial or limited engagement with the Youth Worker. For young people who were actively involved, Case Managers reported that outcomes included:

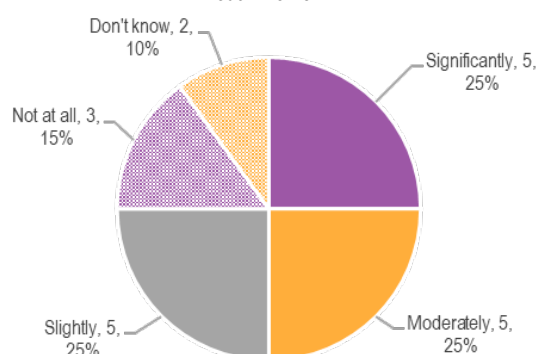
- improved continuity of the case management and enhanced provision of support
- improvements in confidence as a product of one-on-one support from a mentor
- improved access to services.

'The intensive support provided by Youth Workers has ensured TIA participants are connecting with Education, Employment, securing housing and linking with community services. It is difficult to provide information for young people who are not linked with TIA.'

(WA DC Case Manager)

FIGURE 6.2 CASE MANAGER PERCEPTIONS OF TIA TRIAL BENEFITS

'To what extent do you think the young person in the TIA Trial has benefited from one-on-one support and mentoring from their Youth Worker?'



NOTE: CASE MANAGERS N=20

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEY, 2019.

In feedback gathered in the longitudinal study, young people participating in the Trial generally reported that the Youth Worker was essential in achieving the progress that had been made. Youth Workers were seen to supply emotional and moral support that participants greatly valued. Many participants attributed the positive progress they had made in their lives to their Youth Worker.

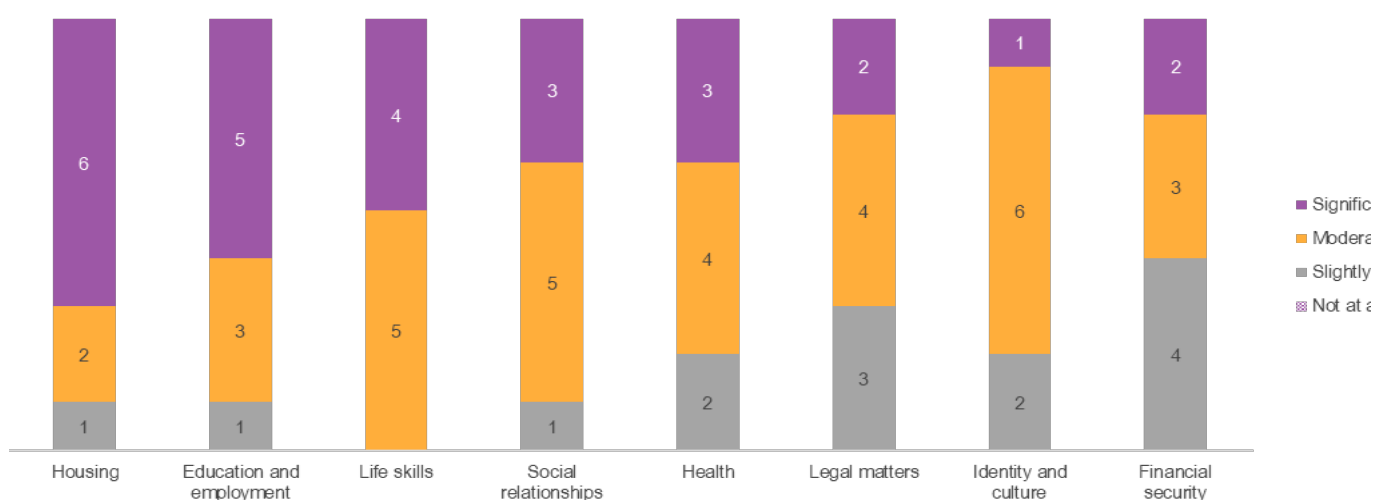
'I think without [my Youth Worker], I would be pretty stuck a lot. She's helped me get unstuck in situations and they've helped - they do little programs during the holidays with independent skills like how to do rental budget, how to cook, different programs you can reach into or be a part of... They'd helped me when I was low of financial - I don't have a job before. I don't have Centrelink. So, they've been a huge impact.'

(Young person participating in the TIA Trial)

Generally, Youth Workers reported that they were confident that young people in the Trial had benefited from their participation. Responses were strongest for the life domains of Housing, Education and Employment, and Life skills. Domains where Youth Workers were moderately confident about improved outcomes were Social relationships, Health, Identity and culture and Legal matters. Least confidence was expressed about outcomes related to Financial security with 44 per cent of respondents indicating they were slightly confident, although a majority (55 per cent) considered that

they were moderately or significantly confident about improved outcomes in this domain. Results by domain are summarised in Figure 6.3.

FIGURE 6.3 YOUTH WORKER PERCEPTIONS – IMPROVED OUTCOMES BY DOMAIN



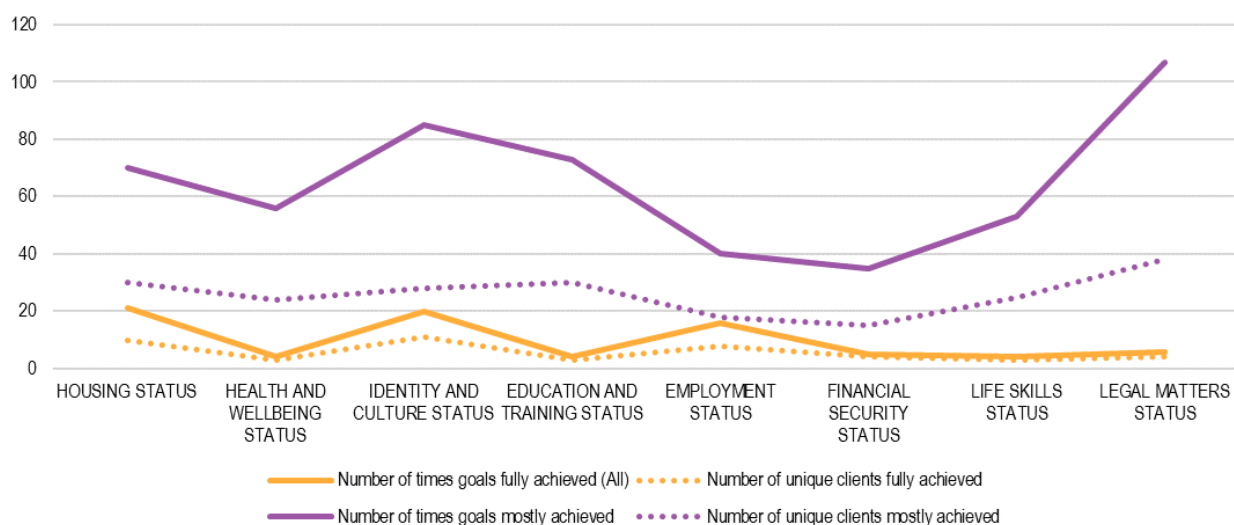
NOTE: YOUTH WORKERS N=9

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF YOUTH WORKER SURVEY, 2019.

In terms of the extent to which Youth Workers considered individual goals across the domains had been achieved, the survey responses differed slightly from the achievement of goals, as identified in the quarterly activity reports produced by Youth Workers. Figure 6.4 shows the number of times goals were achieved over the course of the Trial (in the period Q3 to Q6), against the number of clients who were reported to have fully or mostly achieved their goals in the domain. As for the survey responses, Housing showed positive achievements as did Identity and culture, and Employment status. Key differences were evident in Life skills and Health, where quarterly reports showed lower achievement of all goals.

Within the quarterly reports, Youth Workers were asked to report the extent to which participants' goals were achieved. These were to be described using categorical variables: None, Some, Half, Most or All. Reporting on the achievement of goals is complicated as goals were not uniformly set, nor were they fixed over the period of the Trial. For example, within the Housing domain, the end goal was not uniform across all participants, and might have been that the participant is living independently in their own accommodation which is secure and not under threat.

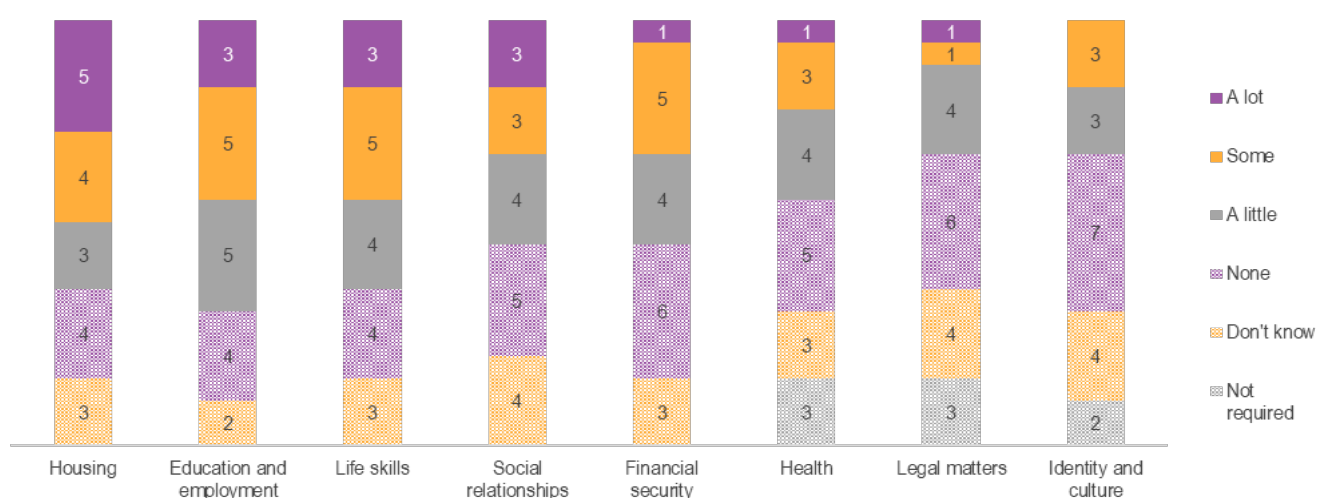
The goals set by participants may also shift over time. For example, within the Housing domain, the goal for Q3 and Q4 may be to ensure that the participant is living in the type of placement recommended, while it may be changed in Q5 and Q6 to apply for a private rental unit. As mentioned in Chapter 2, this field was also included from Q3 onwards only, and no comparable data was available for the initial six months of the Trial.

FIGURE 6.4 QUARTERLY REPORTS – ACHIEVEMENT OF GOALS BY DOMAIN (Q3 TO Q6)

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS, 2018-19.

Regarding perceptions of improved outcomes for participants, Case Manager perspectives were more varied than Youth Workers. A significant proportion of Case Managers surveyed reported no impact for young people participating in the Trial ranging from 21 per cent (4) of respondents in relation to Housing, Education and employment, and Life skills outcomes, to 37 per cent (7) for Identity and culture outcomes (see Figure 6.5). Similarly, a small proportion of Case Managers were unsure where outcomes had improved (between 10 and 21 per cent).

Domains where Case Managers perceived that the most significant improvements (some or a lot) had occurred were Housing, Education and Employment and Life skills. This aligns with the responses received from Youth Workers. Domains with the least improvement were Identity and culture, Legal matters and Health – although a number of participants were not assessed as requiring support in these areas at the commencement of the Trial and thus a smaller impact can be expected.

FIGURE 6.5 CASE MANAGER PERCEPTIONS – IMPROVED OUTCOMES BY DOMAIN

NOTE: (N=19)

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEY, 2019.

6.2 Performance across different life domains

This section provides an analysis of impact by domain, synthesising the perspectives of Youth Workers, Case Managers and young people participating in the Trial. It draws on consultations, the longitudinal study and participant quarterly activity reports.

6.2.1 Housing

There are recognised challenges for Housing that are not specific to participants in the Trial, such as skills to maintain independent living and meet housing standards, as well as generic challenges, such as the supply of appropriate accommodation options. Improved outcomes were observed, however, for young people participating in the Trial who were referred to transitional housing, supported with their applications for housing provided through WA DC, and engaged through other programs (such as the Assisted Rental Pathways pilot) to access appropriate accommodation.

'This program [the Trial] has supported a young person to access housing and appropriate supports that seem to be steering him away from the Justice System and helping facilitate his more pro-social engagement in society. Long term, the gains provided to this young person cannot be measured but I see them to be immense.'

(Case Manager)

Young people participating in the Trial reported that the Youth Worker had helped them progress toward their Housing goals, providing tangible assistance in identifying housing opportunities, preparing rental applications and working with WA DC to help access housing or funding.

The following box provides examples of goals relating to Housing set by participants over the course of the Trial.

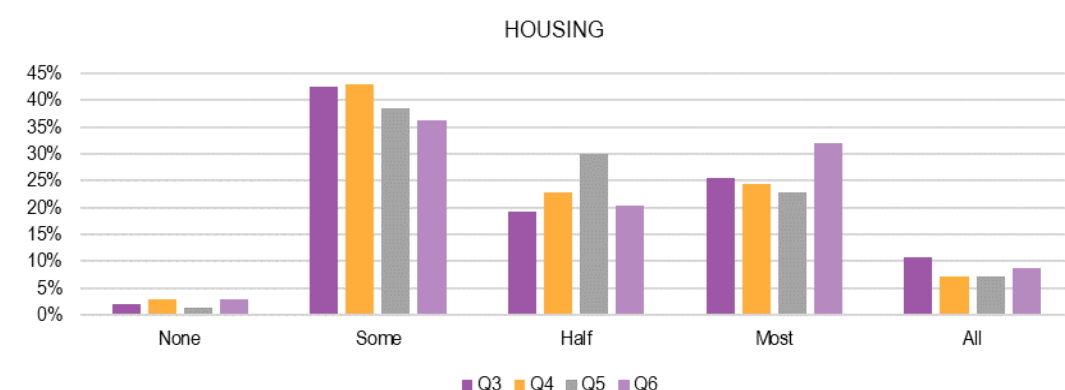
BOX 6.1 EXAMPLES OF GOALS

- Continue to live with carer
- Obtain priority housing through the Housing Authority
- Move into own independent accommodation
- Move out with boyfriend/girlfriend
- Transition to long term accommodation

Analysis of quarterly activity reports shows that, over the four quarters for which data were available, there has been some improvement in the extent to which participant goals for Housing have been achieved (see Figure 6.6). There was a higher proportion of participants in Q3 and Q4 for whom some of the goals had been achieved, which decreases gradually over Q5 and Q6. The largest proportion of those who had achieved Half of their goals occurred in Q5, whereas the largest proportion who had achieved Most of their goals in Housing occurred in Q6. The data indicate, for a proportion of participants, there is steady progress over the course of the Trial regarding their Housing goals.

As noted previously, the setting and achievement of goals can vary over time reflecting the needs of the young person. For example, recording that all goals have been achieved in Q3 might relate to completion of housing waiting list forms, whereas in Q6 this is more likely to reflect a young person is on the list and is currently in satisfactory longer term accommodation arrangements providing a level of stability for the young person.

FIGURE 6.6 TIA TRIAL PARTICIPANTS' ACHIEVEMENT OF GOALS OVER TIME FOR HOUSING, JANUARY 2018 TO JUNE 2019 (Q3 - Q6)



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.2 Education and Employment

Strong improvements were observable for Education. Young people participating in the Trial had developed more informed, defined plans for education and training with some enrolling in tertiary programs. Most participants reported that Youth Workers had provided support to help them decide on educational pathways, working through their interests and strengths while helping them find courses, access funding and enrol in classes. The positive reinforcement of the Youth Worker was seen as key in building confidence and achieving these outcomes.

'[My Youth Worker] isn't one of the people that makes it sound like, "I want you to do this." He's just giving you an option. And that's what I need. I need someone that's going to give me options and make me feel positive, not negative or, "You've got to go back to year 12 or you're going to be a failure.'

(Young person participating in TIA Trial)

Gaining employment was a key goal for most young people participating in the Trial, though many were not yet employed. Barriers to employment identified by young people included lack of work experience, transport, high unemployment in their local area, and lack of confidence. Of the young people who were employed, most were in casual roles in retail and hospitality. This was recognised as an important initial first step before progressing their career. Youth Workers had assisted in developing resumes, putting in job applications and encouraging young people to connect with organisations.

Case Managers responding to the survey reported that the Trial had significant impacts for some participants in the areas of Education and Employment. Having dedicated support through the Youth Worker was seen to build the confidence of young people in their own skills and abilities, while giving them practical skills and resources (such as interview practice) to help engage with education and employment.

'Out of our three kids [in the Trial], two are doing education because of TIA (one is in TAFE, one is in an apprenticeship). Both were supported to apply for jobs, both got casual work. TIA worked closely with them; they were lacking confidence. TIA made a huge difference in terms of education and employment, helping them with interviews and preparation.'

(DC Case Manager)

'[One of the participants] was ...dealing with other complex needs. She got a job ... and it was a lifesaver. TIA helped her get that job, she had a focus, a sense of esteem, social connections, and an identity. That job kept her sane, so once she got that job, she was safe. TIA helped her not only get the job, but also to keep it. For that kid, working made the world of difference.'

(DC Case Manager)

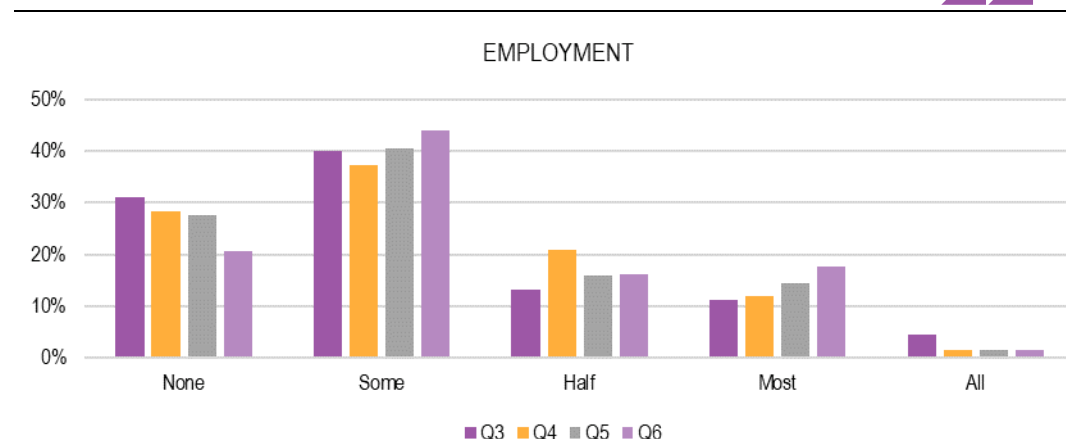
The following box contains examples of the goals set by Trial participants between Q3 and Q6 in the education and employment domains.

BOX 6.2 EXAMPLES OF GOALS – EDUCATION AND EMPLOYMENT

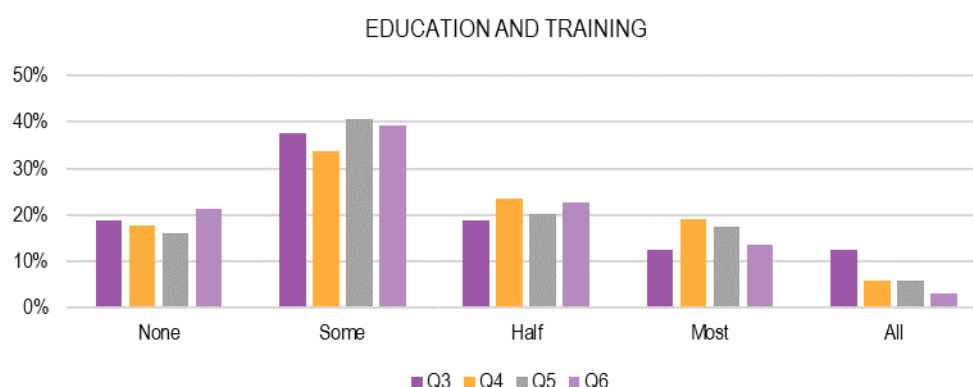
- To complete a Cert III or Cert IV
- To enrol in TAFE
- To obtain their WACE
- To secure full time employment
- To secure casual/part time employment
- To explore options for further education

For the domains of Education and Employment, based on quarterly activity reports, it appears that Trial participants have started to achieve some of their goals, but relatively few make progress to the point of having most or all of their goals achieved (see Figure 6.7 and Figure 6.8). The proportion of participants who have achieved none of their Employment goals has steadily decreased over the Trial, but a significant minority of approximately 20 per cent have not achieved any of their Employment goals as at Q6. There has been a small but steady increase in the Some, Half and Most categories for both domains over the Trial period. Relatively few Trial participants fully achieved their goals most notably in the Employment domain. However, while full-time employment might be an end goal, some form of employment would be positively tracking towards this goal. Similarly, for Education, engaging in learning would also represent progress towards attainment of a formal qualification.

FIGURE 6.7 ACHIEVEMENT OF GOALS OVER TIME – EMPLOYMENT



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

FIGURE 6.8 ACHIEVEMENT OF GOALS OVER TIME – EDUCATION AND TRAINING

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.3 Life Skills

Case Managers and Youth Workers surveyed reported positive improvements in Life Skills, although young people participating in the longitudinal study reported this as an area requiring further support. Independent living skills were developed through engagement with Youth Workers, camps and other activities run through Wanslea to help young people participating in the Trial to learn core skills (such as teamwork and collaboration), and independent living skills (such as cooking and nutrition). Other activities highlighted by Youth Workers as impactful included driving licenses and lessons, public transport, and paying bills at the Post Office.

'We've also utilised them in safety planning with young people who have children themselves. One couple we're working with, the way they communicate is an issue. The Youth Worker identified that they could do something there, they'd do it in a normalising and practical way. This Youth Worker had conversations around other rite of passage elements, managing your money, meeting your responsibility. They're like a surrogate big brother that teaches them how they should do things, their moral compass.'

(WA DC Case Manager)

Case Managers highlighted the role of the TIA Trial in supporting young people to develop their life skills, in particular through the dedicated mentor role provided by the Youth Workers. The ability to work with the young person one-on-one outside of an office environment was seen to be essential to developing the ability to live independently.

'The young man we've been working with, he's studying and has stable accommodation now. He might have stayed with his family if not for TIA, so it's been good for his independence because TIA has been able to provide that independent support.'

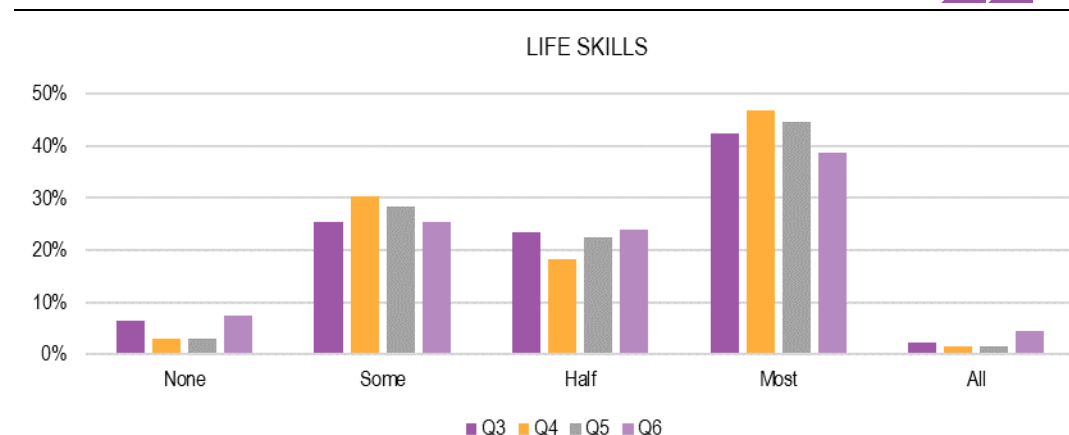
(DC Case Manager)

The following box provides examples of future goals relating to improved Life skills set by Trial participants between Q3 and Q6.

BOX 6.3 **EXAMPLES OF GOALS – LIFE SKILLS**

- Gain driver's license
- Continue building independent living skills
- Continue to utilise independent living skills
- Learn to cook
- Gain parenting skills
- Maintain a rental property

Approximately 40 per cent of participants with goals identified in Life Skills consistently were assessed as having achieved most of their goals in each of quarters three to six (see Figure 6.9). The remainder were largely judged to have achieved some or half of their goals. For this domain, it is expected that goals will tend to be shorter term and refreshed more frequently as changing needs are identified and skills development opportunities accessed, which means that Trial participants tend to remain at a similar level as their goals are updated more frequently.

FIGURE 6.9 **ACHIEVEMENT OF GOALS OVER TIME – LIFE SKILLS**

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.4 Social Relationships

Youth Workers reported improved connections and relationships for young people participating in the TIA Trial. These connections with peers were developed through group work activities such as camps, cooking classes and other collective activities focused on independent living. The impact is expected to become more evident over time, as Youth Workers reported that social connections were becoming more apparent in the post 18 environment.

Family relationships were another area of improvement. The transition from care can present particular challenges in navigating the reconnection with family, and the TIA Trial was seen to help young people to build relationships and establish boundaries. One mechanism to support this was the inclusion of family in the leaving care planning meetings, which fostered open conversations and a shared understanding of the process.

'Young people have been able to build on their relationships with family and services. A lot of carers/ family members have shared that they were unaware that their young people were able to have access to additional services. Young people have also been able to build on relationships with the Department of Communities staff.'

(WA DC Case Manager)

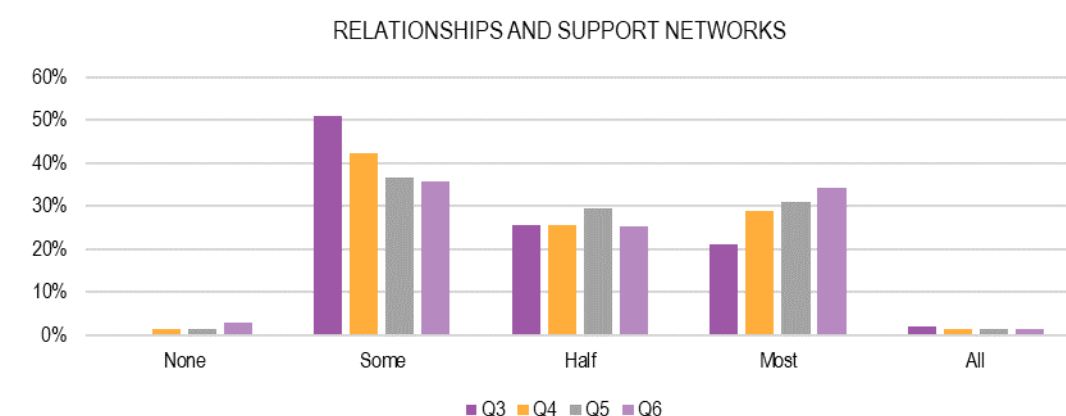
The following box contains examples of goals set for the domain of Life Skills by Trial participants from Q3 to Q6 as reported in participant quarterly activity reports.

BOX 6.4 EXAMPLES OF GOALS – RELATIONSHIPS AND SUPPORT NETWORKS

- Maintain family relationships
- Continue to engage with Wanslea
- Continue building and strengthening relationships and support networks
- Continue making friendships
- Continue to connect with carer
- To have contact with family as they wish
- Build strong relationships with community

Within the Relationships and Support Networks domain, relatively few participants achieve None or All of their goals (see Figure 6.10). However, the data suggest that there has been significant improvement over the period of the Trial. The proportion of participants reported to have achieved Some of their goals in this domain has steadily decreased over the course of the Trial, while the proportion of participants who achieve Most of their goals has steadily increased.

FIGURE 6.10 ACHIEVEMENT OF GOALS OVER TIME – RELATIONSHIPS AND SUPPORT NETWORKS



SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.5 Financial Security

Youth Workers commented that, over time, gains in employment and life skills would collectively contribute to improvements in financial skills but limited evidence was observable in the Trial to date. Youth Workers had taken steps to build financial literacy of young people participating in the TIA Trial by working with them to build budgets and weekly financial plans. While these were seen to be positive activities, Case Managers raised concerns about the perceived limited focus on financial skills and the potential risks this presented for the sustainability of outcomes.

'Financial literacy is something our young people lack; it needs to be high in their focus on how they effectively build that understanding in young people so they can think these things through. Often people who live at home get it from their family, but our young people grow up without learning those skills. It will either set them up or cause them to fail in life, it needs to be more of a focus and more consistency in leaving care services.'

(WA DC Case Manager)

Examples of goals set for this domain in Q3 to Q6 are provided in the following box.

BOX 6.5 **EXAMPLES OF GOALS – FINANCIAL SECURITY**

- Manage finances successfully
- Save money for independent living
- Apply for rent assistance
- Obtain a full-time wage
- Save up for a car
- Be able to set a budget
- Register for Centrelink payments

There are a number of trends that suggest, that while slow, there is some progress by participants in achieving their goals related to Financial Security (see Figure 6.11). There has been a marginal decrease over time in none or partial achievement of goals, while there has been a modest increase in the proportion of those who have achieved most or all of their goals in this area over the course of the Trial.

FIGURE 6.11 **ACHIEVEMENT OF GOALS OVER TIME – FINANCIAL SECURITY**

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.6 Health and Wellbeing

Health was seen as an area of emerging and significant need for support as the needs for young people became more apparent throughout the Trial period included in this evaluation. In particular, issues were identified with the availability of mental health supports once the young person turned 18. While good progress in achieving improved health outcomes was reported by Youth Workers, there was a need to address mental health requirements in particular before progress could be made in other domains. This was seen to limit the ability to focus on employment and education and training during the Trial.

Though Youth Workers and Case Managers identified Health as an emerging area, few young people participating in the Trial highlighted the domain as an area of concern or improvement. Issues identified in this area by young people included mental health concerns and pregnancy.

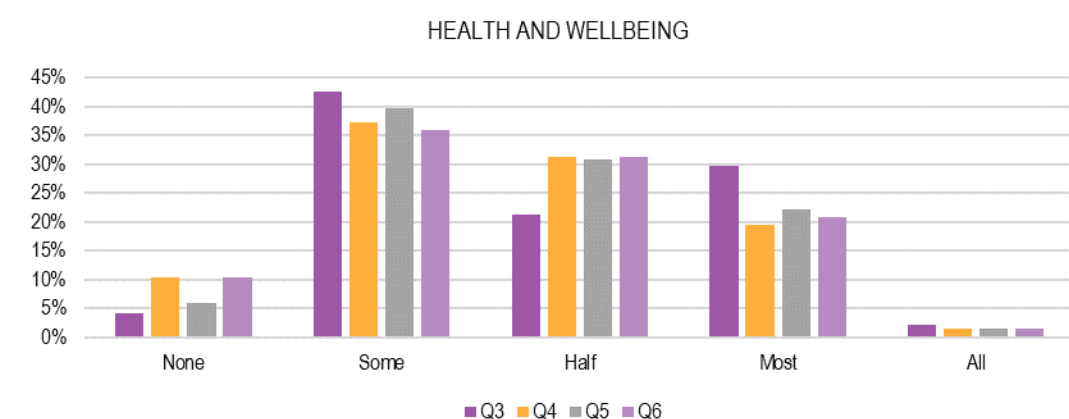
The following box contains examples of goals set relating to Health and Wellbeing by Trial participants from Q3 to Q6.

BOX 6.6 **EXAMPLES OF GOALS – HEALTH AND WELLBEING**

- To maintain a healthy diet
- To maintain a healthy lifestyle
- To continue physical exercise
- To continue counselling
- To have an annual dental and GP check up
- To access relevant health services as required
- To continue to manage disabilities/chronic illnesses through medication

For the Health and Wellbeing domain, only a very small proportion of participants achieved All of their goals (see Figure 6.12). This suggests that goals may be written in a particularly aspirational or broad manner that is unlikely to be fulfilled during the Trial period. This may be especially true of those who did not have specific Health and Wellbeing needs identified on entering the Trial.

The proportion of participants who achieved Some of their goals appears to have declined over the period, while the proportion of participants who achieved Half of their goals has increased between Q3 and Q4 and remained constant thereafter. This suggests that participants are able to address their Health and Wellbeing needs to an extent but are unable to make further progress. This may suggest the existence of more complex issues that require long-term management, and that some goals may not be achievable during the period of the Trial.

FIGURE 6.12 **ACHIEVEMENT OF GOALS OVER TIME – HEALTH AND WELLBEING**

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.7 Legal Matters

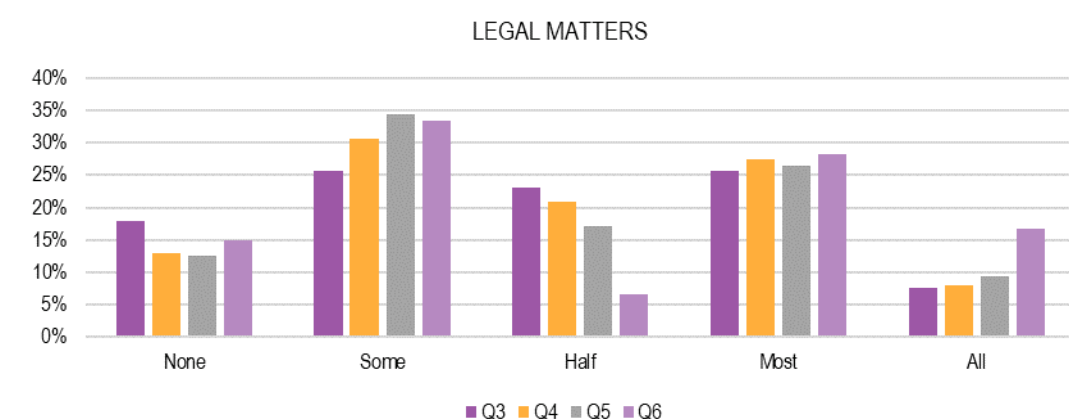
Legal matters were not commonly identified by young people, Case Managers or Youth Workers as a key area of activity during the Trial. The majority of legal matters raised related to administrative issues, such as Tax File number, passport, voting enrolment and criminal justice injuries compensation (CIC) claims. There were relatively few goals in relation to criminal justice matters. Where young people were involved with the criminal justice system it could be expected that they may be supported already through services provided by the justice sector. For those who did identify Legal Matters, Youth Workers had assisted them in attending court dates and supporting court proceedings. These participants were seen to have experienced positive changes, albeit limited.

The following box contains examples of goals set by participants in relation to Legal Matters during the course of the Trial.

BOX 6.7 **EXAMPLES OF GOALS – LEGAL MATTERS**

- To be supported through the legal process as necessary
- To obtain a tax file number
- To consider lodging a CIC claim
- Enrol to vote
- To obtain a passport
- To be clear of legal matters
- To engage in the community and avoid reoffending

Over the Trial period, the proportion of participants who had achieved Half of their goals in this domain has declined dramatically (see Figure 6.13). On the other hand, there has been a modest increase in the Some and Most categories, and a larger increase in the All category. This suggests that some participants progressed from achieving half of their goals to achieving most or all of their goals. However, for some other participants, additional issues or complexities in relation to Legal Matters arose during the Trial, which have led to them being assessed as achieving only Some of their goals. There may have been external factors beyond the control of the Youth Worker influencing progress in this domain.

FIGURE 6.13 **ACHIEVEMENT OF GOALS OVER TIME – LEGAL MATTERS**

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

6.2.8 Identity and Culture

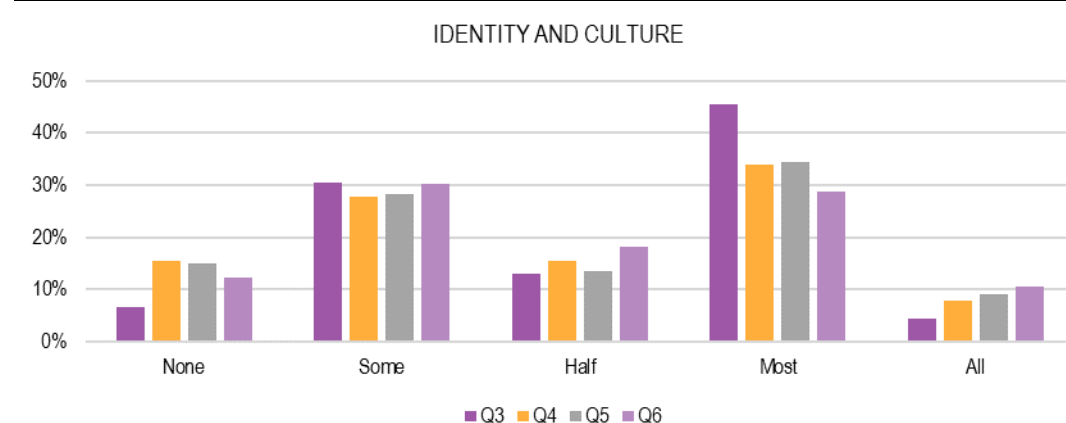
Impact in the Identity and Culture domain was most evident for participants who identified as Aboriginal or Torres Strait Islander, although there was limited change observed through qualitative feedback. Where there was improvement, Youth Workers had helped open communication allowing young people to talk about their identity in a safe space.

The following box contains examples of goals set by Trial participants within the Identity and Culture domain from Q3 to Q6.

BOX 6.8 **EXAMPLES OF GOALS – IDENTITY AND CULTURE**

- To maintain contact with family
- To find out about Aboriginal heritage
- To attend cultural events
- To meet with birth parents
- To attend church

For the Identity and Culture domain, the data suggest that there is some slight improvement, although the achievement of goals started from a reasonably high baseline (see Figure 6.14). For just over 40 per cent of participants, Most of their goals were reported to have been achieved in Q3, which decreased significantly over the course of the period. There has, however, been a small but steady and sustained increase in participants who had achieved All of their goals over the period.

FIGURE 6.14 **ACHIEVEMENT OF GOALS OVER TIME – IDENTITY AND CULTURE**

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF QUARTERLY REPORTS FROM WANSLEA, 2018-19

An in-depth, cross-sectional analysis of the quarterly reports was conducted for the final quarter (Q6) for which quarterly reports were accessed for this evaluation (April to June 2019), in order to determine the housing, education and training, and employment circumstances of Trial participants as at that quarter. This analysis provides a snapshot of the Trial participants and the types of outcomes that were being experienced at a point-in-time. As indicated in Table 4.3, the Q6 reports were completed for 70 Trial⁸⁹ participants, of whom 80 per cent were deemed to be engaged. The majority of participants at June 2019 were aged 18 or over with a relatively equal split between males and females (see Table 4.2).

For each of these domains examined, a range of outcomes were used to code the data available. It should be noted that quarterly reports were not written with these outcomes necessarily in mind, and analysis of the qualitative data required subjective interpretation. A clear description of each outcome is provided for accurate interpretation of the data, however, in some cases, the available data within the quarterly reports may not have had sufficient, or adequately clear, information to be coded.

Table 6.1 lists the Housing status for Trial participants at Q6.

⁸⁹ There were more reports than active participants because youth workers completed reports for participants who withdrew during that quarter.

TABLE 6.1 HOUSING STATUS OF TRIAL PARTICIPANTS AT Q6 (APRIL-JUNE 2019)

Housing status	Description	Number	Proportion
Independent	In a living arrangement with their own tenancy or rental, or joint tenancy/rental with partner or friend(s)	13	19%
Dependent	In a living arrangement with family, relatives or other significant others without personal responsibility for ownership or rental	35	50%
Unstable	In a living arrangement that is temporary, likely to change, or has recently changed, e.g. couch surfing with friends, moved from regular living arrangement due to disputes	18	26%
Homeless	Unsecure or inappropriate living arrangement such as improvised dwellings and cars	0	0%
Unknown/Unclear	Missing information, or insufficient information to determine	4	6%

SOURCE: ACIL ALLEN CONSULTING ANALYSIS 2020 OF APRIL-JUNE 2019 QUARTERLY REPORTS FROM WANSLEA

Half of all Trial participants were in dependent living arrangements, where their accommodation was provided by family members, relatives or significant others. A further 19 per cent were in independent living arrangements, which was defined as any living arrangement where the participant held responsibility for the tenancy or rental (whether solely or jointly with friends/partners). The majority of Trial participants (69 per cent; 48), therefore, were in living arrangements considered secure by the Australian Bureau of Statistics (ABS) statistical definition⁹⁰.

Just over a quarter of Trial participants (26 per cent; 18) appeared to be living in unstable arrangements, such as couch surfing. This included living arrangements that appeared to be temporary, or where the young person had little control over their ongoing living arrangements. An example of this is staying with relatives due to conflict with immediate family members. It should be noted that none of the Trial participants lived in inappropriate living arrangements, or what might be defined as primary homelessness, during this quarter.

The Education and Training status of Trial participants at Q6 is provided in Table 6.2.

TABLE 6.2 EDUCATION AND TRAINING STATUS OF TRIAL PARTICIPANTS AT Q6 (APRIL-JUNE 2019)

Education/ Training Status	Description	Number	Proportion
Post-School	Engaging in tertiary education or vocational training in a post-school environment (including Certificates in General Education, apprenticeships, and other courses)	40	57%
Year 12 only	Year 12 (or equivalent, such as WA Certificate of Education) has been achieved and is not exploring further education or vocational training	3	4%
In school	Enrolled in school and working towards completion of Year 12 or equivalent	4	6%
Year 10 only	Year 10 has been achieved and is not exploring further education or vocational training	4	6%
Below Year 10	Year 10 has not been achieved and is currently not enrolled in education or training	3	4%
Unknown/Unclear	Missing information, or insufficient information to determine	16	23%

SOURCE: ACIL ALLEN CONSULTING ANALYSIS 2020 OF APRIL-JUNE 2019 QUARTERLY REPORTS FROM WANSLEA

More than half of all Trial participants (57 per cent; 40) were engaged in some form of education or training in a post-school environment (i.e. in TAFE or other non-school organisations). It should be noted that some of these participants were working towards an equivalent of a Year 12 or WACE qualification, whereas others were working on vocational training and apprenticeships. Relatively few Trial participants fell into the other categories, with the exception of the Unknown/Unclear category. It was difficult to determine the actual status of the young person in some cases, e.g. where a Youth Worker stated that the young person was not in education or training with no further explanation, such as, currently exploring options, or context, such as, already achieved intended level of education.

⁹⁰ Australian Bureau of Statistics (2012). *Information Paper – Methodology for Estimating Homelessness from the Census of Population and Housing*. Cat. no. 2049.0.55.001.

It should be noted that only 10 per cent of Trial participants at Q6 whose Education and Training status was known, were at or below Year 10 education and not participating in education and training, which suggests that the Trial has been relatively successful at engaging young people to participate in, and achieve a minimum qualification that would assist in obtaining gainful employment in the future.

The Employment status of Trial participants at Q6 is provided in Table 6.3.

TABLE 6.3 EMPLOYMENT STATUS OF TRIAL PARTICIPANTS AT Q6

Employment status	Description	Number	Proportion
Employed	Employed in some capacity (including full-time, part-time, casual and unspecified) during the quarter	20	29%
Seeking employment	Not employed, but actively undertaking activities to seek employment (writing or submitting resumes, participating in interviews, etc)	21	30%
Other factors	Not employed due to other factors, e.g. full-time student, full-time carer responsibilities, disability, etc.	12	17%
Unemployed (no further detail)	Not employed with no further detail provided	6	9%
Unknown/Unclear	Missing information, or insufficient information to determine	11	16%

SOURCE: ACIL ALLEN CONSULTING ANALYSIS 2020 OF APRIL-JUNE 2019 QUARTERLY REPORTS FROM WANSLEA

Just under a third of young people (29 per cent; 20) were employed in some capacity over the quarter. A similar proportion (30 per cent; 21) were not employed but were actively taking steps to seek employment. These steps included activities such as preparing resumes, applying for jobs and participating in interviews. A smaller proportion (17 per cent; 12) were not actively seeking employment due to other issues, including full-time commitments as a student or carer, or health issues such as disability or pregnancy.

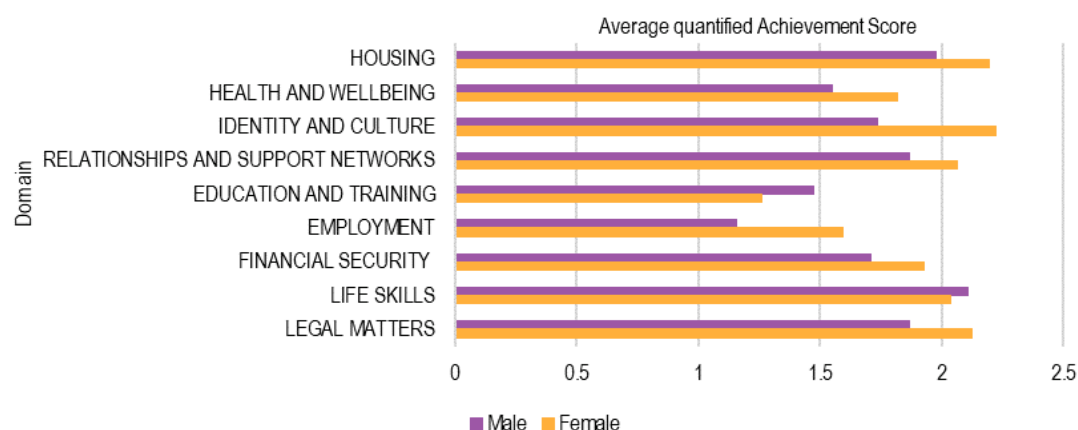
Overall, more than half of the young people in the Trial and engaged at Q6 were either actively participating in or seeking employment. This is a promising outcome at this stage of the Trial, and the potential to increase the proportion of young people participating in employment before the end of the Trial.

6.3 Differences in outcomes for different cohorts

The achievement of goals was coded into numerical values for analysis of differences between various cohorts⁹¹. This analysis allows us to understand, on average, whether proportion of outcomes differs significantly across different domains for different cohorts. However, one limitation of this analysis is that it uses categorical variables as numbers. As such, the relative size of the differences provided in this analysis should be interpreted with caution.

Figure 6.15 shows the relative differences in average achievement of goals in Q6 between males and females. On most domains, females achieved a greater proportion of their goals, compared to males. The exceptions to this trend are in the domains of Education and Training and Life Skills, where males had achieved a greater proportion of their goals although the difference in Life Skills was relatively small, compared to differences in other domains. For Education and Training, it appears that the proportion of males and females who achieved Most or All of their goals is identical. However, the proportion of females who achieved Some or None of their goals in this domain was greater than males, particularly in the None category. This caused the relatively lower average achievement of goals among females compared to males.

⁹¹ This process converted None to 0, Some to 1, Half to 2 and so on to enable calculation of an average score across a particular cohort.

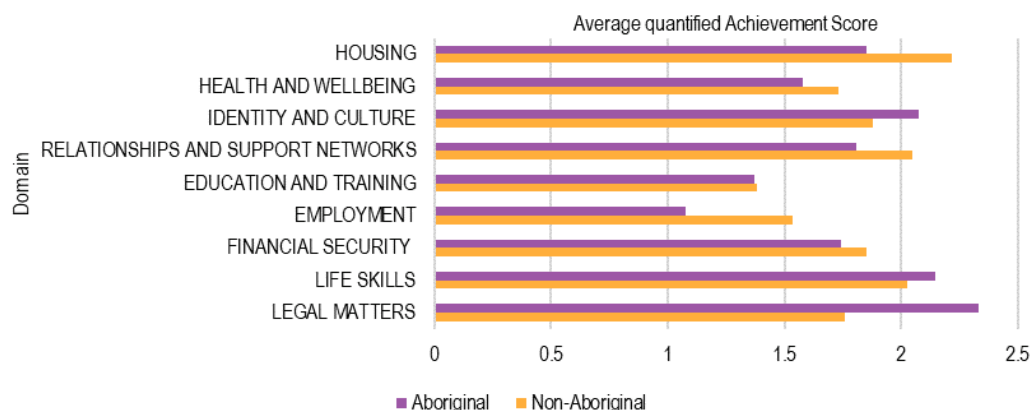
FIGURE 6.15 AVERAGE ACHIEVEMENT OF GOALS FOR MALES AND FEMALES IN Q6

Note: The average quantified achievement score averages scores where None=0, Some=1, Half=2, Most=3 and All=4.

SOURCE: ACIL ALLEN CONSULTING 2019

Figure 6.16 shows the relative differences in average achievement of goals in Q6 between Aboriginal and non-Aboriginal participants. Aboriginal participants achieved a greater proportion of their goals in relation to Identity and Culture, Life Skills and Legal Matters. A similar percentage of Aboriginal and non-Aboriginal participants achieved their goals in Education and Training. Non-Aboriginal participants achieved a greater proportion of their goals across the other domains, with relatively large differences in Housing and Employment.

One possible reason is that Aboriginal participants who are living with other family members may not prioritise a transition to independent living, as they are open to the idea of continuing to live with family members. In a number of cases, these living arrangements with family members appeared to be less than ideal or stable, with participants either moving from one relative's house to another or potentially needing to move out soon due to other factors. In relation to employment, fewer reasons were provided for why Aboriginal participants had not achieved employment. Where employment was mentioned, it appeared that employment was a matter to be assisted with by the jobactive or Centrelink provider, whereas the Youth Worker rarely assisted beyond resume writing or Wanslea job club. Aboriginal participants appeared to be less likely to have participated in the Wanslea job club, if it was not perceived to be a culturally safe space.

FIGURE 6.16 AVERAGE ACHIEVEMENT OF GOALS FOR ABORIGINAL AND NON-ABORIGINAL PARTICIPANTS IN Q6

Note: The average quantified achievement score averages scores where None=0, Some=1, Half=2, Most=3 and All=4.

SOURCE: ACIL ALLEN CONSULTING 2019

BOX 6.9

CASE STUDY 1 – PURSUING GOALS

Steven* is a 19-year-old man who was first referred to the Trial by his Youth Worker, while contemplating other forms of support at the time. Steven had been in foster care for more than 10 years. Since turning 18, he has desired greater independence, so he moved to a group home before his current living arrangement in a supported accommodation facility.

Steven has consistently struggled to remain engaged with education and training, having dropped out of Year 11 as well as a number of TAFE courses his Youth Worker helped him to enrol in. Steven explained that he was not well-suited to sitting down in a classroom and wanted to do something practical. He identified a Certificate in hospitality as something that he wanted to pursue. Steven's goals changed significantly throughout his time in the Trial. At Wave one, he talked of wanting to study Education at university and eventually become a teacher. At Wave three, Steven noted that he was not fond of formal education and wanted to keep study to a minimum.

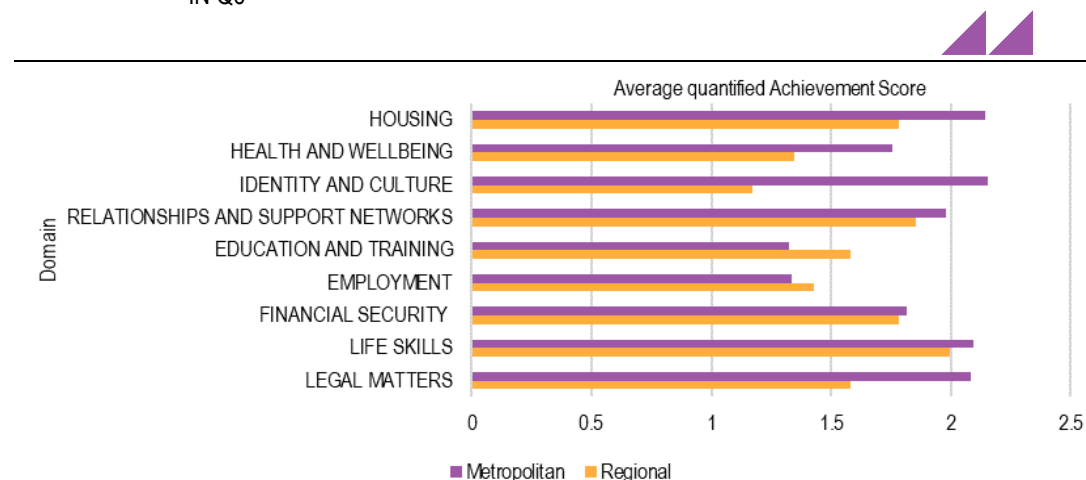
Steven was currently looking for employment and wanted to work as a bartender. He indicated that he did not discuss employment with his Youth Worker, as he did not see how it would be helpful. Steven noted that his Youth Worker had helped him to update his résumé in the past, but that he did not currently receive any assistance from the Trial pertaining to employment. Steven was engaged with a jobactive provider, through which he was required to search for 20 jobs every fortnight.

Note: * Participant names have been changed to protect their identity.

SOURCE: BASED ON CASE STUDIES DEVELOPED AS PART OF THE LONGITUDINAL STUDY INVOLVING YOUNG PEOPLE IN THE TIA TRIAL. SOCIAL RESEARCH CENTRE 2020

Figure 6.17 shows the differences in average achievement of goals as at Q6 between metropolitan and regional clients. Across most domains, clients in metropolitan areas achieved a greater proportion of their goals, with the differences in Health and Wellbeing, Identity and Culture and Legal Matters being more pronounced. Regional clients achieved a greater proportion of their goals, on average, in the domains of Education and Training and Employment. While the quarterly reports did not provide any clear reasons for why these differed, there are generally more and a greater variety of services available in metropolitan areas, which may explain why goals in most domains were more likely to be met for metropolitan participants. On the other hand, employment opportunities may be more accessible or available in regional areas, which meant that participants in regional areas were more likely to be employed.

FIGURE 6.17 AVERAGE ACHIEVEMENT OF GOALS FOR METROPOLITAN AND REGIONAL CLIENTS IN Q6

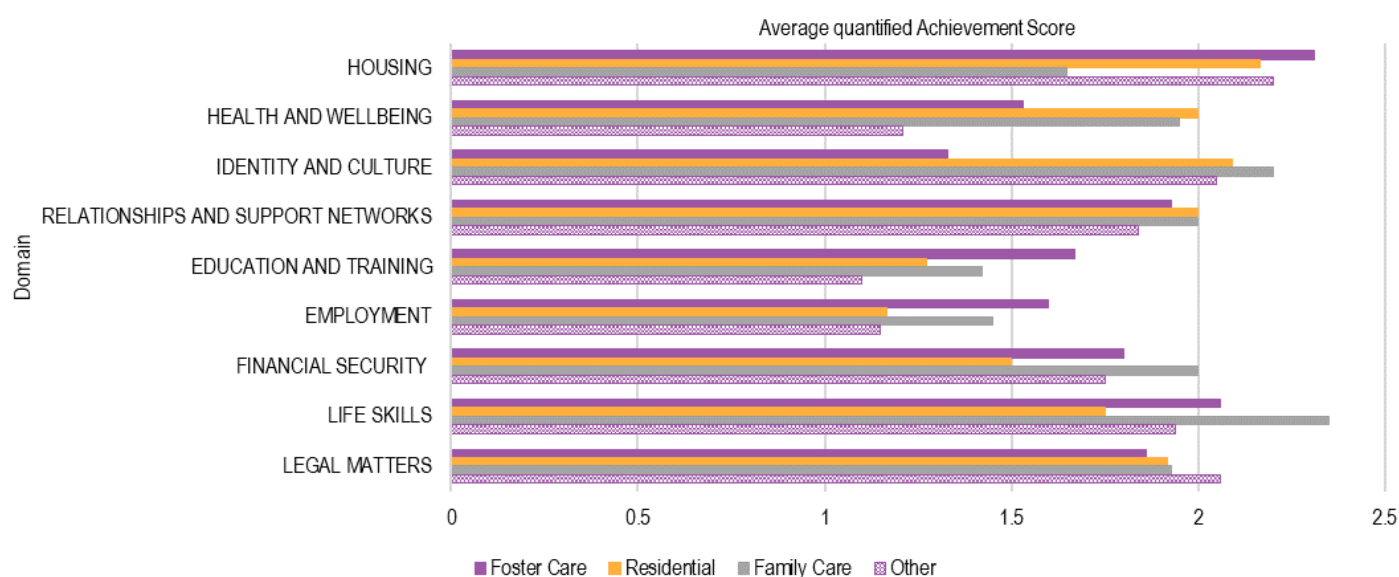


Note: The average quantified achievement score averages scores where None=0, Some=1, Half=2, Most=3 and All=4.

SOURCE: ACIL ALLEN CONSULTING 2019

Figure 6.18 shows the average achievement of goals in Q6 mapped against the participants' placement type on entry to the Trial. Placement type appears to affect the proportion of goals achieved in each domain in a variety of ways, and there is no clear placement type which appears consistently to impact the achievement of goals on the whole. Participants who were in Foster Care achieved the greatest proportion of their goals in Housing, Education and Training and Employment, although this difference appears to be only significant in Education and Training. Participants who were in Family Care achieved a smaller proportion of their goals in Housing but achieved most of their goals in other domains compared to those in other placement types. Participants who were in Residential Care achieved the greatest proportion of their goals in Health and Wellbeing and Relationships and Support Networks but achieved the smallest proportion of their goals in Financial Security and Life Skills.

FIGURE 6.18 AVERAGE ACHIEVEMENT OF GOALS IN Q6 BY PLACEMENT TYPE AT ENTRY TO TRIAL



Note: The average quantified achievement score averages scores where None=0, Some=1, Half=2, Most=3 and All=4.

SOURCE: ACIL ALLEN CONSULTING 2019

6.4 Extent of participant benefits

In addition to discussion above about achievement of goals across different sub-cohorts of participants (section 6.3) and access to brokerage funds by different sub-cohorts (section 5.3), the following considers the different challenges for some groups of young people in fully realising the potential benefits of participation in the TIA Trial and the different levels of need. This section in part also draws on the literature referred to in section 3.1.

Impact by cohort

While transitioning from out-of-home care is challenging for all young people, certain young people face additional difficulties transitioning from care as a result of compounding circumstances. This includes, for example, young people with disabilities or mental health issues, those from Aboriginal and Torres Strait Islander backgrounds and those living in rural and remote areas.⁹² Some of these challenges are outlined below.

⁹² CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

Individual variation

Feedback from WA DC Case Managers and regional staff indicated that variation in outcomes appears to be related to the context and preferences of the individual, as opposed to specific cohorts. In part, this was seen to correlate with the young person's mentality and readiness for change.

Factors that were seen to influence the impact were the relationship between the young person and their Youth Worker, and the extent of existing support networks.

The matching process between the young person and the Youth Worker was seen to play a significant role in improving engagement. Youth Workers and Case Managers both reported that building rapport was essential to engagement and was closely related to the ability to establish shared understanding and common ground between the Youth Worker and the young person.

'It's just the combination of two people. For my young person, he was always going to struggle to connect with a woman who was his nan's age. My other was 17, her Youth Worker is in her early 20s, there was an instant connection there.'

(WA DC Case Manager)

Young people with existing support networks were seen to benefit less from the TIA Trial, as they were able to leverage their relationships and connections to establish themselves post care. For young people who did not have family or friends to support them, the TIA Trial was seen to be much more impactful as it provided a consistent point of contact and a relationship for the young person to rely upon.

'I'm working with another guy ... He's working, he's got his own accommodation. He's managed to do those things without TIA, so it comes down to the individual and their support network.'

(WA DC Case Manager)

Experiences for young people with complex needs

Young people transitioning from out-of-home care often experience multiple and complex needs, including mental health issues, developmental conditions and disability. A national survey of carers identified that 86 per cent of carers had young people in their care with at least one indicator of abuse, neglect or problems at home, while one third had developmental conditions.⁹³ Access to appropriate support services with highly trained care workers is often reduced, which impacts on the likelihood of successfully transitioning to independence. As a result, these young people face poorer short and long-term outcomes, particularly in terms of housing and mental health.

Evidence suggests that young people with complex needs benefit from longer duration, more comprehensive support, including coordination with adult disability services.^{94,95}

Experiences for Aboriginal and Torres Strait Islander young people

Aboriginal and Torres Strait Islander young people are over-represented in out-of-home care and have poorer access to transition services, due to the lack of culturally appropriate services and the complexities of delivering services in remote areas.⁹⁶

The evidence suggests that although members of the Aboriginal and Torres Strait Islander community play a role in decision making around children in out-of-home care, their involvement in planning and support for the transition period should be required in all jurisdictions. This would ensure culturally appropriate support for Aboriginal and Torres Strait Islander young people leaving care, and active engagement of the Aboriginal and Torres Strait Islander community representatives in caring for young people. Additionally, culturally appropriate support services for post-care support are needed

⁹³ Qu, L., Lahausse, J., & Carson, R. (2018). *Working Together to Care for Kids: A survey of foster and relative/kinship carers*. Melbourne: Australian Institute of Family Studies.

⁹⁴ Mendes, P., & Snow, P. (2014). The needs and experiences of young people with a disability transitioning from out-of-home care: The views of practitioners in Victoria, Australia. *Children and Youth Services Review*, 36, 115-123.

⁹⁵ Lee, J. S., & Ballew, K. M. (2018). Independent living services, adjudication status, and the social exclusion of foster youth aging out of care in the United States. *Journal of Youth Studies*, 21(7), 940-957.

⁹⁶ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

for Aboriginal and Torres Strait Islander young people. This may focus on improving connections to family, community and country following leaving out-of-home care.⁹⁷

Aboriginal Community Controlled Organisations (ACCOs) play an important role in ensuring culturally appropriate transition planning, which subsequently improves outcomes for Aboriginal and Torres Strait Islander young people. However, the literature suggests that access to ACCOs is affected by limited resourcing. Aboriginal and Torres Strait Islander young people could be better supported and connected with culture and community through improved cultural awareness and cultural competency training for mainstream staff and improved resourcing for ACCOs.⁹⁸

6.5 Sustainability of outcomes

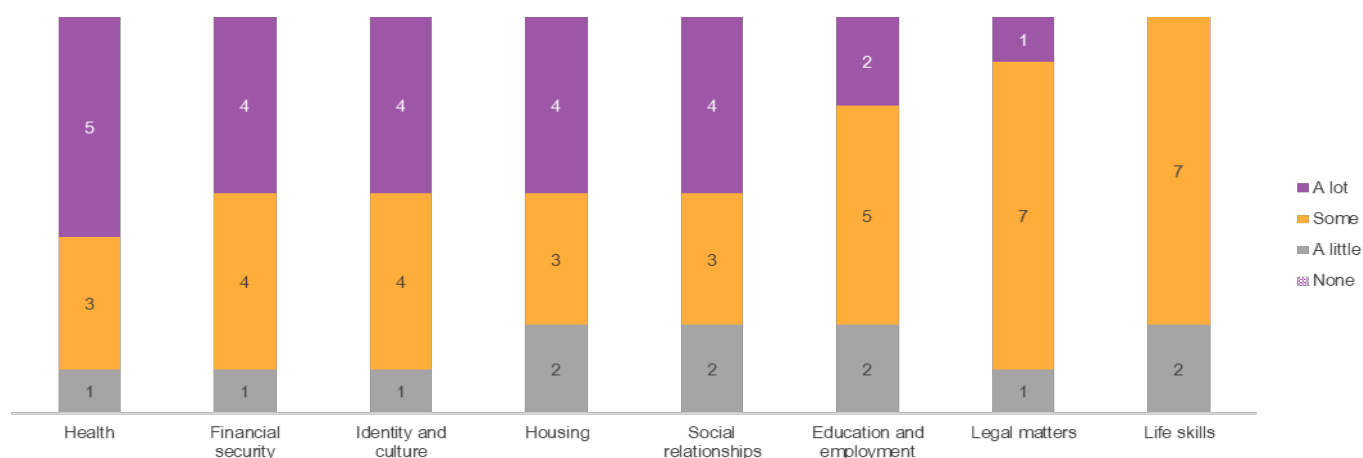
Support required by domain

Youth Workers and Case Managers were surveyed to determine the extent of support required by young people at the conclusion of the TIA Trial, for each of the life domains.

Youth Workers reported that at a minimum, some support will be required across all domains (see Figure 6.19). Health, Financial Security and Identity and Culture were seen as the domains likely to require the most significant ongoing support. The areas where the most significant impact was reported (Housing, Education and Employment and Life Skills) had slightly lower requirements but it was expected that continuing assistance would be needed.

Youth Workers reported that mental health was an area of emerging and significant need for support, which may explain, in part, the high level of needs against the Health domain. Particular issues regarding Health were the absence of system supports when the young person turned 18, the challenges of transitioning out of care and the profound impact of trauma.

FIGURE 6.19 YOUTH WORKERS' PERCEPTIONS – ONGOING SUPPORT REQUIRED BY DOMAIN



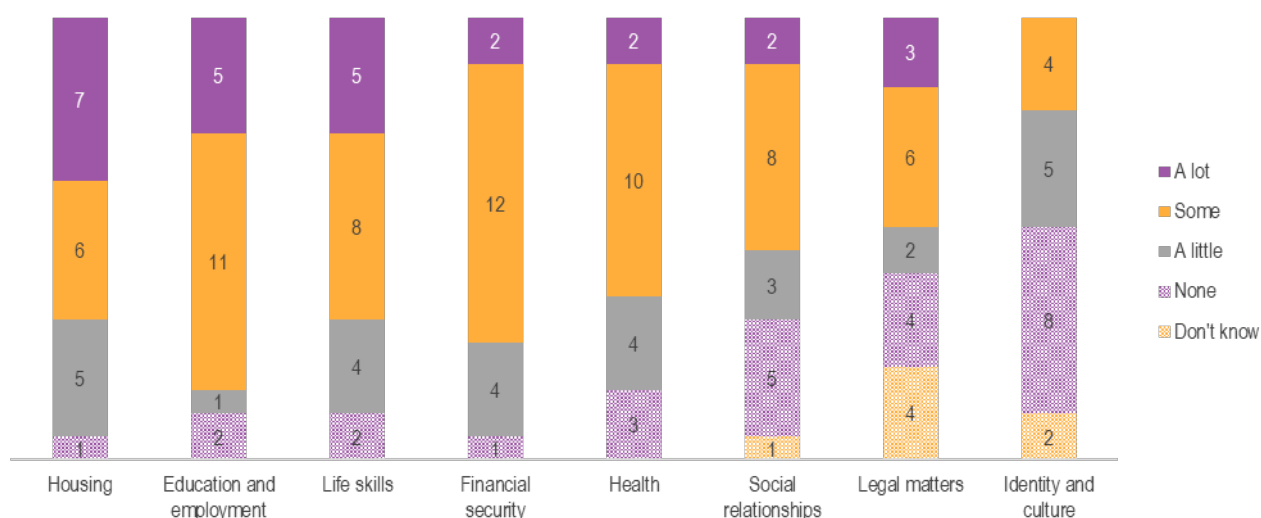
NOTE: (N=9)

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF YOUTH WORKER SURVEY, 2019.

Case Managers were less likely to report that young people required ongoing support when compared with Youth Workers (see Figure 6.20). Case Managers reported the expectation of the highest ongoing needs in relation to Housing, Education and Employment, Life Skills and Financial Security. Identity and Culture, Legal Matters and Social Relationships were seen as requiring a lower amount of support into the future.

⁹⁷ Kalinin, D., Gilroy, J., Pinckham, S. (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. Sydney: Macquarie University and The University of Sydney.

⁹⁸ Baidawi, S., Mendes, P. and Saunders, B.J. (2016). *The complexities of cultural support planning for Indigenous children in and leaving out-of-home care: the views of service providers in Victoria, Australia*. Melbourne: Monash University.

FIGURE 6.20 CASE MANAGER PERCEPTIONS – ONGOING SUPPORT REQUIRED BY DOMAIN

NOTE: (N=19)

SOURCE: ACIL ALLEN CONSULTING ANALYSIS OF CASE MANAGER SURVEY, 2019

There is variation between Youth Worker and Case Manager perspectives regarding the level of support required by young people. This may be due to the level of contact between the two, whereby Youth Workers provide intensive support to young people and are likely to have both a current and an in-depth understanding of the young person's needs, skill levels and requirements.

Young people participating in the Trial generally fell into one of three categories: not ready to leave the Trial, ready to leave the Trial and not having considered leaving. For those who were not yet ready to leave the Trial, key reasons included not having the life skills needed to live independently, and not having a support network to fill the role currently provided by the Youth Worker.

'Well I definitely think I've needed a bit longer [in the Trial] at least, because yeah, cooking skills are – I'm not confident with my cooking skills yet. I'm not confident getting more in house yet...'

(Young person participating in the Trial)

'I feel like it's a little bit worrying [leaving the Trial], because she [my Youth Worker] is like my number one support network. I don't really have much support.'

(Young person participating in the Trial)

Participants who were ready to leave the Trial felt their independent living skills were sufficient for them to cope without support but would miss the social interaction and emotional role filled by the Youth Worker. A further cohort of participants had not yet turned their mind to the end of the program and had not reflected on what would happen once they exited.

There was variation in the awareness and understanding of supports that would be available to them at the conclusion of the Trial. Most understood the leaving care plan and access to providers, though there were varying degrees of confidence in these supports.

More recent data on young people compiled by Wanslea to enable assessment of the ongoing need for services and supports beyond the completion of the Trial, provided a similar snapshot of the housing, education and training, and employment status of Trial participants as at January 2020 (ie six months on from Q6). While there were some minor differences in definitions and counting rules, a similar number of young people to that obtained from analysis of the Q6 activity reports were recorded as in secure housing and participating in employment. However, there was a smaller proportion of young people participating in education and training, which may be due to young people transitioning between courses over the summer teaching break.

6.6 Discussion

Over the course of the Trial, the available data suggest that there have been improved outcomes for young people. A cross-sectional analysis at the end of the data collection period, i.e. one year out from completion of the Trial, revealed that a majority of young people in the Trial were in secure housing, and actively participating in education and training, and employment.

A substantial proportion of young people have either partially or fully achieved their goals over the course of the Trial. The extent to which this was achieved varies across domains, with some domains requiring a greater degree of ongoing support than others. This indicates that leaving care programs may need to account for the level of support required across domains when considering caseloads, resourcing and length of support provided.

There were challenges in measuring outcomes for Trial participants, in that their goals changed over the course of the Trial and differed between participants. For example, whether independent living is necessarily the ultimate goal for Trial participants, as some of the young people who were living with family in a stable environment did not appear keen to live independently, whereas other young people in similar situations desired to move out on their own. This could explain why there was a view that there were the most positive outcomes in the Housing domain, but stakeholders also believed that young people needed further support in Housing.

Education and Employment highlighted particular challenges in the achievement of outcomes, with varied impacts for individual participants. Participant comments from the longitudinal study indicated that the Trial, and by extension the broader education and employment system, was not well equipped to deal with young people for whom conventional education and training are not well-suited. Further, young people occasionally did not seek assistance from their Youth Worker in these areas, as they did not have confidence that their Youth Worker would be able to assist. This indicates that leaving care programs need to have established connections and pathways to help young people access appropriate non-mainstream education and employment opportunities in order to support the needs of the cohort.

There was also evidence to suggest that the level of engagement between the participant and the Youth Worker, along with the extent of their relationship, was a strong predictor of positive outcomes. The continuity of the relationship meant that participants who engaged well and enjoyed a good relationship with their Youth Worker were more likely to be open with their needs, trust in their Youth Worker and take up the services and referrals that are provided. Conversely, poorer engagement and weaker relationships result in a lack of trust and openness, and reduced willingness to undertake recommendations provided by the Youth Worker. This demonstrates the importance of the pairing of young person and Youth Worker, the ability to build rapport and the continuity of engagement in leaving care programs.

The achievement of positive outcomes, including stable and secure housing, participation in education and training and employment appear to be relatively stable between 18 to 24 months after the Trial commenced. This suggests that young people leaving care who are likely to engage actively and achieve positive outcomes tend to do so relatively quickly and establish these outcomes soon after leaving care. However, young people who require additional support to achieve these outcomes will require support for the full period of the Trial. While support for young people leaving care is important, particularly through the transition period, it is likely that a sizable minority will establish themselves fairly quickly and require only occasional support, while the majority will require more intensive support for a longer period. Leaving care programs need to consider the impact on workforce planning and resourcing, where Youth Workers may be able to provide more intensive support to part of their caseload in the longer-term, assuming part of their caseload requires only occasional support.

The increase in supports over the course of the TIA Trial indicates that young people transitioning to independence may require ongoing support that 'spikes' at particular points, for example when undertaking further study, changing careers, or relocating. WA DC provides support to participants up until the age of 25, whereas the duration of the TIA Trial was intended to cover one year of after care and in practice will be completed when participants will be aged up to 20. Enabling older young persons to remain in the Trial beyond the age of 19 demonstrates recognition of the continuing vulnerability of many leaving care, albeit requiring varied levels of support. While the TIA Trial model

and practice reflects the benefit to early engagement prior to leaving care, the Trial is also providing demonstrable evidence of the need for strengthened supports for a number of young people beyond 19 years with the prospect of a reducing level of support as young people continue on to establish their independence.



This chapter addresses the following research questions:

- *What evidence is there of the development of local networks and referral pathways to facilitate Trial implementation?*
- *Have any changes been made to accessibility of existing support services as a result of the Trial?*

The evaluation considers the impact of the TIA Trial on the broader service system that supports young people leaving care. This encompasses the change to local services (the direct connections between the young person and service providers), to state-wide arrangements (primarily through WA DC arrangements) and any effect on the wider system through national networks (namely the connection between Commonwealth processes, state departments and local services).

7.1 Local services

Service Directory

To assist in building connections to services, the TIA Trial Service Directory was created by Wanslea for use agency-wide. The directory includes a brief summary of available sources of funding for young people in the Trial, and links to the website of a range of different organisations relevant to each of the eight life domains considered as part of the TIA Trial. For each organisation listed in the directory, a brief description of the services provided is included.

The value of, and focus on, the Service Directory has evolved over the course of the Trial. In the initial establishment phase, Wanslea actively documented the networks that were emerging. This provided a useful resource for the Youth Workers who were newly recruited to their roles. As the Trial matured, Youth Workers developed their own networks of service providers and built relationships with key individuals. As a product, the Service Directory was used less frequently and informal systems became more common.

‘Our contact lists are largely in our phone, but we communicate often enough to just ask. We also acknowledge that we have strengths in different domains, so we leverage each other’s expertise.’

(Youth Worker)

New partnerships

Over the course of the TIA Trial, new partnerships were formed between Wanslea and local service providers. Formal agreements have been established with two Aboriginal organisations to strengthen the capacity of the Trial to meet the needs of Aboriginal participants. This includes co-location of two Youth Workers with Yorgum Aboriginal Corporation, and Yorgum input into training and professional development for Youth Workers to implement culturally sensitive approaches. The professional learning was seen to be particularly beneficial to building Youth Worker capability and enhancing their ability to provide supports to young people participating in the Trial.

New and strengthened connections have also been made locally with district offices of WA DC and service providers such as registered training organisations and district education officers. Connections were primarily driven by the needs of young people participating in the Trial to facilitate access to services. These have predominantly been relationship based, formed through the engagement of individual Youth Workers with local connections or through connections between Wanslea staff and the Department.

'Efforts have been made by some agencies such as Housing and Centrelink to prioritise access for young people in the TIA Trial but there is need for internal communication within these agencies to ensure consistency as some districts have been more difficult to work with than others.'

(Youth Worker)

Referral pathways

A key objective of the TIA Trial was the formation of referral pathways to facilitate priority access to services. The Service Directory and the new partnerships above provided foundations for referral pathways as Youth Workers identified who to contact and how in order to access services and supports for TIA Trial participants that enabled Youth Workers to respond to the identified needs of young people over the course of the Trial. WA DC Case Managers and service providers consulted reported that coordination of local services had improved over the course of the TIA Trial, though new arrangements had not necessarily been established.

Generally, Youth Workers had a greater awareness of referral pathways that were utilised as part of the Trial when compared with Case Managers. Rather than a difference of perspectives, this likely reflected the role of the Youth Workers in liaising closely with local service providers to ensure that local supports were identified and available to young people. The kinds of services accessed varied, with analysis of brokerage data indicating that services accessed spanned across all life domains, with the most common including health providers, housing supports and education and training services. Referrals were most likely to be related to employment, education and training, and life skills development.

"[The Youth Worker] has a lot more knowledge of programs that we don't have and an idea of what is happening in our local area. [They have] opened doors for me to things that I had no idea about."

(WA DC Case Manager)

BOX 7.1 CASE STUDY 2 – PATHWAYS AND REFERRALS

Charlotte* is an 18-year-old woman. She first became involved in the Trial following a recommendation from her Department case worker. Charlotte was initially reluctant to participate, as she associated the Trial with the Department, and felt that they had done little to help her. Despite being initially reluctant to engage, Charlotte has been fairly involved throughout her time in the Trial, describing it as a 'big part of her life'.

Much of the support Charlotte has received from the Trial related to her pregnancy and raising her baby. Support provided by her Youth Worker included connection to other services (such as accessing parenting payments from Centrelink) and referral to social support (via referral to a mother's group) and emotional support (by being there to listen to Charlotte).

Charlotte noted that her Youth Worker had referred her to a mother's group, as a means of expanding her social support network, and make friends with young women going through similar circumstances.

When I was pregnant and I first had my [baby], I was referred to parenting groups... they were organised to meet at the beach or something and we'll sit on the grass ... and then we can all sit in the group and get to know each other... we can ask questions about stuff we want to know about parenting, and we get to also make new friends.

Note: * Participants' names have been changed to protect their identity.

SOURCE: BASED ON CASE STUDIES DEVELOPED AS PART OF THE LONGITUDINAL STUDY INVOLVING YOUNG PEOPLE IN THE TIA TRIAL. SOCIAL RESEARCH CENTRE 2020

Role of Local Implementation Groups

The LIGs provided a central mechanism for identifying and discussing service system changes. By drawing together representatives of different agencies and organisations, the LIGs have played an important role in driving local networks and priority access to services. Youth Workers were able to discuss challenges or obstacles in supporting young people participating in the Trial to identify services available, existing networks and referral pathways. Examples observed over the course of the Trial included leaving care, education and housing, and improving practice.

The LIGs were intended to serve as a mechanism to address issues at the district or whole-of-trial level or escalate issues to the PMG. The LIGs assisted in sharing information between Youth Workers, WA DC Central and District representatives and DSS stakeholders. Case insights, including barriers to effective practice, helped to identify challenges to supporting young people and collaborative solutions were developed. Examples include inviting WA DC Housing members to attend LIGs to help address access issues, formalising hot desking arrangements, and building connections with WA DC Education officers.

In terms of escalation, there was limited evidence of this throughout the Trial, with few areas formally referred up to address systemic challenges or issues. Matters formally raised to the PMG included:

- processes for young people who did not have designated WA DC Case Managers
- non-engagement of young people in the Trial and the development of a supporting process
- educational access, including payment of TAFE fees
- transition arrangements for young people at the conclusion of the Trial.

Other mechanisms, such as the advocacy role of the Chair and the relationships of individual members, were used to the same effect to lead to more systemic changes.

7.2 State-wide services

The Trial accessed state-wide support to clarify contacts and ensure awareness amongst service providers of policies around priority access. Partnerships between Wanslea, WA DC and DSS helped to facilitate referral pathways to Commonwealth and state government and other local services across Western Australia. These connections were essential in getting timely resolution to obstacles, such as the need to advocate for improved housing arrangements for young people.

Housing was the key domain in which state-wide services were able to be improved. Through the Trial, solutions to access state-wide services had been put in place including:

- a dedicated Housing representative who attended Wanslea to support housing referrals
- a Housing representative at LIG meetings to identify and resolve issues
- regular discussions within WA DC on young people leaving care and housing initiatives.

Collectively, these strategies built awareness of options outside social housing that might be appropriate for young people participating in the Trial, resulting in new conversations and referrals that would not have otherwise occurred. In particular, the TIA Trial was seen to have provided insights into the type of support required for young people post 18, which had the potential to improve other programs and service offerings.

‘Efforts have been made by some agencies such as Housing and Centrelink to prioritise access for young people in the TIA Trial but there is need for internal communication within these agencies to ensure consistency as some districts have been more difficult to work with than others.’

(Youth Worker)

‘Having this Trial gave the Housing colleagues the sign that leaving care is a focus of the Department. In the last 12 months, you hear Housing colleagues think about their new programs and identifying that kids transitioning from care should be a target population. The radar has really changed and shifted.’

(WA DC – Central)

7.3 National networks

The Trial has resulted in improvements at a national level to support young people to access services and supports. Connections between Wanslea, WA DC and DSS helped resolve challenges with Centrelink and resolution of New Zealand citizenship challenges for Trial participants. The governance of the TIA Trial, in particular the pathway to the Commonwealth Government through the PMG, was formative in achieving these systematic improvements.

7.4 Discussion

The TIA Trial has supported changes in the service system to assist young people to access supports. These changes predominantly took the form of pathways which were strengthened at the local level through improved relationships between Youth Workers and service providers.

Local changes were largely driven by informal networking, with Youth Workers building strong connections with other services and government departments. These relationships resulted in positive outcomes for Trial participants, with the service sector engaged to meet the needs of young people participating. Their relationship-based nature meant there was inconsistency and variation across the state between Youth Workers in terms of their connections, which could have produced different outcomes for TIA Trial participants. This highlights the importance of peer networking between Youth Workers and the ability to leverage each other's knowledge and relationships to ensure participants receive comparable service outcomes.

Key to the achievements made were the dedicated role of the Youth Worker and their associated capability. The Youth Worker role allowed for significant time to be spent understanding the needs of the young person, identifying services, exploring pathways and advocating for access. Such efforts are generally not feasible for case managers or those within government agencies to undertake due to the case load carried. Similarly, the capability of Youth Workers was essential in navigating the local service network and developing innovative solutions to meet the needs of young people.

[In terms of referrals] particularly around alternative education programs that we don't have knowledge around. The Youth Worker was amazing at identifying, I was blown away because I hadn't heard of it at all, and off we went.


(DC Case Manager)

Beyond local changes, there were early signs of systemic changes beginning to occur through improved connections within WA DC, through the LIGs and PMG. The Trial governance structures have been an essential enabler for systemic improvements, while also highlighting the challenges of achieving further improvements. In the absence of designated responsibility, the changes observed through the TIA Trial were driven by a combination of Wanslea staff, WA DC and DSS.

The Trial could have benefited from role clarity on who is responsible for leading systemic challenges and monitoring effectiveness. The TIA Trial presented a strong opportunity to both build understanding of leaving care needs for young people, and to directly inform adjustments in WA DC policy, programs and systems. While some improvements were evident and taken up by WA DC, future programming would benefit from a structured approach to ensure these opportunities are maximised. For local matters, the LIG (or an equivalent) could provide an appropriate mechanism with an effective Chair function. Wanslea would need to monitor new pathways and service relationships to ensure the most effective arrangements and relationships were identified and supported. This would require a commitment to formal and periodic review of the service provider directory to ensure it remains a relevant and living resource that is accessible across the workforce.

State-wide matters are likely to require a central lead, such as a responsible area within WA DC, to ensure that barriers can be effectively resolved consistently across the state. The achievements in the Housing area are indicative of the potential achievements with a clear driver and dedicated prioritisation through a government agency. It is also likely that the Home Stretch trial⁹⁹, adapted from a national model and implemented in WA during the TIA Trial, builds on the approach and learnings available to WA DC on the TIA Trial model to date.

⁹⁹ The Home Stretch trial is being implemented by WA DC in partnership with Anglicare WA to provide enhanced support to eligible young people aged 18-21 transitioning from out-of-home care to independence. The trial is expected to halve homelessness and includes one-on-one support and a safety net fund to provide stable living arrangements and facilitate access to health, education and life skills services. The Home Stretch trial commenced in July 2019 supporting 15 young people and was extended in November 2019 with additional resources to assist up to 10 extra care leavers in the first year of the trial and up to 25 more in each of the second and third years.



8

SUCCESS FACTORS OF THE TIA TRIAL

This chapter addresses the following research question:

- *What are the success factors and how replicable are they?*

Consideration is given to aspects of the TIA Trial model and implementation that have contributed to the successful operation of the Trial and achievement of outcomes. The extent to which these success factors can be replicated in other contexts is also considered, having regard for any service or system enablers and the extent to which a benefit can be derived from replicating some rather than all factors.

8.1 Success factors

The literature on successful transition from care identifies effective elements in supporting young people, as outlined in Chapter 3. Review of the TIA Trial has identified characteristics of the model, the resources and infrastructure created, and the approach of the Youth Workers that were essential to the progress and outcomes achieved for young people participating in the Trial. These success factors have implications for the evidence base and can inform good practice approaches to leaving care programs. The strongest success factors, and their alignment to the evidence base, are outlined below.

Dedicated workforce

BOX 8.1 CASE STUDY 3 – DEDICATED SUPPORT WORKER

Barry* is 18 years old and lives in a permanently staffed residential care facility. Barry has a traumatic background, having been subject to extreme domestic violence when he was young, leaving him with lasting cognitive and physical impairments.

Barry sees his Youth Worker regularly (around once per week) and has done so for the duration of his time in the Trial. One of the key benefits of the Trial to Barry is having an 'informal' support outside of his existing network. Barry has a close relationship with his Youth Worker, seeing him as a 'mentor'. Barry's support worker notes that Barry is more engaged in the Trial than any other supports.

Barry's Youth Worker has assisted him primarily by providing emotional support, but has also helped him with education, legal issues, and employment. Barry's Youth Worker has adopted the role of being his case manager and liaises with Barry's other supports to coordinate his care. Barry's Youth Worker regularly attends meetings with his other support workers to discuss his progress and key decisions to be made. Barry's Youth Worker keeps him informed regarding what has been discussed.

Note: *Participants' names have been changed to protect their identity.

SOURCE: BASED ON CASE STUDIES DEVELOPED AS PART OF THE LONGITUDINAL STUDY INVOLVING YOUNG PEOPLE IN THE TIA TRIAL. SOCIAL RESEARCH CENTRE 2020

The establishment of the Youth Worker role, focused on providing individual support to young people participating in the Trial, was essential to the achievement of short-term outcomes regarding independent living skills, housing, and engagement in education and employment. Youth Workers worked in collaboration with the existing WA DC Case Managers to provide intensive support to a caseload of 10 participants. The role was focused on active engagement to build a relationship with the participants and relevant service providers, in order to provide a stable point of support and referrals during the participant's transition period.

Through the relatively small caseload held, Youth Workers had additional capacity to undertake tasks and provide direct support to young people participating in the TIA Trial. Case Managers, by comparison, have a priority focus on safety and policy requirements for supporting young people that, when coupled with a higher case load, limit the types and extent of support that can be provided to help young people transition from care.

This leads to two different approaches, whereby Case Managers are limited to more reactive assistance for young people. Youth Workers were able to dedicate time to work alongside the young person, building the young person's ability to independently pursue their goals. A differentiating factor for the Youth Workers is the capacity to actively pursue the engagement of the participant, as outlined in the TIA Trial Guidelines, which is not practicable for Case Managers in their broader operating context.

While the evidence base does not explicitly focus on the need for a dedicated workforce, the literature does speak to the need for intensive assistance to effectively support young people to transition. This aligns with the findings of similar models being trialed in other jurisdictions (such as the Better Futures worker in Victoria) that have highlighted comparable learnings about the benefit of having a dedicated resource that is able to tailor their role to the needs of the young person, the local service network and the resources available within their organisation. This is discussed further in Chapter 10.

BOX 8.2 CASE STUDY 4 – RELATIONSHIP WITH YOUTH WORKER

Layla* has had variable living arrangements for most of her life, with child protection having involvement since birth. Her engagement in the Trial has been variable.

Despite being slow to engage in the Trial, Layla built a connection with her Youth Worker over time, and talked positively at Wave two of some of the benefits of the Trial. This included helping her to graduate high school, setting up Centrelink assistance, the Wanslea 'Job Club', and finding accommodation. Layla talked of her goals of going to university and helping vulnerable young people.

Layla highlighted the emotional support provided by her Youth Worker as a key benefit of the Trial. She explained that she was able to confide in her Youth Worker, and she told her most things that were happening in her life. Layla described her Youth Worker both as a 'mate' and a 'mother figure'.

Note: *Participants' names have been changed to protect their identity.

SOURCE: BASED ON CASE STUDIES DEVELOPED AS PART OF THE LONGITUDINAL STUDY INVOLVING YOUNG PEOPLE IN THE TIA TRIAL. SOCIAL RESEARCH CENTRE 2020

Capability

The skills and qualifications of the Youth Workers were essential for the implementation of the TIA Trial. Key abilities included tenacity, trauma informed practice, flexibility and adaptability, and strong communication and rapport building skills.

Knowledge of bureaucracy was also significant in the TIA Trial context. An understanding of public service systems, policies and procedures helped Youth Workers to operate within the constraints of the existing system while still ensuring the needs of young people were met. Young people explained that Youth Workers were instrumental in helping them navigate bureaucratic processes (for example, applying to Centrelink or TAFE). Youth Workers were generally recruited from working in the community, rather than from within the bureaucracy, and needed time to develop their understanding of the system. Strategies including collaboration and hot desking (discussed further below) helped build the Youth Workers capability in terms of the division of responsibilities, opportunities to leverage

system tools, and how to effectively advocate on behalf of the young person. Over the course of the Trial, Youth Workers developed a specialised skillset that linked youth engagement, bureaucratic operations and transition from care skills to help support young people into independent living.

The capabilities of the Youth Workers identified as essential through the TIA Trial contribute to the evidence base by exploring the skills required to enable the provision of effective supports.

BOX 8.3 CASE STUDY 5 – YOUTH WORKER CAPABILITIES

Emma* is 18 years-old and was referred to the Trial by her case worker. Emma has lived in a long-term foster care placement before living with her grandmother.

Although she felt relatively well-supported prior to becoming involved in the Trial, Emma decided to participate as she was thinking about the future. In particular, Emma thought that leaving care support would be beneficial for her as she transitioned from high school to adult life. She noted that assistance from the Trial had become more beneficial as she became older, and no longer had support from her school available. Her high engagement in the Trial is evidenced by increased contact with her Youth Worker over time.

Emma highlighted that the Trial had been particularly helpful in assisting her to identify suitable training courses, enrol in courses, set-up Centrelink assistance, arrange and pay for health appointments, search for work, and examine housing options. In particular, Emma emphasised that it was helpful to have her Youth Worker available to liaise with her Department case worker. She noted that things got done a lot quicker with the assistance of her Youth Worker. Emma has had two Youth Workers, although the first was for a relatively short time. She did not get to know her initial worker overly well but has a strong relationship with her current Youth Worker, describing her as a 'friend'.

Note: *Participants' names have been changed to protect their identity.

SOURCE: BASED ON CASE STUDIES DEVELOPED AS PART OF THE LONGITUDINAL STUDY INVOLVING YOUNG PEOPLE IN THE TIA TRIAL. SOCIAL RESEARCH CENTRE 2020

Relationships with the young person

An important attribute of the Youth Workers' capability was the adaptability and sensitivity to the individual needs of young people. Participants in the Trial identified that the flexibility of the Youth Workers, and the ability to tailor their supports to meet the individual needs, were essential for building rapport, supporting communication and working toward goals. This aligns with the findings of the literature review, which emphasised the need for flexibility in supporting young people's development and creating stability for program participants.

Youth Workers dedicated significant time to building rapport and trusted relationships with Trial participants. Key to this success was involving the young person in identifying needs and through the broader planning process, as far as possible.

The importance of strong relationships is highlighted in the literature, which notes the role that these relationships can play in providing a known support person and positive role model for young people. These connections can help maintain the social, practical, emotional and financial support that young people would generally receive through their home environments.

Collaborative practice

The TIA Trial model focused on supporting young people while still in care to improve the transition to independent living. For this to occur effectively, the relationship between Wanslea and WA DC needed to be seen as a partnership that necessitated collaboration across agency lines to ensure young people were supported both by government (their legal guardian) and the service provider (their support).

Effective collaborative practice involved the young person, alongside the Case Manager and Youth Worker. Having all three parties actively involved in leaving care planning, service delivery and review of practice helped ensure that there was open communication and the opportunity for continual

improvement. This was particularly important due to the external nature of the Youth Worker under the TIA Trial model, and the need for strong working relationships across government and Wanslea to support effective service navigation.

Collaboration with Aboriginal organisations also plays an important role ensuring that Aboriginal young people are able to receive appropriate supports. For the TIA Trial, this primarily occurred through engagement with Yorgum and, to a lesser extent, local Aboriginal organisations. The formal partnership benefited the skills, capability and tailoring of practice of the Youth Workers. Notwithstanding, additional work was needed to better define the collaboration and the benefits to both parties in order to optimise the partnership. This work continued at an organisational level concurrent with broader state-wide reforms to strengthen the Aboriginal Community Controlled Organisation (ACCO) sector in the provision of culturally responsive services for vulnerable and at risk Aboriginal children and their families, including in facilitating services that support collaboration and partnership between ACCOs and mainstream community sector organisations¹⁰⁰.

Hot desking arrangements were an important enabler for collaborative practice as they allowed Youth Workers to work alongside Case Managers at WA DC offices. This was seen to address the communication difficulties that Youth Workers were experiencing with some Case Managers by facilitating face-to-face contact. It also supported Youth Workers and Case Managers in building internal relationships and networks that helped in overcoming obstacles for supporting participants.

The use of hot desking was also employed by the usual leaving care services in WA. Service providers reported that this practice, alongside bimonthly meetings and regular contact with Case Managers, helped to build the relationships and understanding of the bureaucracy.

Independence

Having an independent support worker, outside the child protection system, supported the participation of young people in the TIA Trial. The Youth Worker operated as an appropriate person, not directly associated with WA DC. Case Managers and Youth Workers both reported that young people were more comfortable connecting with those outside the child protection system and were more likely to access support.

In part, this was attributable to the fact that Youth Workers had more opportunities to engage with the young person outside a legal context. As such, they were perceived as independent agencies, connected to the community and services in ways that WA DC staff were not. The placement of Youth Workers in the community-based setting helped support this differentiation from WA DC, allowing the Youth Workers to present differently to Case Managers and demonstrate a greater flexibility in working with the young person.

From the young persons' perspective, the relationship with the Youth Worker as an external individual was important. Participants reported that Youth Workers offered someone to confide in without being judged, providing a supportive relationship and an informal support outside family, friends or WA DC.

¹⁰⁰ Department of Communities. *Aboriginal Community Controlled Organisation Strategy to 2022: Facilitating greater opportunities for Aboriginal Community Controlled Organisations to deliver contracted child protection services and family services to their communities*. Government of Western Australia.

BOX 8.4 CASE STUDY 6 – COMMUNITY-BASED SUPPORT WORKER

Nathan* is an 18 year old who is currently renting a shared apartment. Due to his limited support network, Nathan has operated independently from a young age. He joined the Trial when he was sixteen, as he wanted more support than what the Department was offering him. Although sceptical of the Trial at first, thinking that it would be like having another case worker, Nathan quickly built a relationship with his Youth Worker and was glad that he decided to join the Trial.

He recounted that he was wary of receiving support from a Youth Worker, as he had been with many case workers, and thought TIA would be the same as having a case worker.

And first, I wasn't with the whole idea because I thought it was just going to be another DCP... I didn't know what to expect so I wasn't really for it.

Having met with his Youth Worker, Nathan quickly realised that the support offered through TIA was different to the Department. Nathan stated that he and his Youth Worker had a 'connection' and he saw him as a 'friend' as much as a mentor. Nathan stated that joining the Trial was one of the best choices he had made, and he was glad that he was able to overcome his initial scepticism of the Trial.

I thought, 'Why not take the chance?' and I guess that's one of the best decisions I ever made in my life because if I hadn't done that, who knows where I could be now?

Nathan has made progress with education, employment, financial security, and housing throughout his time in the Trial. He still struggles with social support and personal identity, and these are things that have not been a large focus during his time in the Trial. Nathan is ambitious and self-driven. He states that one must take initiative and make the most of the support offered by the Trial. Nathan believes many participants passively participate in the Trial, without making the most of the support.

Note: *Participants' names have been changed to protect their identity.

SOURCE: BASED ON CASE STUDIES DEVELOPED AS PART OF THE LONGITUDINAL STUDY INVOLVING YOUNG PEOPLE IN THE TIA TRIAL. SOCIAL RESEARCH CENTRE 2020

8.2 Replicability

For the Trial to be replicated, a number of factors important to the success of the Trial would need to be present in some form. These factors include the success factors described above, but also contextual considerations that would need to be addressed in order for the Trial model to be applicable in other environments.

Local service network

The TIA Trial demonstrated the ability to create or strengthen referral pathways to services, accessing diverse supports that could be leveraged to meet the needs of TIA Trial participants. There was an important link between the capability of the Youth Workers in generating innovative solutions and the improvements in access, with Youth Workers developing creative approaches and negotiating with service providers to ensure equity of access.

In replicating the TIA Trial elsewhere, consideration would need to be given to the availability of services and the connectivity with the dedicated workforce. There are universal challenges in accessing particular kinds of services, such as employment and housing, and the experience of regional and remote locations raises further difficulties. Replicating the TIA Trial in other contexts would need to consider the potential impact of the limited nature of services available, the level of existing demand and the time required to access different supports.

Existing relationships

The TIA Trial was able to leverage Wanslea's existing relationships, generated through their delivery of usual leaving care programs. In Districts where Wanslea is already providing these services, there were stronger connections that had been formed over time and had built a foundation of trust between WA DC and Wanslea at an organisational level, and Case Managers and Youth Workers at an

operational level. This also contributed to the understanding of bureaucracy referenced in the Youth Worker capabilities above, as the pre-existing arrangement provided a good understanding of government processes.

The experience of usual leaving care providers highlights a similar experience, namely the importance of an established reputation, formalised connections with other service providers, and the understanding of the bureaucracy held by the community organisation.

Should the TIA Trial be replicated in other contexts, consideration would need to be given to the extent of relationships and networks held by the service provider and the time required to effectively build up these connections to support delivery. Also of significance would be the understanding of government processes and procedures, which is essential in facilitating the connections between government and the service provider.

Resourcing and caseloads

Replicating or scaling the TIA Trial would require consideration of the resourcing required to provide the intensive nature of the support to participants. A key benefit of the Trial was that Youth Workers were able to spend large amounts of time with each of the young people, giving them intensive, tailored support. This was relatively manageable within the resources provided, yet the Trial also provides insights into the variation of workload that can be generated by changing patterns of need in participants. Though the Trial engaged a consistent cohort, the level of support required escalated and deescalated over time as participants' circumstances changed, with some entering a maintenance phase earlier than others. The flexibility provided in responding to the level of individual support needed optimised resourcing while maintaining a 'line of sight' to individual participants.

Should the Youth Workers be required to carry a higher caseload or operate with more limited resourcing, it is likely that the outcomes observed would be diminished due to the impact on service provision and the ability to address the complexity of participant needs.

Geographic context

For the majority of TIA Trial sites, young people were located in close proximity to the Wanslea offices which made engagement relatively easy. Geography can however impact on the feasibility of the caseload and the delivery of intensive support.

The TIA Trial highlighted the difficulties that can arise when participants are located between two offices or at a significant distance from the Trial sites. While there may be opportunities for cross-referral to other services to provide local support, there are barriers to rapport building and engagement between Youth Worker and participant. Replication would need to consider the geographical spread of participants and base locations for service providers.

8.3 Discussion

The TIA Trial identified significant success factors for the achievement of outcomes, including the dedicated workforce and their capability, effective collaboration across government and the service provider, the resourcing and caseload, and the need for independence.

Collectively, these success factors contribute to understanding the importance of providing intensive individual support to achieve outcomes and the knowledge that while the TIA Trial model includes specific components, there will always be a need to provide tailored services that accommodates the diverse needs of young people and their variation over time.

The embedded flexibility in the TIA Trial, which predominantly occurred through the diversity of the Youth Workers and their capabilities, contributed to the development of personal relationships between participants and Youth Workers. The strength of this relationship was crucial to the effectiveness of supports provided. This highlights the importance of identifying and employing suitable people to fill the dedicated workforce, but also the need for a correspondingly supportive organisational context. Over the course of the Trial, Wanslea provided a responsive environment that effectively supported Youth Workers through a dedicated coordinator, provision of professional development to meet identified capability gaps, and a willingness to advocate for more systemic policy

changes through engagement with WA DC and DSS. This top-down approach played an important role in enabling Youth Workers to fulfill their roles and support young people participating in the Trial.

An interesting component of organisational supports relates to the reflective practice element of the TIA Trial model. Reflective practice, facilitated internally through Wanslea, served as an opportunity to consider the model's effectiveness, as well as to develop strategies and obtain peer or specialist support. Examples identified through the Trial included service gaps, capability needs, and case discussion opportunities. Such a practice may be important in ensuring continual improvement. Further consideration may also need to be given to the capability of the dedicated workforce. The developing skills of the Youth Workers in trauma informed practice and service navigation played a significant role in providing appropriate and effective support to young people participating in the Trial. While some of this capability was supported through professional learning, much was brought in through the backgrounds of the Youth Workers recruited. This highlights the need for either a targeted recruitment strategy that prioritises this sort of expertise, or the establishment of a strong induction process that builds the capability of the workforce before commencing service delivery.

Comparison between the success factors of the TIA Trial with the comparator initiatives provides insights into the potential components that could be adopted in isolation from the broader model. The NT initiative, for example, embeds a dedicated workforce internally within the bureaucracy. This resource focuses on supporting Case Managers from an in-house perspective, while actively engaging with the service sector to assist in addressing gaps and meeting needs of young people leaving care. This demonstrates the possibility of approaching the Youth Worker role from a different perspective, while highlighting common success factors regarding the need to understand the bureaucracy, navigate the service system and interpret the needs of young people.



9

ECONOMIC OUTCOMES OF THE TIA TRIAL

The following evaluation research question is addressed in this chapter:

- *What are the short-term economic outcomes of the Trial?*

An overview is provided of the economic appraisal of the Trial. This appraisal has relied on Trial evaluation data, publicly available data as well as best-estimate assumptions.

9.1 Purpose of this analysis

Two sub-questions were posed in the TIA Trial evaluation framework related to the short-term economic outcomes of the TIA Trial. These required investigation of the costs and benefits of the Trial and the cost or benefit drivers.

- *What are the costs and benefits of the Trial?*

A rapid cost benefit analysis (CBA) was undertaken to objectively assess the costs and benefits of the Trial. A description of a CBA is provided in section 9.2.

The costs and benefits presented in Table 9.1 were assessed for this appraisal.

TABLE 9.1 TRIAL COSTS AND BENEFITS

Costs	Benefits
Cost 1: establishment and administration costs	Benefit 1: cost savings from avoided incarcerations
Cost 2: program delivery and other costs	Benefit 2: cost savings from avoided hospital admissions
	Benefit 3: cost savings from avoided court cases
	Benefit 4: increased productivity from additional employment
	Benefit 5: cost savings from avoided housing assistance

SOURCE: ACIL ALLEN CONSULTING 2020

- *What are the cost or benefit drivers, including investigation of any differences between Indigenous and non-Indigenous participants, the TIA Trial sites, comparator Trial sites, and participants receiving particular types of supports?*

The data collected as part of the evaluation of the Trial did not allow for a detailed analysis on all these aspects. The analysis does not account for:

- Difference between Indigenous and non-Indigenous participants - sufficient outcome data was unavailable for these participant groups. In the absence of this data, it is assumed all participants are at-risk youth and therefore face a similar risk profile.

- TIA Trial sites and comparator Trial sites - this is because outcome data and site-specific data were unavailable.

Alternatively, the Assessment Framework developed for this analysis incorporates benefit drivers and enables assumptions to be made regarding the extent to which the participants receive particular types of supports and the benefit associated with these.

9.2 About Cost-Benefit Analysis

In order to estimate the net social benefit of the Trial, a CBA framework has been applied. A CBA is a commonly used quantitative framework for logically analysing the social and economic costs and benefits of a particular policy, project or investment. CBA is a method favoured by governments for assessing the economic efficiency through the systematic consideration of social costs and social benefits associated with a reference program, investment or service.

The basis of a CBA is that for a given investment proposal or policy reform, a CBA compares the total forecast costs (including opportunity cost) to the community and economy of the investment or policy with the total forecast benefits. This determines whether the benefits outweigh the costs, and by how much.

The output of a CBA is typically expressed as a Benefit-Cost Ratio (BCR) where total benefits are divided by total costs. A BCR of greater than one indicates that the net benefits of the policy, project or investment exceed the costs – this suggests economic value in investing in the option. The reverse applies for BCRs below one. A CBA provides a framework for analysing information in a logical and consistent way by assisting policymakers to determine which investment option is the most economically effective and efficient in achieving the desired outcomes.

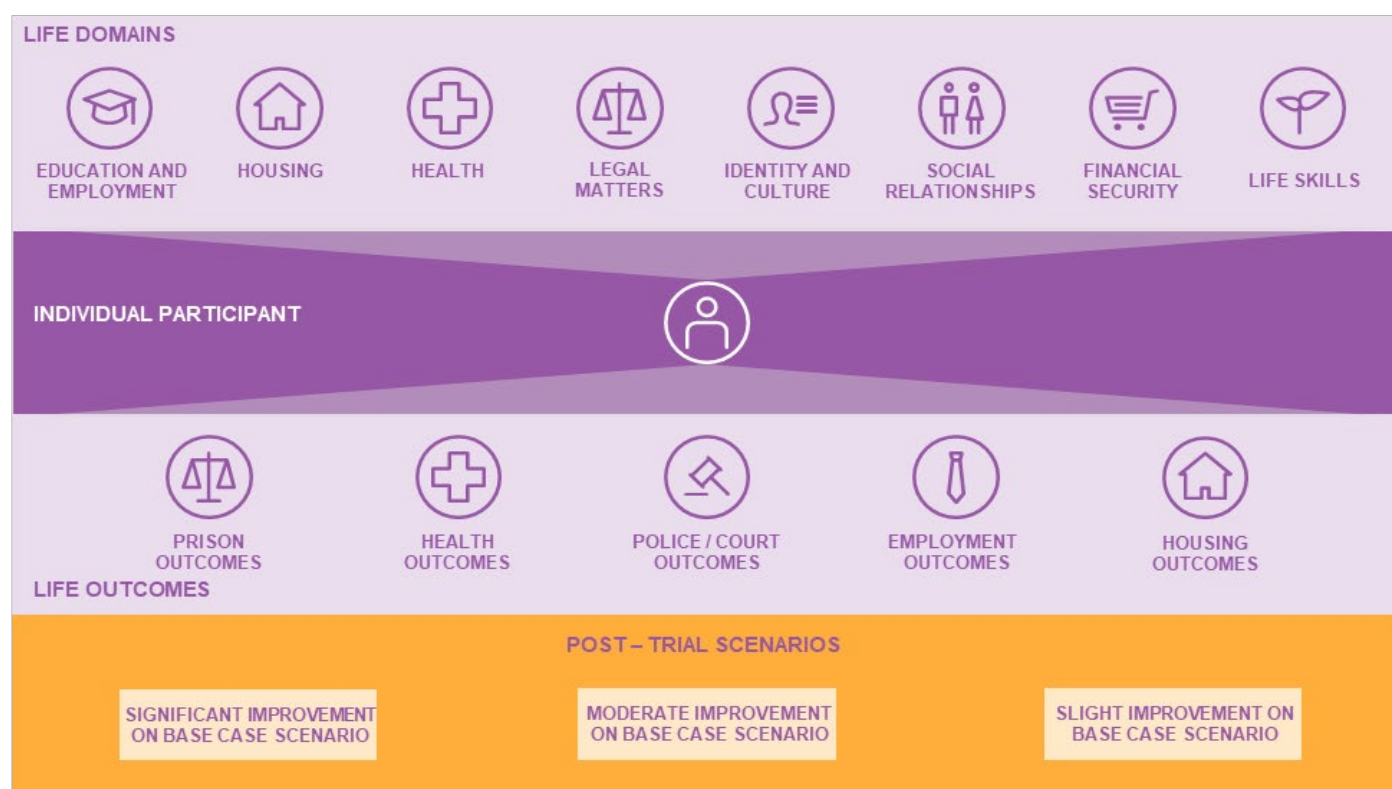
9.3 Assessment Framework

This section provides an overview for the approach and rationale applied in developing the rapid CBA assessment framework. Note that the framework is based on forecasting scenarios based on assumptions that are not underpinned by evaluation data for individual Trial participants (which are not available). However, these are possible scenarios based on publicly available data that are presented to illustrate the pathways individuals may follow in the absence of the program.

9.3.1 Overview

The rationale for the Assessment Framework is as follows: an individual is imbued with resilience as they build up skills across a range of Life Domains which translates into improved performance across a range of Life Outcomes and in turn can be represented by a series of Post-Trial Scenarios.

As shown in Figure 9.1, eight Life Domains, five Life Outcomes and three possible Post-Trial Base Case Scenarios were included in the Assessment Framework to conduct the CBA.

FIGURE 9.1 ASSESSMENT FRAMEWORK – LIFE DOMAINS AND OUTCOMES

SOURCE: ACIL ALLEN CONSULTING 2020

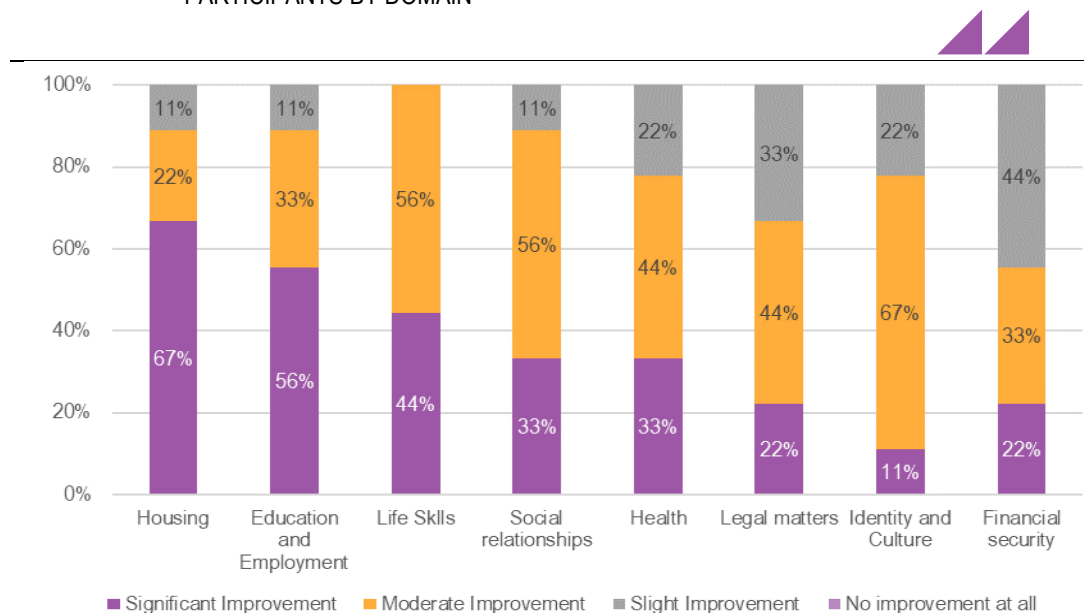
The next section explains how assumptions were derived regarding the extent to which skills were enhanced in each Life Domain, the corresponding impact this had on Life Outcomes, and how this informs the Post-Trial Base Case Scenarios that the participants are likely to follow.

9.3.2 Life Domains

The Trial aimed to improve the skills of individuals across eight Life Domains (outlined in section 5.1).

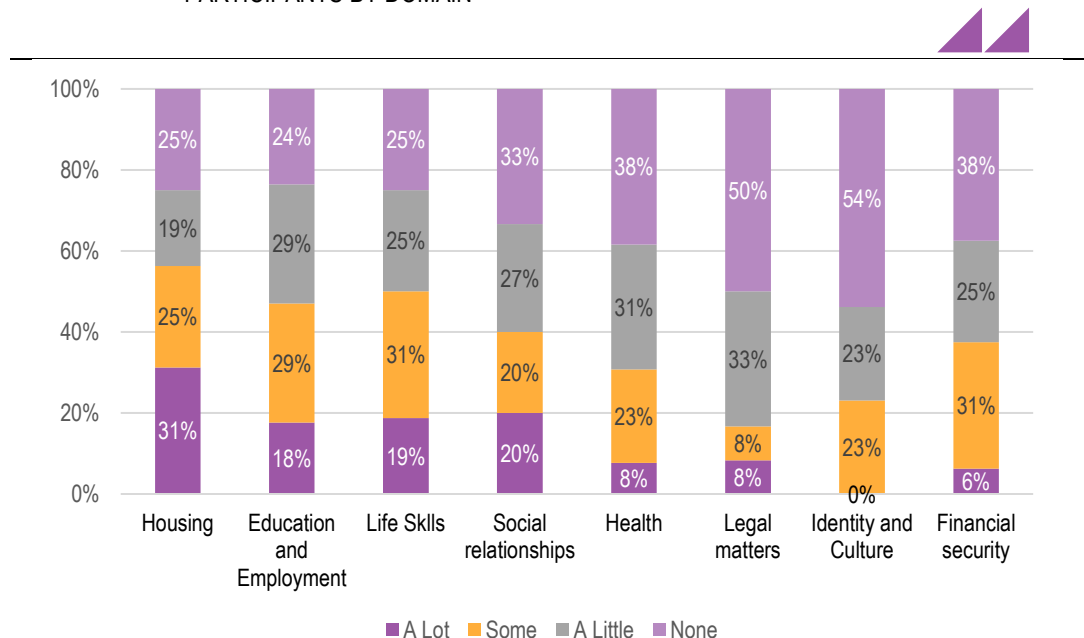
In mid-2019¹⁰¹, two key groups of stakeholders, TIA Trial Youth Workers and relevant Case Managers, were surveyed about the implementation and impact of the Trial including to gain their perceptions of the extent to which the skills of young people were improved in each of the Life Domains. The results for these survey questions are presented in Figure 9.2 and Figure 9.3.

¹⁰¹ Note that given the Trial was ongoing at this time, this survey does not reflect the final perceptions of these stakeholders. Therefore, these perceptions may understate the full impact of the Trial and be a conservative basis upon which to base the analysis.

FIGURE 9.2 YOUTH WORKER SURVEY – PERCEPTIONS OF IMPROVED OUTCOMES FOR TRIAL PARTICIPANTS BY DOMAIN

SOURCE: ACIL ALLEN CONSULTING 2020

Note that the response categories in each survey is slightly different. However, both include four degrees of improvement (i.e. Significant / A Lot, Moderate / Some, Slight / A Little and No Improvement / None). These were deemed equivalent responses in combining both sets of results.

FIGURE 9.3 CASE MANAGER SURVEY - PERCEPTIONS OF IMPROVED OUTCOMES FOR TRIAL PARTICIPANTS BY DOMAIN

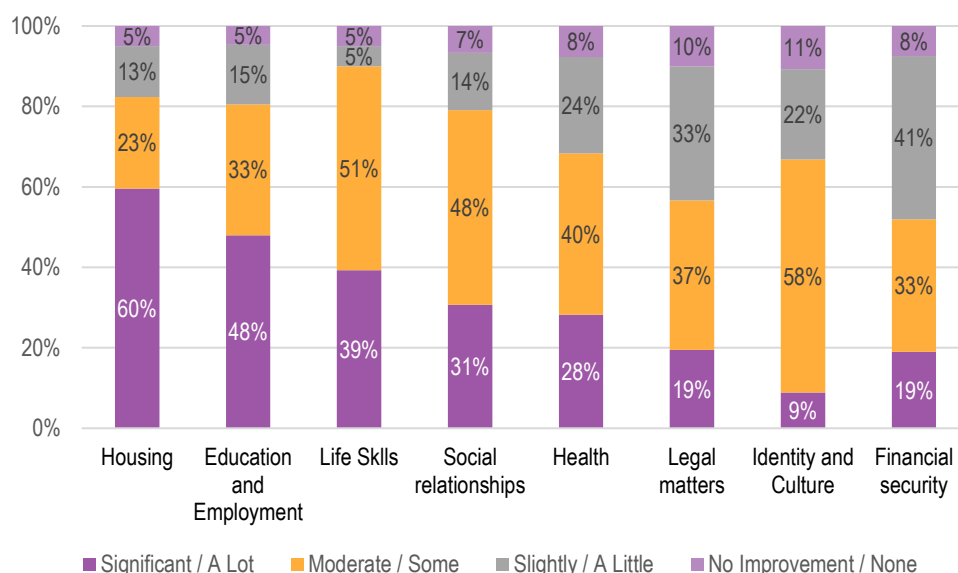
NOTE THAT RESPONSE OPTIONS 'DON'T KNOW' AND 'NOT REQUIRED' WERE INVITED IN THE SURVEY BUT EXCLUDED FROM THIS ANALYSIS

SOURCE: ACIL ALLEN CONSULTING 2020

The results from these surveys were used to estimate the effect the Trial had on participants' skills in the relevant Life Domains.

Both sets of results were combined, with greater weighting (80%) given to the Youth Worker responses given that this group was deemed to have an enhanced understanding of the Trial and the impact it had on participants. These combined results are presented in Figure 9.4.

FIGURE 9.4 COMBINED RESULTS FOR YOUTH WORKERS AND CASE MANAGERS FROM SURVEY QUESTIONS – PERCEPTIONS OF IMPROVED OUTCOMES BY DOMAIN



SOURCE: ACIL ALLEN ANALYSIS 2020

The results presented in Figure 9.4 were used as a proxy for the impact the Trial had on improving the participants' skills in each Life Domain.

The next section explains how these improvements were mapped to outcomes.

9.3.3 Life Outcomes

In this analysis, it is assumed improved skills in Life Domains have a range of effects on Life Outcomes. Therefore, rather than there being a direct relationship between one Life Domain and a Life Outcome, the effect is distributed.

In order to account for this distribution, an Impact Matrix was developed that assigns a coefficient representing the relationship between each Life Domain and Life Outcome. Each Outcome is assumed to be completely explained by the Domains, therefore the distribution of coefficients in each column must sum to 100%.

The coefficient represents the extent to which an improvement of one's skills in a specific domain flows on to influence their outcomes in other relevant domains. Given that eight Life Domains were assessed, 'average' represents a 1/8th impact and all scores presented are relative to this impact.

Five coefficient scores were assigned, as presented in Table 9.2.

TABLE 9.2 IMPACT MATRIX COEFFICIENT SCORE

Score	Co-efficient	Description
Very High	25% or (2 / 8)	Domain has twice the average impact on outcomes
High	19% or (1.5 / 8)	Domain has an impact 50% greater than average on outcomes
Medium	13% or (1/8)	Domain has an average impact on outcomes
Low	8% or (0.67 / 8)	Domain has 2/3rds the average impact on outcomes
Very Low	6% or (0.5 / 8)	Domain has half the average impact effect on outcomes

SOURCE: ACIL ALLEN CONSULTING

While not supported by empirical data, which is not available, the Impact Matrix shown in Table 9.3 has been developed based on our best estimate. The coefficients are also subject to sensitivity testing in the analysis to demonstrate how different assumptions impact the results.

TABLE 9.3 IMPACT MATRIX – COEFFICIENT ASSIGNMENT

	Prison Outcomes	Health Outcomes	Legal Outcomes	Employment Outcomes	Housing Outcomes
Housing	Low	Medium	Medium	Low	Very High
Education and Employment	Low	Medium	Very Low	Very High	Medium
Life Skills	Medium	Low	Medium	High	Medium
Social relationships	Medium	Medium	Medium	Medium	Low
Health	Low	Very High	Very Low	Medium	Low
Legal matters	Very High	Low	Very High	Low	Very Low
Identity and Culture	Medium	Low	Medium	Low	Low
Financial Security	Medium	Medium	Medium	Very Low	High

SOURCE: ACIL ALLEN CONSULTING

9.3.4 Post-Trial Scenarios

In order to estimate the possible benefits associated with varying improvements across the five Life Outcomes, three Post-Trial base case scenarios have been developed.

These scenarios are intended to represent possible pathways each participant may have taken; in reality there are a wide array of possible permutations of elements from each scenario that may apply in an individual's life. These relatively simplistic illustrations are used to assign benefits the Trial may deliver under each base case scenario.

The three base case scenarios are representations of the experiences the individual would have had in the absence of the Trial. It is assumed that as a result of the Trial, the individual avoids the path described and engages productively in society.

The three scenarios are as follows:

Significant Improvement on Base Case 1 Scenario

Under base case 1, it is assumed the individual is held in prison for the year. They would access health services within the prison i.e. undergo an annual health check and possibly receive treatment/medication from prison doctors, nurses, allied health and specialist clinicians. They would require significant legal advice and representation during Higher court appearances. No housing or income support assistance would be required as the person would be in prison either in remand or serving out their sentence.

Moderate Improvement on Base Case 2 Scenario

Under base case 2, it is assumed the individual completes 100 hours of community service for a minor offence as part of a community service order (CSO) decision handed down by the courts. They would require some legal advice and representation during these Lower and other court appearances. They require above average access to health services, particularly hospital emergency departments in response to likely mental health issues, alcohol and substance abuse. Faced with the prospect of being homeless, they will require housing support assistance. Given the individual's CSO obligation, they are only able to maintain part-time (50%) employment at the minimum wage during the year. The person is reliant on income support when not employed.

Slight Improvement on Base Case 3 Scenario

Under base case 3, it is assumed the person avoids any significant legal penalty. They access health services at a rate that is slightly greater rate than average, particularly hospital emergency departments in response to mild mental health issues, alcohol and substance abuse. With poor critical life skills, they require housing support assistance. The individual is able to maintain part-time (75%)

employment at the minimum wage during the year. The person is reliant on income support when not employed.

The level of improvement described above is relative to the scenario that all participants are assumed to experience as a result of having engaged in the Trial. This scenario is as follows:

The person is not subject to any penalty under the justice system (courts and prison), has average utilisation of health services, is able to sustain full time employment at the minimum wage and does not require housing support assistance.

In order to assign participants to each scenario, assumptions were drawn from the combined results from survey responses (Figure 9.4) and Impact Matrix (Table 9.3). Given that the most significant driver in each scenario is the individual's engagement in the justice system, the Prison Outcomes were used to assign individuals to each group. This assumption is also subject to sensitivity testing. From these assumptions, it is assumed the following percentage of Trial participants fall into each scenario:

- Significant Improvement - 28%
- Moderate Improvement - 41%
- Slight Improvement - 23%
- No Improvement¹⁰² - 8%

These scenarios are generally consistent with research findings¹⁰³ from Western Australia released in 2018, which found that for a sample of young people who received out-of-home care support and were aged between 18 and 23 years at end of follow up, 20 per cent received a juvenile detention and/or adult imprisonment (equivalent to the Significant Improvement group described in this analysis), and a further 38 per cent received a juvenile and/or adult community-based sentence (equivalent to the Moderate Improvement group).

Further, while length of time in care for young people in this Care cohort with justice involvement did not significantly differ from the overall Care cohort, over half of the Care cohort were in care for less than two years. In addition, poorer outcomes amongst the Care cohort across a number of outcome areas including justice was associated with a higher average number of distinct placements (approximately nine per child), more than three times higher for those children in the Care group with poorer outcomes than for those children in the Care cohort in the better outcomes group and almost double the average of the total Care group. For the TIA Trial original cohort of 80 young people aged 16 and 17 years, overall, young people had been in out-of-home care placements for 10 years on average and had experienced an average of eight placements suggesting a high degree of disadvantage and vulnerability. - A similar profile holds for the 65 engaged participants at June 2019 from the original Trial cohort. It is also noted that the research cited above cautions that assessment of contact with the Department of Justice does not include contact with police or the court system and, therefore, is likely to be an underestimate of overall contact with the justice system.

Further detail on the benefits and assumptions applied in the analysis are described in section 9.6.

9.4 Key evaluation assumptions

The key assumptions and parameters used in the CBA are summarised below:

- **Evaluation period:** The evaluation period includes the years over which the Trial was operational (i.e. set up in 2016/17 and delivered from 2017/18 to 2019/20) and captures benefits over one (2020/21), three (2020/21 – 2022/23) and five-years (2020/21 – 2024/25) post-trial.
- **Base year:** The evaluation has used the financial year 2019/20 as the base year for this appraisal. All costs and benefits have been adjusted to arrive at a present value for 2019/20. Costs incurred in earlier years have been inflated to \$2019/20.

¹⁰² Note that under the No Improvement scenario, it is assumed the Trial had no impact on the individual and they followed the same pathway they would have done in the absence of the Trial.

¹⁰³ Lima, F., Maclean, M., & O'Donnell, M. (2018). Exploring outcomes for children who have experienced out-of-home care. Perth: Telethon Kids Institute.

- **Discount rates:** Consistent with Federal Treasury guidelines, a real discount rate of 7 per cent per annum has been used for future cashflows.
- **Trial costs:** All Trial cost estimates are obtained directly from the Trial Service Provider, Wanslea.
- **Participant Cohort:** Table 9.4 summarises the status and count of Trial participants.

TABLE 9.4 PARTICIPANT COHORT

Participant Status	Count
Enrolments	82
Engaged	66
Disengaged (< 1-year Trial engagement)	12
Disengaged (> 1-year Trial engagement)	4

NOTE: ENGAGED REFERS TO ACTIVE PARTICIPANTS AND DISENGAGED TO INACTIVE/CASE CLOSED OR WITHDRAWN PARTICIPANTS
SOURCE: BASED ON TRIAL COHORT STATUS DATA PROVIDED THROUGH WA DC 2019

Note that in the analysis, no benefit is assumed to accrue to those that disengaged¹⁰⁴ from the Trial within the first year, while those that disengaged after a year are assumed to have received a partial benefit, with a weighting of 50% applied.

9.5 Assessment of Costs

Two types of costs related to the establishment and delivery of the Trial were included in the analysis. These are:

- Cost 1 – establishment and administration costs
- Cost 2 – program delivery and other costs

These costs were provided by the Service Provider, Wanslea, regarding the establishment and operational resources required during the Trial. All costs were incurred over a four-year period (2016-17 to 2019-20), including the initial planning period in early 2017 and the three-year delivery period commencing June 2017. Given the timing of this analysis, the final costs for 2019-20 have not been confirmed, and so budgeted costs were applied.

This analysis adopts an ex-ante approach, whereby all establishment, fixed and variable costs are accounted for. The alternative is to look only at future costs estimated to be incurred (ex-post). However, given the current Trial will cease in 2019-20, and to adopt a complete and conservative approach we have ensured the full costs of the Trial is not understated in the analysis.

9.5.1 Cost 1 – establishment and administration costs

This category of costs includes the preliminary establishment costs (such as capital, equipment and software) as well as ongoing administration costs (such as salaries and on costs of administration staff, office and stationery costs) of the Trial.

Table 9.5 summarises the establishment and administration costs during the Trial.

TABLE 9.5 ESTABLISHMENT AND ADMINISTRATION COSTS CASH FLOW (\$)

	2016-17	2017-18	2018-19	2019-20
Salaries and on-costs (administration staff)	25,720	34,718	67,723	24,631
Office and stationery	9,824	47,043	35,598	13,898
Capital / equipment / software development	27,630	25,695	3,113	-
Total administration expenditure	63,174	107,456	106,434	38,529

SOURCE: WANSLEA 2019

¹⁰⁴ Three categories of disengagement were captured in the evaluation: **Inactive** – the participant has ceased active engagement for a short period of time, and efforts to re-engage with the young person are continuing, **Case Closed** – the participant has ceased active engagement for more than 6 months and while the young person is welcome to re-engage with the program, youth workers are no longer actively seeking to re-engage with the participant; and **Withdrawn** – the participant has formally withdrawn from the program in writing.

The Present Value (\$2019/20) of the establishment and administration costs over the assessment period is \$0.33 million.

9.5.2 Cost 2 – program delivery and other costs

This category of costs includes the service delivery costs of operating the program (such as salaries, travel and professional development). Brokerage funds were also provided to the service provider over the life of the trial amounting to \$106,667 and is included as part of the operational cost of the Trial.

Table 9.6 summarises the delivery and other costs during the Trial.

TABLE 9.6 PROGRAM DELIVERY AND OTHER COSTS CASH FLOW (\$)

	2016-17	2017-18	2018-19	2019-20
Salaries and on-costs (program staff)	87,919	676,790	828,924	240,697
Travel and other expenses	2,955	67,917	50,152	32,500
Brokerage	-	40,000	42,346	16,667
Professional development and other costs	-	4,624	2,752	6,743
Total program delivery expenditure	90,874	789,331	924,173	296,607

SOURCE: WANSLEA 2019

The Present Value (\$2019/20) of the program delivery and other costs over the assessment period is \$2.15 million.

9.6 Assessment of Benefits

Young people leaving out of home care are more likely to have poor life outcomes compared to their peers who were never in care. For the purposes of the CBA, five types of benefits were identified for assessment. These are:

- Benefit 1 – Prison Outcomes: cost savings from avoided incarcerations
- Benefit 2 – Health Outcomes: cost savings from avoided hospital admissions
- Benefit 3 – Police / Court Outcomes: cost savings from avoided court cases
- Benefit 4 – Employment Outcomes: increased productivity from additional employment
- Benefit 5 – Housing Outcomes: cost savings from avoided housing assistance

These benefits were identified from a literature review and drawing on ACIL Allen's previous experience from related work.

In addition to the above benefits, the analysis also acknowledges the reduction in income support payments and associated cost savings achieved as a result of the Trial. However, as income support payments represent a *transfer* (from the Federal Government to the recipient) these have not been included as benefits in the analysis. The value of the possible cost saving is estimated in section 9.7.1.

As noted in section 9.3.4, it is assumed the Trial had varying degrees of improvement on the lives of each participant. These assumptions have been applied to the participant cohort¹⁰⁵ (see section 9.4) to derive the benefit groups presented below:

- Significant Improvement - 19 participants
- Moderate Improvement - 28 participants
- Slight Improvement - 16 participants
- No Improvement - 5 participants.

Scenarios are presented for each benefit type across the levels of improvement.

¹⁰⁵ The calculation for participant groups was rounded to the nearest full number. The totals also account for participant to whom a partial (50%) benefit was assigned – for example two participants receiving a partial benefit would be counted as one.

The scenarios are illustrative of the base case and therefore refer to the participant's experience in the absence of the Trial.

Under the base case, those in the Significant Improvement group are assumed to have followed a more troubled pathway (and therefore generate more significant benefits as a result of the Trial) than those in the Moderate Improvement group, who are in turn assumed to have followed a more troubled pathway than those in the Slight Improvement group. Following engagement in the Trial, all participants are assumed to lead productive lives with minimal interactions with the relevant justice, social and health services.

The following section covers the assumptions applied under each benefit category and scenario.

9.6.1 Benefit 1 – Prison Outcomes: Cost savings from avoided incarcerations

Prevention programs targeting problem youths, either children who act out or delinquent youth, have been demonstrated to be highly effective in reducing arrest rates. One such study showed that six months after the preventative services were assigned to youth, 93% of the target population cohort remained arrest-free.¹⁰⁶ Reducing the prison population by lowering youth recidivism rates has the potential to decrease the cost of prisons.

Table 9.7 summarises the key assumptions applied under each scenario for the avoided incarceration benefit.

TABLE 9.7 BENEFIT ASSUMPTIONS – AVOIDED INCARCERATIONS

Cohort	Description	Key Assumptions	Annual Cost Saving
Significant	Participants in this cohort are held in prison for the full year.	2018/19 WA real recurrent expenditure per prisoner per day: \$301.42 Duration: 12 months	\$112,043
Moderate	Participants in this cohort are sentenced to complete 100 hours of community service over the year	2018/19 WA real recurrent expenditure per offender per day: \$28.67 Duration: 12 months	\$10,436
Slight	Participants in this cohort avoid significant engagement in the justice system.	N/A	-

SOURCE: PRODUCTIVITY COMMISSION, REPORT ON GOVERNMENT SERVICES 2018, CORRECTIVE SERVICES

9.6.2 Benefit 2 – Health Outcomes: Cost savings from avoided hospital admissions

It is understood that young people leaving out of home care are more likely to have higher rates of mental health illnesses compared to the general population. Further, while studies focusing on mental health in Australian youth are considered rare, there is evidence that early and preventive interventions show promise in reducing the burden of mental illness and thus improve the Disability Adjusted Life Years, particularly in young people. According to one study, moving to best practice treatment for current patients (aged between 15-25 with a mental illness) resulted in a BCR of 5.6.¹⁰⁷ Costs associated with other forms of hospital treatment would also be avoided such as hospital admissions for acute physical health problems resulting from youth who are homeless and/or affected by alcohol/substance use.

Table 9.8 summarises the key assumptions applied under each scenario for the avoided hospital admissions benefit.

¹⁰⁶ Mark Greenwald, "Improving Juvenile Justice for the State of Florida," Building a Smarter Planet: A Smarter Planet Blog, April 14, 2010.

¹⁰⁷ Access Economics Pty Ltd, "The economic impact of youth mental illness and the cost effectiveness of early intervention, December 2009.

TABLE 9.8 BENEFIT ASSUMPTIONS – AVOIDED HOSPITAL ADMISSIONS

Cohort	Description	Key Assumptions	Annual Cost Saving
Significant	Participants in this cohort are assumed to receive healthcare from prison, the costs of which are captured in Section 9.6.1.	N/A	-
Moderate	Participants in this cohort are assumed to require greater than normal healthcare, requiring 2 hospital admissions for the year.	2015/16 WA recurrent cost per weighted separation: \$6,355 Separations: 2	\$12,710
Slight	Participants in this cohort are assumed to require slightly greater than normal healthcare, requiring 1 hospital admission for the year.	2015/16 WA recurrent cost per weighted separation: \$6,355 Separations: 1	\$6,355

SOURCE: PRODUCTIVITY COMMISSION, REPORT ON GOVERNMENT SERVICES 2018, PUBLIC HOSPITALS

9.6.3 Benefit 3 – Police / Court Outcomes: Cost savings from avoided court cases

Early intervention prevents the onset of delinquent behaviour and supports the development of a youth's assets and resilience.¹⁰⁸ Similar to the cost savings from avoided incarcerations, reducing the prison population by lowering youth recidivism rates has the potential to decrease the costs associated with the court system.

Table 9.9 summarises the key assumptions applied under each scenario for the avoided court cases benefit.

TABLE 9.9 BENEFIT ASSUMPTIONS – AVOIDED COURT CASES

Cohort	Description	Key Assumptions	Annual Cost Saving
Significant	Participants in this cohort are assumed to attend a court hearing once in which they are sentenced to a 12-month prison term.	2018/19 recurrent cost of police resources per person, per court finalisation: \$572.30 2018/19 recurrent cost of justice resources per person, per court finalisation: \$656.0 Court events: 1	\$1,228
Moderate	Participants in this cohort are assumed to attend a court hearing once in which they are sentenced to 100 hours of Community Service.	As above.	\$1,228
Slight	Participants in this cohort avoid significant engagement in the justice system.	N/A	-

SOURCE: PRODUCTIVITY COMMISSION, REPORT ON GOVERNMENT SERVICES 2018, POLICE SERVICES AND COURTS

9.6.4 Benefit 4 – Employment Outcomes: Increased productivity from additional employment

Research indicates that in the case of young people who are experiencing long-term unemployment, programs that take into account individual circumstances have a higher likelihood of success than those that provide a generic solution.¹⁰⁹ Further, young people who do not complete Year 12 or attain a post-secondary qualification increases the risk by four times that the young person will not make a successful transition into full-time employment.¹¹⁰ As such, supporting young people with tailored prevention and intervention approaches are likely to transition those experiencing long-term

¹⁰⁸ David Osher, "Deconstructing the pipeline: Using efficacy, effectiveness, and cost-benefit data to reduce minority youth incarceration", 2003.

¹⁰⁹ Social Ventures Australia, "Fundamental principles for youth employment", February 2016.

¹¹⁰ Deloitte Access Economics, "DEEWR: Youth Transitions Evidence Base: 2012 Update", 19 November 2012.

unemployment into sustainable employment outcomes and increase the individual's productivity to benefit the economy.

Table 9.10 summarises the key assumptions applied under each scenario for the additional employment benefit.

TABLE 9.10 BENEFIT ASSUMPTIONS – ADDITIONAL EMPLOYMENT

Cohort	Description	Key Assumptions	Annual Productivity Increase
Significant	Participants in this cohort are assumed to be detained in prison for 12-months and therefore forgo a full year of potential earnings.	2019/20 National Minimum Wage: \$19.49 Hours of employment lost: 40 x 52 = 2,080	\$40,539
Moderate	Participants in this cohort are assumed to be serving a community service order which reduces their capacity to be work by 20 hours a week.	2019/20 National Minimum Wage: \$19.49 Hours of employment lost: 20 x 52 = 1,040	\$20,270
Slight	Participants in this cohort are assumed to work at 75% full-time capacity.	2019/20 National Minimum Wage: \$19.49 Hours of employment lost: 10 x 52 = 520	\$10,135

SOURCE: MY WAGE.ORG

9.6.5 Benefit 5 – Housing Outcomes: Cost savings from avoided housing assistance

At risk young people can exhibit multiple characteristics i.e. experience mental health illness and undertake risky behaviour such as drug and alcohol abuse or criminal activities. For young people this can often lead to homelessness as a “career trajectory” or the need to access comparatively high cost crisis accommodation or institutional care options.¹¹¹ By identifying young people at risk of being homeless and ensuring they have access to the right support mechanisms would potentially mean a young person would avoid sleeping rough or needing housing support assistance.

Table 9.11 summarises the key assumptions applied under each scenario for the avoided housing assistance benefit.

TABLE 9.11 BENEFIT ASSUMPTIONS – AVOIDED HOUSING SUPPORTS

Cohort	Description	Key Assumptions	Annual Cost Saving
Significant	Participants in this cohort are assumed to be detained in prison for 12-months and therefore not require any housing support.	N/A	-
Moderate	Participants in this cohort are assumed to require a full year of housing support	2016/17 recurrent cost per day of support for clients: \$48.04 Duration of support: 12-months	\$7,374
Slight	Participants in this cohort are assumed to require a full year of housing support	2016/17 recurrent cost per day of support for clients: \$48.04 Duration of support: 12-months	\$7,374

SOURCE: PRODUCTIVITY COMMISSION, REPORT ON GOVERNMENT SERVICES 2018, HOUSING AND HOMELESSNESS

9.6.6 Summary of Benefits

Table 9.12 sets out the total quantifiable benefits over the one-year post Trial assessment period, presented in \$2019/20 value terms. In total, the analysis estimates \$4.76 million in benefits are generated (one-year post Trial).

¹¹¹ Homelessness Australia, “Creating a framework for ending homelessness, Prevention or cure”, May 2012.

TABLE 9.12 TOTAL QUANTIFIED BENEFITS (\$2019/20)

	Prison Outcomes	Health Outcomes	Police / Courts Outcomes	Employment Outcomes	Housing Outcomes	Total
Significant Scenario	\$2,128,820	-	\$23,338	\$770,245	-	\$2,922,403
Medium Scenario	\$293,007	\$355,880	\$34,392	\$567,549	\$206,473	\$1,457,302
Low Scenario	-	\$101,680	-	\$162,157	\$117,985	\$381,821
Total	\$2,421,828	\$457,560	\$57,730	\$1,499,950	\$324,458	\$4,761,526

SOURCE: ACIL ALLEN CONSULTING

9.7 CBA Findings and Results

Based on the quantitative analysis of the costs and benefits of the TIA Trial, the results indicate that the Trial generates a positive Net Present Value (NPV) and Benefit Cost Ratio (BCR) above one. It is estimated that for every \$1 invested in the Trial, \$1.80 in benefits are returned. The results of the CBA are presented in Table 9.13.

TABLE 9.13 KEY RESULTS TABLE – PRESENT VALUE (\$2019/20)

					\$Million
Costs					
C1. Setup/ Admin					0.33
C2. Program delivery and other					2.15
Total costs					2.48
Benefits					
Type / Cohort	Significant	Moderate	Slight		
B1. Prison Outcomes	\$1.99	\$0.27	-		\$2.26
B2. Health Outcomes	-	\$0.33	\$0.10		\$0.43
B3. Police / Courts Outcomes	\$0.02	\$0.03	-		\$0.05
B4. Employment Outcomes	\$0.72	\$0.53	\$0.15		\$1.40
B5. Housing Outcomes	-	\$0.19	\$0.11		\$0.30
Total benefits	\$2.73	\$1.36	\$0.36		\$4.45
NPV					1.97
BCR					1.80

SOURCE: ACIL ALLEN CONSULTING 2020

The key driver of benefits is the avoided incarceration, which accrue primarily to the Significant Improvement group. These findings indicate the Trial is cost-effective. In just one-year post-Trial, the estimated benefits exceed the costs.

A sensitivity analysis has been undertaken to assess the extent to which the results change based on changes to key assumptions.

9.7.1 Benefit Recipients

The benefits captured in this analysis are assumed to accrue to three reference groups: State Government, Federal Government, and Individual Program Participants. The reference group recipient for each benefit is presented in Table 9.14. The analysis and supporting assumptions are based on the Productivity Commission's 2020 Report on Government Services.

TABLE 9.14 BENEFIT BY REFERENCE GROUP

Benefit	State Government	Federal Government	Participant
Benefit 1 – Prison Outcomes	✓	-	-
Benefit 2 – Health Outcomes	✓	✓	-
Benefit 3 – Police/Court Outcomes	✓	-	-
Benefit 4 – Employment Outcomes	✓	✓	✓
Benefit 5 – Housing Outcomes	✓	✓	-
Transfer – Welfare Payments	-	✓	-

NOTE: ✓ DIRECT BENEFIT; ✓ INDIRECT BENEFIT

SOURCE: ACIL ALLEN CONSULTING ANALYSIS BASED ON PRODUCTIVITY COMMISSION (2020), REPORT ON GOVERNMENT SERVICES

- **Benefit 1 (Prison Outcomes):** This benefit estimates the cost savings from avoiding prison sentences for participants of the program. The cost to operate prisons and other corrective services are borne by State and Territory Governments, who are therefore the beneficiary of this avoided cost.
- **Benefit 2 (Health Outcomes):** This benefit is an estimate of the cost savings associated with avoided hospital admissions. It is assumed these services would be provided at public hospitals, which are a shared funding obligation of both the State / Territory and Federal Governments.
- **Benefit 3 (Police/Court Outcomes):** This benefit is an estimate of the cost savings associated with avoided court cases, including the resource cost of police and the court system. Police services and supreme, district and magistrates' courts are funded by State / Territory Governments, who are therefore the beneficiary of this cost saving.
- **Benefit 4 (Employment Outcomes):** This benefit is an estimate of the additional wages an individual will earn if engaged in employment. There are various taxes associated with additional employment income (i.e. income tax collected by the Federal Government and payroll tax collected by State / Territory Governments), which delivers an indirect benefit to the Australian governments, however, to avoid double-counting, the benefit calculation only captures the direct value of the income earned by the individual, rather than how this income is distributed, spent or the other effects it may have.
- **Benefit 5 (Housing Outcomes):** This benefit is an estimate of the avoided housing support costs for participants of the program. Social housing is a shared funding obligation of both the State / Territory and Federal Governments who, therefore, both benefit from this cost reduction.
- **Transfer – (Welfare Payments):** The Federal Government may realise a saving in the form of avoided income support payments where Trial participants gain employment. This has not been treated as a benefit in the analysis as it represents a transfer between the Federal Government and the welfare recipient. However, as an indicative exercise¹¹², it is estimated the Trial could save the Federal Government up to \$265,000 in annual income support payments, which equates to 6 per cent of the benefits measured in this analysis.

9.7.2 Sensitivity Testing

Sensitivity tests were undertaken to assess the potential outcomes in the NPV and BCR result due to changes in the following key assumptions that underpin the analysis:

- **Sensitivity 1: Discount Rate (3% and 10%)** - the rate at which future cost and benefit cashflows are discounted.
- **Sensitivity 2: Assessment period (3-years and 5-years post Trial)** - the baseline analysis only captures benefits one-year post analysis; this test extends the assessment period.
- **Sensitivity 3: Trial Cost (20% increase and 20% decrease)** - assuming an increase / decrease in total Trial costs

¹¹² Based on those in the moderate and slight improvement groups, and assuming each is a recipient of the JobSeeker payment for the portion of the year that they are unemployed under the Base Case scenario, currently set at \$565.70 per fortnight (Services Australia).

- **Sensitivity 4: Outcomes used to allocate participants to improvement groups** - as described in section 9.3.4, Prison Outcomes were used to assign participants to improvement groups. This test illustrates the impact of using alternative Life Outcomes to assign improvement groups.
- **Sensitivity 5: Excluding benefits types from the analysis** - demonstrated the impact of excluding each benefit type from the analysis.
- **Sensitivity 6: Balancing the Impact Matrix** - demonstrates the impact of assuming all Life Domains have an equal weighting on Life Outcomes – relevant assumptions discussed in section 9.3.3.

The Trial returns a BCR above one in all but one of the sensitivity scenarios tested (i.e. where the entire avoided incarceration benefit is excluded from the analysis).

Sensitivity 2 shows that the estimated returns increase significantly as the assessment period is extended from 1-year post Trial to 3-years and 5-years.

TABLE 9.15 SUMMARY OF SENSITIVITY ANALYSIS RESULTS

	NPV (\$M)	BCR
Baseline	1.97	1.80
Sensitivity 1: Discount Rates		
3%	2.15	1.87
10%	1.85	1.75
Sensitivity 2: Assessment Period		
3 Years (+ 2 years from baseline)	10.02	5.04
5 Years (+ 4 years from baseline)	17.05	7.88
Sensitivity 3: Total Trial Cost		
-20%	2.47	2.25
+20%	1.48	1.50
Sensitivity 4: Outcome to allocate Improvement		
Prison Outcomes (Baseline)	1.97	1.80
Health Outcomes	2.31	1.93
Police / Courts Outcomes	2.09	1.85
Employment Outcomes	2.60	2.05
Housing Outcomes	2.64	2.07
Sensitivity 5: Excluding Benefit types		
Excluding Prison Outcomes	-0.29	0.88
Excluding Health Outcomes	1.55	1.62
Excluding Police / Courts Outcomes	1.92	1.77
Excluding Employment Outcomes	0.57	1.23
Excluding Housing Outcomes	1.67	1.67
Sensitivity 6: Life Domain to Life Outcome mapping		
Equal distribution	2.31	1.93

SOURCE: ACIL ALLEN CONSULTING 2020

9.7.3 Limitations and scope for future work

The rapid CBA relies on best available heuristic data, applied to the participant cohort and an assessment framework based on largely subjective assumptions that conceptually illustrate the impact of the Trial.

The assessment framework developed enables a data-driven and attribution-oriented approach to assigning a causal relationship between Trial impact and participant outcomes. Future work could focus on collecting a more robust quantitative evidence base to estimate likely participant outcomes, both with and without the Trial.

As previously mentioned, it has not been possible to retrospectively access information through WA DC about a similar cohort of young people who would have been eligible for inclusion in the TIA Trial (as at mid-2017) because of the need for the young person's consent. This would have provided a useful point of comparison with the usual approach to supporting young people transitioning out of care especially in the environment of on-going reform within the sector.

A data linkage scoping study could determine how each participant interacts with service providers, government (at all levels) and other entities to assist with refining the key assumptions of the CBA with supplementary data collections.

In the absence of a comparator cohort, the economic analysis sourced service provider perception survey data from Youth Workers and Case Managers in terms of the extent to which both groups considered individual goals had been achieved across the life domains. It is acknowledged that due to this approach, the data and measurement of goal outcomes for each participant could introduce a form of self-serving bias as those groups surveyed are providing an assessment of the Trial in which they are participating. As such, it is prudent to be cautious of specific conclusions about the performance of the Trial from the findings related to the responses of the two groups given the limitations in obtaining adequate data. This would include identifying the types of interventions that exist to support Aboriginal and/or Torres Strait Islander (or Indigenous) young people to successfully transition from out-of-home care to independent living in an Australian (or international) setting.

To reduce this form of bias, a broader set of consultations could be conducted for example with the participant family members which would balance the perception results of the existing surveyed groups; and develop a comparator cohort for analysis purposes. The case studies derived from the research with young persons and a small number of their carers for this evaluation demonstrates the value of more directly capturing the experiences of young people involved in the Trial.



10

COMPARISON OF OUTCOMES WITH SIMILAR INITIATIVES

This chapter addresses the following research questions:

- *How does the Model compare to similar programs/trials in selected other Australian jurisdictions?*
- *How do the outcomes of the Trial compare to similar projects/trials in other jurisdictions?*

The evaluation considers the design and outcomes of the TIA Trial model against other similar programs or initiatives being implemented in Victoria, the Northern Territory and usual practice in Western Australia.

Consultations were held with the responsible agencies in Victoria, the Northern Territory and Western Australia to gather information on the comparator programs in 2017, 2018 and 2019. These consultations covered the implementation of the programs and initiatives, any changes to the service delivery model, and outcomes achieved. Program documentation provided by the relevant jurisdictions and publicly available information was assessed to inform the description of the comparator programs and initiatives.

10.1 Comparator initiatives and common approaches

One of the requirements of the evaluation of the TIA Trial is to compare the Trial with a number of similar initiatives in other jurisdictions and with usual care in Western Australia. Victoria and the Northern Territory agreed to participate in this component of the evaluation. The comparator initiatives are:

- Western Australia – Usual leaving care program provided through three leaving care service agreements with community organisations and the LIFT program
- Victoria – Better Futures trial
- Northern Territory – Transition from Care Officers initiative.

10.1.1 Western Australia

In Western Australia, the Children and Community Services Act 2004 provides for leaving care to be a planned process that supports young people in their transition to independent living. Under the Act, the CEO must ensure that a child leaving care is provided with any appropriate social services, which may include accommodation, education and training, employment, services and financial assistance.

Usual leaving care

Under the current arrangements in Western Australia, funding is provided to the community sector to deliver leaving care services. There are currently three leaving care service agreements between WA DC and the following service providers:

- Wanslea (who provide services in Peel, Rockingham and Fremantle districts)

- Mission Australia – the Navig8 program (who provide services in South West and Great Southern)
- Salvation Army (who provide services across the remaining districts in WA).

The usual leaving care arrangements aim to assist young people to access safe, supportive stable accommodation, draw on the strengths of young people and assist them to develop and enhance skills necessary to establish independence.

The target population for these leaving care services is young people aged 15 to 25 who are, or have been, in the care of the CEO. Services give priority to those who have experienced multiple placements, lack established networks, or are associated with multiple risks.

While the service model and engagement approach differ between the three service providers, all are required to provide a case management approach that addresses the following activities:

- provide resources, information, referrals and support during and after transition from care
- provide opportunities for developing and maintaining positive relationships with family and community
- develop and encourage participation in recreational and social activities
- provide support and assistance in finding accommodation
- encourage positive life skills development through practical support and assistance
- identify and encourage opportunities for education and training
- provide career planning advice, support and assistance with job seeking
- encourage positive self-development through mentoring and other activities
- provide support and assistance in accessing financial assistance from Department and other sources in order to achieve identified needs e.g. assistance with obtaining driver's licence
- provide support and assistance in obtaining proof of ID documentation
- encourage and develop links with other government and community organisations to form a network of social and personal support
- ensure strategies and planning for preparation and transition to independent living incorporate young people's unique cultural needs.

LIFT program

In addition to the usual leaving care arrangements, WA DC also has a grant agreement with Indigo Junction for the Living Independently for the First Time (LIFT) program which has been operating in the Midland district since 2014.

The LIFT program provides services to up to 12 young people with complex needs at any one time who are under the age of 25 and have been subject to a protection order or a placement service for a continuous period of longer than six months after 15 years of age.

The LIFT program aims to meet the accommodation needs of, and provide inter-agency support to, young people leaving care while assisting them to successfully transition to independent living. The LIFT program focuses on safe housing, and emotional safety through consistent relationships, responses and continuity of care.

10.1.2 Victoria

In Victoria, the *Children, Youth and Families Act 2005* provides for the provision of leaving care and after-care services for young people up to 21 years of age. Services include financial assistance, housing, education and training, employment, legal advice, access to health and community services, and counselling and support in accordance with the assessed level of need.

Better Futures

The *Better Futures* trial is being delivered by the Department of Health and Human Services (DHHS) in partnership with Quantum Support Services, MOIRA (a disability, family, youth and aged care service) and the Victorian Aboriginal Child Care Agency (VACCA). The trial has been rolled out across four areas: Gippsland, Southern Melbourne, the Bayside Peninsula and Barwon.

The *Better Futures* trial focuses on connecting young people at 15 years and 9 months of age with a dedicated key worker who supports the transition from out-of-home care to independence, to the age of 21. The key workers are co-located with child protection to support information sharing. Key activities include tailored support and flexible funding to access housing and employment opportunities.

The program includes \$1.6 million in funding which is currently supporting 100 young people, including 20 from an Aboriginal and/or Torres Strait Islander background, in Gippsland, Southern Melbourne and the Bayside Peninsula. The Barwon site is testing a slightly different model, which focuses on 'advantaged thinking' in transition from care. This site is supporting 46 young people.

10.1.3 Northern Territory

In the Northern Territory, the *Care and Protection of Children Act 2007* provides for post-care support until the age of 25 for young people who were in care for a continuous period of at least 6 months. These supports include financial assistance and support with accommodation, education or training, employment, legal, health and counselling services.

Planning for the transition from care to independence commences when a child reaches 15 years of age. In this process, a Case Manager works with the child to identify specific needs and support, using a flexible approach centred on the individual needs. Under the Act, this should inform the development of a leaving care plan which should be reviewed every six months.

The Northern Territory Government also partners with non-government organisations, such as Anglicare, to provide supports. For example, Anglicare delivers Moving On, an after-care support and brokerage service for young people aged 16 to 25 years. To be accepted into Moving On, the young person must have a leaving care plan developed by Territory Families.

The aim of the program is to improve health, wellbeing and economic outcomes and key activities include:

- information & referrals to support services
- accommodation advice
- brokerage assistance
- access to health & legal services
- support for education, training & employment matters.

Transition from Care Officers

In 2017, the Northern Territory announced the trial of a new approach that built on existing structures and processes through the establishment of three dedicated 'Transition from Care Officers' (TCFOs). The TCFOs were established in response to review findings that indicated the service system was underdeveloped for young people aged 17 to 23 years old.

In January 2018, three TCFOs were operationalised by Family and Regional Services. These TCFOs are located in Darwin, Katherine and Alice Springs but work collaboratively to support consistent practice across the Territory. The TCFOs have now transitioned from a trial to business as usual, embedded within existing structures and funding arrangements.

The primary role of the TCFOs is to direct service system improvements in the transition from care to ensure young people are engaged in collaborative, timely and informed leaving care processes. They do this through identifying opportunities for development in the sector, establishing relationships with the service sector and supporting case managers to improve their practice.

TCFOs do not engage directly with young people transitioning from care; rather, they operate as the conduit between Case Managers and other government departments or agencies to ensure that young people leaving care are able to access the services they require to maintain independence.

In addition, TCFOs assist in building internal capability by providing mentoring and education to Case Managers. This takes different forms, including through the provision of advice during 6-monthly transition from care meetings, the delivery of induction sessions to new Case Managers, and ad hoc provision of advice to Case Managers or team leaders.

As part of the establishment process, the TCFOs were brought together to:

- formalise the activities expected of the TFCO role
- allocate areas of geographical responsibility and subject matter expertise
- identify external relationships and engagement processes
- establish tracking mechanisms and data collection for young people aged 15 to 18, and after care support cases.

Since the establishment, TCFOs have established regular meetings with service providers (namely Create Foundation and Anglicare) to support information sharing and joint planning. This has assisted in tailoring services to meet the identified needs of young people leaving care, and in connecting young people with services to help them access support. Further opportunities to establish similar arrangements are being explored with the Office of Public Guardian and the Department of Housing as key stakeholders.

10.1.4 Common approaches

While the comparator initiatives have each been designed in line with the local context, there are common approaches which highlight consistent needs and challenges in the leaving care space. These include early engagement with young people leaving care, techniques to improve communication across government agencies, and the capacity for individual support.

Early engagement with young people is a key principle of the comparator programs. The Western Australian and Victorian programs aim to commence leaving care planning with young people at 16 (at the latest), including obtaining key documentation, engagement in education and establishing support networks. The Northern Territory initiative works toward commencing transition from care planning at age 14 to assist in establishing these foundations. This early engagement approach addresses the need to ensure young people are well placed to transition from care, with the resources and supports they need already in place.

Improving communication across government agencies and community services has been embedded within the design of each of the comparator programs. In the case of the TIA Trial, LIFT program and Better Futures, designated workers assisted young people to resolve issues across state government agencies (for example, housing), and Commonwealth agencies (such as Centrelink). Hot desking was a common approach to help build workforce relationships at the local level, while governance structures had helped to resolve more systemic challenges. In the case of the NT initiative, TCFOs played a central role in building service navigation capability and connections across agencies to develop the capability of case managers to resolve similar challenges.

In the comparator programs, the capacity for individual support occurs either directly through dedicated support workers or indirectly through dedicated officers to support Case Managers and the development of a robust leaving care system. This common approach recognises that there is likely to be a cohort of young people leaving care who will require additional support, be it due to complexity of need or other extenuating factors. The service needs of these young people emerge as the departure from care approaches, but also reoccur (generally around 20 to 25) as the young people require additional post-care support to achieve or maintain independence. The experiences of young people across the jurisdictions highlight the existing gap in services and supports for this cohort, in particular the need for accommodation and case management support. Young people have identified that they would rather their needs be met by the external service sector as opposed to being delivered by government, but this approach has capacity and resourcing issues.

10.2 Comparison of evidence for outcomes

While evaluations have been undertaken of some of the comparator initiatives, the results were not widely available for the TIA Trial evaluation. From the information available, some comparisons were able to be drawn namely in relation to access to housing and improvements in other life domains. This section addresses the outcomes available on the comparator programs, before providing discussion on differences.

10.2.1 Western Australia

The Western Australian Auditor General's report *Young People Leaving Care* assessed whether WA DC is effectively supporting young people leaving care to successfully transition to independent living. The report reviewed service provider reports over a three-year period and found that leaving care supports assisted them to:

- “access stable and long-term accommodation
- re-engage with education and training
- look for employment
- access Centrelink payments and attend appointments
- connect with someone to rely on when they needed help”.

While some outcomes were able to be identified from the service provider reports, the Auditor General noted that there is limited monitoring of the outcomes service providers achieve for young people. The report recommends that WA DC include measures in service provider reports that reflect outcomes for young people, specifically in relation to housing, education, training and employment.

LIFT program

The Auditor General's report reviewed the provider reports for the LIFT program and found that:

- “100% of clients had a plan that guided intensive case management
- 100% of the clients had been provided access to safe accommodation and this remained available even when they chose alternative arrangements at times
- 80% had made gains across key domains of independent living skills, money management and tenancy skills
- 70% of clients were engaged in mental health and alcohol and other drugs counselling”.¹¹³

10.2.2 Victoria

At the time of the final TIA Trial report, the Better Futures program had been operating for 12 months and an additional 12 months of funding has been allocated to continue implementation. Due to the early phase of implementation, little data on outcomes were available and evaluation was underway.

Early outcomes identified were increased engagement of the young person in connecting with departmental services, and increased participation in the leaving care process.

10.2.3 Northern Territory

As the TCFO process has become part of business-as-usual operations in the NT, there was limited data available on the specific impact of this initiative on outcomes.

Early outcomes identified from the initial period of implementation of the TCFO were increased engagement for young people, a greater understanding of the transition from care process, and improved communication pathways between agencies and Departments.

10.3 Discussion

The comparator programs have broadly similar features to the TIA Trial model, despite the differing contexts and resourcing.

Context impacts upon the local service network and the geographic spread of program participants. In the TIA Trial, program participants were generally clustered in locations near to their Youth Workers with only a few moving to more remote locations over the course of the Trial. By comparison, participants in WA's usual care arrangements may regularly move across locations and may not have a single, local designated worker who is able to maintain the relationship. As a minimum, connection to departmental regional outlets provides the possibility of access to support for eligible young people, if required.

¹¹³ Office of the Auditor General Western Australia. 2018. *Young People Leaving Care*.

Resourcing across the comparator programs affects the extent to which individual support can be provided to program participants. For the TIA Trial, LIFT and Better Futures, the ratio of dedicated workers to young people facilitates close relationships, greater time to provide supports and a more manageable case load. The usual care programs in WA and, to some extent, the NT initiative carry a higher caseload for the workforce.

These differences have implications for the scale of the outcomes achieved, the scalability and replicability of the models tested. For example, the LIFT program, which targets young people with highly complex needs has demonstrated positive results for a relatively small cohort. The TIA Trial achieved positive outcomes for a larger number of young people using similar resourcing, however, the Trial cohort had greater variability in complexity to be addressed.

A further difference between the initiatives relates to the domains of influence. The TIA Trial focused predominantly on education and employment as key areas of support, with observable achievements in outcomes for many of the participants. However, the comparator initiatives highlight the importance of housing as an important domain for young people. The LIFT program focuses on accommodation as an essential precursor for improving outcomes in other domains, and operation of the TIA Trial also identified the significance of housing for young people transitioning to independence. Similarly, the learnings of Better Futures and the NT initiative indicate that other domains play a significant role in the ability to successfully transition from care to independent living.

Despite the differences, comparison of the programs highlights success factors that have been experienced consistently. All programs involved a designated worker with either a close relationship with the young person or ability to influence the system. For the TIA Trial and Victoria, this was predominantly focused on the external service environment, influenced by the Youth Workers, with a lesser focus on addressing the internal context through governance and relationships. The NT, by contrast, had a dual focus with the TCFOs advocating somewhat equally for external and internal changes.

Sufficient capability to navigate the service system was common to the success of all initiatives. All of the comparator programs leveraged the dedicated workforce's knowledge and skills in community services, case management and youth engagement. As with the influence discussed above, the TIA Trial and Victoria applied this capability through direct engagement with young people – where the NT used the knowledge and skills to build internal capability of the government agency.

TABLE 10.1 TIA TRIAL AND COMPARATOR PROGRAM FEATURES

Feature	TIA Trial	Existing leaving care (WA)	LIFT (WA)	Better Futures (VIC)	Transition from Care Officers (NT)
Aim	To enhance service provision to young people leaving out of home care through intensive one-on-one supports, interventions and mentoring over a three-year period	To assist young people to access safe, supportive stable accommodation, draw on the strengths of young people and assist them to develop and enhance skills necessary to establish independence	To support young people with highly complex needs to access to safe accommodation, manage drug and alcohol addiction and justice or behavioural issues	To connect young people turning 16 with a dedicated support worker who will support the transition from out-of-home care to independence	To support young people in care to successfully transition to independence by developing strategies, processes and systems to assist Case Managers and ensure a robust leaving care system
Cohort	Young people aged 16 to 19	Young people aged 15 to 25	Young people aged 18 to 25 with complex needs	Young people aged 16 to 21	Young people aged 16 to 18
Focus	Individual Youth Workers who support young people to engage in education and/or training and develop independent living skills	Individual support and case management to connect young people with services and develop life skills	Supported case management and accommodation to provide inter-agency support	Individually tailored support and flexible funding to access housing and employment	Improving access to and coordination of services for young people leaving care
Model	<ul style="list-style-type: none"> – Individual support – Early engagement – Reflective practice – Improved system capacity 	<ul style="list-style-type: none"> – Individual support – Improved system capacity 	<ul style="list-style-type: none"> – Individual support – Early engagement – Improved system capacity 	<ul style="list-style-type: none"> – Individual support – Early engagement – Improved system capacity 	<ul style="list-style-type: none"> – Internal workforce support – Early engagement – Improved system capacity
Activities	<ul style="list-style-type: none"> – Mandatory leaving care plan – TIA service providers – Allocated Youth Workers – Local community connections – Brokerage funds 	<ul style="list-style-type: none"> – Case management – Support workers – Brokerage funds 	N/A	<ul style="list-style-type: none"> – Better Futures service providers – Dedicated support workers – Brokerage funds – Workforce development activities 	<ul style="list-style-type: none"> – 3 dedicated 'Transition from Care' officers – Quality assurance for case management – Improved communication pathways between agencies and Departments
Scale	80 participants	N/A	12 participants	100 participants	Approximately 80 participants
Funding	\$3.87 million over three years (2017-18 to 2019-20)	\$1.7 million annually (excluding brokerage)	Unknown	\$1.6 million over one year (2017-18)	N/A (ongoing funding)

Feature	TIA Trial	Existing leaving care (WA)	LIFT (WA)	Better Futures (VIC)	Transition from Care Officers (NT)
Outcomes	<ul style="list-style-type: none"> – Improved continuity of case management and enhanced provision of support – Improvements in young peoples' confidence as a product of one-on-one support from a mentor – Improved access to services – Improved outcomes for housing, education and employment, and life skills 	<ul style="list-style-type: none"> – Independent living skills – all participants reported improved life skills, with the service helping a bit or a lot and ability to live independently – Some participants reported improved connection to family – Improved connection with community – Improved outcomes across stable housing, participation in education and training, employment, access to financial assistance and health services 	<ul style="list-style-type: none"> – 100% of clients had a plan that guided intensive case management – 100% of clients had been provided access to safe accommodation – 80% had made gains across key domains of independent living skills, money management and tenancy skills – 70% of clients were engaged in mental health and alcohol and other drugs counselling 	<ul style="list-style-type: none"> – Improved engagement with leaving care planning – Progress towards achieving goals, with participants identifying an average of 5 individual goals – Improved support to assist the young person's progression towards independence. – Aboriginal young people are better connected to culture and community – Improved leaving care practice, including streamlined referral processes 	<ul style="list-style-type: none"> – Improved system-wide understanding of the leaving care cohort and transition from care – Increased recognition of the ongoing need for support beyond 18 – Earlier intervention for young people leaving care to support planning – Improved connections between Territory Families and Education to support young people in out-of-home care who may be demonstrating anti-social behaviour – Improved usage of brokerage funding

SOURCE: ACIL ALLEN CONSULTING BASED ON PROGRAM DOCUMENTATION AND INTERVIEWS WITH COMPARATOR PROGRAM JURISDICTIONS, 2019.



The findings from evaluation of the TIA Trial are summarised and commentary provided on the key learnings. Consideration is also given to how these learnings potentially might inform states and territories in the ongoing development of effective leaving care supports for young people.

11.1 TIA Trial overall findings and key learnings

11.1.1 Establishment phase

Recruitment to Trial

Findings

- Recruitment into the Trial was not as effective for some young people who were not fully informed about the nature of the initiative and expectations of all parties.
- Participation Guidelines were revised to require any future discussions with young people about participating in the Trial to involve the Service Provider.
- The Service Provider's assessment of the young person's likelihood of benefitting from this intervention was seen as an important contributor to recruitment outcomes.

Learnings

- Young people need to be an active participant in determining their need for and potential to benefit from interventions designed to provide support in transitioning to independence.
- Accurate and accessible information should be available to young people about the roles and responsibilities of all parties to the interventions consistent with enabling young people to have agency in their lives.
- Conversations with young people about the interventions should include both their Case Manager and the Service Provider.
- Where interventions are provided by non-government organisations funded by government, early exposure of the young person to this wider community setting may assist in breaking down barriers to the perception of ongoing links to child protection services.

Timing of strengthened support

Findings

- The Trial model envisaged that on entry, young people would be aged 16 enabling contact during the care phase of the Trial to be up to two years. However, at Trial inception (taken from the date of full subscription of the original cohort of 80 young people) approximately one third of participants were 17

years and by the following 12 months, i.e the first full year of exposure to the Trial, just under one-third of young people had turned 18.

- The shorter period in the care phase for some Trial participants resulted in less time for them to establish a trusted relationship with their Youth Worker and for the Youth Worker to work with young people and their Case Manager in the refinement of leaving care plans. In some instances, where there were delays in receiving finalised plans for Trial participants, this also impacted the ability to engage with the young person about their plans.

Learnings

- For the Youth Worker to take full advantage of up to two years of the relative certainty afforded to the young person by a care environment, engagement with the young person at 16 years as a seamless continuation of conversations which are scheduled to commence from age 15, is likely to improve the young person's understanding and acceptance of the role of the Youth Worker as part of their support team.
- Early engagement following initial planning for leaving care may also assist in allaying any concerns for the young person about transition as the Youth Worker effectively provides a bridge to transition and a familiar ongoing point of contact in the post care phase.

Responding to complexity of needs

Findings

- Participants in the Trial had markers of complexity such as length of time in care, number of placements and a proportion with physical, cognitive and mental health disabilities. The potential for behavioural and related issues to extend beyond the care phase was relatively high. To avoid the poorer outcomes for young people in care, system capacity and priority access to services in the wider community was essential to respond to the needs of Trial participants.
- To this extent, governance arrangements at local and state-wide levels were important to connect Youth Workers to available resources, identify existing priority arrangements that may not have been operating as intended, and identify opportunities for building local service capacity and encourage innovation.

Learnings

- A strong governance arrangement is critical to support the development and effective operation of service pathways tailored to the group of young people leaving care and in the post care phase. The ability to demonstrate a capacity to respond to the needs of young people in a timely way is important to building trust and demonstrating the value to the young person of the guidance available from their Youth Worker.
- Given the known complexity of needs for this group of young people, service planning can be informed beyond the care period by the Service Provider, to bring attention to service gaps or capacity issues in community and gain support for alternative arrangements where these might be indicated.

11.1.2 Implementation

Participation Guidelines

Findings

- Guidelines to clarify the process for managing the level of participant engagement with the Trial were finalised following the first year of operation of the Trial. These Guidelines were underpinned by the primacy of the objective to explore all avenues to maintain or re-establish participant engagement recognising that a range of strategies may be necessary over a period of time.
- The TIA Trial Participation Guidelines set out the processes to follow in managing a change of participant status to inactive and ensuring that the young person understands that they can reconnect with the Trial at a later time during the life of the Trial.

- The Guidelines legitimise the investment of time in following up on young people who appear to disengage and send a message to the young person about the availability of the Youth Worker at a later time when the young person may be ready to reengage.

Learnings

- A consistent and clear approach to pursuing Trial participant engagement was important to demonstrating the continuing availability of support through the Trial should participants seek to reengage.
- Retention of all participants was going to require differing levels of effort depending on the individual circumstances of the young person. Understanding those circumstances forms an important part of the Trial and the ability to tailor supports and services to individual need in a potentially volatile period of their lives.

Engagement

Findings

- A high proportion (over 80 per cent) of young people were actively participating in the Trial almost two years since commencement. This involved contact with their Youth Worker to discuss progress towards their goals.
- By June 2019, 80 per cent of participants were receiving supports in the life domains of Housing, Health and Wellbeing, Relationships and Supports, Education and Training, Employment, Financial Security and Life Skills. The domain with the highest proportion of services provided was Housing.
- The level of active engagement remained higher for females compared to males, non-Aboriginal young people compared to Aboriginal young people, and in regional areas compared to metropolitan. However, these differences were at the margin and involved relatively small numbers.
- Feedback from young people suggested that level of engagement was not necessarily a gauge of level of benefit and that it was possible for some participants to receive initial guidance to give them the confidence to move forward.
- A majority of Case Managers and Youth Workers surveyed considered that young people had engaged well with the Trial although there was greater variation of opinion among Case Managers with a proportion disagreeing with this statement.

Learnings

- Young people have responded well to accessing the enhanced support to transitioning out of care represented by their Youth Worker.
- Engagement with their Youth Worker has extended beyond the young person's exit from care on turning 18 ensuring a continued connection to the young person, their circumstances and history.
- Some variation in engagement among certain groups of young people appears to be developing over the course of the Trial that may warrant closer investigation.

Brokerage funding

Findings

- On average, an estimated 77 per cent of active participants accessed brokerage funding. Overall, 70 per cent of participants who received brokerage funds had a total expenditure of less than \$400 each.
- Brokerage was used an average of 11 times per participant with an average expenditure of \$36 for each payment.
- Over time there appeared to be an increasing level of regional participants accessing brokerage and a higher level of female participants utilising brokerage.
- Youth Workers indicated that while the flexibility of funding was valued, the scale of brokerage funds could be increased.

Learnings

- Youth Worker access to brokerage funds provided an important resource to enabling a timely and efficient response to meeting generally small costs associated with the provision of supports and services under the Trial. Access to these funds contributed to building rapport with the young person.
- A majority of active participants benefited from brokerage funding with increasing utilisation seen among regional participants compared to metropolitan and female compared to male participants.

11.1.3 Outcomes

Benefit to young person

Findings

- Case Managers viewed the benefit derived from the Trial as commensurate with how well the young person engaged with the Trial. Half (10) of the Case Managers surveyed reported significant or moderate benefit associated with the one on one support and mentoring provided by the Youth Worker and a further quarter (5) of respondents reported a slight benefit. Outcomes were described as including improved continuity of case management and enhanced support, improved confidence and access to services.
- Youth Workers were confident that young people had benefited most in the areas of Housing, Education and Employment, and Life Skills. Case Managers similarly perceived improved outcomes for young people had occurred in these areas although there was greater variation in Case Managers' perceptions of the extent of the impact of the Trial on young people compared to those of the Youth Workers.

Housing, education and employment status of young persons

Findings

- After almost two years in the Trial, based on available information, the majority of active participants (66) during the period April to June 2019 were reported to be in secure housing (69 per cent), engaged in some form of education and training in a post-school environment (57 per cent) and just under one third (29 per cent) were employed in some capacity with a further 30 per cent actively taking steps to seek employment.
- While no active participant was deemed homeless, almost a quarter were in unstable accommodation, 10 per cent were at or below Year 10 education and were not participating in education and training, and 9 per cent were reported to be unemployed.
- Youth Workers expected that at the end of the TIA Trial, at a minimum some support would be required for active participants across all domains. Key reasons for young people considering they were not ready to leave the Trial related to the life skills needed to live independently and support networks to replace the Youth Worker.

Learnings

- A majority of participants in the Trial were tracking towards positive outcomes as they transitioned from care. Challenges remain for participants and continued engagement with the Trial and post Trial supports will be important to consolidating gains and managing their risk of poorer outcomes.

Relationship with Youth Worker

Findings

- Young people valued the Youth Worker for the emotional support they provided as well as the strong personal relationship.
- Young people variously likened their Youth Worker to their friend, mentor, or brother/sister.

Learnings

- The Youth Worker is required to make a substantial emotional investment in supporting many of the young people transitioning from care.
- The strengths-based approach to working with young people is important in building their motivation, confidence and active participation.

Referral pathways**Findings**

- New partnerships were formed between Wanslea and local service providers across life domains.
- Partnerships were formed with Aboriginal organisations to support culturally appropriate service delivery.
- Priority access can be challenging to facilitate due to variation in practice across districts.

Learnings

- The Youth Worker is required to dedicate significant time to understanding the needs of the young person, identifying services, exploring pathways and advocating for access.
- Existing networks and ongoing professional learning are important to ensuring that partnerships and local referral pathways are in place.
- There is a need for internal communication within government agencies to ensure consistency in priority access to services.
- Local Implementation Groups provided a central mechanism for identifying and discussing service system changes, driving local networks and priority access to services.

Economic outcomes**Findings**

- An assessment of the benefits over the one-year period post trial related to justice, health, employment and housing outcomes estimated that for every \$1 invested in the Trial, \$1.80 in benefits are returned.
- The estimated returns increase significantly as the assessment period is extended to 3 and 5 years post Trial.
- Sensitivity tests continued to show a return except where the entire avoided incarceration benefit was excluded from the analysis.

Learnings

- The ability to impact key outcomes for young people leaving care through the TIA Trial model is estimated to provide a modest return on investment in the short term that increases over the medium to longer term.

11.1.4 Enablers and challenges/barriers

The evaluation highlighted a number of strengths of the model and challenges to optimising the extended support for young people leaving care.

Enablers included:

- skills of the Youth Worker in providing an important other person for the young person to turn to for support and guidance, and in identifying referral pathways to enable local access to supports and services
- reflective practice enabling Youth Workers to contribute to improvements in the program, to identify skills and knowledge gaps and to stimulate innovation in meeting the needs of young people
- dedicated Youth Worker role with a caseload that supported the provision of intensive support

- Youth Worker skill set, including tenacity, trauma informed practice, flexibility and adaptability, strong communication and rapport building skills, and knowledge of the bureaucracy
- brokerage funds that contributed to the timely response to the needs of young people as these were better articulated
- service delivery model that enables adaptability, sensitivity and flexibility
- collaborative practice, with all three parties (DSS, WA DC and Wanslea) actively involved in leaving care planning, service delivery and review of practice helped to establish open communication and the opportunity for continual improvement
- independence of the Youth Worker, which helped young people to be more comfortable connecting with those outside the child protection system and more likely to access support.

Challenges that related to effective implementation of supports for young people included:

- the ability to navigate and coordinate community-based supports and services that will be essential to sustaining the independence of young people and the prospect of improved outcomes
- facilitating the response of the wider service sector to the long terms needs of some young people
- service system gaps in capacity, such as mental health services, and appropriate responses that recognise the needs of this group of young people, such as appropriate housing options
- improving data collection and utilising data linkage to monitor the longer term outcomes for young people leaving care and the extent to which they may have benefitted from increased investment in transition and after care supports

11.2 Implications for future action

All jurisdictions have committed to improving support for young people leaving care and increasingly recognise that best practice calls for transition support to begin early and last longer for young people leaving care. Reforms are variously concerned with extension of support beyond the age of 18, with a focus on extended support for education and training, and housing support and increased involvement of the community sector in delivering long-term support.¹¹⁴

The findings and learnings from the evaluation of the TIA Trial provide a practical guide to the effective delivery of leaving care programs. The findings largely reinforce the collective evidence to date about good practice in this area and confirm that the range of similar initiatives in other jurisdictions are drawing on this evidence base to adapt programs to their respective contexts and service systems.

- Workers in community-based organisations providing supports and services to young persons transitioning from care to independent adulthood bring valuable insights into responding to the needs of young people and the extent to which their intervention can benefit the young person. Recruitment to leaving care interventions should be determined in collaboration with all parties; the young person, their case manager and the service provider.
- Roles and responsibilities of all parties to the leaving care intervention should be clear, with the young person effectively contracting to participate - notwithstanding the ongoing challenge of retention and the worker skills and strategies required to tailor meaningful supports and services.
- Community-based interventions are a potential opportunity for the young person to start to differentiate between the formal structures of the child protection environment of government and establishing themselves as a member of community. This can make the young person more amenable to seeking support beyond the age of 18 as there is a weaker association with their experience of child protection services.

¹¹⁴ *Transition from out of home care to adulthood. Mapping legislation and policy across Australian jurisdictions December 2018. National Framework for Protecting Australia's Children 2009-2020. Third Action Plan 2015-2018. Discussion Paper. Australian Capital Territory, Canberra 2018.*

- Sufficient resources should be available to ensure that young people in care are systematically engaged by their case managers from age 15 in developing and documenting plans for their transition from care.
- To fully benefit from strengthened leaving care supports and services, early involvement of workers specialising in this area will enable a more seamless and 'warm' transition for the young person. This transition can leverage from the relationship and knowledge of case managers, documentation of early planning, provide sufficient space for the young person to be supported to explore their needs in moving to independence, and ensure a line of sight that extends the 'good' parenting of the care phase.
- Linking to service providers working with young people leaving care provides a valuable opportunity for government and non-government organisations to better understand and respond to the needs of this group of young people. Mechanisms or communication pathways should be established to enable integrated service planning that is tailored to young people transitioning out of care and is able to build on existing local, state and national supports and services, and advocate for increased capacity as appropriate.
- A range of communication strategies will need to be applied for a reasonable duration to retain young people in leaving care programs, where reasons for non-engagement are not known. While the young person is in care, support workers can collaborate with case managers in determining the best strategies to pursue to make contact with the young person.
- It is important that the young person understands that for the appropriate period they have continuing access to the service should their circumstances change and they believe they would benefit from the service.
- A more systematic and pro-active approach to supporting young people beyond the age of 18 has improved their access to opportunities and their confidence.
- There may be different strategies required for certain groups of young people to ensure support services to transition to independent adulthood are optimised in the post care phase.
- Context impacts upon the local service network, the geographic spread of program participants and access to support which needs to be factored in when determining resourcing and engagement approaches.
- The ability for support workers to have access to brokerage funding as part of leaving care programs facilitates the efficient operation of programs and the opportunity to meet the cost of small but practical items associated with supporting the young person to meet their goals.
- The duration of a more active approach to engaging young people leaving care will need to be longer for a proportion of these young people with more complex needs. Current initiatives such as social impact bonds are premised on working more intensively and for longer periods with young people in the post care phase and progressive results from these initiatives will provide further evidence of effective practice for sustained better outcomes.
- A genuine level of commitment is required for workers providing support to young people with diverse needs at a major time of transition in their lives.
- A supportive work environment is essential to enabling a rapid response to any identified barriers to responding to the needs of young people, to ensuring the worker is equipped with the skills and tools to provide a quality and culturally responsive service and to accessing the wider expertise relevant within the organisation to delivering a safe service.
- Programs that draw together community organisations and different government agencies to deliver leaving care programs require governance / communication protocols to drive and support changes in practice, with a clear lead for implementing changes.



APPENDICES

The following appendices are included in this report:

- Appendix A** Towards Independent Adulthood Trial Program Logic Model
- Appendix B** Towards Independent Adulthood qualitative research: synthesis report. Social Research Centre
- Appendix C** Leaving Out-of-Home Care - Targeted Literature Review



TOWARDS
INDEPENDENT
ADULTHOOD TRIAL
PROGRAM LOGIC
MODEL



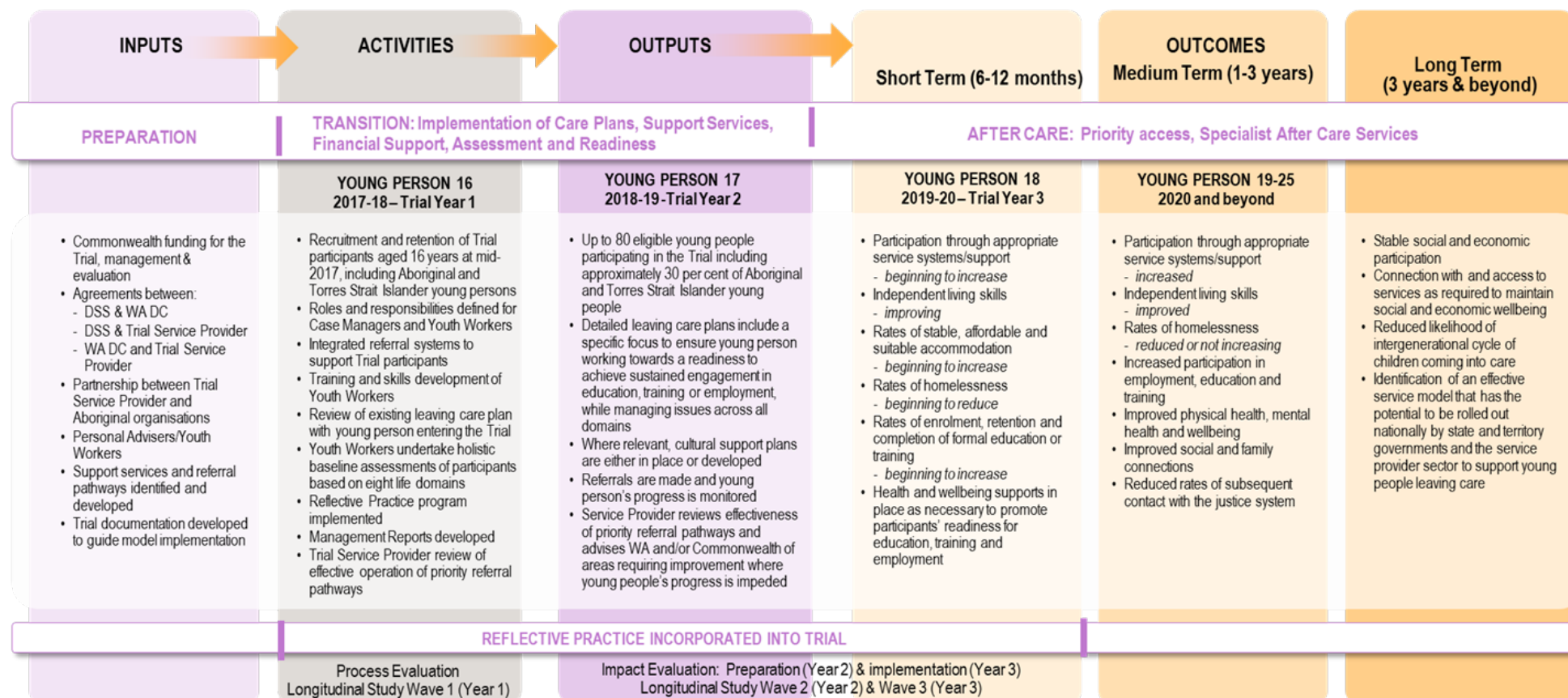
PROGRAM LOGIC: TOWARDS INDEPENDENT ADULthood (TIA) TRIAL

What is the need for the program?

The TIA Trial is a 2016-17 Commonwealth Budget measure to be delivered under one of the three strategies of the Third Action Plan under the National Framework for Protecting Australia's Children 2009-2020. This strategy is aimed at helping young people in out-of-home care to thrive in adulthood. The Commonwealth, states and territories are committed to supporting the National Framework as an initiative of the Council of Australian Governments.

What is the objective of the program?

To enhance service provision to young people transitioning from out-of-home care by delivering intensive one-on-one supports/interventions and mentoring over a three-year period, to improve their social and economic outcomes. State and territory governments are expected to use the findings of the Trial's evaluation to guide future interventions for young people to ensure they are better supported.



* Eight Life Domains: Housing/Accommodation; Health and Wellbeing; Education & Training; Employment; Financial Security; Social Relationships and Support Networks; Life Skills; Identity and Culture; and Legal Matters

Source: Adapted from TIA Program Logic at Appendix 2 of Towards Independent Adulthood Trial – Pre-implementation Review Report. Curtin University, June 2017.



TOWARDS
INDEPENDENT
ADULTHOOD
QUALITATIVE
RESEARCH:
SYNTHESIS REPORT.
SOCIAL RESEARCH
CENTRE

B

Towards Independent Adulthood qualitative research: synthesis report

March 2020



TOWARDS INDEPENDENT ADULTHOOD TRIAL



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Report or Proposal Name

Prepared by the Social Research Centre

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1. Introduction

In 2017, the Australian Government Department of Social Services commissioned ACIL Allen Consulting in partnership with the Social Research Centre to conduct an evaluation of the Towards Independent Adulthood Trial. The Qualitative Research Unit at the Social Research Centre led the evaluation with young people participating in the Trial, conducting interviews with Trial participants.

The first wave of interviews were conducted from December 2017 to January 2018, with a second wave of consultations taking place between February and May 2019. A third round of interviews with eight selected trial participants took place in December 2019.

1.1 Background

The Towards Independent Adulthood (TIA) Trial delivers one-on-one mentoring and targeted supports for up to 80 young people from the age of 16 to 17 years, who are located in one of four regions in Western Australia (metropolitan Perth, Peel, Wheatbelt, and South West regions). The Trial is operating over a three-year period (scheduled to conclude in June 2020) and aims to increase the future economic and social outcomes of young people as they transition from out-of-home care (OOHC) to living independently. Improving the experience of young people transitioning to independence is one of the specific actions under the 'National Framework for Protecting Australia's Children 2009–2020'¹¹⁵.

The Trial tests a new service delivery model to better support young people as they transition into independent adulthood. Wanslea Family Services delivers the services, with Yorgum (an Aboriginal corporation) providing culturally appropriate services to Aboriginal and Torres Strait Islander young people participating in the Trial. The Trial is funded by the Australian Government and is being implemented by the Department of Social Services, alongside the WA Department of Communities.

1.2 Research aims and objectives

This research aimed to explore the views and experiences of young people participating in the TIA Trial and to determine, from their perspective, what difference participation has made to them.

The interviews with participants (and carers, where possible) covered several key areas of interest, such as:

Participant background and initial referral to TIA;

Relationship between participants and their Youth Worker(s);

Types of support received and the efficacy of these supports;

Participant awareness of when the Trial ends and readiness to leave support;

The progress of young people across the nine target 'life domains' (education, employment, life skills, legal matters, housing, social supports, identity and culture, finances, and health).¹¹⁶

¹¹⁵ <https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/protecting-children-is-everyones-business>

¹¹⁶ Nine life domains and a number of cohort characteristics were identified by the Commonwealth Government in *Supporting young people transitioning from Out-of-Home Care to Independence in Australia: good practice in 2011/12*.

1.3 Report structure

This report provides an overall synthesis of the findings of the three waves of research. Following the methodology and overview the report is structured around the main domains:

Section 2 -overview of the research methodology

Section 3 - overall Trial experiences

Section 4 – relationship with Youth Worker

Section 5 – education and training

Section 6 – employment

Section 7 – housing

Section 8 - health

Section 9 – legal matters

Section 10 – identity and culture

Section 11 – relationships and support networks

Section 12 – financial security

Section 13 – life skills

Section 14 – transitioning out of the Trial

Section 15 – overall impact of the Trial on the nine domains

Section 16 – concluding remarks.

1.4 Ethical conduct of the research

All research was undertaken in compliance with the International Standard of ISO 20252 Market, opinion and social research, AMSRS code of practice, standards and the Market and Social Research Privacy Principles. Full approval for this research was granted through the Australian National University's Human Research Ethics Committee (approval 2017/654)

2. Research design

This section outlines the approach to the qualitative research with both Trial participants and carers, summarising the sampling and recruitment approach, conduct of the fieldwork, and analysis of data.

2.1 Methodology

A longitudinal, qualitative approach was adopted, comprising three waves of interviews over two years to explore the experiences over time of the TIA participants.

The first wave of research was conducted in December 2017 to January 2018, and the second wave of research revisited the young people in February-May 2019. The second wave also involved consultation with some participants who, for a variety of reasons, were uncontactable at the time of the first wave. Although a longitudinal comparison is not possible for this latter cohort, conducting interviews with additional participants was adopted in order to compensate for sample attrition since the first wave of interviews.

The first wave acted as an opportunity to examine the commencement of the young people in the Trial, their expectations of the Trial and any early experiences of receiving support and services. The second wave findings explored any outcomes or impacts of young people's participation in the Trial and whether they are continuing to receive the support they require. By focusing on a small sub-set (of eight participants) at wave three, it was possible to explore in more depth the individual experiences of different young people as they transitioned through the Trial into adulthood.

2.1.1 Sampling and recruitment

Qualitative research is not designed to be representative, in any statistical sense, of the wider population from which participants are drawn. This research utilised non-probability sampling approaches, including both convenience sampling, as well as purposive selection of participants.

The initial number of young people participating in the TIA Trial was 80. Wanslea provided the Social Research Centre with a list of all young people involved in the Trial with contact details. At Wave one, all young people were invited to participate in the research. Despite this, several young people could not be reached (despite many attempts) or appeared unwilling to participate in an interview. TIA Youth Workers at Wanslea aided the recruitment process by contacting young people on behalf of the researchers. In total, 38 interviews were conducted with young people during Wave one consultations.

Wave two adopted a similar approach. Researchers contacted young people directly to invite them to participate, and TIA Youth Workers facilitated contact with young people who were difficult to engage. Young people who were not interviewed at Wave one were also approached to participate in an interview, to account for sample attrition in the time between the two waves of research. In total, 36 interviews with young people occurred during Wave two consultations (including 10 new participants).

Wave three utilised a combination of purposive and convenience sampling approaches. Twelve participants interviewed during both previous waves were identified as being of interest for a third interview, based on circumstances at Wave two. In particular, participants undergoing significant transitions (such as moving home, or moving into employment) were targeted for interview. Young people were approached to participate, based primarily on their availability to meet with researchers. All participants were aged between 18 and 19 years old at the time of Wave three interviews.

Table 1 provides an overview of the key characteristics of participants.

At wave three, efforts were also made to also interview carers to gain their perspective on the experiences and impact of Trial participation. Young people were asked if they knew someone who would be willing to participate in a discussion with a researcher and in some cases, TIA Youth Workers helped to facilitate this process by discussing it with participants. Three carers were interviewed (one biological parent, one foster parent and one formal carer); the remaining young people did not provide details of a carer that could be interviewed (or the carer was uncontactable).

Table 1 Sample characteristics over time (all Trial participants)

Characteristic	Wave 1 No. of participants (38)	Wave 2 No. of participants (36*)	Wave 3 No. of participants (8)
Gender			
<i>Male</i>	23	20	4
<i>Female</i>	15	16	4
Aboriginal and Torres Strait Islander			
<i>Yes</i>	10	13	2
Mode of interview			
<i>Face-to-face</i>	31	23	7
<i>Telephone</i>	7	13	1
Living arrangement (at time of interview)			
<i>Independent living</i>	10	10	2
<i>Kinship care</i>	13	8	3
<i>Foster family</i>	7	5	1
<i>Supported accommodation</i>	3	8	2
<i>Incarcerated</i>	3	1	0
<i>Living with parents</i>	1	3	0
<i>Crisis/temp/emergency</i>	1	1	

* 10 participants in Wave two did not participate in the evaluation at Wave one

2.2 Conduct of fieldwork

Most of interviews occurred face-to-face, with the remainder being conducted over the phone. Face-to-face interviews occurred either at the young person's place of residence, at Wanslea or Yogrums' offices, or at a public location, such as a local McDonalds.

Interviews with young people ranged in duration from 20 to 70 minutes. An information sheet was provided for young people and carers, along with a 'plain language' information sheet provided. Information sheets explained the evaluation, what participation in the evaluation would entail, and information on how to contact the research team. All participants were also made aware that their responses would be anonymised for reporting purposes, that participation was voluntary, and that they could withdraw from the research project at any time and/or choose not to answer any questions.

Each participant was also given a consent form to read through and sign if they agreed to participate. For the participants interviewed by phone, the form was read out loud by the researcher.

Discussion guides were developed in consultation with ACIL Allen and the department to explore key research questions, and to act as an 'aide-memoire' for the researchers, allowing the conversations to flow from one topic to another.

An Outcome Star was also administered to each participant, and used to examine change over time in each of the nine life domains. The Outcome Star is a tool to facilitate the discussion of change over time using five-point scale (1 = 'quite a way to go' and 5 = 'I've got this all sorted'). Young people were asked to give a self-assessment and discussions then ensued with the researcher about why they gave themselves a certain score.

2.3 Analytical approach and reporting

Discussions were audio-recorded, and recordings were transcribed by an external transcription agency. An analytical framework, which organised data into 'themes', was formulated from the discussion guide and an initial review of the data. Using this analytical framework, each transcript was 'coded' using NVivo to enable a thematic analysis of the data. The use of this thematic coding technique ensures that reported findings are transparent and directly traceable back to the raw data.

Caution should be exercised expanding the findings of qualitative research to the wider population of Trial participants – particularly those who declined to participate or were unable to be contacted for this research.

Direct quotes from participants have been included in the reporting (names and details of participants have been changed). An ellipsis (...) signifies that text has been removed from the quote (for example, removing superfluous text or text that may identify an individual), whereas words in square brackets '[']' signify that the researcher has included additional text, usually to provide greater context or an explanation to assist the reader.

3. Overall Trial experiences

Key findings

- Participants did not see themselves as part of TIA, but understood the program in terms of their Wanslea Youth Worker.
- Youth Workers played a role supplying emotional and moral support that participants greatly valued. Many participants attributed the positive progress they had made in their lives to their Youth Worker
- Participants' identification of change since being in the Trial primarily related to employment, education and training and housing.

This section outlines the general and overall support reported by the young people regarding their participation in the Trial. Subsequent sections report in more detail the support received against the nine domains. The first section details participants' understandings of the Trial and use of the Sortli app, and the following sections provide an overview of the support and progress participants identified as a result of being in the Trial.

3.1 Understandings of the Trial

- Overall, participants expressed gratefulness regarding their participation in the Trial and talked about it almost exclusively in terms of their Youth Worker. TIA was not conceptualised as a program, but rather in terms of the positive and affirming relationship with individual Youth Workers (for more detail on participants' relationships with Youth Workers, see Section 4).

I don't really think of it as a program. It's just like I see [my Youth Worker] and he helps me out with all this stuff.

It just feels like it, I'm just catching up with a friend and then we go out and do activities where we see other kids every now and then. But it's not like a, yeah this is a program, there's not that cloud over your head.

Sortli App

The Sortli app is a mobile phone application developed to help support young people's transition from care to independence. The app provides information about housing, health, finances, employment, education and legal rights. Overall, there was relatively low awareness across the participant cohort of the Sortli application. A few had heard of the app from their Youth Workers. Of these, one participant described it as useful and reported using the app on an ongoing basis.

3.2 Support and progress

Participants reflected on the impacts their Youth Worker had had during their time in the Trial. Several noted that without their Youth Worker, they felt they would not have made the progress that they had. These participants listed a range of specific supports, such as help accessing Centrelink or learning how to budget, but Youth Workers also clearly played a role supplying emotional and moral support that participants greatly valued. Many participants attributed the positive progress they had made in their lives to their Youth Worker.

I definitely don't think I would be where I am now [if I did not have my Youth Worker]. Like Centrelink, I don't think I'd have the Centrelink payments coming through, I don't think I'd be doing my Cert IV right now. And I don't think I would be down on my way of getting myself my own apartment I don't think. So there's a lot of things if I didn't have [my Youth Worker] so like those three big things would be things I probably wouldn't be doing right now without [my Youth Worker].

Just having like that support and stuff has helped a lot....like before I got put in this group, I was struggling a bit and stuff. And then meeting [my Youth Worker] and stuff has made it a lot easier.

Several participants also noted the ongoing support provided by the Trial, and explained that the continuity was an especially valued aspect of the program that helped them realise their goals.

I thought it [the Trial] was useful then too, because I was still getting to places that I wanted to be but, it's now further in and still improving, it is not like it was just improving for the first three months and then stopped, it has been an ongoing improvement.

They've [my Youth Worker has] changed me completely because I used to be a little shit and now, I'm helping other people and being kind and I've actually started to give a damn and starting to do stuff that I need to get done.

For some, the support provided by the Trial was particularly meaningful during the current period of transition.

Yes it's [the Trial] still helpful. Probably even more now.... probably because there are more things going on in my life now that I need a hand with.

3.3 Most Significant Change identified by participants

The Most Significant Change Technique is a qualitative tool used in evaluations of complex interventions. It involves participants being prompted to share stories of significant change as a result of their involvement in a program, in this case, in their participation in the Trial. Over the course of the evaluation, three domains of significant change that Youth Workers played a significant role in were identified among the young participants. These relate to housing, education and training, and employment.

- Education and training – most participants reported moving into tertiary education or training during the Trial, or having aspirations to be in education. Some explained having re-evaluated their aspirations in consultation with their Youth Worker they had identified clearer goals about educational pathways. This was also one of the domains identified as having the biggest improvement in the Outcomes Stars.
- Employment – participants discussed being supported to seek employment opportunities that aligned with their skillsets and aspirations. At Wave one participants reported receiving help from their Youth Worker to prepare for finding a job, while at Wave two, many were actively seeking employment, and several were in jobs (ie. casual roles in the hospitality, retail and services sector). This was also one of the domains identified as having the biggest improvement in the Outcomes Stars.
- Housing – the young people discussed transitioning to alternative housing arrangements between Wave one and Wave two and many indicated that they were content with their current situation.

Some changes were evident in the other domains (ie. life skills, financial security, relationships and support networks, legal matters, identity and culture, and health) however these were less pronounced compared with those observed in the housing, education and training and employment domains. For more detail on these changes in each of the domains, see subsequent sections.

3.4 Comparing Wave one and Wave two Outcomes Stars

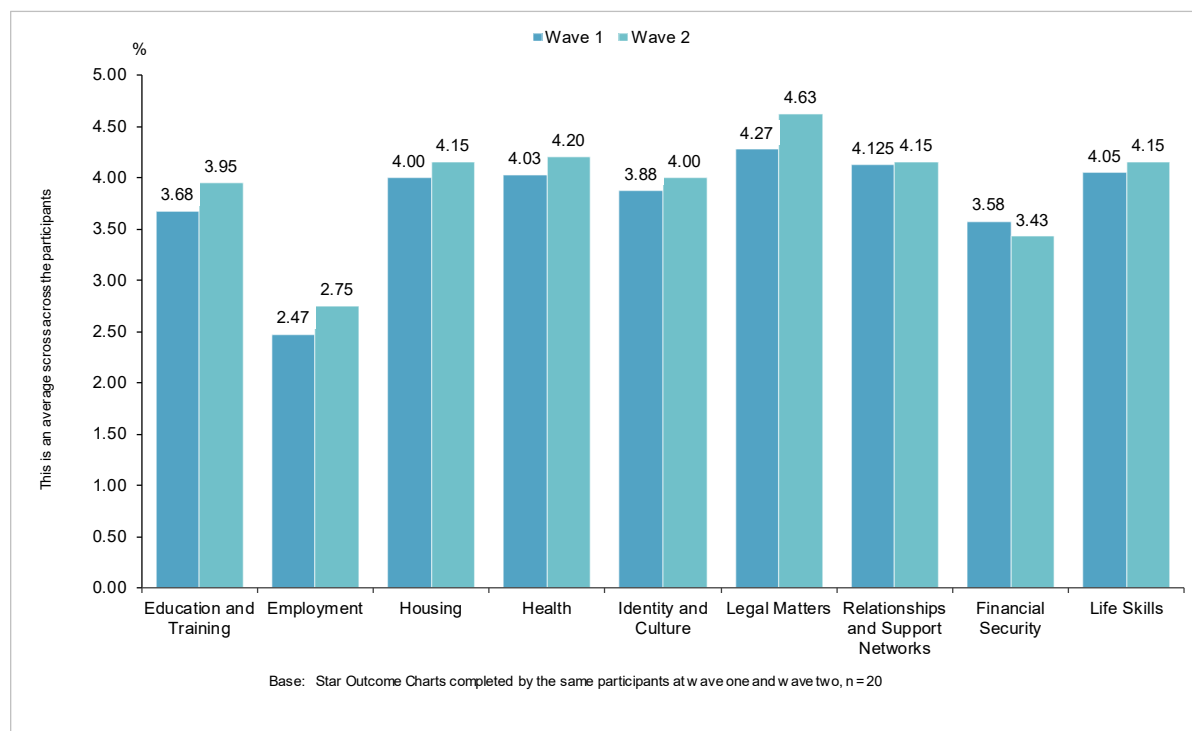
Figure 1 outlines participants' responses to the Outcomes Star that provided a self-reported assessment of progress on a scale of 1-5¹¹⁷ across the nine domains. Wave one data, collected at the beginning of the trial in 2017-8, is compared with the data collected during Wave two in 2019 (Wave 3 data are not included as there were only eight case study participants).

There were no substantial differences recorded, however increases are evident in most domains. The domains with the greatest progress at Wave two were legal matters, employment and education and training. The resolution of outstanding legal issues since the previous wave of interviews might account for the increase in satisfaction against the legal matters domain. Further, it is unsurprising that education and training and employment features in light of some participants transition to new education arrangements, and employment situations. The domain with the least progress was financial security which might be explained by participants' increasing move towards independence and heightened awareness of the need to manage their own money for the first time.

Employment was also the lowest scoring domain in both waves, suggesting that most participants still felt that there was considerable progress to be made in terms of achieving their goal of working. Participants also indicated relatively low rates of progress in regard to financial security compared with the other domains. Again, this likely reflects the young people's increasing desire for financial independence and the challenges that can be associated with this. However, it is important to note that the differences between the two waves and across the nine domains are relatively minor and should be considered in conjunction with the qualitative findings outlined in the following section.

¹¹⁷ Key: 5 = I've got this all sorted; 4 = Almost there; 3 = Some good progress/heading in the right direction; 2 = Slowly starting to improve; 1 = Quite a way to go yet

Figure 1 – Star Outcomes data by domain



4. Relationship with Youth Worker

Key findings

- A positive relationship with Youth Worker was reported as the most important aspect of the Trial by most participants.
- Youth Workers worked with the young people to provide emotional and practical support (for example, having someone to talk to and confide in, as well as help attending appointments or navigating bureaucratic processes) as needed
- Over time, meeting frequency increased in some cases, and decreased in others reflecting the changing relationships between Youth Workers and the young people, as well as the changing needs of the young people.

This section explores participants' experiences of contact with their Youth Worker, including frequency and regularity of meetings, as well as their views on ongoing relationships with, and support from, the Youth Workers.

4.1 Relationships with Youth Workers

Relationships with Youth Workers were often described in terms of friendship, and as having someone to trust and confide in without feeling judged. Many described their positive, affirming and supportive relationship with their Youth Worker as the most important aspect of the program.

With [my worker] I think I sort of clicked, in a way, I don't know why, I think it's her personality which is awesome.

When I tell her stuff I feel not judged, the way she talks, I don't feel judged, I just feel like she's really genuine, good intentions, is a really good person.

I've got a buddy to help me be independent and actually [help me] do some of this stuff by myself in the future.

4.2 Contact with Youth Workers

Most participants reported consistent and frequent interactions with their Youth Worker. Generally, meetings or catch-ups were once or twice per week depending on the needs of the young person at a given juncture. They were often described as casual opportunities to catch-up, and the young people indicated feeling comfortable to initiate contact themselves when there was a particular need.

I don't usually have a schedule for calling him [my Youth Worker]. I usually just call him when I need him basically.

In addition to face-to-face meetings, most participants also maintained contact by phone or messenger.

I can see him [my Youth Worker] whenever I want really, yeah. We talk quite a lot on the phone.

The relative prominence of the Youth Worker in their lives reflected what was going on in the young person's life and the amount of assistance they felt was required at a given time.

Some participants reported that they had previously been disengaged from their Youth Worker but had later re-established contact. The reasons for this were given as during a period of difficulty (for example, recently released from juvenile detention, disrupted period of living with a parent) that then concluded with a decision to seek help and support.

I think from not talking to her, to talking to her again, has definitely kind of made me realise that I do need her help and stuff.

A few participants reported that they met and interacted with their Youth Worker less over time, typically because the issues they had been facing had been resolved and they felt that they no longer required the support provided by their Youth Worker.

I don't know the last time I saw him, I think I meet him fortnightly or just occasionally. I guess it's more occasional catch ups at this point. That's probably because I'm kind of like I'm set where I need to be right now...

A small group reported that they met their Youth Worker more frequently as the Trial progressed and thus they built a relationship with Youth Workers over time.

...within the last six months it's [our relationship has] changed a bit, like from not so much talking, trying to avoid him, it's gone to like I want him around more to help me and stuff...I guess I just thought he was a bit of an intel for DCP, I guess, and just a bit nosy, but that's not how it is, I guess. He's just trying to look out for me, I think.

In addition, a few participants reported less contact which tended to reflect a general disengagement from the program, or where the participant decided they no longer required the support offered by their Youth Worker.

4.3 Issues discussed with Youth Workers

Common topics of conversation with Youth Workers were described in general terms overall, as a 'catch-up' or general conversations. Sometimes the conversations were also driven by addressing particular problems or challenges such as organising entry into training or employment or making other important decisions about future pathways.

Participants also reported that their Youth Worker would contact others on their behalf, for instance, family members, carers, partners or DCP, which they found particularly helpful.

4.4 Changing Youth Workers

Several participants reported that they had changed Youth Workers since Wave one. Moving from one Youth Worker to another was described as a difficult process. However, while the transition phase was described as challenging, over time participants were able to build a rapport with their new worker and establish an affirming relationship

5. Education and training

Key findings

- Most participants had educational aspirations and goals, often developed over time with support of their Youth Worker.
- Youth Workers provided support that comprised discussions about options, practical help identifying and applying for training courses, as well as moral support and encouragement.

This section details participants' discussions about education and training, including how their educational situation and aspirations had changed over time. Barriers and challenges encountered accessing education and training are also outlined. The support and assistance provided by Youth Workers, and the outcomes reported are also detailed.

5.1 Education pathways

One of the most common changes over time was leaving secondary school. Some had transitioned to TAFE or equivalent and were content and happy in their current educational position. Some reported in later interviews that they were no longer in any form of education or training. A few had plans to re-enter education while others did not have any aspirations to enter any further education.

Disrupted education

Disrupted education was a key theme for several participants who had not been able to complete their secondary education.

I nearly finished [secondary school] but then I dropped out... I went from living with a foster carer to living at my mums. And then I got sick and had a lot of time off school. And then my mum ended up in hospital, so I had more time off school. So I fell really behind and it got too stressful.

Experiences of disrupted secondary education resulted in participants moderating their educational expectations. Some participants explained that they were not able to pursue their first choice in terms of study and had therefore decided to pursue a different path.

Factors that contributed to disrupted education included mental health, and a lack of confidence and motivation. Apprehension about the future as well as poor confidence in their skills and abilities was identified as another barrier by a few participants.

Other examples included poor secondary school experiences (for example, bullying and moving schools), a disrupted home life and health issues (being unwell, followed by falling pregnant).

Deciding on an educational pathway

Participants reflected on their educational goals and how they had changed over time; changing interests, as well as learning about the type of work they were interested in, and how it might suit their future employment trajectories, were key adjustments. Participants related the central role their Youth Workers played as discussants about these changes, and aspirations seemed more defined over time as a result.

Compared with the goals outlined in the initial interviews, those discussed during later interviews had a greater sense of immediacy and in some cases, clarity. Young people related the key role their Youth Worker

played helping them to decide on an educational pathway and investigate options to achieve their goals. However, some young people continued to be unsure of their educational or training goals.

I'm not too sure what I want to do with it all.

5.2 Youth Worker support and assistance

The assistance Youth Workers provided in terms of determining educational pathways as well as help accessing education institutions was clearly a key domain of support facilitated by TIA. Participants said that their Youth Worker had been able to assist and support their educational pathways in a multitude of ways. The main areas of support were:

- Discussing goals and identifying opportunities
- Practical assistance applying for courses and ascertaining eligibility
- Moral support and encouragement to pursue goals

Most commonly, participants identified receiving assistance with administrative and bureaucratic processes, including help with paperwork, application processes, logistics of attending classes.

Guidance and advice on goal setting was a valued form of support reported by many participants, as was mentoring and moral support.

We always talk about what I would do and that she will support me through the things I am wanting to do, she can help me achieve them before I leave the program.

Youth Workers also assisted participants by helping them to identify opportunities, and courses of study that might suit the participants' aspirations.

Well, he's [my Youth Worker] got me into ... a TAFE sort of thing. It's an alternative school. He's set me up in there anyway.

Participants did not outline any gaps in servicing in terms of the support they received from the Trial and their Youth Workers. Most were particularly effusive about the impact their Youth Worker had had.

5.3 Education and Training Outcomes

Examples of outcomes by over time in approximate order of prevalence included:

- Pursuing goals and beginning an educational pathway.
- Establishing concrete aspirations and goals that can be realised in the near future
- Completing secondary school
- Completing tertiary courses, [mainly certificate level courses].

6. Employment

Key findings

- Gaining employment was a key goal for most participants. Some stated a desire to take any job they could get, whereas others had identified specific long-term career goals.
- Most participants did not gain employment during the Trial, although there was an increase over time in those that did.
- Employment assistance was a key focus of discussions with Youth Workers; discussions changed over time from initial support and encouragement about working, to more practical assistance, such as developing résumés and interview preparation.

This section of the report outlines the experience of young people in relation to employment. In particular, this section focuses on changes observed in employment over time, and assistance received from Youth Workers.

6.1 Employment

Most young people were not working during the Trial, for a range of reasons. Common examples included taking the time to focus on further study before working, lack of work experience preventing them from putting in competitive applications, and other barriers such as transport, high unemployment in their local area, and challenges relating to confidence and soft skills.

The few that were working talked of working casual roles, predominantly in retail and hospitality. Many young people recognised that these roles were a first step for them, helping to gain experience before moving on to more permanent positions.

It's given me a lot of confidence and people skills, so I'm not as shy or awkward anymore around people... definitely helped my social skills. And yeah, a job's a job.

There was little consistency in the progression of young people through employment between waves. Some indicated that they had since ceased employment at the place they were working, whereas others had cycled between multiple roles. The unpredictable nature of casual work was highlighted as a reason for this by some participants, and others cited a lack of motivation with what they were doing.

6.2 Employment goals

Irrespective of their current employment status, securing paid work was emphasised as a key goal by most young people and a key part of them seeking independence. Some remained unclear as to what their employment goals were (often attributing this to a lack of confidence).

I don't really have anything I want to do. I am just happy to get a job, at least.

Other young people identified clear employment goals. These were often long-term goals, and required further study or work experience before the young person would be eligible for the role. Interestingly, a few young people indicated their overarching ambition was to work in a similar role to their Youth Worker, for example, work with disadvantaged young people in a social work/community services role.

Others had altered their employment goals over time, changing their focus to something that they viewed as being more practical in the short-term, again, often related to financial need.

A few young people stated that employment was not a priority for them, citing competing demands (such as study or parenting) detracting from their capacity to work. A few young people also noted that there was

limited financial incentive for them to work, as the assistance that they were currently receiving from Centrelink was sufficient to support them.

6.3 Youth Worker employment support and assistance

Employment was reported by most young people to be a topic frequently discussed with their Youth Worker. Initially the main employment support offered by Youth Workers was encouraging young people to think about career paths, later discussions with participants revealed a greater emphasis on job search assistance, such as developing a résumé and directly applying for positions.

I would ask [Youth Worker] if she could help me take out resumes. She was helping with that and saying, you know, "We'll find something", and we did.

Some young people highlighted the value of the 'Job Club' run by Wanslea to help Trial participants develop their résumé and look for work. A few young people reported that their Youth Worker had helped them to secure work through direct links to organisations or other connections. For example, if the Youth Worker knew someone who worked in an industry the young person was interested in, they were able to set-up opportunities.

Among the young people who had gained work, they had often been assisted by their Youth Worker – particularly in accessing job search tools.

Despite most young people noting that assistance of their Youth Worker had been helpful, a few (notably all of whom were Yorgum participants) highlighted a need for greater support in relation to developing a résumé. These participants noted that their Youth Worker had not helped them with this to date.

He mentioned [making a résumé] one time, but I think he might have forgotten about it, I don't think we ever talked about it... I didn't really know much about it.

Centrelink and employment services

Many young people reported that they were in receipt of Centrelink assistance at the time of Wave two. Some participants indicated that this was something that they had set-up prior to involvement in the Trial, often through DCP, however many participants reported that their Youth Worker had helped them through the process. This was particularly common when the young person encountered difficulties dealing with Centrelink and needed someone to advocate on their behalf.

A couple of participants also mentioned the benefits of the dedicated support worker who would visit Wanslea on a regular basis to assist with any Centrelink queries that Trial participants might have.

6.4 Employment outcomes

The main employment outcomes observed stemming in most part from the Trial were:

- practical assistance in preparing a résumé and applying for jobs
- a few instances of employment being sourced directly from Youth Worker assistance (e.g. Job Club, Youth Worker utilising their networks to source employment opportunities, etc)
- assistance with organising Centrelink payments, and
- identifying employment/career goals and taking steps to follow through on these aspirations.

7. Housing

Key findings

- Many young people indicated that their goal was to live independently.
- Housing circumstances were subject to change over time for many as the Trial progressed. Some were living independently, either alone or with friends or a partner, whereas others continued to live in kinship or foster care arrangements.
- Independent living did not work out for all young people. Some moved back to previous arrangements due to not feeling ready to live independently.
- Young people reported that their Youth Worker helped to identify housing opportunities, preparing rental applications, and liaising with DCP to organise government-assisted housing. Use of TILA was limited, however awareness of the allowance improved since Wave one.

This section examines the housing arrangements reported by young people over time. This includes any changes in living arrangements, young people's current ambitions related to independent living, and housing support/assistance received from Youth Workers.

7.1 Living arrangements

There was significant diversity in the living arrangements reported by young people, although most changed over time. Some indicated that they were living independently or semi-independently (for example, in residential or assisted living arrangements or moving in with a friend or partner), whereas others reported that they were not yet living independently.

Those who had moved out highlighted the benefits of living independently. These young people mentioned that they enjoyed having a sense of responsibility and freedom to make their own choices.

It was good. Like, just to step into your independence and actually having to realise what it's like to have to be an adult, like paying bills and food shopping.

I like being free. Not having to ask anyone to go out or tell anyone where I'm going. You can just go. It's good. If I want to go to a mate's place I just lock up and go.

However, living independently did not work out for all young people, with a few instances of participants moving out into independent or semi-independent living before moving back to previous arrangements.

[DCP] didn't explain that with all the youth group home things, that there was still heaps of rules and all that stuff. I just wanted to live fully independently or to live with my mum, because I didn't want to be stuck somewhere where there was just rules.

Of those not living independently, kinship care arrangements remained particularly common over time with most in kinship care had maintained the same living arrangements. Other situations included in and out of incarceration and temporary or crisis accommodation.

7.2 Housing goals

Most participants expressed the desire to live independently. Some young people reported that they had set plans in place to be able to live independently in the near future, for example, some had identified who they wanted to live with and were in the process of saving money.

On the other hand, some of the other participants indicated that they wanted to live independently, but they did not have a concrete plan in place to achieve this. A few in this group were on a waitlist to receive government-supported housing. These participants indicated that they were planning to live independently but were in the process of waiting for accommodation to become available to them.

A few young people indicated that they had no current goal to live independently. These young people were generally in kinship care and noted being satisfied with their current living arrangements.

I'm not really focused on trying to get an apartment too quickly. I'm quite happy where I am... Obviously I still want to eventually get out and be independent.

7.3 Housing support and assistance

Over the duration of the Trial, many young people reported that their Youth Worker had been an active support in helping them to think about future housing opportunities. In some cases, this involved taking the young person to view houses, and in other cases it involved referring the young person to opportunities they would otherwise have been unaware of. Youth Worker assistance was particularly evident for those in residential/semi-independent living arrangements or who had been in temporary accommodation.

I would've never got into [supported housing]. I didn't even know about it. I had no clue, but because of [Youth Worker], he helped me through that.

I needed somewhere to go and so she helped me find this place... I was in a hostel and then she put the referral through to this place and took me to the interview.

A few young people indicated that their Youth Worker had assisted them to put in an application to rent their own place. In some cases, Youth Workers reportedly acted as an intermediary between the young person and DCP, which was said to be particularly helpful in applying for Government housing.

Transition to Independent Living Allowance (TILA)

Use of the Transition to Independent Living Allowance (TILA) was limited among young people, but awareness appeared to increase over time through discussions with their Youth Worker.

[Youth Worker] plans on saving that for when I do end up moving out to my apartment. So yeah, he's got that and he's holding that on until I move out.

I am getting [TILA], that has already been sorted, I am getting that when I get my Homes West house, which [Youth Worker] has got me into.

7.4 Housing outcomes

The main change observed over time was a greater proportion of participants in semi-independent or independent living arrangements. Young people indicated that Youth Workers were helpful in organising these arrangements, for example, by taking them to view houses/apartments and identifying opportunities. A couple of participants had transitioned to independent living in government housing arrangements or were living independently with a friend or partner. Those who were in kinship care at Wave one tended to remain there.

Overall, the main housing outcomes observed through involvement in the Trial were:

- Greater accessibility/awareness of independent (or supported) living arrangements;
- Having an intermediary available to liaise with DCP and other agencies in organising government housing;
- For some, awareness of the Towards Independent Living Allowance.

8. Health

Key findings

- Many participants reported managing any health concerns independently, or with the help of support networks which sometimes included TIA Youth Workers
- Participants were most likely to rely on Youth Workers' support to attend GP or other medical appointments
- Of the few who raised health issues, they were mostly related to mental health concerns such as depression and anxiety, or pregnancy.

This section outlines participants responses against the domain of health. While relatively few reported experiencing ongoing health issues, details about significant, as well as more negligible health concerns are included where available. Some changes over time are noted, and the main forms of support offered by the Youth Workers are described.

8.1 Health status

Most participants did not report any changes in health over time. However, for those that did it was mainly regards to mental health, including anxiety and depression some. For instance, a few participants reported increases in anxiety, while another reported that their health had improved and they had stopped taking medication.

I've started some tablets for depression and anxiety, so it's helping keep my anxiety down as well, as long as I don't keep missing some of my tablets.

I haven't been on the tablets since I lived at my aunties. And the headaches, I haven't had a lot of [since my Wave one interview].

Further, changes that impacted a small group of participants related to pregnancy or becoming a parent. A few participants discussed having had a child since the the first interview or becoming pregnant.

8.2 Youth Worker support and assistance

Overall, many who indicated seeking medical assistance reported that they were able to manage any health concerns independently, or with the help of other support networks (ie. DCP, family members, carers and guardians).

I usually get a letter sent here to tell me about my appointments, or I get a phone call. But yeah, I just really do it myself.

Of those participants who reported receiving assistance from their Youth Worker, the most common form of support was help attending appointments. Some participants talked about assistance with attending general health check-ups, as well as dental and optometry appointments. For some this included both booking appointments and driving participants to the relevant locations, while other participants booked the appointment themselves but asked their Youth Worker to drive them. Other examples of support from Youth Workers included accessing mental health referrals and receiving information about support services.

[My Youth Worker has] let me know if I'm ever am in a dark place and I can't contact him there's other people, other organisations and stuff I can contact like Headspace and Kids Helpline and stuff like that.

A few also reported receiving support managing and booking specialist referrals.

For women who became pregnant or had a baby during their time in the Trial, most reported that their Youth Worker had been an important support during this time. This included assistance getting to specialist appointments as well as tracking their own, and their child's health and in some cases, moral and emotional support.

[my Youth Worker] takes me to all my GP appointments and ultrasounds and blood tests and stuff.

So, she helped me book in my [specialist referrals]...we've just been trying to follow it up since then, because we've just heard nothing from them. But then we got a text message yesterday saying my appointment is 8:30 tomorrow morning. I know. Yeah. So, yeah, she has really helped with that, like trying to help me follow-up.

9. Legal matters

Key findings

- Legal issues were not commonly discussed by young people, aside from a few young people who made mention of court proceedings, driving offences, or transport fines.
- Youth Workers reportedly assisted some young people by attending Court with them.
- Two of the three incarcerated participants from Wave one were interviewed at Wave two. One had re-offended and was incarcerated, reporting that they had been reluctant to seek help from their Youth Worker upon release. The other participant had been released but had not seen their Youth Worker in some time, expressing a desire to reach out to them for more support.

This section of the report outlines legal proceedings experienced by young people and assistance provided by Youth Workers in dealing with legal proceedings.

Most young people reported that they did not have any legal issues during their time in the Trial.

A few young people indicated that they had experienced legal issues, some requiring attendance at court – and mentioned that their Youth Worker had assisted for example by attending court as a support person or providing transport for them to get there.

Youth Workers had also provided support to the three participants who were incarcerated at the first wave of the research. Two of these participants were reinterviewed at Wave two (one had reoffended and was incarcerated again); both participants had had some initial support but were no longer in touch with the Youth Worker. The main reason for this appeared to be their reluctance to seek additional help – both agreed that the Youth Workers had been beneficial to them at the time.

10. Identity and culture

Key findings

- In general, culture and identity did not constitute a key element of the young peoples' lives.
- Those who identified as Aboriginal and Torres Strait Islander indicated that their cultural identity was an important part of their lives however.
- Young people explained that their Youth Workers did not tend to play a key role supporting or assisting them with identity and culture.

This section outlines participant discussion about identity and culture including the issue of identity and culture among those who identified as Aboriginal or Torres Strait Islander. In some instances, these participants indicated receiving support from their Youth Worker.

In both waves of the research, young people did not appear to place particular importance or concern around their personal culture and identity. Discussions on these topics tended to be relatively brief and participants explained that they did not have very much detail to share.

Look, as far as my culture, I don't even have culture. I don't really bother with that. Or with religion or anything like that.

But a sense of familial connection was described as particularly important by some.

...having the connection with your family, that's more important to me because family means everything kind of thing.

In these cases, assistance provided by Youth Workers tended to comprise help connecting with family or providing information about groups in the community in a small number of cases.

Yeah, [my Youth Worker] has helped me a lot getting involved with her culturally because she's also from [the same place as me]. So, yeah, back with the community and that.

A few reported wanting to apply for a passport and explained that they were seeking assistance from their Youth Worker to navigate the process. In these cases however, getting a passport did not seem to be a top priority and therefore progress appeared to be slow.

10.1 Identity and Culture among Aboriginal and Torres Strait Islander young people

Discussions about identity and culture among those participants who identified as Aboriginal or Torres Strait Islander were more detailed and extensive than discussions with the broader cohort of participants. Of the 13 participants who identified as Aboriginal or Torres Strait Islander, several indicated that their Aboriginal cultural identity was an important part of their lives.

That said, Youth Workers did not seem to play a significant role. Participants suggested that they preferred to discuss matters of identity and culture with other members of their support network or peers, often those who were also Aboriginal or Torres Strait Islander people.

...it's kind of hard because you would rather talk to somebody that's Aboriginal, so I feel - I'm not uncomfortable with her [my non-Aboriginal Youth Worker], it's just I'd prefer to talk to an Aboriginal Elder or the Aboriginal community.

I hear it [my culture] every day, here. I guess, I don't know. We talk about that stuff. Mum, she is always on about that sort of stuff. So, I guess, I get an earful every now and again.

However, some did seek support and talk about culture and identity with their Youth Worker.

...[My Youth Worker] asks me, and I tell her I'm proud. You know, I tell her I'm proud and stuff when she asks me about it.

Further, a few indicated that their Aboriginal identity was not a central element of their daily lives and as such it did not form a part of their discussions with, nor support from, their Youth Worker.

I haven't really had much to do with that [my Aboriginal culture].... I do talk to one of my cousins on my dad's side. But that's pretty much it.

Most Aboriginal and Torres Strait Islander participants had not discussed native title, cultural identity plans, or proof of aboriginality for identity documents with their Youth Workers. It is possible that in light of the fact that participants did not seek support from the Trial for issues related to identity and culture more broadly, specific supports such as cultural identity plans, discussions about native title or assistance with identity documentation were not understood as important in the context of the Trial.

11. Relationships and support networks

Key findings

- Most young people reported being satisfied with their current support network, mainly comprising foster carers, extended family, friends, and in some instances, a partner.
- Some highlighted issues with friends or family. This generally related to falling out or losing touch with high school friends, or issues encountered with their biological parents.
- Most young people did not approach their Youth Worker for assistance with relationships, generally because they did not perceive a need to. Some young people sought general relationship advice from Youth Workers (e.g. seeing things from another perspective) or were connected to social activities via Wanslea, such as camping trips).

This section examines participant perspectives on their immediate support networks, including their perceived satisfaction with available support, and assistance provided by Youth Workers with this.

In both waves of the research, most young people spoke of being well supported by foster carers, extended family, friends, and in some cases, a partner.

A few young people made mention of experiencing difficulties in their family interactions. A couple of young people noted that this related to issues encountered in their relationship with biological parents.

I did see my mum quite a bit at the start of the year and then everything just sort of went downhill because her mental health deteriorated. I try to avoid her now.

11.1 Youth Worker support and assistance

In both waves of the research, many young people indicated that they did not commonly seek assistance from their Youth Worker with regards to social support. Some indicated that this was because they felt well supported in this respect but would be happy to approach their Youth Worker if they needed help.

Some young people recalled receiving support from their Youth Worker relating to relationships. This generally took the form of general advice, for example, helping them to see things from other people's perspective. Young people reported that the Youth Workers listened to them non-judgementally and offered advice.

[Youth Worker] ... I can listen to his advice quite easily. But yeah, he's quite good with that, can help me out if he thinks something's not going right or something like that, he'll let me know and sort of talk to me about it... I do find it sort of easy to follow his advice.

In a couple of cases, young people made mention of their Youth Worker connecting them to social opportunities, such as encouraging them to join sports teams, or through social activities organised by Wanslea.

In other examples, young people noted that their Youth Worker had helped them to navigate their relationship with their biological family, for example, organising visits to see their biological parents.

12. Financial security

Key findings

- Most participants reported that they were confident managing their money and felt financially secure.
- A key change from Wave one to Wave two was precipitated by moving to independent living arrangements and being newly responsible for paying rent and utility costs.
- The main form of support from Youth Workers constituted advice, guidance and impressing the importance of saving and budgeting.

This section outlines participants' discussions about financial security and the progress they made managing their money. The initial section details the key changes that have occurred, while the latter sections describe participants' financial management skills and the impact Youth Workers have had building their financial management capacity.

A key change experienced by a few was precipitated by moving to independent living arrangements and being newly responsible for paying rent and utility costs. For example, one participant explained that they had previously spent their disposable income on non-essential items, but on moving to a new housing situation, now had to budget and prioritise their spending more judiciously.

Overall, most participants reported that they were confident managing their money and felt financially secure. In terms of budgeting for instance, participants indicating feeling confident and self-assured in their explanations of their financial strategies.

I am pretty good with it [managing money], I pay everything I need to ... and then I do my food shopping and then I just buy the things that I need, like baby stuff and then spend whatever I have got left on me.

Several reported that they were able to save money in addition to paying for daily expenses. Common financial objectives included purchasing a car, or housing expenses. That said, others indicated that they struggled to save and manage money (notably, this tended to be those who were not living independently).

12.1.1 Youth Worker assistance and support

The main form of support from Youth Workers constituted advice, guidance and impressing the importance of saving and budgeting on the young people – and occasionally advising on managing debts and repayments.

[My Youth Worker is] always on my back and making sure I'm saving, of course ... I'm glad he's onto my back about that, because then I was able to do that myself.

Some participants reported that Youth Workers also occasionally advocated on their behalf to ensure they received their full financial entitlement (ie. from DCP or Centrelink).

...he's [my Youth Worker has] helped me out a lot. I was getting paid 150 when I was meant to be getting paid almost 300 and then I was literally struggling and then I told [my Youth Worker] about it and he went in and fixed it for me. He knew what he was doing. I didn't know what I was doing.

Paying for ad hoc costs such as groceries, meals during meetings, or driving lessons were appreciated occasional expenses that were met by Youth Workers in a few instances.

13. Life skills

Key findings

- Most young people felt that they were confident in their ability to live independently and that this confidence had increased over time.
- Obtaining a driver's license was a key goal initially identified at the time of Wave one interviews. Most young people had made some progress on learning to drive, with assistance from their Youth Worker highlighted as an integral component of helping them to achieve this.
- Most young people did not seek assistance from their Youth Worker with other general life skills, mostly due to the perceived lack of need for support in this particular domain.

Most young people reported increased confidence in their ability to live independently, and felt that they had the skills required to cook, clean, and manage day-to-day duties without input from others. Some already saw themselves as independent, emphasising they had been since a very young age.

A few young people perceived that there was room for improvement with some of their general life skills, notably cooking and driving. These participants expressed nervousness and uncertainty about independence.

I think [living independently] will be a little bit stressful at the start, because it's a new experience... I'm a little bit nervous, but I think if I have a little bit of support, and I know that if I manage it well I'll be fine, I'll be able to do everything I need to do.

Obtaining a driver's license was highlighted as a key goal for most young people at the time of Wave one interviews. At Wave two, most young people reported that they either had their learner's or probationary licence, or had been making steps towards obtaining it. Most young people stated that their Youth Worker had been an integral support in assisting them in this area including paying for lessons or tests, helping them practice/study for assessments, and transporting them to appointments.

[Youth Worker] was the one that helped me with that. She - the day that I did the test that - so that you can get your learners, she took me into the... licensing centre. Then she got me to go up to the counter and she showed me how to hand my booklet thing in to say that I've done it. I got my Ls and I got my photo taken, I got my card sent out... they paid for the Ls, because I couldn't. So that was useful. That was helpful.

Most young people did not seek assistance from their Youth Workers for life skills outside of driving, generally due to the lack of perceived need for help in this domain.

14. Transitioning out of the TIA Trial

Key findings

- Most participants reported that they recalled discussing their transition out of the Trial in some form with their Youth Worker and felt ready for this transition, but a few felt they were not ready.
- Most participants were aware of different forms of support outside of the Trial, however the degree of engagement in these varied across the cohort.

This section outlines participants responses about their anticipated exit from the Trial and whether they felt prepared to leave the program. The sections detail the range of responses, from feeling prepared to leave the Trial, to those who had not considered their exit from the program, to those who felt ready to move on from the Trial. Participants' awareness of supports available outside of the Trial are outlined in the final section.

14.1 Preparedness to exit the Trial

Participants generally were in one of three groups – seemingly not ready to leave the Trial, ready to leave the Trial and not having considered leaving (or otherwise).

14.1.1 Unprepared to leave the Trial

Several explained that they felt they were not ready to leave the Trial. Reasons outlined by participants who reported that they were not ready to leave the Trial included not having the life skills needed to live independently and potentially losing their main support.

I don't think I have that social skills and good skills about how to organise everything that would be needing to organise. [My Youth Worker] would be able to help me with all that. He knows a lot about it and I don't know that much.

I feel like it's a little bit worrying [leaving the Trial], because she [my Youth Worker] is like my number one support network. I don't really have much support.

Several participants also demonstrated confusion regarding the age at which they would exit the Trial. These young people reported that they would be in TIA until they turned 25. For these participants, exiting the program was understood as distant, future event that was not of immediate concern.

No, [I'm] not really [worried about leaving TIA]. I guess I would have a plan if that ever did happen. But I don't leave the TIA until I'm 25.

No [I'm not ready to leave the Trial]. I'll just probably wait until I'm 25.

14.1.2 Prepared to leave the Trial

Several participants explained that they understood they would imminently exit the Trial and that they felt prepared to live their lives beyond TIA. That said, most reiterated that they would be sad to lose the support of their Youth Worker.

I think I'm pretty equipped if I was to leave, but it would be hard at the same time because it's like, not only do I have a good relationship with [my Youth Worker], I've got a good relationship with everyone in the [Wanslea] team.

It's more I don't really want to let go of that support. But I think I'll be fine without it.

Further, a small number resolutely indicated that they were ready to leave the Trial if needed and did not reflect on the loss of support.

I mean when I'm an adult I'm an adult. Time doesn't wait for anyone... Yeah, I'd be fine [to leave the Trial].

A small number who had also withdrawn or exited the Trial early reflected that was mostly related to no longer needing the support provided by their Youth Worker.

14.1.3 Have not yet considered leaving the Trial

A few participants reported that they had not considered leaving the Trial in great depth and struggled to recall having talked about exiting the program with their Youth Worker.

A few other participants tended to be more focused on the immediate present rather than what seemed to be an uncertain future and therefore did not articulate in detail what their anticipated transition experiences might be.

Participant: I don't like focusing on the future, I like focusing on the present.

14.2 Awareness of supports available outside of TIA

Participants outlined their knowledge and awareness of the supports available outside of TIA which included providers and organisations designed to service a range of needs, as well as social support available through family, carers and friends. Organisations mentioned by the young people included Create (an organisation supporting young people in out of home care), Headspace, Life without Barriers (disability support), DCP, or housing support providers. Participants outlined varying degrees of confidence in these supports however, with some feeling relatively supported, while others were less sure.

Most participants explained that they had a leaving care plan, and access to leaving care providers

15.group sessions with other kids.... Yeah, it'd be helpful.

I've just got a leaving care case worker... So, there's Club Create and stuff like that. So, yeah, I feel like I'm pretty sorted.

15. Overall impact of TIA on the domains

This section provides an overview of the key changes over time, and the extent to which those changes can be attributed to the Trial according to the evidence provided from participants.

15.1 Key changes

The key changes reported by participants in the Trial related to the domains of education and training, employment and housing. These were the most prominent and visible areas of progress, as well as the domains that Youth Workers seemed to focus on during their meetings with the young people. Discussions with participants centred on domains of transition such as moving from secondary to tertiary education, moving into casual or part-time work, and moving to new living arrangements. However, it is important to note that the support provided by the Youth Workers was personalised and tailored to suit the individual participant and their own needs, and this was valued greatly by the young people.

Relationship with Youth Worker

Youth Workers were identified as a key component of the program by the young people. Participants described their relationships in positive, affirming terms and it was clear that the Youth Workers were highly valued. The participants explained that Youth Workers provided material support in helping them to connect with opportunities or navigate bureaucratic processes (for example, applying for Centrelink or TAFE), as well as emotional and moral support (for example, encouraging them to set educational and employment goals, and listening to them without reproach or judgement).

The main change regarding relationships with Youth Workers related to the nature of their relationship and frequency of meetings, which had either increased or decreased depending on individual circumstances. For example, disengagement and subsequent reengagement occurred where there was a period of difficulty that concluded with a decision to seek help and support and declining contact was generally because the young person felt that they no longer needed the support.

Education and Training

Many participants developed more informed, defined educational trajectories by Wave two. Several had altered or modified their goals due to range of circumstances (for example, disrupted secondary schooling, changing goals, or unsettled personal lives). Further, some had simply changed their mind about what they wanted to do.

Most participants reported that Youth Workers had provided support to help them decide what educational pathway they would like to follow. Participants explained that their Youth Workers asked them what they might be interested to do, and they felt they were able to relate their interests and goals during casual conversations with their Youth Worker. Assistance comprised of help determining goals, identifying opportunities and providing support to apply to training courses. Those participants who were enrolled in training courses indicated their Youth Worker had had a significant role helping them find the course, securing funding (if necessary) and providing encouragement.

Employment

Most young people were not working by the Wave two interview although there was a slight increase in those who had secured part-time work. However, support gaining employment was a key focus of discussions with Youth Workers who provided valuable assistance such as developing resumés and encouraging participants

to develop achievable employment goals. Further, Youth Workers also helped participants navigate the Centrelink application process.

Housing

At Wave two some were living independently, either alone or with friends or a partner, whereas others continued to live in kinship or foster care arrangements that was in place at Wave one. While several sought to live independently, such arrangements did not work out for all. Some moved back to previous arrangements due to not feeling ready to live independently.

Young people reported that their Youth Worker helped to identify housing opportunities, preparing rental applications, and liaising with DCP to organise Government housing to realise their goals of independent living. Use of TILA was limited, however awareness of the allowance improved since Wave one.

Health

Most participants did not identify any health issues. Of the few who raised health issues however, changes over time were mostly related to mental health concerns such as depression and anxiety, as well as pregnancy in some cases. Several explained that Youth Workers provided support through general chats and by driving them to appointments when needed.

Legal matters

Legal issues were not commonly discussed by young people, aside from a few young people who made mention of court proceedings, driving offences, or transport fines. In some of these cases, Youth Workers supported participants by attending court dates with them.

Identity and culture

Identity and culture emerged most strongly among participants who identified as Aboriginal or Torres Strait Islander. For several, their Youth Workers did not play a significant role in this part of their lives, however a few noted that Youth Workers were valued confidants and that they were able to talk about identity and culture with them (this did not change over time).

Relationships and support networks

Some participants reported that issues with friends or family had arisen such as disagreements with friends, or issues encountered with biological parents. Most young people said that they did not approach their Youth Worker for assistance with relationships, generally because they did not perceive a need to.

Financial security

Most participants reported that they were confident managing their money and felt financially secure. The most common support from Youth Workers constituted advice, guidance and impressing the importance of saving and budgeting which was strongly valued by some. A key change from Wave one to Wave two regarding financial security was precipitated by moving to independent living arrangements and being newly responsible for paying rent and utility costs.

Life skills

Most young people did not seek assistance from their Youth Worker with other general life skills, mostly due to the perceived lack of need for support in this particular domain. However, some indicated that their Youth Worker had provided valuable support that had enabled them to progress towards getting their drivers' licence which had been a key goal identified at the first interview.

16. Concluding Remarks

Overall, nearly all of the young people reflected positively on their involvement in the TIA Trial. Even those who were less engaged in the Trial recognised that it had been a beneficial initiative. There was a considerable diversity of backgrounds and life circumstances among the cohort, and this highlights the difficulty inherent in servicing such a diverse cohort of young people. That being said, the discussions with the young people identified the adaptability of the Youth Workers, with a range of supports offered across the nine life domains tailored to individual needs. From the perspective of participants, the TIA Trial has been successful, although it is difficult to attribute the outcomes directly to involvement in the Trial, versus a general increase in maturity among the young people.

Some of the key findings identified across the three waves of the research include:

The importance of emotional support

All participants emphasised emotional support as one of the key benefits of the Trial. Youth Workers offered a range of supports to young people, including financial assistance, referrals to other programs, priority access to services, and practical assistance with day-to-day issues. However, the emotional support provided was universally highlighted by participants as one of the most helpful aspects of the Trial. Most participants recounted that their Youth Worker was there to listen and offer support and guidance when required. Young people differentiated their Youth Worker from other formal supports, such as their Department case worker. Some indicated that it was beneficial to have an 'informal' support outside of family and friends. For the young people, connection to their Youth Worker transcended being a professional relationship, with some describing their Youth Worker as being a 'friend', 'mentor', or 'sister/brother.'

The importance of adaptability, sensitivity and flexibility in service delivery

Youth Workers were adaptable and sensitive to the individual needs of young people. Youth Workers supported young people in a variety of ways, adapting supports to their individual needs with different participants benefitting from the Trial in different ways. In order for the Trial to be successful, Youth Workers are required to be adaptable, and proficient at servicing their clients in a variety of ways. It appears that the group of Youth Workers employed by Wanslea were successful in achieving this. This indicates that a 'one size fits all' servicing model is unlikely to be effective when delivering a service like TIA.

The importance of strong personal relationships between clients and workers

Efficacy of the support is contingent on the Youth Worker and their relationship with the participants. The Youth Workers played a key role in ensuring the efficacy of the Trial. If Youth Workers are unable to effectively engage with the young people, or are unable to be adaptable in the support provided, then positive outcomes are unlikely to be obtained. Identifying and employing suitable people in these roles is an important factor in the success of the program. Maintaining stability in the Youth Worker arrangement is important, however changes to this can be accommodated if the transition is well managed.

Those who are most engaged may not always be those who need the most help

The participants who are most engaged in the Trial may be the ones who least require the support. There were some examples of apparently relatively stable young people reporting frequent contact and high engagement with their Youth Worker throughout their time in the Trial. These participants often had other supports available to them, and rated their ability to operate independently of their Youth Worker highly. The extent to which the support improved outcomes for these young people over and above what they would have achieved without the assistance is unclear although it is notable that these participants had made the most of

the support offered. A few of the more disengaged participants, may have benefitted equally from support but for various reasons had not enthusiastically engaged.

Managing the transition out of the Trial

There was limited awareness of the Trial end date, and some participants felt that they would still need their Youth Worker's support. Although most expressed that they would be able to manage without their Youth Worker's support, all stated that they would like to have the support available to them for a longer period. A common suggestion was that the Youth Workers should be available until the ages 21 or 25.

Supporting highly disadvantaged or vulnerable young people

Highly disadvantaged participants require long-term support rather than transitional support. It was evident that some young people with complex needs would require ongoing support, beyond the current length of the Trial.

The importance of the Youth Worker as a liaison and coordinator in system navigation

Having a Youth Worker to liaise with other supports, such as the Department, was seen as a benefit of the Trial. Many young people talked of how their Youth Worker had helped them to 'get things done', and how they were able to make things happen more quickly. The young people stated that it was beneficial to have a Youth Worker to liaise with other support services and to advocate on their behalf, for example, when requesting funding from the Department, or when trying to organise payments through Centrelink or enrol in training courses.

The importance of small caseloads

The intensive nature of the support, and the caseload requirements, may be challenging on a larger scale. The key benefit of the Trial was that Youth Workers were able to spend large amounts of time with each of the young people on their caseload, giving them intensive, tailored support. This appeared to be manageable with the relatively small caseload for each worker but the effectiveness of this support may be diminished if these caseloads increase (particularly given the diversity and complexity of circumstances of each young person).



C

LEAVING OUT-OF-
HOME CARE —
TARGETED
LITERATURE REVIEW



LITERATURE REVIEW

The transition from out-of-home care to adulthood

A targeted literature review was undertaken as part of Phase 2 of the evaluation of the Towards Independent Adulthood (TIA) Trial. The review explored newly applied research insights about effective interventions to support a successful transition from out-of-home care to adulthood and consolidates the existing evidence about effective strategies. The literature review was revised and updated, as appropriate, in August 2019, one year after the initial literature review was finalised. The revised literature review focused on new publications made in the year prior. An outline of the review methodology is at Attachment 1.

Young people leaving out-of-home care (OOHC) encounter significant barriers during their transition to adulthood, including developing social networks and engaging with support services. This often results from poorly developed social and emotional skills. Young people leaving care display a lack of trust toward authority, are developmentally immature and are more likely to display anger and antisocial or aggressive behaviours, which can impact service provision.¹

These barriers are compounded by:^{2,3,4,5,6}

- poor, unstable experiences during care
- sudden or early exits from care⁷
- significantly shorter transition to independence than young people who were never in care
- young people disengaging from the system or moving jurisdiction post-care
- focus on crisis-driven support work with insufficient outreach by post-care and mainstream services
- insufficient funding, capacity, expertise and connectivity across the system to assess, plan for and meet complex needs⁸

¹ Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

² Department of Social Services (2010). *Transitioning from out of home care to independence: A national priority under the National Framework for Protecting Australia's Children 2009 – 2020*. Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group.

³ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

⁴ Walsh, P., McHugh, M., Blunden, H. and Katz, I. (2018). *Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 6*. Sydney: NSW Department of Family and Community Services.

⁵ Deloitte (2018). *Extending care to 21 years in New South Wales*. Sydney: Home Stretch Campaign NSW.

⁶ Rome, S. H., & Raskin, M. (2019). Transitioning out of foster care: The first 12 months. *Youth & Society*, 51(4), 529-547.

⁷ Mendes, P., Johnson, G., & Moslehuddin, B. (2011b). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.

⁸ Beauchamp, T. (2014). *Young people transitioning from out-of-home care to adulthood: Review of policy and program approaches in Australia and overseas*. NSW: Uniting Care, Uniting Care Children, Young People and Families.

- increasing demand for services, without a corresponding increase in funding⁹
- shortage of services for young people living in rural areas¹⁰
- lack of awareness of leaving care services.

Young people leaving OOHC are more likely to experience poor life outcomes compared to their peers who were never in care. This includes higher rates of homelessness, mental illness, substance abuse, poor education and employment opportunities, greater exposure to the criminal justice system^{11,12} and early parenthood, with the cycle of OOHC more likely to be repeated.^{13,14,15,16,17,18,19,20}

These challenges are not unique to Australia, with young people leaving care around the world facing similarly poor outcomes.^{21,22}

i) Transition to adulthood phases

Leaving care is formally defined as the cessation of legal responsibility by the State for young people living in OOHC.²³ The growing evidence base suggests that extending the duration of the State's responsibilities and the care opportunities available, significantly improves the poor outcomes experienced by OOHC leavers.^{24,25,26}

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- ⁹ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.
- ¹⁰ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.
- ¹¹ Mendes, P., Baidawi, S., & Snow, P. C. (2014). Young people transitioning from out-of-home care in Victoria: Strengthening support services for dual clients of child protection and youth justice. *Australian Social Work*, 67(1), 6-23.
- ¹² Australian Institute of Health and Welfare (2018). *Young people in child protection and under youth justice supervision: 1 July 2013 to 30 June 2017*. Data linkage series no. 24. Cat. no. CSI 26. Canberra: AIHW.
- ¹³ Beauchamp, T. (2014). *Young people transitioning from out-of-home care to adulthood: Review of policy and program approaches in Australia and overseas*. NSW: Uniting Care, Uniting Care Children, Young People and Families.; The Child & Family Welfare Association of Australia (CAFWAA) (2007). *Call to Action for Australia's Children*
- ¹⁴ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.
- ¹⁵ Brännström, L., Forsman, H., Vinnerljung, B. & Almqvist, Y. (2017). *The truly disadvantaged? Midlife outcome dynamics of individuals with experiences of out-of-home care*. *Child Abuse & Neglect*. 67. 408-418. 10.1016/j.chiabu.2016.11.009.
- ¹⁶ Gypen, L., Vanderfaeillie, J., De Maeyer, S., Belenger, L., & Van Holen, F. (2017). Outcomes of children who grew up in foster care: Systematic-review. *Children and Youth Services Review*, 76, 74-83.
- ¹⁷ Maclean, M. J., Taylor, C. L., & O'Donnell, M. (2017). Relationship between out-of-home care placement history characteristics and educational achievement: a population level linked data study. *Child abuse & neglect*, 70, 146-159.
- ¹⁸ Walsh, P., McHugh, M., Blunden, H. and Katz, I. (2018). *Literature Review: Factors Influencing the Outcomes of Children and Young People in Out-of-Home Care. Pathways of Care Longitudinal Study: Outcomes of Children and Young People in Out-of-Home Care. Research Report Number 6*. Sydney: NSW Department of Family and Community Services.
- ¹⁹ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.
- ²⁰ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.
- ²¹ Jackson, S. & Cameron, C. (2012). Leaving care: Looking ahead and aiming higher. *Children and Youth Services Review*, 34(6), 1107-1114.
- ²² Liabo, K., McKenna, C., Ingold, A., & Roberts, H. (2017). Leaving foster or residential care: a participatory study of care leavers' experiences of health and social care transitions. *Child: care, health and development*, 43(2), 182-191.
- ²³ Mendes, P. (2009). *Young people transitioning from state out of home care, Jumping hoops to access employment*. Australian Institute of Family Studies. Family Matters No. 83.
- ²⁴ Mendes, P., Johnson, G., & Moslehuddin, B. (2011b). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.
- ²⁵ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.
- ²⁶ Beauchamp, T. (2014) *Young people transitioning from out-of-home care to adulthood: review of policy and program approaches in Australia and overseas*, UnitingCare: Sydney.
- ²⁶ Prince, D. M., Vidal, S., Okpych, N., & Connell, C. M. (2019). Effects of individual risk and state housing factors on adverse outcomes in a national sample of youth transitioning out of foster care. *Journal of adolescence*, 74, 33-44.

The *National Standards for Out-of-Home Care* (the Standards) were introduced nationally in December 2010 to support the transition from OOHC, prepare care leavers for independent adulthood and to minimise the poor outcomes associated with care leavers.²⁷ The Standards require that all young people have a transition from care plan from the age of 15 years. This should include proposed post-care arrangements for housing, health, education and training, employment, and income support. However, a 2013 review by the CREATE Foundation found that nationally, only a third of young people over 15 years old were aware of a transition plan developed for them. These results were higher in Queensland (45 per cent) and lower in NSW and Tasmania.²⁸

These poor results were recently supported by the *Beyond 18 Longitudinal Study on Leaving Care*. Conducted by the Victorian Department of Health and Human Services and Australian Institute of Family Studies', this showed that caseworkers prioritised immediate needs, such as housing, while less immediate transition planning needs were deferred. As such, caseworkers infrequently followed transition-from-care state legislation and planning practice guidelines. This resulted in only 46 per cent of young people knowing whether or not they had a transition plan and 53 per cent of young people lacked access to leaving care services.²⁹ To adequately prepare for leaving care, all young people need to be engaged early as an integral component to transition planning.

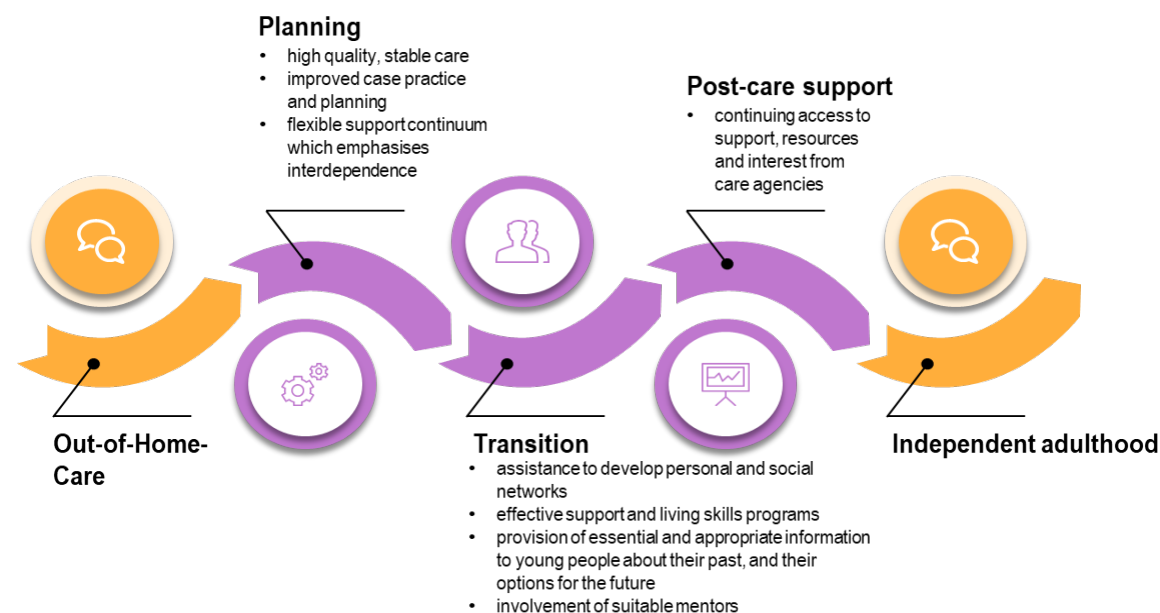
A young person's transition to adulthood is described in the literature according to three main phases: planning, transition and post-care support (see Figure 1).³⁰ These phases are detailed below.

²⁷ FaHCSIA. (2011). *An outline of National Standards for out-of-home care*. Canberra: FaHCSIA, Commonwealth Government.

²⁸ McDowall, J.J. (2013). *A National Study Young Person Report Card*. Sydney: CREATE Foundation.

²⁹ Purtell, J., Muir, S., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 2 Research Report: Transitioning to post-care life*. Melbourne: Australian Institute of Family Studies.

³⁰ McDowall, J. J. (2009). *CREATE report card 2009: Transitioning from care: Tracking progress*. Sydney: CREATE Foundation.

FIGURE 1 TRANSITION FROM OUT-OF-HOME CARE TO INDEPENDENCE

SOURCE: ACIL ALLEN CONSULTING 2018, BASED ON VARIOUS SOURCES: DEPARTMENT OF FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS TOGETHER WITH THE NATIONAL FRAMEWORK IMPLEMENTATION WORKING GROUP (2011). *TRANSITIONING FROM OUT-OF-HOME CARE TO INDEPENDENCE: A NATIONALLY CONSISTENT APPROACH TO PLANNING*. CANBERRA: AUSTRALIAN GOVERNMENT.

DEPARTMENT OF FAMILIES, HOUSING, COMMUNITY SERVICES AND INDIGENOUS AFFAIRS TOGETHER WITH THE NATIONAL FRAMEWORK IMPLEMENTATION WORKING GROUP (2010). *TRANSITIONING FROM OUT OF HOME CARE TO INDEPENDENCE A NATIONAL PRIORITY UNDER THE NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN 2009 – 2020*. CANBERRA: AUSTRALIAN GOVERNMENT.

Planning/pre-transition support phase

Across most jurisdictions, pre-transition support begins at age 15 and involves case-work, access to information and the development of a transition plan. However, transition plans are not legislated requirements for all young people in all jurisdictions (see section below on Legislative, policy and framework responses to address the problem). For example, Victorian policy recommends using a leaving care plan, while it is a legislated responsibility to develop and regularly review a leaving care plan in the ACT.³¹ As a result, the availability and accessibility of post-care support services is often poorly understood by young people undertaking transition

³¹ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

planning.^{32,33,34} Further, casework and information are provided sporadically depending on the level of interest and engagement of the young person. This results in young people leaving care at varying stages of readiness. This is confirmed by a 2009 CREATE Foundation report which showed that only 23 per cent of young people who left care felt they had received enough information to adequately prepare.³⁵ However, these figures have improved in recent years, with a 2019 Australian Institute of Health and Welfare report showing that 64 per cent of 15–17 year olds reported they were getting as much help as they needed to make decisions about their future. A smaller proportion (26 per cent) wanted more help.³⁶

Young people need to play a central role in planning their care leaving. This should be governed by caseworkers who support upskilling and link young people to services that can assist with financial support, education and training, employment, housing and social support.

When young people are provided with thorough, flexible, gradual and high-quality planning, their post-care outcomes are substantially improved.³⁷ Services that offer flexible timing, location, type and number of interactions may foster greater connection with young people.³⁸ For example, services that allow participants to use ‘drop-in’ facilities rather than scheduling appointments, or that offer the opportunity to meet in the young person’s environment (such as a park or café).

Transition phase

The transition phase occurs when young people physically leave care, find housing and financial independence and establish themselves as adults. Research has shown that young people are historically poorly supported to leave care, with approximately 40 per cent of care leavers not knowing where they were going to live and 35 per cent of young people experiencing homelessness in the first 12 months after leaving care.^{39,40,41}

Several programs aim to assist young people to transition to independent adulthood. This includes the federally funded Transition to Independent Living Allowance (TILA). TILA supports young people to leave OOHHC with a one-off \$1,500 Commonwealth support payment. This can be accessed from the time when young people leave care, up to 25 years of age. These programs are further discussed in the section below on Current efforts to address the problems associated with transition to independent adulthood.

The evidence base around the transition phase suggests that care and support should be person-centred, emphasising the interdependence and independence of the young person. Interdependence refers to the development of meaningful relationships that will support young people’s capability and capacity building during their transition.⁴² Skill development and capacity building should be practical and specific,⁴³ and young people should be supported to develop and maintain support networks as a means for smoothing their transition out of care.⁴⁴ These support networks are critical for maintaining the social, practical, emotional and financial

³² Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

³³ Stein, M. (2008) ‘Resilience and young people leaving care’, *Child Care in Practice*, 14(1), 35-44.

³⁴ McDowall, J. J. (2009). *CREATE report card 2009: Transitioning from care: Tracking progress*. Sydney: CREATE Foundation.

³⁵ McDowall, J. J. (2009). *CREATE report card 2009: Transitioning from care: Tracking progress*. Sydney: CREATE Foundation.

³⁶ Australian Institute of Health and Welfare 2019. *The views of children and young people in out-of-home care: overview of indicator results from the second national survey 2018*. Cat. no. CWS 68. Canberra: AIHW.

³⁷ Mendes, P., Johnson, G., & Moslehuddin, B. (2011b). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.
CFCA (2016). Paper No.41 Supporting young people leaving out-of-home care. Canberra: Australian Institute of Family Studies.

³⁸ Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

³⁹ McDowall, J.J. (2008). *CREATE report card: Transitioning from care*. Sydney: CREATE Foundation.

⁴⁰ McDowall, J.J. (2009). *CREATE report card 2009: Transitioning from care: Tracking progress*. Sydney: CREATE Foundation.

⁴¹ McDowall, J.J. (2013). *Experiencing Out-of-Home-Care in Australia: The views of children and young people. Create Report Card 2013*. Sydney: CREATE Foundation.

⁴² Whyte, I. (2011). ‘Just Beginnings’ The report of Berry Street’s Leaving Care Scoping Project. Melbourne: Berry Street.

⁴³ Malvaso, C., Delfabbro, P., Hackett, L., & Mills, H. (2016). Service approaches to young people with complex needs leaving out-of-home care. *Child Care in Practice*, 22(2), 128-147.

⁴⁴ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2010). *Transitioning from out of home care to independence A national priority under the National Framework for Protecting Australia’s Children 2009 – 2020*. Canberra: Australian Government.

support that most young people receive until their early twenties.⁴⁵ The amount of support provided should reflect the emotional and developmental maturity of the individual rather than their numerical age.⁴⁶ This is reflected in recent changes in legislation across Australia (see below).

Post-care support phase

In addition to TILA, services exist to connect care leavers with the broader community. These are variable across states and territories and generally facilitate referral to relevant community and financial services. The value of the financial services and the availability and duration of support are inconsistent across jurisdictions. This inequality may contribute to some young people missing out on critical support.

Young people require the following key factors to successfully transition to adulthood:^{47,48}

- stable placements with high quality care⁴⁹
- a gradual and adaptable transition process that meets individual need⁵⁰
- planning and preparation prior to leaving care, including emotional support and developmental readiness⁵¹
- ongoing access to support services, including options until 25 years of age.⁵²

The literature suggests that the best outcomes are achieved when young people have the option to remain in care until 21 years of age and are supported through to age 25. As discussed above, this provides the opportunity for young people leaving care to experience the same supportive period that many other young people who have never been in care receive from family/parents. This ongoing support is even more important for young people who have an Aboriginal and Torres Strait Islander background or are experiencing complex issues such as disability, mental health issues.⁵³

ii) Additional challenges in transitioning to adulthood

Young people with disabilities or mental health issues, those from Aboriginal and Torres Strait Islander backgrounds and those living in rural and remote areas face additional difficulties transitioning from care.⁵⁴ These challenges are detailed below.

Experiences for young people with complex needs

Young people transitioning from OOHc often experience multiple and complex needs, including mental health issues, developmental conditions and disability. A survey of carers identified that 86 per cent of carers had young people in their care with at least one indicator of abuse, neglect or problems at home, while one third had

⁴⁵ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2010). Transitioning from out of home care to independence A national priority under the National Framework for Protecting Australia's Children 2009 – 2020. Canberra: Australian Government.

⁴⁶ Mendes, P., (2007), When leaving home means being abandoned, Centre for Policy Development retrieved from <http://cpd.org.au/article/when-leaving-home-means-beingabandoned>

⁴⁷ Beauchamp, T. (2014) *Young people transitioning from out-of-home care to adulthood: review of policy and program approaches in Australia and overseas*, UnitingCare: Sydney.

⁴⁸ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

⁴⁹ Mendez, P, Baidawi, S and Snow, P (2014) 'Young People Transitioning from Out-of-Home Care: A Critical Analysis of Leaving Care Policy, Legislation and Housing Support in the Australian State of Victoria' *Child Abuse Review* 23(6) 402-414 at 404.

⁵⁰ Beauchamp, T (2014); Mendez et al (2014); AIFS (2016) citing Stein M (2012) *Young People Leaving Care: Supporting Pathways to Adulthood*. Jessica Kingsley Publishers: London.

⁵¹ AIFS (2016) at 11, 14; citing Mendes, P., Johnson, G., & Moslehuddin, B. (2011). *Young people leaving state out-of-home care: Australian policy and practice*. North Melbourne: Australian Scholarly Publishing.

⁵² Beauchamp, T. (2014) at 4; AIFS (2016) at 2.

⁵³ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

⁵⁴ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

developmental conditions.⁵⁵ Access to appropriate support services with highly trained care workers is often reduced, which impacts on the likelihood of successfully transitioning to independence. As a result, these young people face poorer short and long-term outcomes, particularly in terms of housing and mental health. Evidence suggests that young people with complex needs would benefit from longer duration, more comprehensive support, including coordination with adult disability services.^{56,57}

Experiences for Aboriginal and Torres Strait Islander young people

Aboriginal and Torres Strait Islander young people are over-represented in OOHC and have poorer access to transition services, due to the lack of culturally appropriate services and the complexities of delivering services in remote areas.^{58,59} This is compounded by the effects of intergenerational disadvantage, and the urban location of many care positions, with Aboriginal and Torres Strait Islander young people facing additional challenges in transitioning back to their community in regional/remote areas after leaving care.

Further, OOHC services struggle to recruit and retain adequate numbers of qualified carers. Without improved staffing arrangements, carers will continue to encounter burnout, leading to placement instability.⁶⁰

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) establishes five core elements that promote the rights and wellbeing of Aboriginal and Torres Strait Islander children and young people, their families and communities: prevention; partnership; placement; participation; and connection. The ATSICPP focuses on strengthening the connectivity between child protection systems and services to improve outcomes. Although the ATSICPP does not make specific provisions for transitioning from out of home care, elements of the ATSICPP can be applied to transition policies. This includes ensuring that Aboriginal and Torres Strait Islander young peoples' community connection needs are supported and leaving care programs involve partnership with the Aboriginal and Torres Strait Islander community and community-controlled organisations.⁶¹

Although members of the Aboriginal and Torres Strait Islander community play a role in decision making around children in OOHC, their involvement in planning and support for the transition period should be required in all jurisdictions. This would ensure culturally appropriate support for Aboriginal and Torres Strait Islander young people leaving care, and active engagement of the Aboriginal and Torres Strait Islander community representatives in caring for young people. Additionally, culturally appropriate support services for post-care support are needed for Aboriginal and Torres Strait Islander young people. This may focus on improving connections to family, community and country following leaving OOHC.⁶²

⁵⁵ Qu, L., Lahaussé, J., & Carson, R. (2018). *Working Together to Care for Kids: A survey of foster and relative/kinship carers*. Melbourne: Australian Institute of Family Studies.

⁵⁶ Mendes, P., & Snow, P. (2014). The needs and experiences of young people with a disability transitioning from out-of-home care: The views of practitioners in Victoria, Australia. *Children and Youth Services Review*, 36, 115-123.

⁵⁷ Lee, J. S., & Ballew, K. M. (2018). Independent living services, adjudication status, and the social exclusion of foster youth aging out of care in the United States. *Journal of Youth Studies*, 21(7), 940-957.

⁵⁸ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

⁵⁹ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

⁶⁰ Kalinin, D., Gilroy, J., Pinckham, S. (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. Sydney: Macquarie University and The University of Sydney.

⁶¹ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. Canberra: ACT Community Services.

⁶² Kalinin, D., Gilroy, J., Pinckham, S. (2018). *The needs of carers of Aboriginal and Torres Strait Islander children and young people in foster care in Australia: A systematic literature review*. Sydney: Macquarie University and The University of Sydney.

Aboriginal Community Controlled Organisations (ACCOs) play an important role in ensuring culturally appropriate transition planning, which subsequently improves outcomes for Aboriginal and Torres Strait Islander young people. However, access to ACCOs is affected by limited resourcing. Aboriginal and Torres Strait Islander young people could be better supported and connected with culture and community through improved cultural awareness and cultural competency training for mainstream staff and improved resourcing for ACCOs.⁶³

Current efforts to address the problems associated with the transition to independent adulthood

Current efforts are directed at policy and legislative reform and the development and implementation of support programs to guide the transition phase. This is based on the public health model of early intervention and evidence that suggests young people:^{64,65,66}

- should be provided with high-quality, continuous and intensive long-duration assistance after leaving OOHC until the young person reaches 25 years of age⁶⁷
- need to be actively engaged in their transition preparation through the development of tailored transition plans
- need holistic and specialised support, including services that develop social relationships, identity, culture, health, life skills, stable housing, financial security, employment, training, legal matters, education, housing and support networks (through post-care support workers and peer support groups)
- should develop strong relationships with their support workers, and with other positive adult role models in their community to build trust and gain access to support services^{68,69,70}
- need ongoing mental health support and assistance with social and emotional development.⁷¹

Further, the quality and relevance of the transition plan is critical for ensuring positive outcomes.⁷²

iii) Legislative, policy and framework responses to address the problem

In Australia, the child protection system is separately governed and regulated by legislative and policy frameworks in each state and territory.⁷³ This is supported by the Council of Australian Governments' *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020*. This

⁶³ Baidawi, S., Mendes, P. and Saunders, B.J. (2016). *The complexities of cultural support planning for Indigenous children in and leaving out-of-home care: the views of service providers in Victoria, Australia*. Melbourne: Monash University.

⁶⁴ ACT Community Services (2018). *Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018*. ACT: ACT Community Services.

⁶⁵ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

⁶⁶ Blakeslee, J. E., & Best, J. I. (2019). Understanding support network capacity during the transition from foster care: Youth-identified barriers, facilitators, and enhancement strategies. *Children and Youth Services Review*, 96, 220-230.

⁶⁷ Thompson, A. E., Greeson, J. K., & Brunsink, A. M. (2016). Natural mentoring among older youth in and aging out of foster care: a systematic review. *Children and Youth Services Review*, 61, 40–50.

⁶⁸ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

⁶⁹ Skobba, K., Meyers, D., & Tiller, L. (2018). Getting by and getting ahead: Social capital and transition to college among homeless and foster youth. *Children and Youth Services Review*, 94, 198-206.

⁷⁰ Spencer, R., Drew, A. L., Gowdy, G., & Horn, J. P. (2018). "A positive guiding hand": A qualitative examination of youth-initiated mentoring and the promotion of interdependence among foster care youth. *Children and Youth Services Review*, 93, 41-50.

⁷¹ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

⁷² McDowall, J.J. (2010). *Chapter 2: Making Sense of Leaving Care Issues Experiences of Homelessness by Care Leavers in Australia*. Sydney: CREATE Foundation.

⁷³ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

framework provides a nationally consistent approach to assisting young people to transition from OOHC to independent adulthood, including the three core elements of *participants, planning and support processes* and *life domains* (housing/accommodation, health, education and training, employment, financial security, social relationships and support networks, life (and after care) skills, identity and culture and legal matters).⁷⁴

The *Fourth three-year action plan 2018-20 Supporting families, communities and organisations to keep children safe*, released in 2019, aims to develop a collaborative and integrated approach to early intervention and prevention by delivering place-based initiatives nationally, improving permanency outcomes, support the implementation of the National Principles for Child Safe Organisations, and continue to deliver key activities from the Third Action Plan.⁷⁵ The fourth action plan prioritises improving outcomes for all children (by enhancing placement stability through reunification and permanent care options), with a focus on outcomes for Aboriginal and Torres Strait Islander children, prevention and early intervention, and building the ability of organisations and governments to keep children and young people safe from abuse.⁷⁶

Recent efforts to improve access to services and supports were directed at policy and legislative reform.⁷⁷ This has resulted in a change in Australia's state and territory legislation to support young people until a minimum of 21 years, or up to 25 years where needed.^{78,79}

The relevant Commonwealth, state and territory government legislation, policies and frameworks addressing this issue are outlined at Attachment 2.

iv) The similar programs and trials

The key features of programs similar to the TIA are provided at Attachment 3. This includes trials and programs available across jurisdictions in Australia and internationally that aim to build capacity and capability among young people and connect them to the broader service system (for example housing services). Similar programs/initiatives include one or more of the following features, which are key design elements of the TIA trial:

- dedicated youth workers that offer tailored support to meet individual needs
- reflective practice to engage participants and staff in the ongoing cycle of practice review and improvement
- priority access to government funded services
- online resources/communication support to facilitate the young person's access to services.

v) Evidence for improved and sustainable outcomes

Attachment 3 outlines transition programs/initiatives for young people in OOHC that have been trialled and evaluated in Australian and international jurisdictions. Several positive outcomes have been achieved through these programs, including:

- reduction in homelessness and improved access to safe accommodation
- improved independent living and financial management skills

⁷⁴ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2011). *Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning*. Canberra: Australian Government.

⁷⁵ Department of Social Services (2018). *Fourth three-year action plan 2018-20 Supporting families, communities and organisations to keep children safe*. Canberra: Commonwealth of Australia.

⁷⁶ Department of Social Services (2018). *Fourth three-year action plan 2018-20 Supporting families, communities and organisations to keep children safe*. Canberra: Commonwealth of Australia.

⁷⁷ Deloitte (2018). *Extending care to 21 years in New South Wales*. Sydney: Home Stretch Campaign NSW.

⁷⁸ The Child & Family Welfare Association of Australia (CAFWAA) (2007). *Call to Action for Australia's Children*. South Australia: CAFWAA.

⁷⁹ Deloitte (2018). *Extending care to 21 years in New South Wales*. Sydney: Home Stretch Campaign NSW.

- reduced client complexity
- improved access to and use of a range of services, including mental health, housing, transport, funding, training, education and employment services
- improved support networks
- reduced drug and alcohol use and exposure to the criminal justice system
- improved connection with family, friends, community and culture.

This is supported by recent research commissioned by The Home Stretch, a national campaign seeking to extend the current leaving care arrangements across Australia for young people in state care from 18 until 21 years.⁸⁰ The report found that care leavers in NSW aged 18 to 21 years have a higher level of use of government services, costing the NSW government \$222 million and Commonwealth government \$667 million over the next 10 years.⁸¹ Compared with those who left care at 18 years, young people remaining in care until 21 years had significant reductions in homelessness (39 to 20 per cent), smoking (57 to 25 per cent) and drug and alcohol use (16 to 3 per cent) and interaction with the criminal justice system (16 to 10 per cent). Engagement in education increased from 7 to 16 per cent. This results in significant cost savings to government.

There is limited research on the sustainability of improved outcomes in the Australian setting. Most research has been conducted in the United States. For example, a 2016 meta-analysis of international transition programs identified a series of studies originating from the United States. This research showed that transitional programs are associated with small positive gains in housing, education and employment outcomes. However, it was not possible to determine variation in outcome between different groups (for example male/female, high/low-risk youth) or if the outcomes were sustained long-term.⁸² Another study in the United States conducted a three-year measurement, post provision of Independent Living Services provided through the Chafee Foster Care Independence Program.⁸³ This study showed that young people that received at least one form of Independent Living Service between 17 and 18 years were more likely to complete high school education, have a post-secondary education, and work full-time at age 21 years 3-4 years post service provision. Analysis at 21 years was the longest period of follow-up conducted across the studies.

The extent to which the results translate to the Australian policy context is unknown.⁸⁴ Longitudinal research with extended follow-up is required to determine whether the improved outcomes resulting from the programs at Attachment 3 are sustained long-term. One such study, *Beyond 18*, showed that long term outcomes are likely to be affected by their pre- and post-care experiences, the quality of care experienced and the personal and professional relationships formed.⁸⁵ For example, young people who remained with their carers after the age of 18 were more likely to be engaged in employment and education. This resulted in improved mental health.

Further, strong, ongoing, post-care relationships were found to be essential for life stability and supporting young people to navigate life challenges. Targeted programs, such as Springboard (Attachment 3) appear to have positively influenced young people's outcomes.

⁸⁰ Deloitte (2018). *Extending care to 21 years in New South Wales*. Sydney: Home Stretch Campaign NSW.

⁸¹ Deloitte (2018). *Extending care to 21 years in New South Wales*. Sydney: Home Stretch Campaign NSW.

⁸² Heerde, J.A., Hemphill, S.A. & Scholes-Balog, K.E. (2016). *The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis*. Fitzroy: Learning Sciences Institute Australia, Australian Catholic University.

⁸³ Kim, Y., Ju, E., Rosenberg, R., & Farmer, E. B. M. (2019). Estimating the effects of independent living services on educational attainment and employment of foster care youth. *Children and Youth Services Review*, 96, 294-301.

⁸⁴ Heerde, J.A., Hemphill, S.A. & Scholes-Balog, K.E. (2016). *The impact of transitional programmes on post-transition outcomes for youth leaving out-of-home care: a meta-analysis*. Fitzroy: Learning Sciences Institute Australia, Australian Catholic University.

⁸⁵ Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). *Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria*. Melbourne: Australian Institute of Family Studies.

vi) The success factors associated with effective interventions

Best practice programs have successfully supported the transition to independent adulthood. These programs achieve strong social and family networks, positive community engagement and stability in areas such as housing, education and employment and health.⁸⁶

“The focus of the approach is on the young person as central and empowered to be an active and informed participant. A comprehensive assessment of individual needs, incorporating the young person’s views and perspectives, needs to be the foundation for planning, with the crucial involvement of other people throughout the process, such as carers, workers, family, community and significant others.”⁸⁷

Factors contributing to the success of these best practice programs are:^{88, 89, 90}

- extended, flexible and high-quality support that is individually tailored to meet the young person’s needs
- planning/pre-transition support phase: early engagement focussed on empowerment, stability and quality of care
- transition phase: the development of an individual leaving care plan, appropriate support networks and support to develop and access services to build capability and capacity
- post-care support phase: continuing support, as needed, to create stability and access to required services. It is important that plans for leaving care and post-support care depend on the individual’s developmental readiness, not chronological age. This may include further provision for emotional support/mentoring, therapeutic support and housing and employment assistance.

These factors are detailed for programs/initiatives at Attachment 3.

vii) Evidence of the economic outcomes of successful interventions

The benefits of early intervention public health models on long-term costs to government and society of poor outcomes for children transitioning from OOHC are well described.⁹¹ However, there is little evidence specific to the benefits of supporting the transition from OOHC to independent adulthood for young people in Australia.⁹² This includes a lack of information on what type of support is effective, for how long, at what cost, and at what return (the long-term savings accrued).

An assessment of the return on investment of similar programs is provided at Attachment 4.

National research

Of the three programs relating to post-OOHC care for which cost-benefit/return on investment analysis has been conducted, the economic benefit returned to government, compared to the cost of providing care, ranges between 3.77:1 to 12:1.

⁸⁶ Mendes, P., Johnson, G. & Moslehuddin, B. (2011). *Young People leaving state out-of-home care: a research-based study of Australian policy and practice*. Melbourne: Australian Scholarly Publishing.

⁸⁷ Bedford, H. (2012). *Young people transitioning from out-of-home care: A nationally consistent approach to planning*. Canberra: Australian Government.

⁸⁸ Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group. *Transitioning from out of home care to independence A national priority under the National Framework for Protecting Australia’s Children 2009 – 2020*. Canberra: Australian Government.

⁸⁹ CFCA (2016). *Paper No.41 Supporting young people leaving out-of-home care*. Canberra: Australian Institute of Family Studies.

⁹⁰ Liabo, K., McKenna, C., Ingold, A., & Roberts, H. (2017). Leaving foster or residential care: a participatory study of care leavers’ experiences of health and social care transitions. *Child: care, health and development*, 43(2), 182-191.

⁹¹ Raman, S., Inder, B., & Forbes, C. (2005). *Investing for success: The economics of supporting young people leaving care (Monograph No. 5)*. Melbourne: Centre for Excellence in Child and Family Welfare.

⁹² Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2010). *Transitioning from out of home care to independence A national priority under the National Framework for Protecting Australia’s Children 2009 – 2020*. Canberra: Australian Government.

One Victorian study estimated the costs associated with not supporting young people after they leave care.^{93,94} While this work does not focus on a specific transition program, the study showed the cost to government of the poor outcomes achieved by young people emerging from OOHC in comparison to young people who were never in care. The authors argue that this research demonstrates the importance of providing transition support to reduce the poor outcomes achieved by young people leaving OOHC and reduce the associated costs to government. The costs of the two groups were compared across eight areas of Government support: child protection, GST revenue, general health, mental health, drug and alcohol, police, justice and correctional services, housing. Young people leaving care were estimated to cost \$659,862 per person while young people not in care were estimated to contribute \$78,879 per person. This resulted in a gap of \$738,741 per person. As the total number of 15-18 year olds leaving care in Victoria per year was approximately 450 young people in 2004, the costs to Government were estimated at \$332.5 million.

Conversely the study estimated the costs of providing wrap-around support to young people leaving care were estimated at \$86,000 per young person over a 7-year period (assuming 50 per cent utilisation rate). The research suggests that a 10 per cent improvement in life outcomes for young people leaving care would mitigate the costs of wrap around support for all young people leaving care (i.e. ratio of 8.6:1).⁹⁵

A similar finding was reported by the Lighthouse Foundation on their intensive, wrap-around support model. An investment of \$14 million into the Lighthouse Foundation from 2007-11 reportedly created \$170 million return on investment (i.e. ratio of 12:1).⁹⁶

The Berry Street Stand By Me (SBM) pilot program assessed the return on investment of a wrap-around support program for 16 year old young people transitioning to adulthood.⁹⁷ The program is relatively expensive due to the high intensity work over multiple years. The return on investment is 3.77:1, or a 177 per cent return on investment over 12 years.

International research

Anglicare Victoria commissioned a leaving care program cost-benefit modelling analysis based on international programs Staying Put (UK) and AB12/ CalYOUTH longitudinal study (United States). This research assessed annual program costs, uptake, probability of achieving outcomes, the annual costs avoided and the growth rate for costs/benefits over time. This research, calculated over 40 years, showed that the projected benefit-cost ratio was 1.84:1, with government benefits representing 1.6:1.⁹⁸

The most robust analysis and longest-duration follow-up comes from research in the United States. One such study assessed the cost-benefit of a program providing funding and guardian support for former foster youth to address the challenges of transitioning from OOHC. This research showed that if successful, the program would increase lifetime earnings and taxes paid due to increased education and would lower use of welfare support and prison, resulting in a benefit-cost ratio of 1.5 to 1. Even at success rate of 75 per cent, the benefit-cost ratio would be 1.2 to 1.⁹⁹

⁹³ Raman, S., Inder, B., & Forbes, C. (2005). *Investing for success: The economics of supporting young people leaving care (Monograph No. 5)*. Melbourne: Centre for Excellence in Child and Family Welfare.

⁹⁴ Forbes, C. & Inder, B. (2006). *Measuring the cost of leaving care in Victoria*. Melbourne: Department of Econometrics and Business Statistics, Monash University.

⁹⁵ Forbes, C. & Inder, B. (2006). *Measuring the cost of leaving care in Victoria*. Melbourne: Department of Econometrics and Business Statistics, Monash University.

⁹⁶ Lighthouse Foundation (n.d.). *Social Return on Investment (SROI) Analysis*

⁹⁷ Purtell, J., Mendes, P., and Baidawi, S. (with Inder, B.) (2016). *Evaluation of the Berry Street Stand By Me Program: Wraparound support during the transition from out-of-home care*. Monash University, Melbourne.

⁹⁸ Deloitte Access Economics (2016). *Extending out of home care to 21 years summary of the Australian socioeconomic cost benefit analysis*. Victoria: Anglicare Victoria.

⁹⁹ Packard, T., Delgado, M., Fellmeth, R. & McCready, K. (2008). A cost-benefit analysis of transitional services for emancipating foster youth. *Children and Youth Services Review*. 30. 1267-1278. 10.1016/j.childyouth.2008.03.011.



ATTACHMENT 1: LITERATURE REVIEW METHODOLOGY

A targeted literature review was undertaken as part of Phase 2 of the evaluation of the Towards Independent Adulthood (TIA) Trial. The review explored newly applied research insights about effective interventions to support a successful transition from out-of-home care to adulthood and consolidates the existing evidence about effective strategies.

The review considered recently funded approaches, including new government policy initiatives and social impact bonds. Similar to comparator programs for the TIA trial evaluation, including in the Northern Territory and Victoria, this review addresses opportunities to monitor development of the evidence base over the life of the TIA Trial in Western Australia, as this may provide additional context for implications of the findings of the TIA Trial.

Research questions guiding the literature review

It was proposed that the targeted literature review explore the evidence base relating to the following areas of inquiry that align to the relevant research questions in the TIA Trial evaluation framework:

- *What is the current body of evidence about the problems associated with young people transitioning from out-of-home care to adulthood?*
- *What are the key features of similar programs/trials to address the issues for young people in Australia and other countries?*
- *What evidence is there for improved outcomes associated with interventions to support transitioning of young people from out-of-home care?*
- *What evidence is there for the sustainability of improved outcomes for young people supported to transition from out-of-home care?*
- *What are the success factors associated with effective interventions?*
- *What evidence is there about the economic outcomes of successful interventions for young people transitioning from out-of-home care?*

The following questions were used to enable collection of information in the key areas of inquiry, and to guide selection of literature to be included in this review:

- What are the problems associated with successful transition of young people from out-of-home care into adulthood?
- What types of intervention exist to support young people to successfully transition from out-of-home care to independent living in an Australian (or international) setting?
- What types of intervention exist to support Aboriginal and/or Torres Strait Islander (or Indigenous) young people to successfully transition from out-of-home care to independent living in an Australian (or international) setting?
- How effective are these interventions at achieving positive, and sustainable, life outcomes for young people, including improved education and employment?
- What success factors are associated with interventions that have achieved improved life outcomes for young people transitioning from out-of-home care?
- What evidence is there of the wider economic benefits associated with young people successfully transitioning from out-of-home care into adulthood?

Key search terms and search strategy

The sources of literature included peer-reviewed journal articles in two academic databases (EBSCO, Informit). The search was performed over multiple waves in May-June 2018. The key search terms, search strategy and the number of research papers identified using each database is outlined in **Table 1**.

The search was restricted using the following criteria:

- Literature published in the last ten years
- Literature published in English
- Exclusion terms “palliative /end-of-life /elderly” were added to reduce the large number of search results related to aged care
- Search terms appearing in title/abstract.

The ‘initial results’ indicate the number of sources returned from the primary search. The ‘refined total’ is a list of curated sources that reflect the search topic, are not duplicative and that focus on selected countries (Australia, New Zealand, UK, USA, and Canada).

The ‘overall total literature’ combines the papers sourced from EBSCO, Informit, grey literature and snowballing into a single consolidated (non-duplicative) list.

TABLE 1 SEARCH TERMS AND RESULTS

Search term groupings				
#1 child	#4 out-of-home care	#8 transition	#11 independent living	#14 Indigenous
#2 youth	#5 state care	#9 exit	#12 adult	#15 Aboriginal
#3 young people	#6 foster care	#10 end of care	#13 post-care	#16 Torres Strait Islander
	#7 residential care			#17 Maori
				#18 Native American
				#19 disability
				#20 culturally and linguistically diverse
#21 (#1 OR #2 OR #3) ¹⁰⁰	#22 (#4 OR #5 OR #6 OR #7)	#23 (#8 OR #9 OR #10)	#24 (#11 OR #12 OR #13)	#25 (#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20)
#26 (#21 AND #22 AND #23 AND #24 AND #25)				
EBSCO		Informit		
Initial results: 208		Initial results: 384		
Refined total: 24 results		Refined total: 17 results		

¹⁰⁰ Combining search terms enables selection of articles aligning with multiple key search terms. For example, searching for #21 will detect papers that use the term ‘child’ or ‘youth’ or ‘young people’. The paper does not need to have all three terms, only one term to be selected. This method is used to simplify searching and grouping of terms.

Search term groupings	
Grey literature:	26
Snowballing:	12
Overall total literature: 75 results	
SOURCE: ACIL ALLEN CONSULTING (2018)	

In addition to conducting systematic database searches, grey literature produced and commissioned by relevant organisations and research institutes was included, such as:

- Australian Institute of Family Studies (e.g., CFCA (2016). Paper No.41 Supporting young people leaving out-of-home care)
- State Departments of Communities (or equivalent) and the Commonwealth Department of Social Services (such as *Towards Independent Adulthood Trial Pre-implementation Review Report*)
- State and territory governments
- Peak bodies (e.g., documentation produced by Child and Family Welfare Association of Australia; CREATE Foundation)
- Community organisations (e.g., Evaluation of the *Berry Street Stand by Me* program).
- Documentation produced as part of the National Framework for Protecting Australia's Children.

The targeted resources identified above provided a foundation from which to identify additional resources of interest (through search of reference lists). This extended search yielded a total of 75 key studies, which have been used in compiling Appendices A and B.

Key search terms and search strategy – refreshed literature review August 2019

An update of the literature review was conducted in August 2019. This involved searching for any new literature, using the same approach as the first search outlined above, over multiple waves in July-August 2019. The key search terms, search strategy and the number of research papers identified using each database is outlined in **Table 2**.

TABLE 2 SEARCH TERMS AND RESULTS**Search term groupings**

#1 child	#4 out-of-home care	#8 transition	#11 independent living	#14 Indigenous
#2 youth	#5 state care	#9 exit	#12 adult	#15 Aboriginal
#3 young people	#6 foster care	#10 end of care	#13 post-care	#16 Torres Strait Islander
	#7 residential care			#17 Maori
				#18 Native American
				#19 disability
				#20 culturally and linguistically diverse
#21 (#1 OR #2 OR #3) ¹⁰¹	#22 (#4 OR #5 OR #6 OR #7)	#23 (#8 OR #9 OR #10)	#24 (#11 OR #12 OR #13)	#25 (#14 OR #15 OR #16 OR #17 OR #18 OR #19 OR #20)
#26 (#21 AND #22 AND #23 AND #24 AND #25)				
EBSCO	Informit	Grey literature	Provided by the Department	
Initial results: 38	Initial results: 0			
Refined total: 12 results	Refined total: 0 results	Refined total: 5	Refined total: 12	
Overall total literature: 29 results				
SOURCE: ACIL ALLEN CONSULTING (2019)				

The targeted resources identified above provided a foundation from which to identify additional resources of interest (through search of reference lists). This extended search yielded a total of 29 key studies, which have been used to contribute to the main body of the document and compile Attachments 2 and 3. Of the reports and studies published in the last year, the majority provided additional evidence to support existing arguments presented in the original literature review. Several reports and studies had particularly relevant information. A summary of these is presented in **Table 3**.

¹⁰¹ Combining search terms enables selection of articles aligning with multiple key search terms. For example, searching for #21 will detect papers that use the term 'child' or 'youth' or 'young people'. The paper does not need to have all three terms, only one term to be selected. This method is used to simplify searching and grouping of terms.

TABLE 3 SUMMARY OF KEY NEW REPORTS

Report	Findings	Implications for this report
<p>Beyond 18 Longitudinal Study on Leaving Care</p> <p>Purtell, J., Muir, S., & Carroll, M. (2019). <i>Beyond 18: The Longitudinal Study on Leaving Care Wave 2 Research Report: Transitioning to post-care life</i>. Melbourne: Australian Institute of Family Studies.</p> <p>Muir, S., Purtell, J., Hand, K., & Carroll, M. (2019). <i>Beyond 18: The Longitudinal Study on Leaving Care Wave 3 Research Report: Outcomes for young people leaving care in Victoria</i>. Melbourne: Australian Institute of Family Studies.</p>	<ul style="list-style-type: none"> – Less than half of all young people knew whether or not they had a transition plan. – Approximately half of all young people lacked access to leaving care services. – Caseworkers defer transition planning to prioritise young peoples' immediate needs, such as housing. – Caseworkers infrequently followed transition-from-care state legislation and planning practice guidelines. – Young peoples' long-term outcomes are likely to be affected by their pre- and post-care experiences, the quality of care experienced and the personal and professional relationships formed. 	<p>To adequately prepare for leaving care, all young people need to be engaged early as an integral component to transition planning</p> <p>This supports the findings of the 2013 review by the CREATE Foundation</p> <p>Improving the pre- and post-care experiences and professional relationships formed will likely improve outcomes</p>
<p>Mapping legislation and policy across Australian jurisdictions</p> <p>ACT Community Services (2018). <i>Transition from out of home care to adulthood: Mapping legislation and policy across Australian jurisdictions. National Framework for Protecting Australia's Children 2009–2020 Third Action Plan 2015–2018</i>. ACT: ACT Community Services.</p>	<ul style="list-style-type: none"> – Legislative arrangements across Australia regarding transition support and leaving care plans. 	<p>Combined with a current review of the legislation, this report identified the legislated responsibilities for each state and territory in regard to young people leaving care.</p>
<p>YVLifeSet program – U.S. University of Chicago</p> <p>Courtney, M. E., Valentine, E. J., & Skemer, M. (2019). Experimental evaluation of transitional living services for system-involved youth: Implications for policy and practice. <i>Children and Youth Services Review</i>, 96, 396-408.</p>	<ul style="list-style-type: none"> – Small but broad positive outcomes over a broad range of outcomes, including employment and earnings, housing stability economic well-being, health, and safety. 	<p>Intensive, individualised case management and independent living programs can deliver positive outcomes over a broad range of outcomes, for example, employment and earnings, housing stability economic well-being, health, and safety.</p>
<p>Works Wonders – U.S. Columbia School of Social Work</p> <p>Gates, L. B., Pearlmuter, S., Keenan, K., Divver, C., & Gorroochurn, P. (2018). Career readiness programming for youth in foster care. <i>Children and Youth Services Review</i>, 89, 152-164.</p>	<ul style="list-style-type: none"> – Young people who completed the career club and participated in a hands-on work experience were more likely to be working after 12 months and have increased self-determination. 	<p>Individualised career planning support combined with network building and hands-on work experience improves working outcomes and self-determination.</p>

Report	Findings	Implications for this report
<p>Chafee Foster Care Independence Program – Independent Living Services – U.S. Virginia Commonwealth University</p> <p>Kim, Y., Ju, E., Rosenberg, R., & Farmer, E. B. M. (2019). Estimating the effects of independent living services on educational attainment and employment of foster care youth. <i>Children and Youth Services Review</i>, 96, 294-301.</p>	<ul style="list-style-type: none"> – Youth receiving ILS are more likely to complete high school education, have a post-secondary education, and work full-time in emerging adulthood. 	<p>Targeted academic and career preparation support, combined with training, mentoring and financial assistance improved high school completion rates and engagement in full-time work.</p>
<p>Youth-Initiated Mentoring relationships – U.S. Department of Justice</p> <p>Spencer, R., Drew, A. L., Gowdy, G., & Horn, J. P. (2018). “A positive guiding hand”: A qualitative examination of youth-initiated mentoring and the promotion of interdependence among foster care youth. <i>Children and Youth Services Review</i>, 93, 41-50.</p>	<ul style="list-style-type: none"> – Strong and meaningful mentoring relationships were developed, where mentors provided unconditional support and interdependence was used as a means to support young people during their transition to adulthood. 	<p>The approach to this program was co-developed between the young person and their social worker. As such, a targeted approach was used by the young person to identify and build a relationship with an appropriate mentor.</p>
SOURCE: ACIL ALLEN CONSULTING (2019)		



ATTACHMENT 2: LEGISLATIVE AND POLICY REQUIREMENTS FOR POST CARE SUPPORT

State/Territory	Legislation or policy	Length of support
Commonwealth	Policy	<p><i>Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009–2020; Third three-year action plan 2015-18, Action Area 2.1:</i> Develop and strengthen support for young people in care transitioning to adulthood and improve priority access to support services.</p> <p><i>National Standards for Out-of-Home Care (2010):</i> includes a requirement that all young people have a transition from care plan from age 15.</p> <p><i>National Partnership Agreement on Homelessness (2009):</i> no exits into homelessness from statutory and custodial care, with care leavers identified as a priority.</p>
Northern Territory	Legislation	<p><i>Northern Territory Care and Protection of Children Act 2007, Amended 2011:</i> supporting role in identifying the needs of young people and assisting with the transition to independence. These supports include financial assistance and support with accommodation, education or training, employment, legal, health and counselling services.</p> <p>Planning to begin: 15 years. All 15-18 year olds must have a leaving care plan which is reviewed every six months.</p> <p>Support provided: Up to 25 years*</p>
Victoria	Legislation	<p><i>Children Youth and Families Act 2005</i> identifies the Government's discretionary role in providing support to transition to independent living, including providing financial assistance, housing, education and training, employment, legal advice, access to health and community services, and counselling and support in accordance with the assessed level of need. A case manager works with the child to identify specific needs and support and development of a leaving care plan which should be reviewed every six months. The Victorian Government also partners with non-government organisations, such as Anglicare, to provide supports.</p> <p>Planning to begin: Above the age of 15 years and at least 2 years prior to a young person exiting care. Reviewed 6 monthly. The 15+ Care and Transition plan should be developed with the care team and case manager.</p> <p>Support provided: Up to 21 years, with scope for it to be extended for a further six months in some circumstances*</p>
Western Australia	Legislation and Policy	<p><i>Western Australian Children and Community Services Act 2004:</i> a statutory obligation to provide appropriate leaving and aftercare services, which may include accommodation, education and training, employment, services and financial assistance. Priority access to services for children: The <i>Rapid Response Framework</i> facilitates across-government support to prioritise access for care leavers to state government services including education and housing. Funding is provided to the community sector to deliver leaving care services. Care leavers can access a designated leaving care officer based within most WA DC districts. These officers can also help child protection workers who are planning with young people who are transitioning from care.</p>

State/Territory	Legislation or policy	Length of support
		<p>Department for Child Protection and Family Support's <i>Leaving Care Policy (2015)</i> and the <i>Planning and Procedure Requirements for Leaving Care and After Care</i> support this legislation.</p> <p>Planning to begin: At 15 years of age. If they enter out-of-home care after the age of 15 years, should begin immediately. Leaving Care Services give priority to those who have experienced multiple placements, lack established networks or are associated with multiple risks. Young people are entitled to access transition support services funded by WA DC.</p> <p>Support provided: Up to 25 years*</p>
New South Wales	Legislation	<p>Section 165 of the <i>Children and Young Persons (Care and Protection) Act 1998</i>: designated agencies have responsibilities to prepare care leavers for their transition and offer follow-up support post-care (where the last placement was longer than 12 months).</p> <p>NSW Department of Family and Community Services (Ageing, Disability and Home Care) provide additional support for young people with disabilities.</p> <p>Planning to begin: At or above the age of 15 years and at least 12 months prior to a young person exiting care (2 years in the case of young people with disability). Where a young person will not engage, a plan is developed on their behalf with support from those best placed to inform its development.</p> <p>Support provided: Up to 25 years (or after, at the discretion of the Minister under exceptional circumstances)*</p>
South Australia	Legislation	<p><i>Children and Young People (Safety) Act 2017</i>: The Chief Executive must, in consultation with the child or young person, prepare a plan of the steps required to assist the child or young person to transition from care. This may address available Government and other resources and services, education and training, accommodation, employment, legal advice, health services and counselling and support services.</p> <p>Planning to begin: At age 16 years planning should set out the steps required to transition, including the support available.</p> <p>Support provided: Up to age 25 years under the Transitioning from Care Policy or through the Post-Care Service for which there is no specified age limit*</p>
Tasmania	Policy	<p><i>Children, Young Persons and Their Families Act 1997</i>. This Act provides for the care and protection of children and related purposes.</p> <p><i>Strategic Plan for Out of Home Care in Tasmania (2017-19)</i>. This aims to improve processes for assessing and responding to the needs of children and young people leaving out of home care. The <i>Youth at Risk Strategy (2017)</i> including a dedicated Youth at Risk portfolio aimed at assisting vulnerable youth to reach their full potential. This aims to review and improve the quality of transition planning and case planning and adherence to national data reporting standards.</p> <p>Planning to begin: At age 15 years, reviewed annually. The Plan is developed with the support of a care team, case manager and members of the young persons' support network.</p> <p>Support provided: For young people aged 18–24 years, financial support may be approved for young care leavers who were in care for 2 or more years from the age of 14 years*</p>
Queensland	Legislation	<p><i>Child Protection Reform Amendment Act 2017</i>: provides that as far as practicable, young people should be supported to transition to independence from 15 to 25 years, including support to access entitlements, information, appropriate accommodation, education and training, employment, legal advice, health and community services, establish or maintain relationships with the person's family or carer, counselling or other support other assistance.</p> <p>Planning to begin: From 15 years</p> <p>Support provided: Up to 25 years of age*</p>

State/Territory	Legislation or policy	Length of support
Australian Capital Territory	Legislation	<p><i>Children and Young People Act 2008</i>: includes specific provisions for the transition from OOHC up to the age of 25 years.</p> <p>Planning to begin: A transition plan must be prepared for a young person in out of home care who is at least 15 years and the Director General must take reasonable steps to ensure the plan is implemented. This must be regularly reviewed.</p> <p>Support provided: Up to 25 years; however provision of this assistance is discretionary*</p>

Note: *On an as needs basis, not mandatory.

SOURCE: ACIL ALLEN CONSULTING 2018, ADAPTED FROM: FAHCSIA & NATIONAL FRAMEWORK IMPLEMENTATION WORKING GROUP (2010). *TRANSITIONING FROM OUT OF HOME CARE TO INDEPENDENCE, A NATIONAL PRIORITY UNDER THE NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN 2009 – 2020*. CANBERRA: COMMONWEALTH OF AUSTRALIA FAHCSIA.

DSS (2015). *THIRD THREE-YEAR ACTION PLAN, 2015–2018, DRIVING CHANGE: INTERVENING EARLY NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN 2009–2020*. CANBERRA: COMMONWEALTH OF AUSTRALIA DSS.

BEAUCHAMP, T. (2014). *YOUNG PEOPLE TRANSITIONING FROM OUT-OF-HOME CARE TO ADULTHOOD: REVIEW OF POLICY AND PROGRAM APPROACHES IN AUSTRALIA AND OVERSEAS*. SYDNEY: UNITING CARE.

ACT COMMUNITY SERVICES (2018). *TRANSITION FROM OUT OF HOME CARE TO ADULTHOOD: MAPPING LEGISLATION AND POLICY ACROSS AUSTRALIAN JURISDICTIONS, NATIONAL FRAMEWORK FOR PROTECTING AUSTRALIA'S CHILDREN 2009–2020 THIRD ACTION PLAN 2015–2018*. ACT: ACT COMMUNITY SERVICES.



ATTACHMENT 3: LEAVING OOHC SUPPORT PROGRAMS/INITIATIVES

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
NATIONAL								
Transition to Independent Living Allowance – Department of Social Services								
To financially support young people leaving OOHC	Young people aged 15-25 years with a transition plan and a caseworker	Financial support	Health, Financial security, Employment, Training, Legal matters, Education	<ul style="list-style-type: none"> – One-off payment to help young people leaving OOHC to move toward independent living – Complements state and territory government supports – To purchase household goods, counselling, education and training, medical expenses, a drivers licence or other items as agreed with the caseworker 		\$1,500	Introduced in 2014	<ul style="list-style-type: none"> – A 2015 DSS review showed that TILA was primarily used to set up a home (furniture and home appliances)¹⁰³
TIA Trial – Department of Social Services								
To enhance service provision to young people leaving out of home care through intensive one-on-one supports, interventions and mentoring over a	Young people aged 16-19 years	Individual youth workers who support young people to engage in education and/or training and develop independent living skills	Social relationship, Health, Life skills, Financial security, Employment, Training, Education, Housing and Support networks	<ul style="list-style-type: none"> – Intensive one-on-one supports, interventions and mentoring over a three-year period – Mandatory leaving care plan – TIA NGO service provider – Allocated youth workers 	80 participants	\$2.6 million	2017-18 to 2019-20 (three-year trial)	<ul style="list-style-type: none"> – Under review

¹⁰² Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks. Department of Families, Housing, Community Services and Indigenous Affairs together with the National Framework Implementation Working Group (2011). *Transitioning from out-of-home care to Independence: A Nationally Consistent Approach to Planning*. Canberra: Australian Government.

¹⁰³ Durham, J. & Forace, L. (2015). Review of the Transition to Independent Living Allowance (TILA) An analysis of the 1 January 2014 reforms to TILA. Canberra: Australian Government Department of Social Services.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
three-year period				<ul style="list-style-type: none"> – Local community connections – Brokerage funds for services and supports – Online resources 				
Go Your Own Way Kit – CREATE Foundation								
To increase the number of young people leaving care with a leaving-care plan	Young people expected to leave care within the following 12 months	A nationally consistent resource to support transition to independent living	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks	<ul style="list-style-type: none"> – A resource package to support transition planning, commencing 12 months prior to leaving care – Develop a transition plan with case managers 	Trial of 1,961 kits. 369 young people sampled	Commonwealth, state and territory	2015	<ul style="list-style-type: none"> – 42% of young people said they were aware of having a leaving-care plan—with low numbers particularly in South Australia, Tasmania and Victoria – Those with a transition plan reported feeling more confident living independently – 57% hadn't heard of TILA – Of the young people who felt the transition experience could have been improved, 19% wanted more support (better communication with caseworkers, and specific help with housing, finance and education)¹⁰⁴

¹⁰⁴ McDowall, J.J. (2016). *Go Your Own Way: CREATE's resource for young people transitioning from care in Australia*. An Evaluation. Sydney: CREATE Foundation.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
“What’s the Plan?” – CREATE Foundation								
To increase significantly the number of people involved in leaving care planning.	Young people aged 15-17 years	Development of leaving care plans to improve leaving care readiness.		<ul style="list-style-type: none"> Marketing campaign: newsletters, posters, CREATE staff visits to caseworker offices 	605 young people	All jurisdictions contributed seed funding (\$5,000 each) and the Commonwealth provided a grant of \$30,000	2010-11	<ul style="list-style-type: none"> Of the 566 young people participating in the trial, 170 (30.0%) reported having a form of leaving care plan 70% had no knowledge of the existence of a personal plan. These results showed no increase over what has been reported previously Plans were more common among older participants who were closer to leaving care (i.e. 17 years compared to 15 years) One campaign is inadequate, and 12 months an insufficient time period to effect change¹⁰⁵

¹⁰⁵ McDowall, J.J. (2011). *Transitioning from Care in Australia: An Evaluation of CREATE's What's the Plan? Campaign*. Sydney: CREATE Foundation.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
The Home Stretch – A consortium of organisations (non-profits, government agencies)								
To seek change to the current leaving care arrangements for young people in state care - to extend the leaving care age from 18 until 21 years	State and territory governments	To provide an option to extend the provision of care to any young persons until 21 years	N/A	<ul style="list-style-type: none"> – Campaigning for change in the leaving care arrangements, including providing the option of extended care for young people in state care – Launches in five capital cities, and further planned regional town launches – Radio, television, print media and social media interviews – Presentations to numerous policy and advocacy conferences – Meetings with relevant Ministers and Shadow Ministers in all States and Territories and the Commonwealth 	National initiative 3000 registered supporters and 129 affiliated organisations in the child welfare, housing and legal aid fields (as at 2018)	\$500,000 over three years from philanthropic trusts	2016-present	<ul style="list-style-type: none"> – Pledge by Tasmanian Government to extend care to 21 years – Promise of the South Australian government to fund foster care placements till 21 years – Victorian and Western Australian governments have also announced extension of care until 21 years.
WESTERN AUSTRALIA								
Living Independently for the First Time (LIFT) Project – WA Department for Child Protection and Family Support Midland District, Swan Emergency Accommodation, and the Housing Authority of WA								
To provide a 'psychological home' for care leavers	Young people aged 17-25 years at risk of homelessness	Providing a sense of place and belonging based on principles of consistency, trust and strengths, building authentic, parent-like relationships for young people, listening, modelling, coaching, planning, transporting and teaching life skills	Social relationship, Health, Life skills, Financial security, Employment, Training, Education, Housing and Support networks	<ul style="list-style-type: none"> – Trauma-informed, tailored care – Stable long-term public housing supplied by Housing Authority of WA – Transitional accommodation – LIFT caseworkers 	50 young people per year, 15 of which have had care experiences	\$93,500 for 2015-17	Established in mid-2015	<ul style="list-style-type: none"> – Prevent homelessness: 100% of young people have access to safe accommodation – 80% showed improved independent living skills – Address mental health/drug use: 70% engaged in counselling – 90% showed improved support networks

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
								<ul style="list-style-type: none"> – 70% make links to training or education, 70% received support to obtain their driving licence – All showed improved behaviour management, health and reduced drug use¹⁰⁶
VICTORIA								
Better Futures – Quantum Support Services, MOIRA and Victorian Aboriginal Child Care Agency								
To connect young people turning 16 with a dedicated support worker who will support the transition from out-of-home care to independence	Young people aged 16-21	Individually tailored support and flexible funding to access housing and employment		<ul style="list-style-type: none"> – Better Futures service providers – Dedicated support workers – Brokerage funds for services and supports – Workforce development activities 	100 participants, including 20 from Aboriginal and Torres Strait Islander background	\$1.6 million	2017-18 (pilot)	<ul style="list-style-type: none"> – Evaluation report under consideration
Mentoring, Learning and Support – Anglicare Victoria and the Victorian Aboriginal Child Care Agency								
Supporting young people transition out of residential care and into semi supported accommodation.	Young people aged 16-18 years who have recently been placed in a Residential Unit	Stable accommodation and support to young people	Housing and Support networks	<ul style="list-style-type: none"> – Targeted, intensive yet flexible support – A comprehensive learning and guidance model to young people transitioning from residential care – Two-year program 	10 participants	\$1.3 million	2017-18 (pilot)	<ul style="list-style-type: none"> – Under review

¹⁰⁶ Clare, M., Anderson, B., Bodenham, M. & Clare, B. (2017). *Leaving Care and at Risk of Homelessness: The Lift Project*. Children Australia. 42. 9-17. 10.1017/cha.2017.2.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
Springboard – Victorian Department of Health and Human Services and community organisations								
To provide intensive support to assist young people to gain secure, long-term employment by re-engaging with appropriate education, training and employment opportunities	Young people aged 16-20 years on a Victorian Custody or Guardianship order who are in, or have recently left, residential care	Individually tailored casework to address barriers and risks. Assists in building capacity to transition to independence and reduce reliance on welfare and other services	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Education, Housing and Support– networks	<ul style="list-style-type: none"> – Springboard service providers – Partnership between lead agencies and partner agencies – Dedicated caseworkers – Brokerage funds for services and supports 	448 participants	\$16.9 million over four years: 2011-15 Evaluation completed in 2014	Ongoing	<ul style="list-style-type: none"> – Close to enrolment and spending targets – Very high retention rate of 94% – Addresses client needs and fills a service gap: most are enrolled for over a year, addressing embedded barriers and supporting high-complexity clients to move to medium/low groups – Engages the most complex cases – Re-engagement with education and training – Reduced police contact – Aboriginal clients achieve similar outcomes to non-Indigenous – Recommended the program continue – Investment will break even after four years and provide a return of 134% by year five¹⁰⁷

¹⁰⁷ Baldry, E., Trofimovs, J., Brown, J., Brackertz, N. & Fotheringham, M. (2016). *Springboard Evaluation Report*. Melbourne: Victorian Department of Health and Human Services.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
Stand By Me – Berry Street								
To provide intensive, holistic and flexible support to young people transitioning from out-of-home care	Young people aged 16-21 years	Personal Advisors coordinate services, implement and review leaving care plans, and maintain persistent engagement with young people to provide information, advice and referral and reduce leaving care and post-care anxiety	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks	<ul style="list-style-type: none"> – Continuous support, from in-care through transition planning to post-care – Support to access a range of services to best meet client's needs – Individually responsive, empowering and holistic – Flexible brokerage and funding advocacy – Strengthened housing assistance 	North and West Melbourne Metropolitan Region, two workers each engaged with six young people (total 12)	Funding unknown, initially provided by a philanthropic trust and now delivered using Federal Government	January 2013 to December 2015	<ul style="list-style-type: none"> – Relationship and trust development with difficult to engage care leavers – Improved access to services, housing, mental health services transport and funding – Very promising in improving outcomes for those at high risk of homelessness – Reduced client complexity – Significant government savings – Reduced leaving care anxiety – Increased participation in transition planning – Meaningful connections established with families – Enhanced engagement with services, social networks and community connectedness¹⁰⁸
Leaving Care and After Care Support Service – Anglicare St Luke's								
To provide ongoing nurturing and support to young people in leaving care	Young people aged above 18 years	A holistic community model that adopts a "corporate parenting strengths-based" approach that assumes support responsibilities	Social relationship, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks	<ul style="list-style-type: none"> – Uses a developmental approach tailored to each user (age, needs and developmental stage) – In conjunction with community organisations, it provides a comprehensive after care service that includes case 	Trial in Victorian town of Bendigo, 40 young people	Various since 2003 (Colonial Foundation) and DHHS/Office of Housing		<ul style="list-style-type: none"> – Improvements in the areas of housing, education and training, financial management and living skills – Some participants reported reduced anxiety/depression/anger and drug and alcohol use

¹⁰⁸ Purtell, J., Mendes, P., and Baidawi, S. (with Inder, B.) (2016). Evaluation of the Berry Street Stand By Me Program: Wraparound support during the transition from out-of-home care. Monash University, Melbourne. ISBN: 978-0-9946355-0-1.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
				management, mentoring, employment and training assistance programs and material assistance – Strong focus on secure and safe housing through housing assistance and supported transitional housing				– Particularly important in rural and regional communities where poor transport, lack of employment opportunities and negative stereotyping present further barriers ^{109, 110}
Leaving Care Housing and Support Initiative – Victorian Department of Health and Human Services								
To reduce the number of young people leaving care that experience homelessness	Care leavers aged 16 years and older who are at risk of homelessness	Individual case management and support as well as housing support	Social relationship, Life skills, Housing and Support networks	– Provision of housing support – Case management services – Specific resources targeting Indigenous young people leaving care in two Victorian regions			2008	– The proportion of Indigenous young people accessing the program over a three-year period (8 per cent) was less than the 12 per cent anticipated ¹¹¹
Therapeutic Family Model of Care – Lighthouse Foundation								
To support young people to be active in education, work and personal development, and participate in programs to address their psychological wellbeing	Homeless young people (15-2 years), predominately from a background of long-term neglect and abuse	An integrated model of therapeutic care. Young people are encouraged to be active in education, work and personal development, and participate in programs to address their psychological wellbeing.	Social relationship, Identity, Health, Life skills, Employment, Training, Education, Housing and Support networks	– Intensive support and care and lifetime membership to the community	~800 cases	\$14m	2007-11	– Young people have been able to find a safe place to live – Transformation of individual well-being and establishment of healthy relationships – Development of internal resilience, connection to the world around them, and formation and maintenance of healthy relationships – Sustainable changes result in permanent exit from

¹⁰⁹ Mendes, P. (2011). *Towards a community development support model for young people transitioning from state out of home care: A case study of the experiences of care leavers in rural Victoria*. In P. Mendes, G. Johnson, & B. Moslehuddin (Eds.), *Young people leaving state out-of-home care: Australian Policy and Practice* (pp. 116–139). North Melbourne: Australian Scholarly Publishing.

¹¹⁰ Mendes, P. (2012). *Examining the experiences of young people transitioning from out-of-home care in rural Victoria*. *Rural Society*, 21(3), 198–209.

¹¹¹ Thomson Goodall Associates (2008). *YHAP Stage 1 Summary Report*. Melbourne: Thomson Goodall Associates.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
								homelessness for 8 out of 10 young people that complete the program – For every dollar invested, more than \$12 in social value is created ¹¹²
NORTHERN TERRITORY								
Transition from Care Officers – Northern Territory Government								
To support young people in care to successfully transition to independence by developing strategies, processes and systems to assist case managers and ensure a robust leaving care system	Young people aged 16-18 years	Improving access to and coordination of services for young people leaving care	Health, Financial security, Employment, Training, Legal matters, Education and Housing	<ul style="list-style-type: none"> – Three dedicated 'Transition from Care' officers – Quality assurance for case management – Improved communication pathways between agencies and Departments 	Approximately 80 participants	New funds embedded within ongoing program	2017-18 (trial)	<ul style="list-style-type: none"> – Ongoing reporting

¹¹² Gonzalez, R., Cameron, C. & Klendo, L. (2012). The Therapeutic Family Model of Care: An attachment and trauma informed approach to transitional planning. *Developing Practice: The Child, Youth and Family Work Journal*, 32.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
NEW SOUTH WALES								
Young People Leaving Care Support Service – SWITCH consortium (Northern Rivers Social Development Council and YP Space MNC, Family and Community Services, Housing NSW)								
To provide strengths-based, person-centred case management support in two streams: early intervention and case management.	Young people leaving care aged 16-25 years	Strong outreach focus to prevent homelessness, improve social, economic, education and health outcomes, increase collaborative service delivery and improve service provision.	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks	<ul style="list-style-type: none"> – Stabilising accommodation and individual case plans – Medium-term planning and engagement with education, training and employment, as well as sustaining tenancies and developing skills for independent living – Consolidates and allows for transition to mainstream support services. – Based on individual needs: brokerage for household establishment, specialist counselling, medical support, transport and education – Aboriginal caseworkers were used to enhance client engagement 	Target of 112 clients, 2013 with 37 Aboriginal clients. More demand for case management than early intervention	Budget of \$883,640 for two-year trial	2010-2012	<ul style="list-style-type: none"> – Extensive service networking and collaboration – Strong caseworker engagement, prompt follow-up and a flexible and proactive approach – Extended, 12-month support duration enabling consolidation of skills, stabilisation of housing and complex issues, and setback recover time – Strengthened young people's skills in sustaining tenancy – Ameliorated real estate prejudice – Hope and confidence for the future¹¹³
Assisting Aboriginal Young People Leaving Care – Illawarra Aboriginal Corporation								
To prevent homelessness by assisting Aboriginal young people in care to transition to independent living Delivered under the	Aboriginal and Torres Strait young people aged 16-25 years in five local government	Early engagement to provide generalist case management support, coordinate appropriate accommodation, mentoring, links to	Social relationship, Identity, Culture, Health, Life skills, Employment, Training, Education, Housing and Support	<ul style="list-style-type: none"> – Additional caseworkers employed at existing Aboriginal specific leaving care service providers to engage with indigenous clients early – Interagency case support 	Target of 68 by June 2013, achieved 44 by June 2012	\$350,000 funding for the Nowra local government Authority	2012-13	<ul style="list-style-type: none"> – Young people assisted to achieve and gain entry to university and to engage with education and training because of the support they received to improve their living circumstances¹¹⁴

¹¹³ West, R., Warth, S. and Scott, M. (2013). *NSW Homelessness Action Plan Evaluation: Final Evaluation Report for Project 2.22 Young People Leaving Care Support Service - North Coast*. NSW: Family and Community Services and Housing NSW.

¹¹⁴ Chan, S., Valentine, K. & Eastman, C. (2013). *Homelessness Action Plan Projects: Analysis of Self Evaluation Reports: Final Report*. Social Policy Research Centre.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
National Partnership Agreement on Homelessness	areas on the NSW South Coast	school, education, employment, skills development, reconnection to kin where appropriate and access to broader services.	networks	<ul style="list-style-type: none"> Coordinating accommodation, mentoring, links to school, education, employment, skills development, reconnection to family and kin and access to broader services Working to increase local collaboration to address homelessness. 				
Leaving Care Program for young people with disabilities – Ageing, Disability and Home Care NSW								
To reduce the number of young people with disability leaving out-of-home care who are at risk of becoming homeless, or are involved in or at risk of becoming involved in, the criminal justice system	Young people with a disability aged 15-25 years	Improve life skills and maximise engagement in activities that improve quality of life, economic participation, independence, health and wellbeing	Social relationship, Culture, Health, Life skills, Employment, Training, Education, Housing and Support networks	<ul style="list-style-type: none"> Holistic and flexible person-centred approach Develop an individualised leaving care plan that is flexible and targeted to individual and changing needs Young people can move between accommodation and support services as needed Culturally appropriate services Empowerment by increasing links to community and mainstream supports 	501 young people in 2012-13	Under the Commonwealth National Partnership Agreement on Homelessness (NPAH)	Ongoing (pilot 2012-13)	<ul style="list-style-type: none"> Supported 501 young people with disability to move to more independent lives¹¹⁵
QUEENSLAND								
Youth Housing and Reintegration Service – Non-government service providers								
To assist young people who are homeless or at risk of becoming homeless by providing support	Young people leaving state care who may be at risk of homelessness,	Individualised support, use of brokerage funds and case management. The key element is	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment,	<ul style="list-style-type: none"> One aspect of this program is the <i>After Care Service</i> which focuses on achieving greater stability and independence through engagement in 	850 cases during the trial period	Jointly funded under the NPAH	2010-13	<ul style="list-style-type: none"> More than half of clients achieved all or most of their case plan goals, one-fifth of clients disengaged and a further 12 per cent moved from the

¹¹⁵ Beauchamp, T. (2014). *Young people transitioning from out-of-home care to adulthood: review of policy and program approaches in Australia and overseas*. Sydney: Uniting Care.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
and access to a range of accommodation options	aged 12-20 years	keeping young people connected with family	Training, Education, Housing and Support networks	<ul style="list-style-type: none"> education, training and employment and establishing and maintaining successful tenancies. Other support services include family and community living support and after care brokerage funds (\$3,500 per individual) to support eligible young people across the state. 				<ul style="list-style-type: none"> area before they could complete their goals Around 60 per cent of clients found stable accommodation in public and private housing YHARS supports opportunities for developing independent living skills and engaging in formal learning¹¹⁶

INTERNATIONAL

The Academy (US) – County Department of Health and Human Services, County Office of Education, and Workforce Partnership

To provide a safe, stable, comprehensive residential education program that helps foster youth successfully emerge into adulthood	12-19 years	Comprehensive residential educational program created for foster youth in or entering high school. Focus on four general components: residential, educational, work readiness, and child welfare services	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks	<ul style="list-style-type: none"> Provides stable housing and relationships to foster the development of social skills and relationships Family-style homes with house parents and foster grandparents, who mentor the youth and engage them in school tutoring and other activities such as cooking, crafts, gardening, and art. Comprehensive health services, including behavioural health 	478 alumni	County Department of Health and Human Services, County Office of Education, and Workforce Partnership	2001-11	<ul style="list-style-type: none"> Improvements in: access to safe housing significant relationships with adults well-being access to health care employment and education outcomes (attainment of a high school diploma)¹¹⁷
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¹¹⁶ Skattebol, J., Nethery, D. & D'aegher, L. (2013). *Evaluation of the Youth Housing and Reintegration Service and Supervised Community Accommodation*. Sydney: Social Policy Research Centre, University of New South Wales.

¹¹⁷ Lawler, M. J., Sayfan, L., Goodman, G. S., Narr, R. & Cordon, I. M. (2014). Comprehensive residential education: A promising model for emerging adults in foster care. *Children and Youth Services Review*, 38, 10-19.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
Staying Put (UK) – Department of Children, Schools and Families								
To improve outcomes for young people making the transition from care to adulthood	Young people aged 18-21 years who had 'established familial relationships' with their foster carers	Continued support for young people to transition to adulthood in a manner resembling non-OOHC peers	Social relationship, Identity, Health, Life skills, Financial security, Employment, Training, Education, Housing and Support networks	<ul style="list-style-type: none"> – The opportunity to remain in care until 21 years to build on and nurture their attachments to their foster carers – Increased time allotted for young people to move to independence at their own pace and be supported to make the transition – Stability and support for young people to achieve in education, employment or training – Give weight to young people's views about the timing of moves to greater independence from their final care placement 	11 local authorities across England, 530 care leavers	£2,675,921	July 2008 to March 2011	<ul style="list-style-type: none"> – Young people who stayed put compared to those who didn't: <ul style="list-style-type: none"> – were more than twice as likely to be in full time education at 19 (55 and 22 per cent respectively) – were more likely to be in full time training and employment at 19 (25 and 22 per cent respectively)¹¹⁸
Youth-Initiated Mentoring relationships – U.S. Department of Justice¹¹⁹								
To support young people to develop mentoring relationships to support aging out of foster care	Youth 16–25 years	YIM work with youth to identify adults within their existing social networks to become their mentors in the formal program	Social relationship, Identity, Culture, Health, Life skills, Financial security, Employment, Training, Legal matters, Education, Housing and Support networks	<ul style="list-style-type: none"> – Staff coached the youth on choosing an appropriate mentor – Program staff reached out to nominated mentors. Mentors were screened and trained by mentoring program staff. – Mentors and youth were expected to meet in the community at least once per month 	13 mentor-youth pairs	Funding unknown, delivered by U.S. Department of Justice	One year	<ul style="list-style-type: none"> – Strong and meaningful mentoring relationships were developed – Mentors provided unconditional support, without judgement, of an informational, appraising or instrumental nature – Promotion of interdependence as youth transition

¹¹⁸ Munro, E.R., Lushey, C., Maskell-Graham, D. & Ward, H. (2012). *Evaluation of the Staying Put: 18 Plus Family Placement Programme: Final report*. London: Department for Education, Research Report DFE-RR191.

¹¹⁹ Spencer, R., Drew, A. L., Gowdy, G., & Horn, J. P. (2018). "A positive guiding hand": A qualitative examination of youth-initiated mentoring and the promotion of interdependence among foster care youth. *Children and Youth Services Review*, 93, 41-50.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
				<ul style="list-style-type: none"> – Mentoring agency staff conducted regular check in monitoring and support. 				
YVLifeSet program – U.S. University of Chicago¹²⁰								
To support at-risk youth and young adults leaving the foster care, juvenile justice and mental health systems to transition to stable adulthood	18 and 24 years	Individualised case management and independent living programs (e.g., life skills training, financial assistance, and counselling)	Social relationship, Identity, Health, Life skills, Financial security, Employment, Training, Education, Housing and Support networks	<ul style="list-style-type: none"> – Support and guidance to make a successful transition to adulthood – Responsive to the expressed needs of individual youth – Weekly support – Comprehensive assessments; youth-oriented treatment planning; weekly one-on-one meetings between the youth and their worker; group social activities; educational and vocational coordination; and referrals to other services 	1322 young people	Funding unknown, delivered by Edna McConnell Clark Foundation, the Annie E. Casey Foundation, and the Bill & Melinda Gates Foundation	Nine and twelve months, depending on the needs of the youth	<ul style="list-style-type: none"> – Randomised control trial of 788 program and 534 control (not offered YVLifeSet program services, but were provided with a list of other available social services and resources) individuals – Small but broad positive outcomes over a broad range of outcomes, including employment and earnings, housing stability economic well-being, health, and safety
Works Wonders – U.S. Columbia School of Social Work¹²¹								
To contribute to young peoples' understanding of factors affecting their career preparation, self-determination and work outcomes	14 to 21 years	Career readiness preparation for young people in care	Social relationship, Life skills, Financial security, Employment, Training, Education	<ul style="list-style-type: none"> – Career club providing the skills and knowledge to explore career options, prepare for a job, conduct a job search and retain the job – Individual career planning support – Hands-on work experience 	180 young people	Funding unknown, delivered by U.S. Department of Health and Human Services	1 year	<ul style="list-style-type: none"> – Young people who completed the career club and participated in a hands-on work experience were more likely to be working after 12 months – Increased self-determination
Chafee Foster Care Independence Program – Independent Living Services – U.S. Virginia Commonwealth University¹²²								

¹²⁰ Courtney, M. E., Valentine, E. J., & Skemer, M. (2019). Experimental evaluation of transitional living services for system-involved youth: Implications for policy and practice. *Children and Youth Services Review*, 96, 396-408.

¹²¹ Gates, L. B., Pearlmuter, S., Keenan, K., Divver, C., & Gorroochum, P. (2018). Career readiness programming for youth in foster care. *Children and Youth Services Review*, 89, 152-164.

¹²² Kim, Y., Ju, E., Rosenberg, R., & Farmer, E. B. M. (2019). Estimating the effects of independent living services on educational attainment and employment of foster care youth. *Children and Youth Services Review*, 96, 294-301.

Aim	Target population	Focus	Life domains ¹⁰²	Key activities	Scale	Funding	Timeframe	Outcomes achieved
To assist a successful transition of foster care youth to adulthood	17 to 18 years	Employment and education support	Life skills, Financial security, Employment, Training, Education	– Independent Living Services (ILS), including academic support, career preparation, employment or vocational training, mentoring, or education financial assistance	4,206 foster youth	Funding unknown, delivered by Foster Care Independence Act	From 17 to 21 years, with at least one ILS	– Youth receiving ILS are more likely to complete high school education, have a post-secondary education, and work full-time in emerging adulthood

SOURCE: ACIL ALLEN CONSULTING 2018, COMPILED FROM VARIOUS SOURCES AS LISTED ABOVE.



ATTACHMENT 4: AVOIDED COSTS TO GOVERNMENT

Program	Program details	Reference	Outcomes	Avoided costs		
				Cost of providing care	Cost of not providing care	Avoided costs
Australian programs						
A Victorian study of young people transitioning from care into adult life	Victorian study 30 young people (18-25 years) who achieved positive outcomes, and 30 young people who achieved less positive outcomes, and compared with the general population	Raman, S., Inder, B., & Forbes, C. (2005). <i>Investing for success: The economics of supporting young people leaving care (Monograph No. 5)</i> . Melbourne: Centre for Excellence in Child and Family Welfare. Forbes, C. & Inder, B. (2006). <i>Measuring the cost of leaving care in Victoria</i> . Melbourne: Department of Econometrics and Business Statistics, Monash University.	—	Eight outcome areas of Government support: child protection, GST revenue, general health, mental health, drug and alcohol, police, justice and correctional services, housing	\$86,000 per young person Costs of wrap-around supports over a 7-year period (assuming 50% utilisation rate)	8.6:1 450 young people leaving care per year (in 2004): estimated cost \$332.5 million
			—	estimated the costs associated with not supporting young people after they leave care		
			—	Poor outcomes of unemployment and disconnection		
			—	Stability on leaving care correlated positively with improved outcomes for education, employment, housing and finance		
			—	Preparation-for-leaving-care program achieved better health and housing post-care outcomes compared to their peers that did not participate in the program		
Lighthouse Foundation - Therapeutic Family Model of Care	An intensive, wrap-around support to assist homeless young people (15–22 years) to develop life skills and become active members of society. Two carers provide 24/7 holistic care to four young people with complex needs living in a family-like environment. Delivered in nine locations across Victoria	Social Ventures Australia (n.d.). <i>Social Return on Investment (SROI) Analysis</i> . Victoria: Lighthouse Foundation.	—	Young people are supported to transition to independent living	\$14.1 million	\$169.5 million
			—	Young people form and maintain health relationships with the wider community and the Lighthouse Foundation family		
			—	Changes are sustainable and result in permanent exit from homelessness for 8 out of 10 young people that complete the program		
			—	Young people have increased resilience		
			—	Government benefits from reduced burden on the system, reduced welfare costs and increased tax revenue		
—	Carers have developed emotional intelligence and developed professionally					

Program	Program details	Reference	Outcomes	Avoided costs		
				Cost of providing care	Cost of not providing care	Avoided costs
Transitioning to Independence avoided costs	No program assessed. This study modelled five 'typical' pathways of service use and calculated costs saved from 10 per cent of young people in each of the five groups moving to lower service use groups	Morgan Disney & Associates (2006) for the Community Services Ministerial Advisory Council (CSMAC) Youth Working Group	<ul style="list-style-type: none"> Cost governments within Australia an average of \$40,000 per person per annum (pa), with 55% being in the high-needs, high-cost categories. These workers projected that the overall cost of support for the group of care leavers they studied, across their life course (ages 16 – 60), is over \$2 billion. Diverting a proportion of young people at the transition phase to lower usage service pathways, that are more economically and socially productive 	Not assessed	Average cost of \$40,000 per person pa (range from \$800 to \$100,000 per person pa)	\$37,400 (net) plus \$1,740 (16-24 age) and \$4,695 (25-60 age) in lost tax pa
Berry Street, Stand By Me (SBM)	<p>The three-year pilot involved two SBM workers each engaged with six young people (total 12, aged 16 years) to prepare them for their transition.</p> <p>Workers coordinate services, implement and review leaving care plans, and provide information, advice and referral until 21 years. Focus on developing relationships and advocating for service access.</p>	Purtell, J., Mendes, P., and Baidawi, S. (with Inder, B.) (2016). <i>Evaluation of the Berry Street Stand By Me Program: Wraparound support during the transition from out-of-home care</i> . Monash University, Melbourne.	<ul style="list-style-type: none"> For complex care leavers, the SBM program significantly reduced costs to State Government, leading to savings within three years post SBM support Most young people developed close working relationships with their workers whilst still in care Availability of a key support throughout the transition enhanced engagement with services (during leaving and post-care periods) SBM support appears to alleviate leaving care planning and implementation problems Nine of the 12 SBM supported young people were in stable, ongoing housing at the end of the three-year SBM support period in December 2015 	<p>Estimate based on adjusted cost of \$15,500 per person per annum.</p> <p>Relatively expensive due to high intensity work over multiple years</p>		<p>3.77:1</p> <p>177% return over 12 years</p>
International programs						
A cost-benefit analysis of transitional services for emancipating foster youth	<p>A program providing funding and guardian support for former foster youth to address the challenges of transitioning from OOHC.</p> <p>The program provides extended foster care benefits from 18-23 years</p>	Packard, T., Delgado, M., Fellmeth, R. & McCreedy, K. (2008). A cost-benefit analysis of transitional services for emancipating foster youth. <i>Children and Youth Services Review</i> . 30. 1267-1278. 10.1016/j.childyouth.2008.03.011.	<ul style="list-style-type: none"> Projected to result in net benefits to the State of California over the 40-year careers of participating former foster youth The program, if successful for all youth, would increase lifetime earnings and taxes paid due to increased education and would lower use of welfare support and prison, resulting in a benefit-cost ratio of 1.5 to 1. Even at 75% success, the ratio is 1.2 to 1 			<p>1.5 to 1 for 100% success</p> <p>1.2 to 1 for 75% success</p>

Program	Program details	Reference	Outcomes	Avoided costs		
				Cost of providing care	Cost of not providing care	Avoided costs
International modelling analysis applied to Victorian children leaving OOHc	Benefits resulting from introducing a program of support for Victorian children in all forms of OOHc that gives them the option to extend care from the age of 18 to the age of 21	Deloitte Access Economics (2016). <i>Extending out of home care to 21 years summary of the Australian socioeconomic cost benefit analysis</i> . Victoria: Anglicare Victoria.	— Assumed program cost and program uptake rate (25%)			
			— The probability of homelessness is halved, from 39% down to 19.5%			
			— The probability of pursuing further education is increased, from 3.6% to 9%			
			— The probability of arrests is down from 16.3% to 10.4%	Program provision costs \$27,833 per year		1.84:1 total 1.6:1 for government
			— The probability of hospitalisation is decreased, from 29.2% to 19.2%			
			— The probability of alcohol or drug dependence is decreased, from 15.8% to 2.5%			
			— There are also benefits across a number of other domains including: improved mental health and physical health outcomes, reduced intergenerational disadvantage, and an increase in social connectedness			

SOURCE: ACIL ALLEN CONSULTING 2018, VARIOUS SOURCES

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