



# EXCP Evaluation 2021 Progress Report

Uniting

8 February 2022

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# Glossary and Acronyms

## Glossary

Term	Description
Carelink	Sophisticated client information system which stores the Program and Program participant's data
Care leaver	Young people who leave care at aged 18
Care provider	Organisation that provides supervision of foster placements
Caseworker / PSP caseworker	An employee of Uniting that works with young people through the Permanency Support Program
Client hours	Hours that Youth Development Coaches spend working with clients – this includes direct and non-direct hours
COVID-19 (COVID)	<p>An infectious disease caused by a newly discovered variant of the Coronavirus. In early 2020, widespread outbreaks of COVID in countries around the world led the World Health Organisation to declare a global pandemic.</p> <p>Australia's pandemic response (which is still continuing at the time of writing) have had significant impacts on Australia's social and economic landscape. These have impacted on the delivery and evaluation of the EXCP in its third year.</p>
Direct hours	Hours that Youth Development Coaches spend coaching participants
EXCP participant(s) / participant(s)	<p>Young people participating in the EXCP Program</p> <p><i>Note that for the majority of this report, participants refers to those young people participating in the EXCP who have also consented to participate in the evaluation. There are a small number of EXCP "participants" who have chosen not to participate in the evaluation.</i></p>
Foster carer / carer	Paid carer who looks after the young person in their family home
Non-client hours	Hours that Youth Development Coaches spend working that is not directly related to a participant, including internal meetings, external meetings, supervision and non-participant related travel
Non-direct hours	Hours that Youth Development Coaches spend on case coordination, including but not limited to: Coordinating referrals, contributing to leaving care plans, drafting support letters, writing case notes and travel to/from
Nous Group	The independent consulting company conducting the evaluation
Uniting	The project sponsor for the evaluation
Youth Development Coach	Front line service delivery staff for the EXCP
Where Am I Now?	A tool through which EXCP participants self-assess their feelings on the five domains of the EXCP.

## Acronyms

Abbreviation	Item
AH&MRC	Aboriginal Health & Medical Research Council Ethics Committee
CALD	Culturally and linguistically diverse
EREC	The Department of Human Services External Request Evaluation Committee
EXCP or 'the program'	Extended Care Pilot Program
HREC	Human Research Ethics Cop
OOHC	Out of Home Care
NDIS	National Disability Insurance Scheme
Nous	Nous Group
PSP	Permanency Support Program
SIL	Supported independent living
WAIN	Where Am I Now
YDC	Youth Development Coach

## How to read this report

This report presents the findings from the 2021 cycle of the evaluation of the Extended Care Pilot Program (EXCP). This is the third report published to date. The report highlights key findings from the 2021 cycle including comparisons with previous cycles.

Nous assumes that readers of this report will have knowledge of the EXCP and may also have read the previous two reports (2019 and 2020). Given this background knowledge, the report is structured so that findings are presented immediately after the Executive Summary.

For interested readers, further detail about the EXCP, the purpose of the longitudinal evaluation and the methodology for this evaluation cycle can be found in:

- Appendix A – Background and context
- Appendix B – Evaluation methodology
- Appendix C – Overview of evaluation method





*"So much has changed for me. Without my YDC, I wouldn't be living out of home. And she really encouraged me with my education...I would have always done it, but she gave me the push and confidence I needed. Honestly, without Extended Care I probably wouldn't be here talking to you, sharing my story, and wanting to help other kids in out-of-home care share their stories"*

# 1 Executive Summary

## **The EXCP is establishing itself as an integral plank in the support that Uniting provides to young people in, and transitioning from, out-of-home care**

This document presents findings from the 2021 cycle of the evaluation of the Extended Care Pilot Program (EXCP). This is the third evaluation cycle. Findings from this evaluation cycle confirm the important role that the EXCP is playing in supporting participants to build life skills and confidently transition from out-of-home care (OOHC). The EXCP is establishing itself as a vital support that allows participants to develop and mature in a way that reflects the opportunities that young people not in care have available to them.

## **EXCP participants are tracking well and, in some instances, appear to be achieving more positive outcomes than other young people with experience in out-of-home care**

In this cycle of the evaluation, outcomes for EXCP participants were compared with outcomes seen in a similar cohort of young people. The evaluation found that EXCP participants:

- Are less likely to experience homelessness in the period after leaving care.
- Are more likely to continue studying post leaving school.
- May be more able to access health and wellbeing supports.
- Feel supported to build connections with their community.

Future cycles of the evaluation will use linked Commonwealth and NSW data to explore EXCP participants' usage of health and social services, and compare this with other young people in OOHC. This data is not yet available to the evaluation.

Further detail on outcomes demonstrated by EXCP participants as compared to other young people with experience in the OOHC system is provided in Section 3.1.

## **The EXCP continues to have a positive impact on the lives of participants**

Data from this cycle of the evaluation confirms the positive impact that the EXCP has on the lives of participants. In particular:

- Participants are increasingly feeling confident across all EXCP domains. A comparative analysis of Where Am I Now (WAIN)<sup>1</sup> scores from the last three evaluation cycles (2019 to 2021) indicate improved confidence across all five domains in this cycle.
- The EXCP is helping participants to set long-term goals, reflect on their achievements and plan for their future. Goal setting remains a core element of the EXCP and has become a source of satisfaction for participants. Some participants reflected that goal setting over many years – and their ability to look back on what they had achieved – supported them to have a more future-focused mindset.
- Participants aged between 18 and 21 feel supported when deciding on the right time to leave care. This year is the first in which a significant proportion of EXCP participants are aged 18 or older, and therefore legally able to choose to leave OOHC. Participants reflected that key features of the EXCP – including the strong and enduring relationship they develop with their YDC – has contributed to supporting them to feel they have the skills and support needed to leave care when they feel ready.
- Participants have greater awareness of, and access to, the supports available to them once they leave care. This includes the vital role that YDCs play in helping to develop leaving care plans and ensuring that participants access the supports to which they are entitled.

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<sup>1</sup> The WAIN provides a visual way for EXCP participants to reflect on their current circumstances and track themselves in relation to their overall progress towards independence.



Further detail on participants' reflections on the positive impact of the EXCP is provided in Section 3.2.

### **PSP caseworkers and carers recognise the unique support and impact the EXCP has on participants**

PSP caseworkers and carers equally recognise the positive impact of the EXCP and its role as an additional and needed support. In particular:

- PSP caseworkers recognise the YDC's unique client-centred approach and appreciate that this is different to their more compliance-oriented work. PSP caseworkers spoke of YDCs as an integral part of the 'care team' surrounding participants.
- Carers reported that they had seen positive changes in participants as a result of their participation in the EXCP. These included broadened perspectives, increased confidence, and more considered goal-setting.

Further detail on PSP caseworkers and carers' reflections on the positive impact of the EXCP is provided in Section 3.3.

### **YDCs, and the relationship that they build with participants from a young age, are the key value add of the EXCP**

This cycle of the evaluation confirmed the vital role of the YDC in leading to positive outcomes for EXCP participants. In particular:

- Similar to findings from previous evaluation cycles, participants continue to see their YDC as a close friend, advocate, and sounding board. Participants identified the long-term, multi-year relationship as a key driver to the ongoing trust and rapport that they have built with their YDCs.
- YDCs, coupled with the option for participants to remain with their foster carers, provide participants with a sense of security and the confidence to plan for the future.
- The role of the YDC changes as participants turn 18, with YDCs spending more time with participants and taking on new and different tasks. In some instances, YDCs begin to take on tasks that would previously have been completed by PSP caseworkers such as making medical appointments.

Further detail on the key design features of the EXCP is provided in Sections 4.1 and 4.2.

### **Data suggests that the EXCP will cost less as the cohort ages, but this may not take into account total investment**

Current financial data suggests EXCP costs will decline as participants turn 18. In particular:

- For participants who turn 18, the cost per head is much less for those who leave care as compared to those who choose to remain with their foster families. This difference in cost is primarily due to Uniting taking on the cost of carer payments, which are previously provided by the NSW Department of Communities and Justice.

Further detail on EXCP cost is provided in Section 4.2.


### **As participants transition out of the program at 21, there is opportunity to consider whether and how the pilot can be scaled up and offered to a new cohort**

This evaluation cycle provided insights into how the EXCP could be scaled up and offered to a new cohort of young people, as well as recommendations to enhance ongoing EXCP delivery and monitoring and evaluation activities. These are outlined in Table 1.

Further detail on recommendations to support scale up and ongoing delivery is provided in Section 5.



Table 1 | Summary of recommendations to support EXCP scale up and ongoing EXCP delivery

 <b>Recommendations related to EXCP expansion and scale up</b>		
<p>Begin work formalising how the EXCP should be organisationally structured to best support participants and YDCs should the EXCP be scaled up and rolled out more broadly.</p> <p>1</p>	<p>Consider moving the YDC-participant relationship from a one-to-one structure to a team-based structure where two or more YDCs build relationships with each participant.</p> <p>2</p>	<p>Consider a matrix approach to EXCP organisational structure – comprised of local ‘YDC pods’ in each site complemented with formal structures to build cross-site relationships between YDCs.</p> <p>3</p>
<p>Create a ‘Senior YDC’ position in each site to provide fidelity to the model, clinical supervision, guidance and mentorship to site YDCs, support the Program Manager with day-to-day operations, and offer YDCs with a career pathway.</p> <p>4</p>	<p>Develop suitability criteria for the YDC positions that clearly articulates the importance of being able to work in a client-centred manner in order to promote fidelity to the model.</p> <p>5</p>	<p>Review where EXCP sits within Uniting’s organisational structure, which may serve to enhance formal and informal communication and coordination between YDCs and PSP caseworkers.</p> <p>6</p>
<b>Recommendations related to ongoing EXCP delivery</b>		
<p>Formalise and codify recruitment and induction processes for new YDCs, which should include making sure that (to the extent possible):</p> <p>7</p> <ul style="list-style-type: none"> <li>• There is an extended handover and transition period to support new YDCs enter into the role and make sure participants are comfortable with the transition to a new YDC.</li> <li>• Incoming YDCs receive the in-person support and supervision that they need as they transition to the role.</li> </ul>		
<b>Recommendations related to monitoring and evaluation</b>		
<p>Continue with the evaluation methodology agreed for the 2021 evaluation cycle, which balances gathering robust data and rich insights with managing participation burden for EXCP participants, carers and staff.</p> <p>8</p>	<p>Ensure that all relevant financial data is collected so that the total cost of the EXCP – including costs such as rental subsidies – can be calculated and findings used for future investment decisions.</p> <p>9</p>	

## 2 Overview of the EXCP cohort in 2021

This section presents an overview of the EXCP cohort for July 2020 to June 2021. It includes sections that detail:

- The demographics of the cohort who have provided consent to participate in the evaluation.
- The living circumstances of the cohort as of June 30, 2021.

In total, 58 young people were involved in the EXCP between July 2020 and June 2021. The data presented within this report describes only the 55 current EXCP participants who have consented to participate in the evaluation (95% of the cohort).

Readers should be mindful that although they are described as 'EXCP participants' they are in fact a representative subset of all participants.



### **Fifty-five participants from diverse demographic backgrounds consented to be part of the evaluation in the evaluation cycle**

Participation in the EXCP was offered to all eligible young people in OOHC placements with Uniting in Western Sydney, Dubbo, Port Macquarie, and Coffs Harbour.<sup>2</sup>

Uniting invited all young people in its Permanency Support Program who were aged 15 to 18 years old to participate in the Extended Care Pilot. Young people needed to turn 15 before June 2019 in order to be eligible. Exceptions were made for a small number of young people who were older than 18 years (a total of 3), as PSP identified them as highly vulnerable and believed they would benefit from participating. In addition, three young people who turned 15 after June 2019 (but before December 2019) were approved to participate, as was a sibling (who also turned 15 before December 2019).

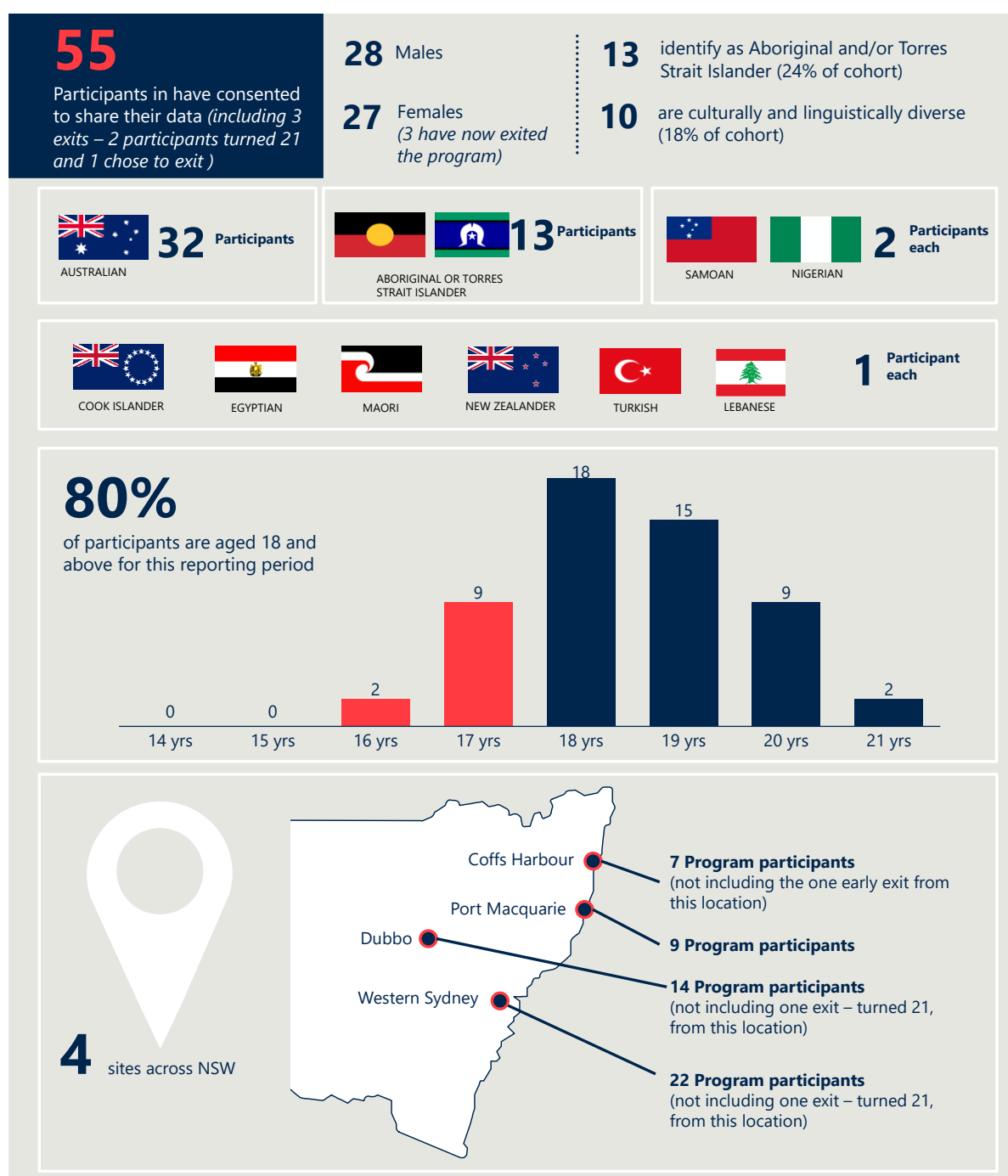
Of those who were eligible, 60 young people elected to participate in the EXCP. Not all young people participating in the EXCP elected to participate in the evaluation.

Figure 1 provides a snapshot of the demographic background of the 55 participants who have consented to being part of the evaluation for this cycle. This includes participants who have exited during the report period, as of 30 June 2021. Notably:

- The majority of participants (44/55, 80%) are now aged 18 or over (80%).
- In the coming 12 months, nine participants will turn 21 and age out of the program.

<sup>2</sup> Note that the Port Macquarie and Coffs Harbour sites are considered one site: Mid North Coast. The YDCs in these locations work closely together. For a significant proportion of this evaluation cycle one YDC supported participants in both sites.

Figure 1 | Overview of the demographic background of participants, n=55

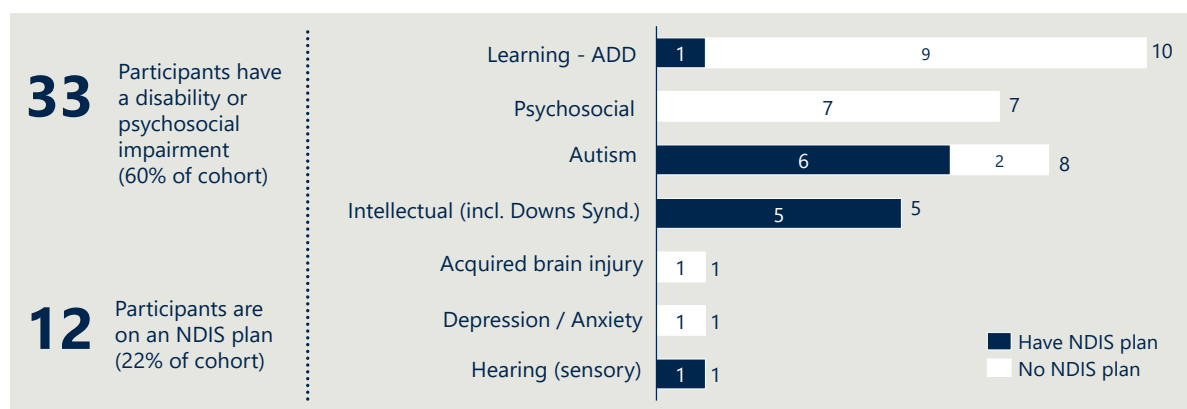


## More than half of participants who have consented to the evaluation have a disability or psychosocial impairment of some kind

Figure 2 provides an overview of EXCP participants who have a disability or psychosocial impairment of some kind. Approximately 60% of participants in this evaluation cycle have a recorded disability or diagnosis of a psychosocial impairment.<sup>3</sup> Almost one-third of these (30%, 10 participants) are diagnosed as having a learning disability/attention deficit disorder (ADD), followed by Autism (24%, 8 participants), a psychiatric diagnosis (21%, 7 participants) and intellectual disabilities (including Downs Syndrome) (15%, 5 participants). Of these 33 participants, 22% (12 participants) have an NDIS plan. This can be viewed as a proxy for the severity and permanence of their disability or psychosocial impairment.

<sup>3</sup> This data reflects Carelink data for primary disability status or psychosocial impairment.

Figure 2 | Number of EXCP participants with a disability or psychosocial impairment by type, including those with an NDIS plan, n = 33



### Most participants continue to achieve key milestones across the areas of independent living, education, and employment.

Figure 3 provides an overview of the living circumstances of the cohort. Data indicates that most participants are achieving positive outcomes across the areas of living, education, and employment. Most participants were assessed to have no or low levels of risk according to the vulnerability matrix.<sup>4</sup> Additional information on participant progress is provided in Appendix D.

Figure 3 | Overview of the living circumstances of the cohort



<sup>4</sup> See Appendix B for information about the vulnerability matrix.



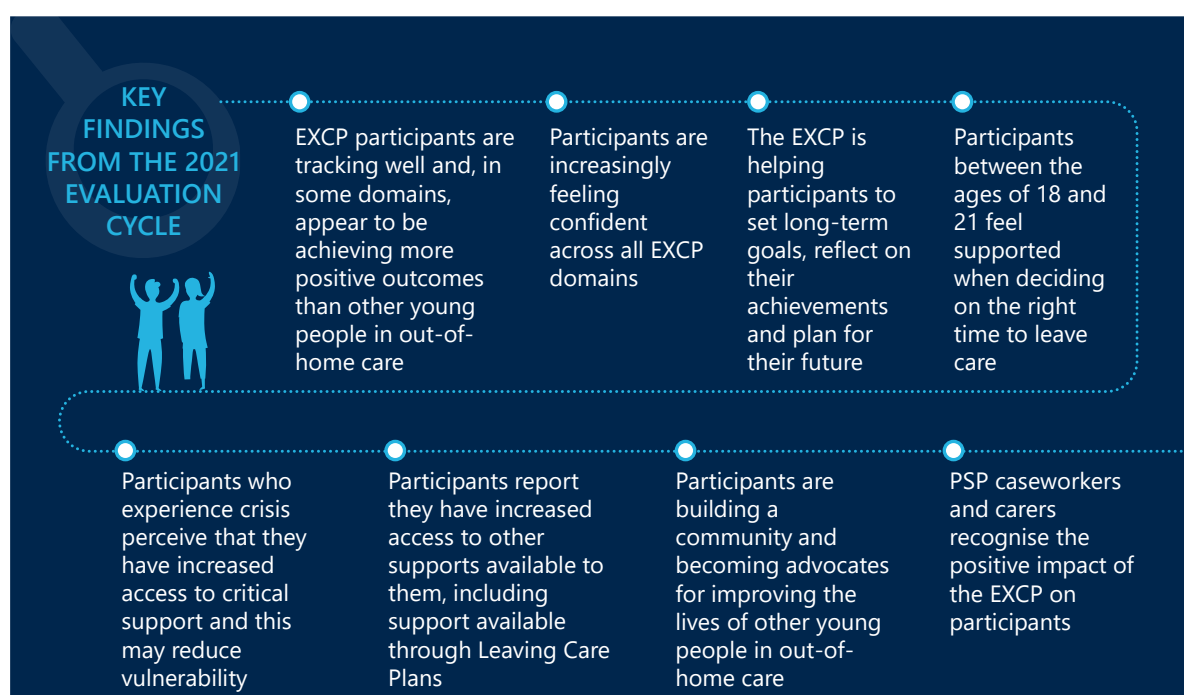
### 3 Key findings of the 2021 evaluation cycle

This section presents key findings from the 2021 evaluation cycle (covering July 2020 to June 2021). It includes sections that detail:

- an analysis of EXCP participant outcomes against a similar cohort of young people with experience of OOHC
- participant reflections on the impact of the EXCP
- PSP caseworker, carer and EXCP staff reflections on the impact of the EXCP on participants.

Figure 4 provides an overview of key findings, which are further explored in the subsequent sections.

Figure 4 | Snapshot of key findings from the 2021 evaluation cycle



#### 3.1 Outcomes for EXCP participants compared to other young people in out-of-home care

**EXCP participants are tracking well and, in some domains, appear to be achieving more positive outcomes than other young people in out-of-home care**

Table 2 presents select outcomes seen in the EXCP cohort and compares these to outcomes seen in a similar cohort of young people aged between 18 and 25 with experience in OOHC, drawing from a 2018 survey of 325 young people conducted by the CREATE Foundation.<sup>5 6</sup>

The CREATE Foundation is the national consumer body for children and young people with an out-of-home care experience. The results from this survey represent the experiences of young people who have access to the CREATE Foundation's database and/or publications and who chose to respond to the survey.

<sup>5</sup> McDowell, J.J. 2020. Transitioning to adulthood from out-of-home care: Independence or interdependence? CREATE Foundation.

<sup>6</sup> Note that the comparisons presented in this table are suggestive only – no statistical testing has been performed, and the two cohorts may not be directly comparable.

Comparisons presented in Table 2 suggest that EXCP program participants are demonstrating similar outcomes to those in the CREATE comparison cohort, and in some instances are demonstrating more positive outcomes including in the domains of health and wellbeing, housing and non-school education.

Note that the comparisons presented below are suggestive only and do not represent a direct comparison between the cohorts. As compared to respondents to the CREATE survey, the EXCP participants:

- **Have a different age profile and are likely younger overall.** EXCP participants range in age from 16 to 21. Respondents to the CREATE survey were aged between 18 and 25.
- **Are more gender balanced.** 27 of 55 (49%) EXCP participants that consented to this cycle of the evaluation are female. Two thirds of respondents to the CREATE survey were female.
- **Include a similar percentage of young people from Aboriginal and/or Torres Strait Islander communities.** 13 of 55 (24%) of EXCP participants that consented to this cycle of the evaluation identify as Aboriginal and/or Torres Strait Islander, as compared to 22% of respondents to the CREATE survey.
- **Live solely in NSW.** Unlike EXCP participants, responses to the CREATE survey were received from all jurisdictions in Australia.

Future cycles of the evaluation will further explore outcomes for EXCP participants as compared to other young people who have left the OOHC system. The evaluation team have sought access to linked Commonwealth and NSW data for consenting EXCP participants, which will enable the evaluation to explore participants' usage of health and social services post-18. The evaluation will compare this service usage to outcomes for other care leavers. To date, the evaluation team have not received this data.

Table 2 | Outcomes for EXCP participants compared to other young people in OOHHC

Education	EXCP COHORT	CREATE FOUNDATION COHORT
	<p>55% of the EXCP cohort have completed year 12 to date.</p> <p>56% of the EXCP cohort were studying in the period July 2020 to June 2021. This ranges from year 10 through to university.</p> <p>58% were continuing their studies outside of high school, 25% of those participants enrolled in TAFE and 19% in university.</p>	<p>Year 12 completion was similar to the EXCP cohort. 57% of young people completed Year 12 secondary school studies.</p> <p>Rate of continuing study is lower than the EXCP Cohort. Of all respondents, over one third were continuing their studies, with 18% at TAFE and 11% at university</p>
Employment		<p>Finding a job was rated as somewhat difficult by respondents. 30% of young people reported they had not found regular, paid employment.</p> <p>46% of young people reported they were totally dependent on Centrelink.</p>
	Health and Wellbeing	<p>Self-rated health was similar to EXCP, but respondents expressed a strong need for assistance in finding and accessing suitable services (medical, dental or counselling).</p> <p>Support for maintaining mental health was assigned a high priority, but the cost of continued treatment was a problem.</p>
	Connection	<p>Whilst building social connections is an area of growth for EXCP participants, CREATE respondents identified making friends as an area of difficulty.</p>
	Housing and Independent living	<p>Rate and duration of homelessness was higher than seen in EXCP participants. 17% reported that they were immediately homeless on leaving care and 30% reported they had been homeless at some stage within their first year (37% of these for 6 months or more).</p>
<b>Planning for leaving care</b>		<p>26% of young people reported that they had not spoken to anyone in planning for leaving care.</p> <p>36% of young people indicated that they had a transition plan, and 39% of these had been quite involved in its preparation.</p> <p>Young people wanted more practical support, preferably from mentors who could provide direct assistance.</p>



70% of respondents to the participant survey reported that their YDC had played a large role in helping them think through leaving care and plan for the future.

Qualitative insights from interviews indicate that YDCs play a large role in developing Leaving Care Plans, ensuring these are comprehensive, and helping participants access support through their Leaving Care Plan.



## 3.2 Participant reflections on the impact of the EXCP

### Participants are increasingly feeling confident across all EXCP domains

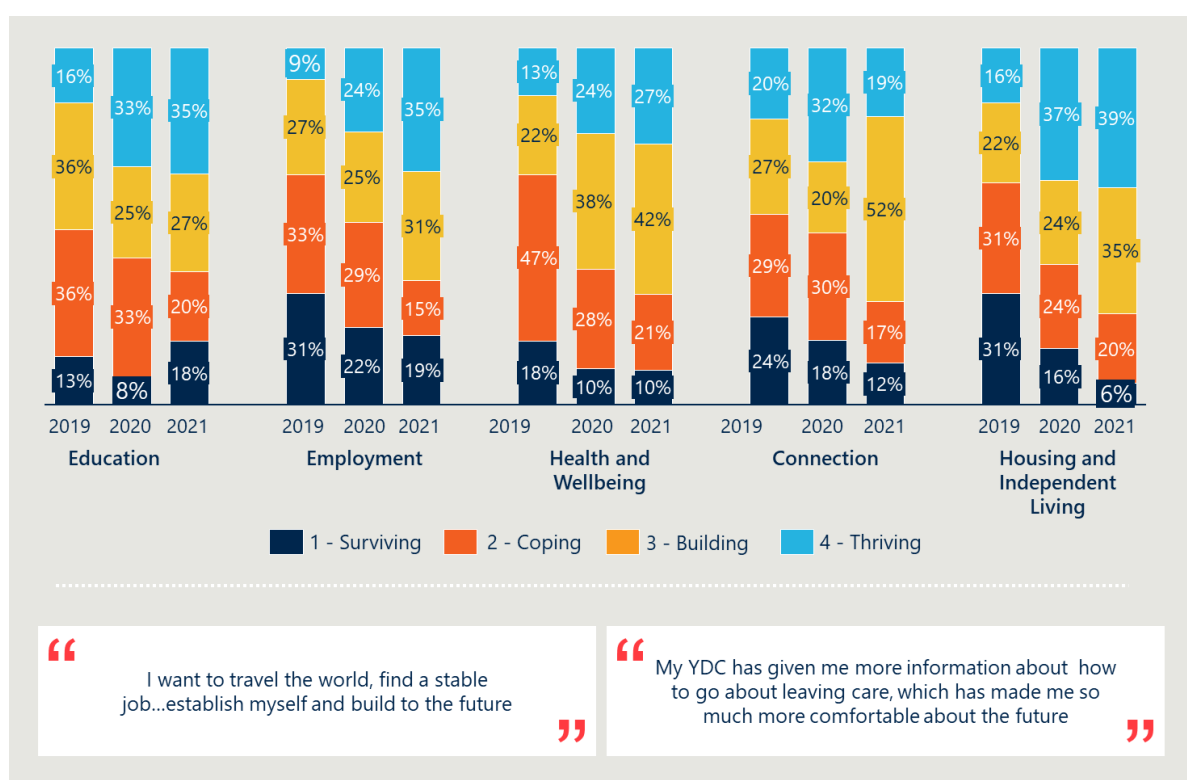
A comparative analysis of Where Am I Now (WAIN)<sup>7</sup> scores from the last three evaluation cycles (2019 to 2021) indicate improved confidence across all five domains in this cycle (Figure 5).

Data indicates improved confidence across the cohort when compared to the first two years of the evaluation. Over time, more and more participants are rating themselves a 3 (Building) or 4 (Thriving). Notable changes for this evaluation cycle include:

- 83% of participants (46 out of 55) completed at least three self-assessments between July 2020 and June 2021. Of those, 20 participants (48%) demonstrated an increase in overall scores.
- A slight dip in the connection domain in this cycle. Participants reflected that this was likely due to the COVID-19 pandemic, which limited opportunities for them to connect with friends, family, and the wider community.

Interviews with participants highlighted that their most significant progress in the last 12 months had been made in respect to their education, employment and/or housing and independent living situation. This is congruent with the stage that most interviewees were at in their lives at the time – between 18 and 21 years of age.

Figure 5 | Comparison of most recent WAIN scores between 2019 (n=45), 2020 (n=51) and 2021 (n=55)



Whilst participants overall reported an improvement in WAIN scores as compared to previous evaluation cycle, there are important distinctions within the cohort (Figure 6):

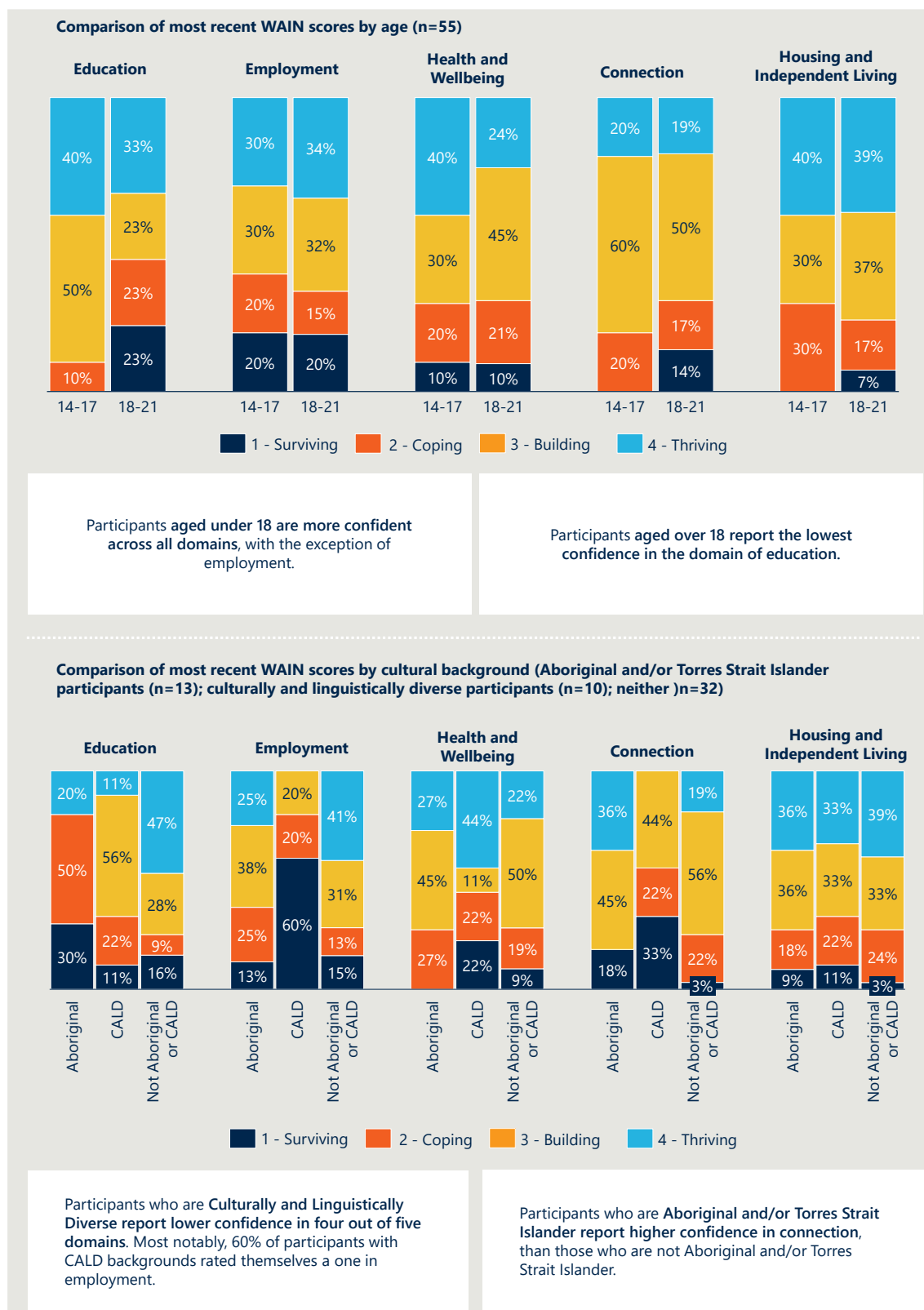
- Participants aged under 18 reported higher levels of confidence across all domains, with the exception of employment.

<sup>7</sup> The WAIN provides a visual way for EXCP participants to reflect on their current circumstances and track themselves in relation to their overall progress towards independence. For 2021, the EXCP design anticipated that participants would complete these self-assessments every quarter. The process is for each participant to set goals regarding each domain, and then assess their progress against each goal over time.



- Participants from culturally and linguistically diverse (CALD) backgrounds reported lower confidence across all domains as compared to other participants. This may suggest that participants from CALD backgrounds are tracking less positively when compared to other participants. This may be influenced by the smaller number of participants from CALD backgrounds (10/55, 18% of the cohort).

Figure 6 | Differences in WAIN scores across specific segments of the EXCP cohort



## The EXCP is helping participants to set long-term goals, reflect on their achievements and plan for their future

Goal setting remains a core element of the EXCP and has become a source of satisfaction for participants.

While a small number of participants reflected on the process of goal setting as boring or tedious, almost all participants reported that the ability to look back on what they had achieved throughout the program was a valued experience. This ability to reflect has contributed to the development of participants' ability to think and plan in the medium-to long-term. This suggests that the program continues to develop participants' personal agency.

Interviews suggest that continued goal setting is helping participants to:

- **Reflect on the 'what' and 'why' associated with their goal setting.** One participant who has left care reported that their decision to pursue a diploma was driven by a need for better job security and employment opportunities, to make sure they can afford rent.
- **Demonstrate confidence to re-define and shape their goals in a way that aligned more personally to what and how they wanted to achieve them.** One participant reported how, with the support of their YDC, they identified different avenues to work towards their career goal, such as internships and mentoring opportunities. Previously, they had thought university was the only option.

Interviews with PSP caseworkers and carers confirmed participant reflections that continued goal setting was encouraging participants be more future focused. This impact was attributed to the unique role and skills of the YDC to build interpersonal relationships that centre the needs of the participant and encourage them to engage with their future.

Figure 7 presents participant reflections on key achievements over the previous 12-months and on goal setting activities.

### SURVEY FINDINGS

# 94%

of young people agree or strongly agree with the statement "My YDC helps me identify goals and work towards them"

## CASE STUDY



### Consistent goal setting shifts participants into a 'future-focused' mindset

One participant who is aged over 18 and continuing her studies reflected on the value of consistent goal setting. She said she found it empowering to look back at the goals she had set with her YDC over the years because it helped her see how far she had come.

*She said 'I look back and see my goals about going to university – I set those ages ago – and I can see all the little steps along the way that helped me to get there. It's good to have those goals because they kept me accountable. I knew what I wanted to achieve, and I knew what I had to do to get there'.*

The participant's carer reflected on similar themes. They said that goal setting with the YDC had really shifted the participant's mindset – they are now more focused on the future, keen to live up to people's expectations, and encouraged to do well in life.

Figure 7 | EXCP participant reflections on key achievements and goal-setting activities



### Participants between the ages of 18 and 21 feel supported when deciding on the right time to leave care

More than two thirds of participants are aged between 18 and 21 in this evaluation cycle (44 out of 55 participants, 80%). This means most participants are legally able to choose to leave OOH.

Reflections from participants who have left care or are thinking through leaving care indicate that they feel supported to make informed decisions about leaving care and their future.

Participants highlighted the role of YDCs in supporting future planning. This includes supporting the development of Leaving Care Plans, working with participants to develop housing and independent living skills and being a trusted sounding board for decision making. Some of the supports identified by participants include:

- Budgeting and financial planning
- Finding employment
- Access to rental assistance.

Results from the annual survey (see box and Figure 8) support this perception of increased support as a result of working with YDCs.

### SURVEY FINDINGS

**81%**

of respondents agreed (46%) or strongly agreed (35%) that they are confident they have the life skills to support themselves

**92%**

of respondents agreed (56%) or strongly agreed (36%) that they know what kinds of services are out there to help them if they are worried about their living situation

**87%**

of respondents agreed (56%) or strongly agreed (31%) that they would feel comfortable asking for help with their living situation

Figure 8 | Participant survey response to questions regarding leaving care and planning for the future

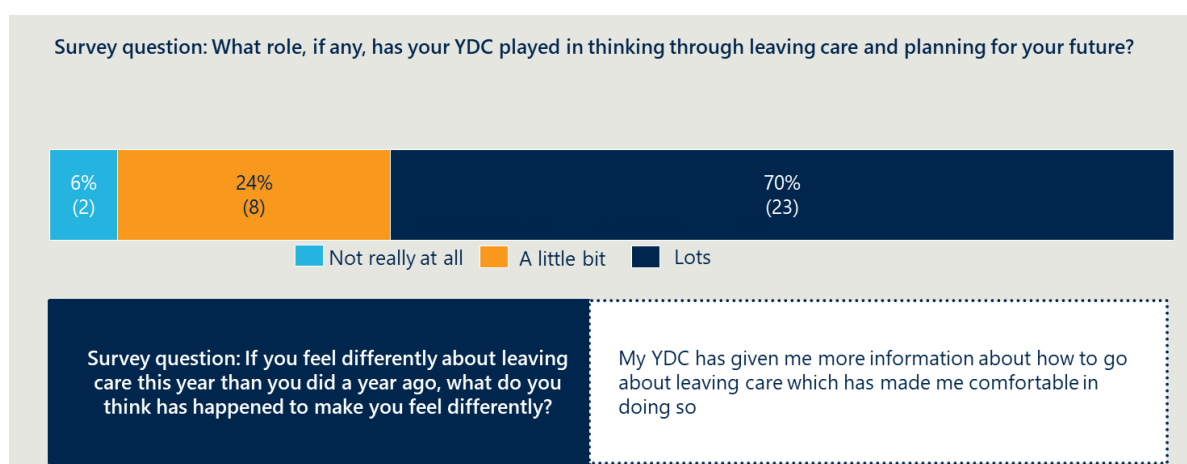
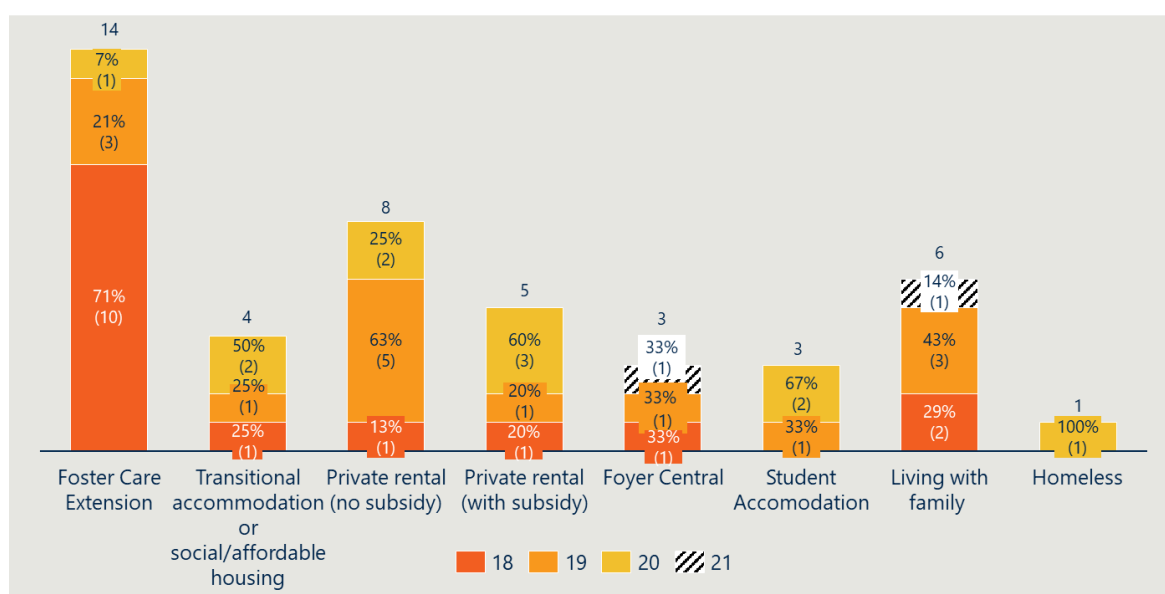


Figure 9 provides an overview of the accommodation type, by age, for participants aged 18 to 21. This data provides additional insights into participants' readiness to leave care and live independently. Key insights include:

- 44 participants are aged 18 or over. Of these, 14 (38%) are living in foster care extension. Of this group, 10 participants have some type of disability or a diagnosis of a psychosocial impairment. This suggests that foster care extension is providing additional support to participants who may be more vulnerable and/or need more time to build skills for independent living.
- Participants aged 18 make up over half of those living in foster care extension (10/14, 71%), indicating that participants do not feel pressured to leave care as soon as they turn 18. Interviews indicated that YDCs play a key role in helping participants think through options for leaving care and, in some cases, encourage them to remain at home until they feel more ready to leave.
- Most participants aged 19 and above are not living in foster care extension and move to various accommodation options. Some participants receive subsidies to support their private rental. Notably, participants aged 19 and over make up the majority of private rental (no subsidy) (88%).

Figure 9 | Accommodation type by age for participants aged 18 to 21, n=44<sup>8</sup>



<sup>8</sup> Notes: 'living with family' represents participants who have legally left care and chosen to live with family members. It does not indicate formal Restoration. 'Transitional accommodation' includes NDIS SIL placement (n=1).



## Participants who experience crisis perceive that they have increased access to critical support, and this may reduce their overall vulnerability

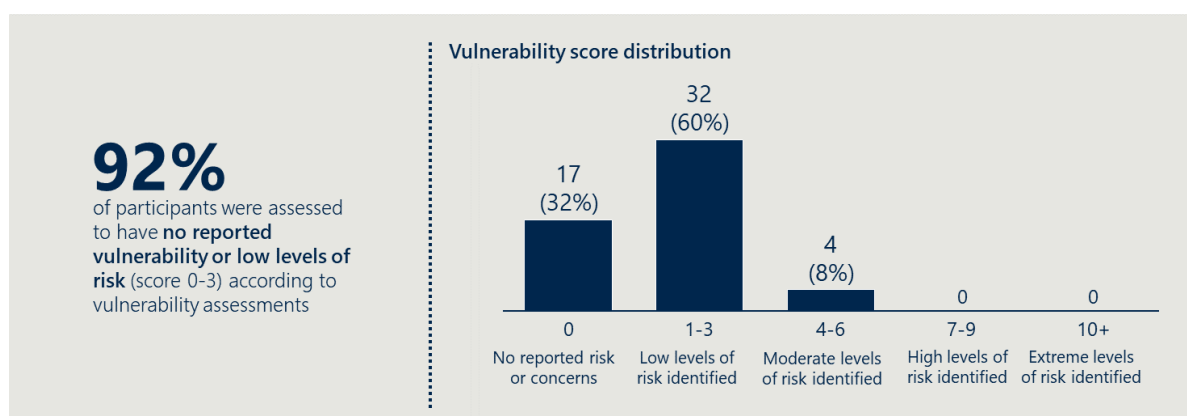
Some interviews explored participants' willingness to call on their YDC in crisis situations. All participants who responded expressed that they felt safe reaching out, would be supported to get the help they needed and, for those who had previously asked for help, would ask again in times of crisis.

Insights from interviews included:

- Participants value the way YDCs check in regularly through either a phone call and/or text messages, and that they like that this is consistent – YDCs still stay in contact when their life is going well.
- Several participants reported that they would also initiate phone and text conversations to seek support or connection when needed, and that this support was consistently maintained virtually during NSW COVID-19 restrictions.
- Carers emphasised that the way YDCs engage directly with participants, as opposed to through a caseworker or carer, enables a more client-centred, interpersonal relationship.

This intensive support may help to reduce participants' overall vulnerability and to minimise the duration of crisis. Figure 10 indicates that only a small proportion of the cohort (8%) are at high risk or highly vulnerable. Further information on the vulnerability matrix can be found in Appendix C.

Figure 10 | Vulnerability score distribution for 2021, n=53 (does not include exits)



## CASE STUDY



### YDCs support young people to make informed decisions about leaving care

One participant who is still living with her foster carer reflected on her experience thinking about moving out of home. She'd always wanted to move out when she turned 18, and she talked this through with her YDC as she got close to her birthday. Her YDC listened and provided some counterpoints for her to consider – she was still finishing her HSC and her foster carers' house was close to school. She was also working on getting a licence and her foster carer was teaching her to drive.

These made sense to the participant, and on further consideration she decided to stay with her foster carer. When thinking about this conversation, she said that she really valued the YDC's input into her decision-making – the YDC didn't tell her what to do but provided advice like a trusted friend. Thanks to the YDC, this participant felt that she would know when it was time to move out.

Across the evaluation cycle a small number of participants experienced events of heightened vulnerability, these include:

- Three participants experienced homelessness.
- Three participants experienced interactions with the Criminal Justice System. One participant experienced a Court Matter and one participant experienced a Court Matter and Charge.
- Two participants experienced pregnancy and/or became young parents.

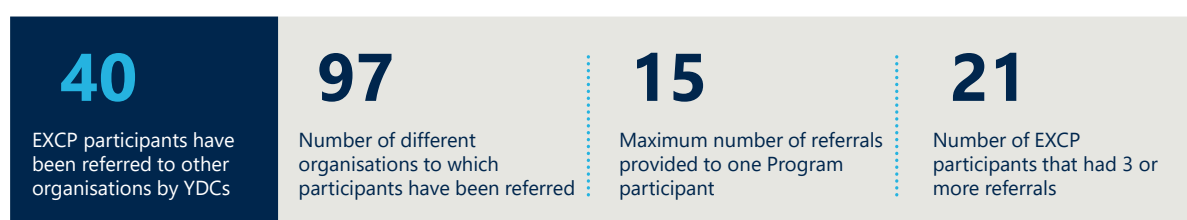
As discussed in section 3.1, a comparison between EXCP participants and respondents to the CREATE survey suggests that EXCP participants experience more positive outcomes than other young people in out of home care.

### Participants report they have increased access to other supports available to them, including support available through Leaving Care Plans

Interviews with participants, YDCs and reflection workshops all indicate that participants rely on the deep knowledge and expertise of their YDCs to access other services and sources of support. This includes accessing rental assistance/ accommodation support, education and training programs and employment services.

Figure 11 provides a summary of referrals made for EXCP participants across this evaluation period, showing that 77% of the cohort have been referred to other organisations. This supports participants' reports of increased awareness and access of external support services.

Figure 11 | Summary of YDC referrals to participants

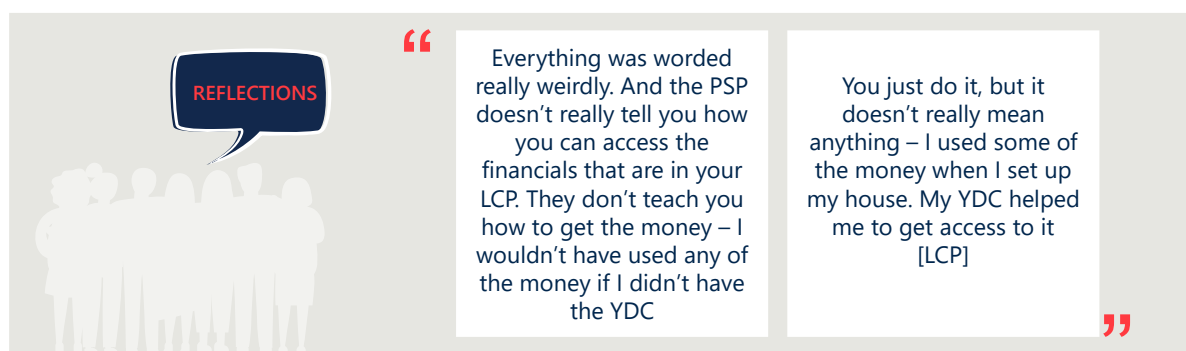


Importantly, participants reported their relationship with their YDCs as critical to their growing awareness and understanding of their Leaving Care Plans (LCPs) and their ability to access the benefits and supports to which they are entitled. Through working with their YDCs, participants in the EXCP have:

- **An increased understanding of the value and importance of LCPs.** Some participants reported that prior to working with their YDC they did not know that they would have an LCP, did not know what would be in their LCP, did not know that the LCP detailed the support they would be entitled to once they left care, and/or did not know that support within the LCP could be accessed up to age 25.
- **An advocate throughout the development of their LCP.** Many participants reported that their YDCs actively worked with PSP caseworkers to develop their LCPs. Participants emphasised that early engagement, combined with the support of YDCs, was critical to ensuring the LCP aligns to their needs. Insights from participant reflection workshops emphasised that they perceived their YDC's role in generating the LCP as a big part of 'being in their corner'. YDC reflections highlighted their role as advocates for participants, ensuring that LCPs are comprehensive and complete.
- **Increased support and guidance to access support through their LCPs.** Many participants reported that their YDC helped them to access support through their LCP, and that without their YDC they likely would not have accessed this support.

Figure 12 presents participant reflections on developing Leaving Care Plans.

Figure 12 | EXCP participant reflections on developing their Leaving Care Plans



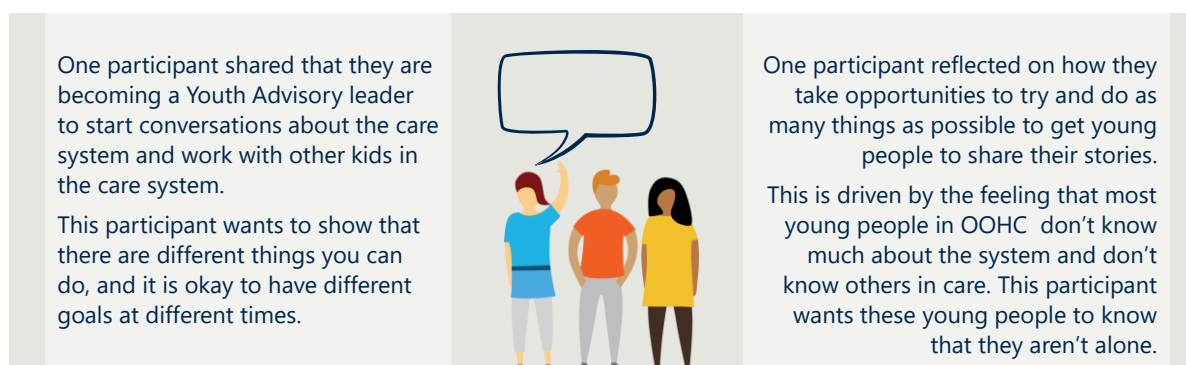
### Participants are building a community and becoming advocates for improving the lives of other young people in OOHC

Participants reflected that the opportunity to meet other young people in OOHC was a key benefit of the EXCP. Participants particularly appreciated attending the mini-conference and participating in social activities with other EXCP participants.

Participants who have been able to meet other young people in OOHC reflected an increase in self-confidence. This was attributed to feeling less alone in their experience of the OOHC system. It also created an environment where young people could learn from others, including across different age groups, about transitioning out of OOHC.

Interviews with participants indicated that some participants have started to become advocates for improving the lives of other young people in the OOHC system. This includes building their own networks of young people in OOHC through networking opportunities enabled by EXCP, pursuing youth work as a career, and sharing their stories from an advocacy perspective (Figure 13).

Figure 13 | Some participants are becoming advocates for other young people in OOHC



## CASE STUDY



### The EXCP is building a community of young people in out-of-home care

Two carers reflected on the impact that attending an interstate mini conference had on participants. They highlighted the increased sense of independence, emphasising that participants had learnt a lot from travelling and engaging with other young people in the out-of-home care system including EXCP participants.

One carer reflected *"That was the biggest, quickest change – being involved in a community of other kids who are part of the out-of-home care community. It really destigmatised out-of-home care"*

### 3.3 Other stakeholders' perspectives on the impact of the EXCP

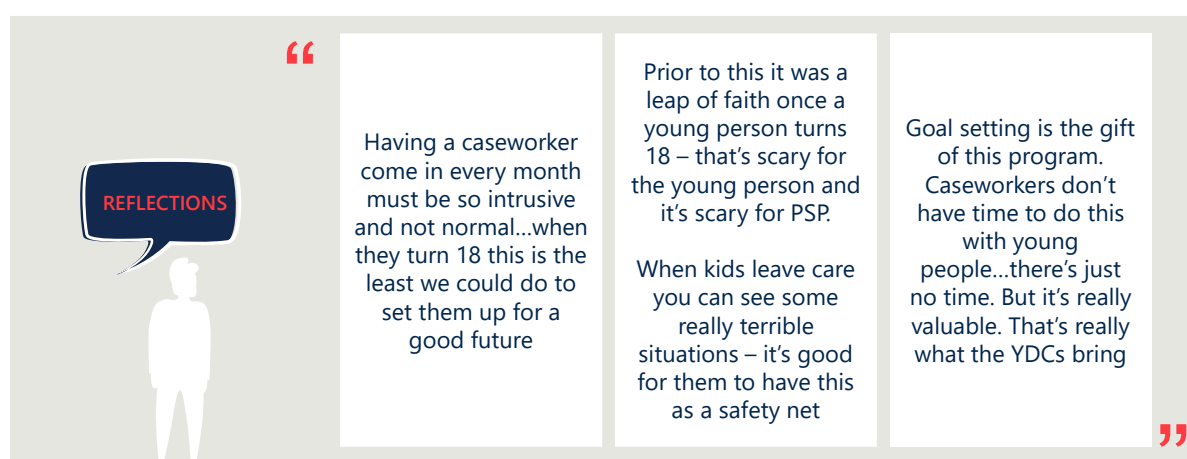
#### PSP caseworkers recognise the unique support that YDCs offer and see them as an integral part of the 'care team' surrounding participants

PSP caseworkers recognise the YDCs unique client-centred approach and appreciate that this is different to their more compliance-oriented work (Figure 14). They reflected on the value of the EXCP as complementing their roles, and spoke of YDCs, PSP caseworkers and carers as a 'care team' surrounding the participant and making sure that their needs are met.

PSP caseworkers identified distinct strengths of the EXCP including:

- **Its young person and client-centred approach.** YDCs have the flexibility and time to build personal relationships with participants, with these relationships driven by the individual needs. Caseworkers reflected that this was different to their approach to engagement, which more often focuses on engaging with carers.
- **Its capacity to empower participants.** YDCs provide support and information aligned to the needs of participants. The role of the YDC is to help build participants' independence, whereas some participants' report seeing their PSP caseworker as 'control' or 'compliance'.
- **Its goal-oriented focus.** YDCs goal-oriented focus with means they have the capacity to look at the long-term bigger picture, rather than casework which can tend to be crisis driven.

Figure 14 | PSP caseworker reflections on the value of EXCP



#### Carers recognise the positive impact the program has on participants, particularly compared to young people who have not had access to EXCP

Carers reported that they had seen positive changes in participants as a result of their participation in the EXCP. These included broadened perspectives, increased confidence and more considered goal setting.

Some carers were able to reflect on the experiences of participants and compare this to other young people who have been in their care. These carers saw the significant value of EXCP in building confidence and ability to plan for the future. Figure 15 presents a snapshot of carer reflections.



Figure 15 | Carer reflections on the value of the EXCP

“

“He’s developed into having broader views...he thinks more about the world around him and is reading the news. He’s really shifted from a focus on what was happening in the classroom and playground into a much broader sense – the world is more interesting. We’d be having dinner, talking about what did you have for lunch and now it’s really taken us by surprise what is on his mind. He has different attitudes, views and expressions”

“The YDC has made a real difference to the young person in my care. They [the young person] now have this level-headed person who is a little younger than most carers, is a nice person, is relatable and calming, They’re there to provide added, trusted support.

“They [the YDCs] really encourage the kids to make decisions themselves and be independent. The YDC working with my kid worked with her to figure out her options for further study and social support and to work through what the process was going to be to apply.

I clearly remember the YDC saying that she won’t make decisions for my kid. I can hear her voice saying that she’s not going to make those decisions, [the young person] has to make them herself.

These kids have had so little autonomy in their lives – they’re in the care of an organisation, every decision is made for them or is dictated by legislation. So their capacity to make a decision for themselves – and feel great about that decision...it’s really hard. Supporting them to make their own decisions is really important. The YDCs do that really well”

“I wish other kids could have the same stuff that our young person has now. We had another young person who has been doing it tough...she’s come a long way but the experiences and opportunities that EXCP would provide would be so beneficial to her and to other young people. EXCP is about helping young people find their feet as a young adult. It provides them with a mentor, someone who can provide unbiased opinions, and steady contact that will support them be independent.”

CARER REFLECTIONS

”

## CASE STUDY



### PSP caseworkers see positive changes a result of participation in the EXCP

Most PSP caseworkers reported that they have witnessed participants grow and develop as a result of participating in the EXCP. Examples of growth highlighted by caseworkers include:

- Participants demonstrating a change in mindset towards goal setting and future planning, highlighting that they were showing an ability to develop more considered future focused goals as opposed to immediate short-term goals.
- Participants showing increased self-confidence in everyday interactions, for example: some are now able to hold conversations with strangers; some are developing stable relationships; some are growing their skills for independent living such as navigating public transport and maintaining stable employment.
- Participants are more equipped to make positive decisions about their own lives and caseworkers believe they are less inclined to engage in risk-taking behaviour.

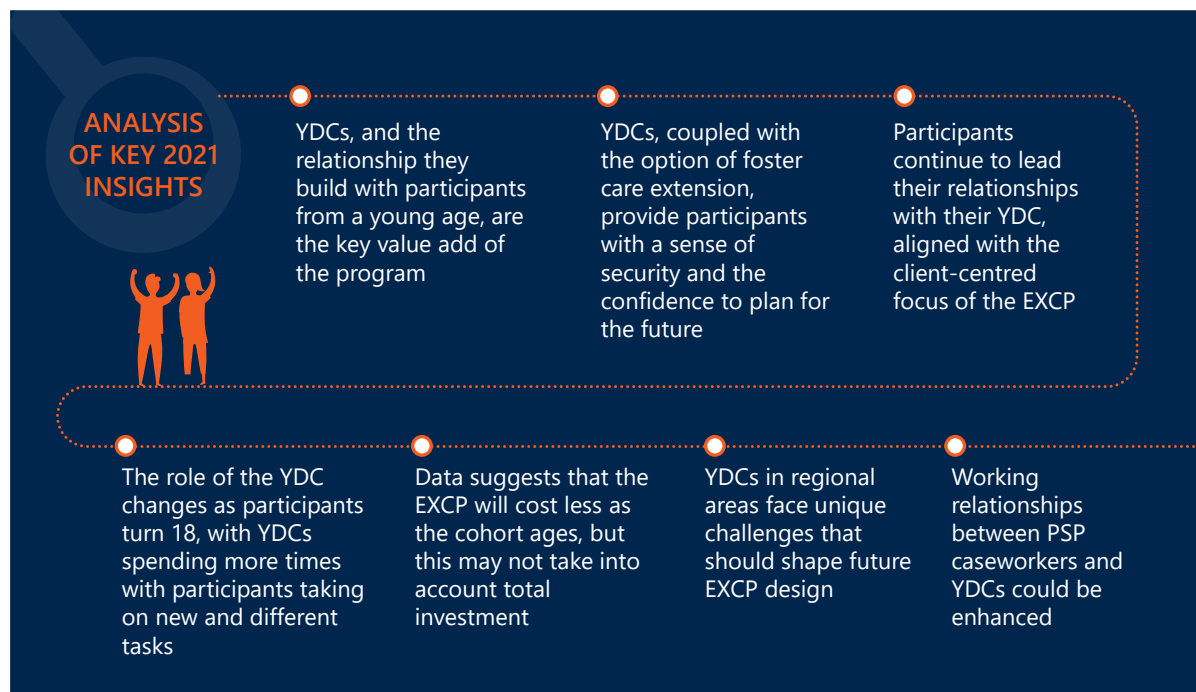
## 4 Analysis of key 2021 insights

This section presents analysis related to:

- YDCs and the relationships they build with participants as a key driver of positive outcomes.
- The client centred nature of the YDC relationship and how this contributes to a participant's sense of personal agency.
- The combined impact of foster care extension and the YDC relationship on participants' confidence to live independently.
- How the program has changed as the cohort ages.

Figure 16 presents a snapshot of analysis of key findings from the 2021 evaluation cycle.

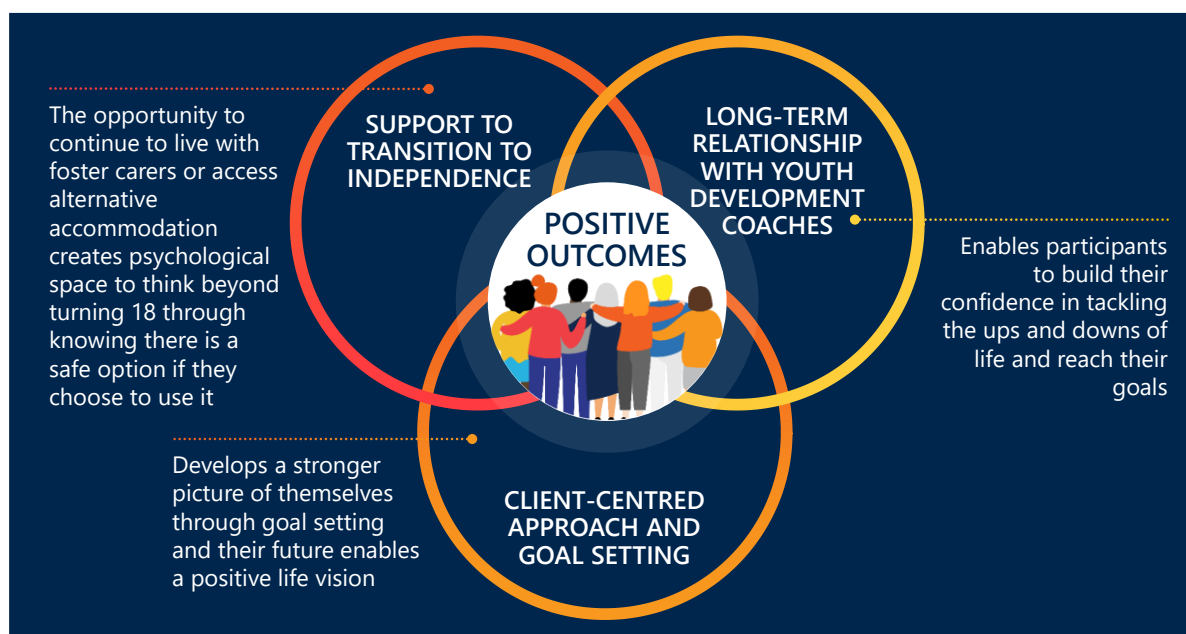
Figure 16 | Snapshot of analysis of key findings from the 2021 evaluation cycle



### 4.1 Key design features of the EXCP that deliver value and lead to positive outcomes

The EXCP delivers value through three design features (as shown in Figure 17). Insights from the 2021 evaluation cycle highlighted that of these, the key building block of the success of the EXCP are the YDCs. YDCs provide a sense of safety, care, and support to so that participants are confident, comfortable and empowered to set and strive for their goals.

Figure 17 | Three key design features of the EXCP



### YDCs, and the relationship they build with participants from a young age, are the key value-add of the program

Similar to findings from previous evaluation cycles, participants continue to see their YDC as a close friend, advocate and a sounding board. Participants identified the long-term multi-year relationship as a key driver to the ongoing trust and rapport that they have built with their YDCs.

Key reflections from participants on their relationship with their YDCs include:

- Several participants expressed that they appreciated their YDC because they provided them with advice that was independent and objective. YDCs are not seen as people who project their own expectations or aspirations onto the participants they work with.
- Several participants reported that they believed their YDC's advice was underpinned by a genuine belief in what's best for the participant rather than self-interest.
- Some participants expressed that they found their YDC's objectivity confronting at times because it pushed them to consider both sides of the issues in front of them. This often led participants to unpack their challenges at a deeper level and come to difficult realisations that they could improve the way they were doing things (for example, in the way they behaved with their foster families.)

These reflections demonstrate the trusted, mentor-like role that YDCs play in participants' lives. This suggests that the interpersonal relationship between a participant and their YDC is a key element to enabling the participant to build their own personal agency and acquire the social capital necessary for independent living.

Many participants and YDCs reflected on how important it is that the EXCP start at 15. This early start means YDCs have ample time to develop trust and build a relationship before participants start to think about leaving care. It also means that YDCs can start working with participants to think about leaving care at an early age, rather than just 6 or 12 months before participants turn 18.

Figure 18 presents participant reflections on their relationship with their YDC.

Figure 18 | EXCP participant reflections on their relationship with their YDC



### YDCs, coupled with the option of foster care extension, provide participants with a sense of security and the confidence to plan for the future

Insights from participant interviews and the participant reflection workshop indicate that the option for foster care extension has enabled an increased sense of security when thinking about leaving care. Participants highlighted that the option of remaining with their foster carer, coupled with support from their YDC, has increased participant's perceptions of housing options available and provided a sense of confidence to choose what works best for them. These reflections demonstrate a capacity to make informed decisions about independent living.

## CASE STUDY



### Building deep relationships takes time

One young woman described herself to the evaluation team as 'pretty closed down' when she entered EXCP. She said that it took her 18 months to feel comfortable enough to start opening up to her YDC. When she finally did, she said '*I thought my YDC was going to cry, he just looked so happy*'.

She said that opening up has allowed her to be more confident and present with her YDC. She is now able to share her feelings and explore issues and concerns in a much deeper way.

Many participants told the evaluation team that it was important that the EXCP begin at 15 (or even earlier) as this gives plenty of time before leaving care to develop the trusted relationship. This sentiment was echoed by YDCs.



## Participants continue to lead their relationships with their YDC, aligned with the client-centred focus of the EXCP

Each participant has a unique and distinct relationship with their YDC. This client-centred approach is key to the program as it means participants are provided support on their own terms and have access to support at all times, not just during crisis. The exact nature of the YDC-participant relationship varies:

- Some participants view their YDCs purely as coaches responsible for supporting them to set and achieve their goals. Those who viewed their YDCs in this way were typically more task-focused and supported by strong personal networks.
- Some participants viewed their YDCs as being similar to 'best friends' or like an 'aunt or uncle'. These individuals tended to lean more heavily on YDCs for social and emotional support, with mixed engagement with the goal-setting component of the program.
- A small number of participants viewed their YDCs similarly to caseworkers and did not engage regularly with them outside of when they needed direct support, such as rent assistance or funds for medical appointments.

Most YDCs reported seeing their participants once every two weeks, with some as rarely as once a month. All YDCs reported variation in contact according to individual needs and circumstances. Outside of face-to-face visits, YDCs maintain regular contact via text and phone calls to check in and continue building relationships. Ad hoc communications are generally led by the needs of the participant. The ongoing COVID-19 pandemic disrupted some of these patterns across 2021.

A notable exception was with participants in Dubbo, with some YDCs suggesting disengagement from some participants from the program. This is likely to be the result of staff changes and COVID-19 related disruptions. It is important to note that any disengagement was not evident in program data, although this may reflect a need to enhance data collection.

Figure 19 provides an overview of coaching sessions during the evaluation period (July 2020 to June 2021). All participants received at least 1 coaching session during this evaluation period. 94% of participants received four or more coaching sessions (52 out of 55).

## CASE STUDY



### Components of the EXCP support participants to make important life decisions and contribute to stability when participants think about leaving care

Participants provided multiple examples of how components of the EXCP had supported them to explore their options and plan for their futures. Stories shared include:

- One participant wanted to move out of foster care immediately when they turned 18. This participant didn't realise that they could continue to get support through the EXCP. Their YDC talked through this decision with them and helped them realise the different options available to them. It was through this process they decided to stay with their foster carers – an option that may not be available to other young people in OOH.
- One participant who is living in foster care extension explained that he had originally wanted to move out of home. He spoke to his YDC, who helped him to think through his options and what living independently would mean in practice. The participant decided to stay with his foster carers, and reflected *'I'll know now when I'm ready, I don't have to leave right away'*.
- One participant had always wanted to live out of home. When she turned 18, she moved into independent living immediately, but had a bad experience. Her YDC helped her to find new, safe and

Figure 19 | Overview of coaching sessions and the client-centred nature of the YDC relationship



## 4.2 Changes to EXCP delivery and support as the cohort ages

This section presents findings related to:

- The changing role of the YDC as participants turn 18.
- The impact of regionality on the YDC relationship.

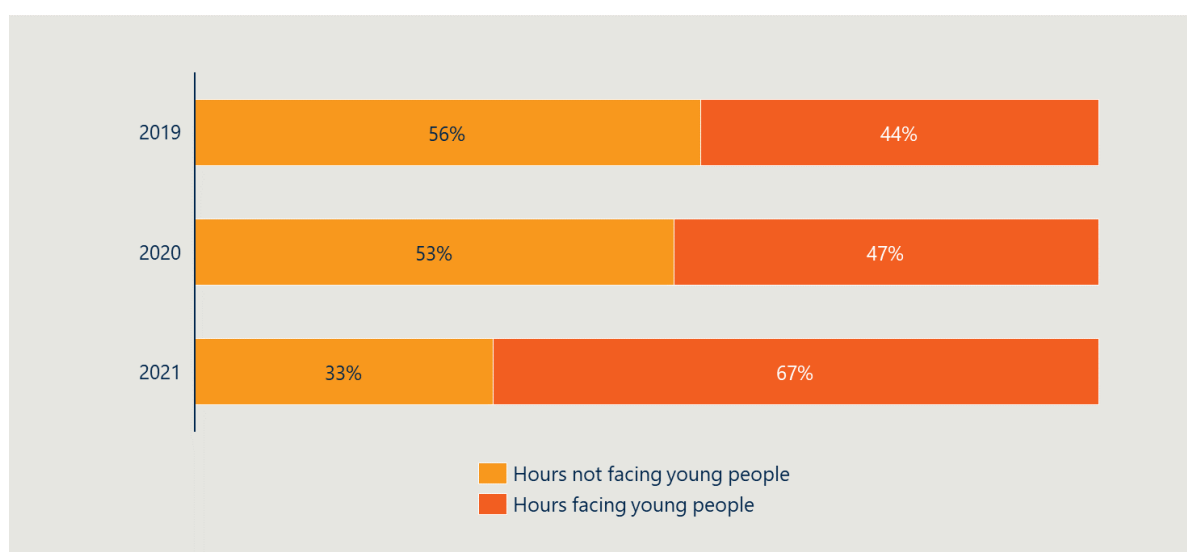
### The role of the YDC changes as participants turn 18, with YDCs spending more time with participants and taking on new and different tasks

Interviews with YDCs indicate that as participants turn 18 and leave care, they require both more support and more intense support. Notable changes included:

- **Participants over 18 need more support than those under 18.** Participants 18 and over no longer have a PSP caseworker and, unless they have chosen Foster Care Extension, will be living independently. YDCs reported a perception of increased intensity in the support required by participants over 18. Some participants also reported that no longer having a case manager meant that they only had their YDC to reach out to for support.
- **YDCs take on tasks traditionally completed by caseworkers.** Some YDCs reported that the transition out of care can lead to YDCs taking on unfinished caseworker tasks, for example a participants NDIS package. YDCs also reported that some participants over 18 turn to them to help with tasks that caseworkers would previously have been responsible for, such as making medical appointments.

Figure 20 provides a comparative analysis of total hours facing participants across the three years of the evaluation. Year on year, the proportion of hours YDCs spend directly with participants continues to increase. This analysis supports YDC perception that as the program matures, participants require more direct support.

**Figure 20 | Comparison of total hours facing young people in 2019 (n=45), 2020 (n=51) and 2021 (n=55)**



### **Participants who lean the most heavily on their YDCs are those who entered the EXCP at older ages**

One potential explanation for this is that those participants who entered the EXCP at younger ages have benefitted from the EXCP, built skills and confidence, and are more independent and resilient than those who were older when they entered the EXCP. Should this be true, it speaks to the value of the EXCP overall, and the particular value of starting support early.

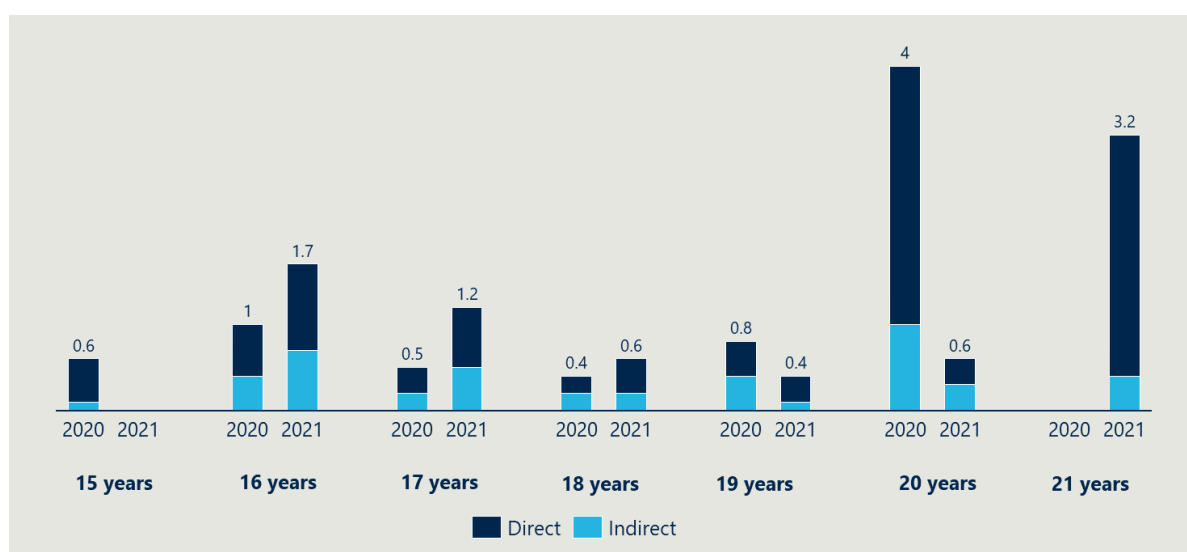
Another possible explanation is that during recruitment into the pilot, a small number of high needs individuals who were aged 18 or older were targeted for inclusion. Those individuals may have maintained that high level of need. Impact will become clearer in future years as those who entered the program at younger ages move through the program.

Figure 21 presents an analysis of the amount of time YDCs spend with individual participants stratified by age. It clearly shows that there is a group of high need participants who entered the program when they were 18 or older. Conversely, it shows that participants who entered the program at younger ages have needed less time from their YDC.

One potential explanation for this is that those participants who entered the EXCP at younger ages have benefitted from the EXCP, built skills and confidence, and are more independent and resilient than those who were older when they entered the EXCP. Should this be true, it speaks to the value of the EXCP overall, and the particular value of starting support early.

Another possible explanation is that during recruitment into the pilot, a small number of high needs individuals who were aged 18 or older were targeted for inclusion. Those individuals may have maintained that high level of need. Impact will become clearer in future years as those who entered the program at younger ages move through the program.

Figure 21 | Comparison of average client direct and indirect hours per participant, per age, per month 2020 (n=51) and 2021 (n=55)



### Data suggests that the EXCP will cost less as the cohort ages, but this may not take into account total investment

Figure 22 captures program costs data per participant as at 30 June 2021. This data takes into account all participants who have consented to the evaluation (55 participants).<sup>9</sup> The data indicates that:

- **The program cost per head for participants over 18 who leave care to live independently is much less than those who choose to take up foster care extension.** The cost for these participants is the same for participants under 18.

The analysis of accommodation type in Section 3 (above) indicates that participants aged 18 and over are choosing to leave care. This would suggest that current program costs will decline in future years – if trends hold, more and more participants will leave care and the EXCP will not need to cover the costs of foster care extension. As a result, the bulk of the cost of the EXCP will be program delivery (for example staffing and project management). This cost will should remain steady across future years.

- **There is a significant increase in the cost per participant as they pass the age of 18, but only when participants choose to continue to live with their foster carers.** Participants aged over 18, who continue to live with their carer and who have left school, cost the program on average \$32,000 per year, a difference of \$18,000 per year as compared to participants under 18. Note that this is due to Uniting covering the cost of carer payments.

Note that EXCP costs increase for participants who choose to take up foster care extension, as post-18 Uniting covers the cost of the carer payments (which was previously funded through the NSW Department of Communities and Justice). If the EXCP were fully funded through government, the cost per participant who choose to take up foster care extension would remain the same pre- and post-18 (cost of program plus the cost of carer allowance).

Whilst the current data suggests EXCP costs will decline, this does not take into account additional costs such as the rental subsidy provided to some participants by Uniting.<sup>10</sup> Should a large proportion of

<sup>9</sup> Note that these calculations are based on EXCP delivery costs plus the costs of the carer allowance not met by the NSW Government. They do not include additional costs such as any support that participants many receive towards rent or living expenses. For instance, it does not include the costs of external rent subsidy options such as Rent Choice Youth (provided by the Federal Government).

<sup>10</sup> The Extended Care Rental Subsidy Deal covers the gap in rent after a participant has contributed 25% of gross income and, if eligible, 100% of any Commonwealth rental assistance.



participants in future years choose to leave care and access Uniting-provided support, this could represent a significant cost. Future cycles of the evaluation will need to consider the contribution of these expenses to the overall EXCP cost – even if these costs are not directly attributable to the EXCP budget. These costs are important to understand the total investment required to successfully deliver the EXCP and should be used by Uniting to inform future investment decisions.

Figure 22 | Program cost data per head (n=55)

	Average cost per annum		Average cost per week
Young person under 18 OR young person over 18 who leaves care (no carer allowance)	\$14,805	▶	\$284.71
Young person over 18, continuing to live with carer and still at school (including reduced annual cost of carer allowance)	\$26,805	▶	\$515.47
Young person over 18, continuing to live with carer and left school (including full annual carer allowance of \$18,000 p.a.)	\$32,804	▶	\$630.86

Assumptions: Not all 55 young people participated in the program for the full 52-week financial year. Taking into account how many weeks of the year each young person participated, a total of approximately 2700 weeks of support was provided. Average costs per head have been calculated based on support provided to 55 young people per week, on average.

### 4.3 Opportunities to enhance ongoing delivery of the EXCP

#### YDCs in regional areas face unique challenges that should shape future EXCP design

Distance, travel and retention of YDCs remain key challenges in regional locations that impact the way YDCs provide support to participants. Interviews with YDCs in regional areas identified key challenges including:

- **Distance between participants and YDCs.** YDCs reported that when the program is delivered in regional locations, there are often large distances between where the YDCs are based and where participants live. In some situations, this has meant that YDCs have focused their efforts on connecting participants with local, accessible supports rather than on more regular face-to-face coaching. YDCs may also rely more heavily on virtual engagement such as telephone calls, which may contribute to perceived disengagement of some participants in rural sites.
- **It can be difficult to find the right candidates in regional locations.** Reflections from YDC interviews and the staff reflection workshop indicate challenges in finding suitable candidates for the YDC role in regional locations. This has been in part attributed to smaller recruitment pools compared to more metropolitan locations, as well as the perceived lack of routine in-person support and supervision in regional sites.

#### Working relationships between PSP caseworkers and YDCs could be enhanced

Whilst YDCs tended to report positive working relationships with PSP caseworkers, they did highlight opportunities to improve communication and information sharing, where appropriate. This is consistent with findings from previous cycles of the evaluation. It is important to note that the YDC-PSP caseworker relationship will become increasingly less important as more and more participants turn 18 and leave care.

Opportunities to enhance communication and collaboration include:

- **Reviewing EXCP and PSP alignment and processes within Uniting's organisational structure.** YDCs and PSP caseworkers reflected that EXCP feels like it currently sits entirely separately from PSP, including separate reporting lines. EXCP staff are not routinely invited to PSP meetings.
- **Planned debriefs between PSP caseworkers and YDCs.** Ways of working between PSP caseworkers and YDCs may be highly dependent on the individual working styles of those in the roles. Interviews with YDCs and PSP caseworkers reflected that this could be improved through regular and planned debriefs for both roles to better understand the needs of participants.
- **Better communication around LCPs.** Some YDCs reported uncertainty around who should be leading the development of the LCP, and at what point in time this should start. For example, one YDC reported that their participant was turning 18 and they had not had any contact or update regarding the LCP development and/or handover process to support the transition out of OOHC.

## CASE STUDY



**Early conversations between the YDC and PSP caseworker enable better transitions out of care**

One YDC reflected on the value of YDCs and PSP caseworkers working together on a participant's LCP. Importantly, the YDC noted that these conversations need to happen early – they can't wait until 6-months before the participant leaves care.

By working together, the YDC and PSP caseworker made sure that the LCP was comprehensive. For example, the YDC realised that the participant was planning on moving out of home and out of area to continue studying and would therefore need funding to cover the cost of storing their possessions. This wasn't something that the PSP caseworker had considered and could have easily been missed.

## 5 Considerations for program delivery and scale up

This section presents considerations to support future program delivery and ongoing implementation of the EXCP. The evaluation team provides 9 recommendations in three areas:

- Recommendations that would support expansion and scale up of the EXCP, either by Uniting or by other organisations that provide OOHC services.
- Recommendations that would strengthen ongoing delivering of the EXCP.
- Recommendations related to monitoring and evaluation activities.

### 5.1 Recommendations related to EXCP expansion and scale up



Begin work formalising how the EXCP should be organisationally structured to best support participants and YDCs should the EXCP be scaled up and rolled out more broadly.

The 2021 evaluation cycle is the first to explore a full 12-months of program data, as well as the first in which a large proportion of participants have turned 18. As participants age and begin to move out of the EXCP – either because they turn 21 or because they choose to exit – there is an opportunity to consider how the EXCP could be adapted should Uniting decide to roll out the EXCP as a standard (non-pilot) program, enrol a new cohort into the pilot, and/or support other organisations providing OOHC services to deliver the EXCP.

Core to successful scale up and roll out will be ensuring that there is an appropriate and effective organisational structure for the EXCP. Such a structure will strive to support the fidelity to the model, the best outcomes for participants, as well as support and nurture YDCs in their role.

#### Shift from the YDC-participant relationship from a one-on-one structure to a team-based structure



Consider moving the YDC-participant relationship from a one-to-one structure to a team-based structure where two or more YDCs build relationships with each participant.

One of the unique value-adds of the EXCP is the opportunity that it provides participants to meet and develop relationships with others outside of their usual networks. This includes other EXCP participants, other young people in OOHC, and the YDCs with whom they work.

As described above, the current structure of the EXCP focuses on individual YDCs developing strong and enduring relationships with their allocated participant, as a one-on-one relationship. Whilst the EXCP has provided opportunities for participants to meet other YDCs – such as through in-person and online social events, or through the participation in workshops and conferences – this has been informal and ad hoc.

This cycle of the evaluation highlighted the benefits that might come from shifting from a one-on-one to a more team-based support structure. Under such a structure, the YDCs would work as a team of two or more and jointly develop relationships with the participants in their region. This is likely to create a number of benefits, shown in Figure 23 and detailed below.

Figure 23 | Potential benefits of a team-based approach to the YDC-participant relationship



- **Offering young people opportunities to strengthen relationship-building skills.** Throughout the evaluation, participants have consistently reported that the opportunity to build relationships – and practice skills for relationship building – was a key benefit of the EXCP. Moving from a one-to-one to team-based support would offer participants another one or two YDCs with whom to build relationships.
- **Fostering effective and safe transitions when YDCs move on from the EXCP.** There has been variability in the way that YDC transitions have been managed across the life of the EXCP. When done well, such as in 2020, the key to success was an extended transition period that allowed the incoming YDC to build relationships with participants whilst the outgoing YDC remained in the program. This extended transition period will not always be possible – for instance when YDCs leave unexpectedly or when there is difficulty recruiting qualified people into the YDC position.
- **Ensuring that mobile young people have support and relationships across multiple sites.** As participants grow up, they move across locations for a variety of reasons including employment opportunities, further education, a desire to see the world, or a desire to move away from challenging circumstances. A team-based structure, where YDCs from across different sites build relationships with participants, provides support to these young people as they move. This is especially important when young people are moving as the result of crisis.

## CASE STUDY



### There may be benefits in shifting to a team-based approach to the YDC-participant relationship

Insights from interviews with participants and YDCs suggest potential benefits in shifting from a one-on-one to a team-based approach to the YDC-participant relationship:

- *"I love having the chance to meet new people, getting out, being able to chat with people and learn about their lives. I'd like having another YDC because it would be someone else to speak to and build a relationship with" – participant*
- *"We kind of work as a team or a buddy system out here anyway – we've got kids in the same location, so we'll do that long drive together, we talk about what needs to be done and how we can support each other" – YDC*
- *"When [young person] moved here from Western NSW it was so good that we'd already met. He could get in contact, and I could help him out through EXCP, even though his actual YDC was hours away" – YDC*

## Consider a matrix structure for organisational design of the EXCP, consisting of local YDC Pods complemented with a formal structure to build cross-site relationships



Consider a matrix approach to EXCP organisational structure – comprised of local 'YDC pods' in each site complemented with formal structures to build cross-site relationships between YDCs.



Create a 'Senior YDC' position in each site to provide fidelity to the model clinical supervision, guidance, and mentorship to site YDCs, support the Program Manager with day-to-day operations, and offer YDCs a career pathway.

Whilst the current structure of the EXCP works for the small-scale pilot program, it is unlikely to be fit-for-purpose should the program be expanded. A matrix structure consisting of local YDC Pods complemented with formal cross-site structures such as a Community of Practice is one option that could be considered:

- **Pods would consist of all YDCs in an EXCP site.** YDCs within a Pod would form a local team and would provide each other with peer-support, peer-mentorship, and cover for leave. Within the Pod, two or three YDCs would buddy up to develop relationships with a cohort of participants. Locally organised social events would provide an opportunity for all YDCs in a pod to meet and develop relationships with all participants. The question of whether or not there could or should be a 'relationship owner' or main contact for each participant could be discussed.
- **Formal structures such as a Community of Practice would bring together YDCs from across all program sites.** These structures would provide an opportunity for YDCs across sites to meet and learn from each other and provide an additional mechanism for peer-support and peer mentorship. Informal social events would also provide an opportunity for YDCs to meet and develop relationships with participants across sites. Depending on the eventual size of the EXCP, multiple Communities of Practice could be established – for example bringing together all YDCs in a regional area.

Operationalising the matrix structure would require four types of staff:

- **A Program Manager would oversee Pods and cross-site structures.** The Program Manager would be responsible for overall delivery including ensuring that the EXCP retains fidelity to the model, is delivered safely and with sound clinical governance, that the EXCP is achieving its intended outcomes, and that staff are supported and able to thrive in their roles.
- **A Program Coordinator would support the Program Manager** with tasks such as data collection and report writing and share clinical supervision duties. This would ensure the Program Manager had time to devote to key tasks such as some of the clinical support and supervision.
- **A Senior YDC would be responsible for Pods in each location.** The Senior YDC would be responsible for program delivery within the local site, provide in-person on-site support and supervision, and work with the Program Manager to ensure the program was being delivered safely and effectively, and with fidelity to the model.
- **Local YDCs would deliver the EXCP and work directly with participants.**

Benefits of the matrix approach include:

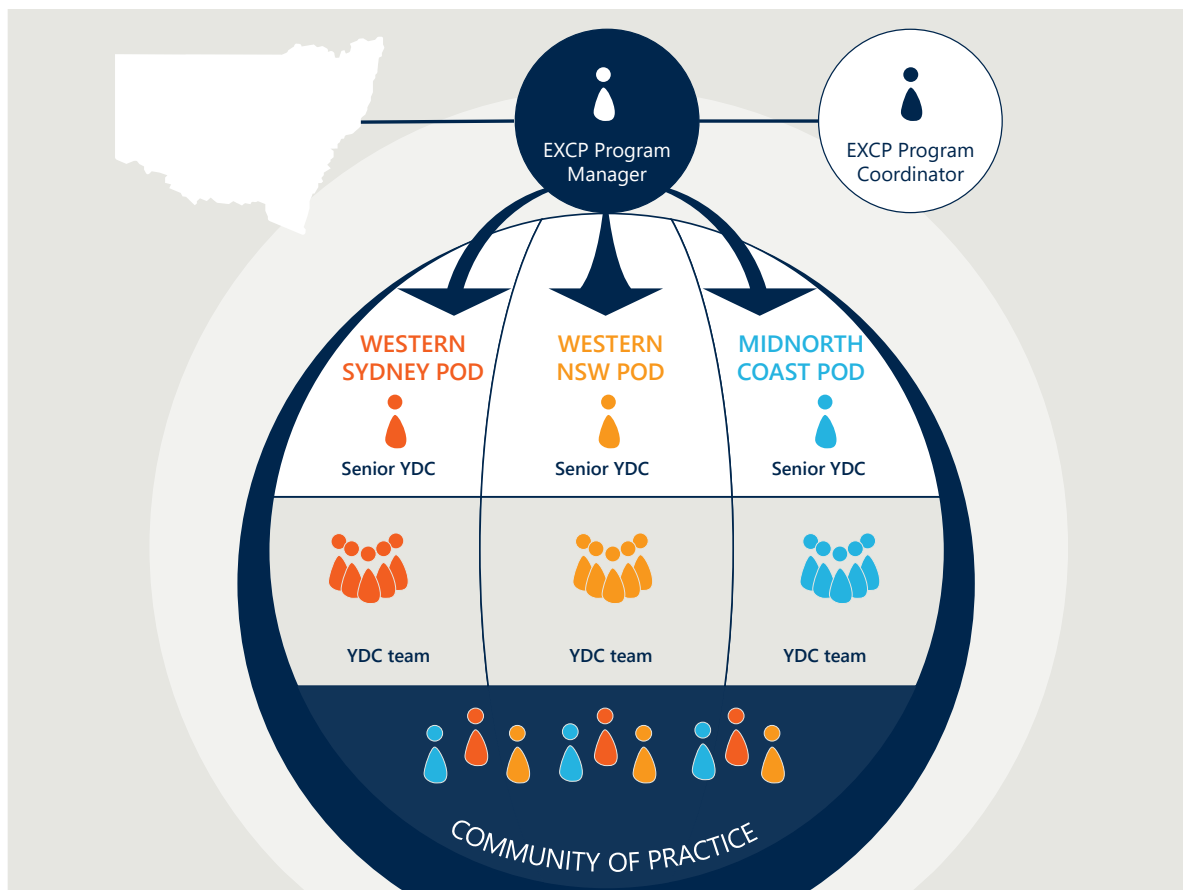
- **Providing additional support to YDCs, especially those in regional and rural locations.** Some YDCs in regional sites reflected on the challenges they faced with limited in-person support, particularly as those who were new to the EXCP and the YDC role. Some of these challenges could be mitigated through a team-based support system (described above) and the matrix approach, so that new YDCs and those in regional sites are not expected to manage their workloads individually and have support to lean on when needed. This would also mean that YDCs would be able to take leave when needed, without having to go through a protracted handover process.



- **Offering YDCs career progression opportunities.** The current structure of the EXCP does not offer YDCs with any opportunity for career progression – until and unless the Program Manager leaves the EXCP. Creating a Senior YDC role reflects and celebrates the considerable skills YDCs have built during the pilot and the value they bring to the EXCP and to Uniting overall. Without this, Uniting risks losing these skilled and dedicated professionals to other providers of OOHHC services.

Figure 24 provides an overview of how the matrix structure may work.

**Figure 24 | Potential matrix structure for the EXCP**



**Develop suitability criteria for the YDC positions that clearly articulates the importance of being able to work in a client-centred manner**



**Recommendation**

Develop suitability criteria for the YDC positions that clearly articulates the importance of being able to work in a client-centred manner in order to promote fidelity to the model.

One of the risks of scaling up is losing fidelity to the EXCP model. The recommendations above give structural strategies to consider with any potential expansion. The other important element is how to choose staff who will be suitable to work in the 'EXCP style'. Characteristics need to be clearly articulated, with one important point being that qualifications do not necessarily indicate suitability. It is important that this understanding is well embedded across the whole EXCP to prevent variations to the model becoming entrenched across different locations.

## Review where the EXCP sits within Uniting's overall organisational structure



Review where the EXCP sits within Uniting's organisational structure, which may serve to enhance formal and informal communication and coordination between YDCs and PSP caseworkers.

The importance of good working relationships between YDCs and PSP caseworkers has been a consistent finding across all evaluation cycles. Whilst these relationships are becoming less important as more participants turn 18, it is important to consider opportunities to enhance working relationships particularly in the context of possible scale up.

Previous evaluation cycles have recommended options to enhance communication and relationships including formalising requirements for YDCs and PSP caseworkers meet on a regular basis and sharing clinical notes between roles. These recommendations still stand.

This evaluation cycle also raised the possibility of reviewing and reconsidering where the EXCP sits within Uniting's overall organisational structure. Stakeholders noted that currently the EXCP sits separately to the PSP within Uniting's organisational structure. As a result, there are different reporting lines and different team structures – YDCs and EXCP program staff are not routinely invited to regular or ad hoc PSP team meetings. This is compounded by the fact that – at least in one site – PSP and EXCP sit in entirely different buildings on the Uniting campus, limiting opportunities for impromptu meetings and conversations.

Reviewing where EXCP sits within Uniting's organisational structure may highlight opportunities for greater collaboration between the two teams.

## 5.2 Recommendations related to ongoing EXCP delivery



Formalise and codify recruitment and induction processes for new YDCs, which should include making sure that (to the extent possible):

- There is an extended handover and transition period to support new YDCs enter into the role and make sure participants are comfortable with the transition to a new YDC.

Incoming YDCs receive the in-person support and supervision that they need as they transition to the role.

A key finding from the 2020 evaluation cycle was the effectiveness of the transition between YDCs in one EXCP site. The EXCP provided a long and comprehensive handover period that minimised disruptions for the participants involved. The outgoing and incoming YDCs created an informal 'buddy' arrangement where the new YDC shadowed the established YDC and the two gradually transitioned participants. Interviews with these YDCs indicated that this handover worked well, both to support the new YDC to enter the role and to provide support to participants during the transition – noting the close personal relationships that form between participants and their YDCs.

The EXCP saw another YDC transition in 2020/2021, in the same site as discussed above. YDCs reflected that this transition was less effective than the previous transition. This was potentially influenced by factors, including:

- **Difficulties recruiting qualified YDCs, leading to limited or no in-person handover.** The EXCP Program Manager noted challenges with identifying and recruiting appropriately qualified individuals to the YDC role. This may have been compounded by the regional location of the site – impacting both the number of individuals willing to apply for the role, but also adding extra barriers to the role

such as increased travel time. The difficulties recruiting a qualified person into the role meant that there was not time for a comprehensive and protracted handover between YDCs.

- **COVID-19 restrictions meaning the EXCP Program Manager could not travel from Sydney to the site to provide in-person support and guidance.** Ongoing restrictions related to the NSW public health response to COVID-19 limited the ability for the EXCP Program Manager to travel to the regional site to conduct in-person induction and provide hands-on support and supervision in the first critical few weeks. Incoming YDCs reflected that this made their transition into the role difficult – particularly as both YDCs in the site are relatively new, there are no other EXCP staff on site, and as a result they had only each other to rely on.

Whereas the 2020 evaluation cycle highlighted the key benefits of an effective handover, the 2021 cycle showed the challenges that can result from less effective handovers. The differences across the two years highlight important factors for EXCP enhancement, particularly considering how the EXCP can continue to be built and rolled out at scale (either within Uniting or by other providers of OOH). These include:

- **Ensure, to the extent possible, that there is an extended handover and transition period to support new YDCs.** This period is important both for the YDCs – as it enables them to feel confident and comfortable in their role – but also for participants as it provides time to build a relationship with a new YDC whilst maintaining an ongoing relationship with the outgoing YDC.
- **Provide intense in-person support and supervision to incoming YDCs in the first few weeks of their role, with clear procedures for ongoing in-person support.** Due to the nature of the EXCP as a pilot program, it is small in scale with currently only 6 staff (1 Program Manager and 5 YDCs). The structure of the EXCP is such that the EXCP Program Manager sits in Sydney, with responsibility for overseeing YDCs in four sites (Western Sydney, Mid-North Coast (consisting of Port Macquarie and Coffs Harbour) and Western NSW). The Program Manager is limited in their ability to provide in-person support to those outside of Sydney. This is compounded by lack of formal supervision by others in their local offices and limited (or non-existent) opportunities for informal supervision and peer-support/peer-mentorship in local offices.

## 5.3 Recommendations related to monitoring and evaluation

**Continue with the 2021 evaluation methodology, which balances robust data and rich insights with managing participation burden**



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Continue with the evaluation methodology agreed for the 2021 evaluation cycle, which balances gathering robust data and rich insights with managing participation burden for EXCP participants, carers and staff

As noted in Section 4 (above), Uniting and the evaluation team met at the beginning of 2021 to reflect on the previous evaluation cycle and discuss opportunities to enhance the evaluation methodology. As a result of these discussions, changes were made to the 2021 evaluation including:

- Significantly shortening the participant survey to reduce data collection burden.
- Replacing surveys of carers and YDCs with one-on-one interviews, as it was considered that interviews would provide richer and more meaningful data.
- Formally adding interviews with PSP caseworkers to the evaluation plan, noting the importance of PSP caseworker views and reflections on understanding the impact of the EXCP and identifying potential opportunities for enhancement.
- Dividing the multistakeholder workshop into two shorter workshops, one focused on the voices of participants and one to understand the perspectives of staff and carers.

Reflections from this cycle of the evaluation suggest that these changes have strengthened the evaluation methodology, reduced data collection burden for all participants, and delivered a richness of data that

supports identification of outcomes. This methodology should be taken forward for future evaluation cycles.

### **Ensure all relevant financial data is captured so that the full cost of the EXCP is known and can support future investment decisions**



Ensure that all relevant financial data is collected so that the total cost of the EXCP – including costs such as rental subsidies – can be calculated and findings used for future investment decisions

As noted in Section 4 (above), the current data suggests that the overall cost of the EXCP will decrease over time. The main contributing factor to this is the number of participants over 18 who are choosing to leave foster care. As a result, the EXCP does not need to cover the cost of the carer's allowance as part of Foster Care Extension.

Interviews with participants and staff, as well as the staff workshop, highlighted that some participants who have left foster care are receiving a rental subsidy through Uniting. Current financial data does not include any costs associated with this subsidy, or any additional costs related to support with living expenses.

The majority of the EXCP cohort are now aged 18 or over. Some have already left care and many others are actively considering their future options. Should a significant proportion choose to leave care and be eligible for a rental subsidy through Uniting this could have substantial financial implications.

Moving forward, it is important that all relevant financial data is collected so that the total cost of the EXCP can be calculated. This will enable accurate value-for-money analyses and support future investment decisions.

## Appendix A Background and context

### Extended Care Pilot Program background

#### Care leavers as a cohort experience very poor outcomes relative to young people supported by their family

Approximately 1,200 young people between the ages of 16 and 18 exit the OOHC system in NSW each year.<sup>11</sup> Children and young people who are, or who have been, in OOHC face greater vulnerability across several dimensions of their wellbeing. This may be the result of significant life disruptions that led to their placement in care, wider exposure to disadvantage, and/or experiences during their time in care.<sup>12</sup>

Australian evidence indicates that a sense of security, stability and social support are associated with better long-term outcomes for young people after leaving care.<sup>13</sup> As such, a young person's experiences during their time in OOHC can influence their long-term trajectory. As well as diminished quality of life, overall poorer outcomes drive increased state and Commonwealth service system usage and therefore increased costs to government.<sup>14</sup>

Recent research conducted by CREATE Foundation, the national consumer body representing the voices of children and young people with an experience of OOHC, highlights some of the challenges faced by children and young people in OOHC. A 2018 survey of 325 young people aged between 18 and 25 with an experience in OOHC found that:<sup>15</sup>

- Whilst respondents indicated that they managed most basic life skills reasonably well, they identified making friends as an area of difficulty.
- 57% of respondents completed Year 12 secondary studies. Over one-third were continuing their studies, 18% at TAFE and 11% at university.
- 37% had been involved with the justice system whilst in care, 21% since leaving care. Involvement whilst in care included court attendance associated with obtaining orders, when acting as a witness, as well as actual offending.
- 49% had moved from their carer's household when their orders expired. 17% were homeless immediately upon leaving care. 30% of the young people reported that they had been homeless at some stage within their first year after leaving care.
- One-third of respondents had some form of ongoing work, and 31% were studying. 46% were totally dependent on Centrelink.
- 26% reported they had not spoken with anyone about planning for leaving care. Only 36% indicated that they had a transition plan, of which 39% had been involved in its preparation. Respondents wanted more practical support to plan for leaving care, preferably from mentors who could provide direct assistance.

#### Organisations working in out-of-home care are trialling new approaches to improve outcomes for care leavers

Programs in Australia that support young people to transition from OOHC to independent living are currently disparate in their focus, resourcing, and scale. Service providers are experimenting with different

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<sup>11</sup> Australian Institute of Health and Welfare (AIHW). 2021. Young people in out-of-home care. 25 June. Canberra: AIHW.

<sup>12</sup> Australian Institute of Health and Welfare (AIHW). 2021. Income support receipt for young people transitioning from out-of-home care. Cat. No. CWS. 82. Canberra: AIHW.

<sup>13</sup> Cashmore J. and M. Paxman. July 2006. 'Predicting after-care outcomes: the importance of 'felt' security.' *Child and Family Social Work* 11(3):232-241

<sup>14</sup> Morgan Disney and Associates, 2006 'Transition from care: Avoidable costs to governments of alternative pathways of young people exiting the formal child protection care system in Australia', Volume 1: Summary Report.

<sup>15</sup> McDowell, J.J. 2020. Transitioning to adulthood from out-of-home care: Independence or interdependence? CREATE Foundation.



approaches to improve outcomes through a range of program approaches.<sup>16</sup> Evidence of the impact of these various approaches is reported to be anecdotal and incomplete.

The EXCP and this evaluation is therefore a crucial opportunity to document and understand the extent of the achievement of tangible and sustained benefits for participants. It can also contribute in a deliberately innovative way to the identification of which types of support make the most difference, for whom, and why.

### The EXCP seeks to improve outcomes for young people as they transition to adulthood

The EXCP's purpose is to provide young people in, and transitioning out of, OOHC the opportunity to develop and mature in a way that reflects the opportunities young people who are not in care have available to them. The aim of the EXCP is to build the long-term capacity and resilience of participants. This is intended to enable a supported transition to independence that recognises that many young people currently leave care before they are developmentally ready and without the necessary supports to enable a positive and stable transition.

The EXCP been designed in line with best practice research which identifies the key changes required to improve outcomes for young care leavers as:

- improved quality of care and placement stability
- gradual and flexible transition from care
- good preparation and planning
- continued access to aftercare support.<sup>17</sup>

The EXCP works to ensure that there is no abrupt end to care and support when a young person turns 18. It assists participants before, during and after they leave Uniting's care, providing ongoing support and resources, including:

- The opportunity to continue living with foster carers or to receive support to access alternative accommodation, including ongoing financial and practical support until the age of 21.
- Mentoring and advice delivered by Youth Development Coaches (YDCs). The goal of the mentoring is to support and coach participants to articulate and explore their goals and aspirations for the future and to facilitate learning opportunities and brokerage and/or referrals that enable these goals to be reached.

The learning opportunities and goals are explored and structured through working with EXCP participants across five domains as shown in Figure 25

Figure 25 | The five EXCP domains



The EXCP employs a person-centred planning approach using the Better Future Practice Framework.<sup>18</sup> This framework, developed by Brotherhood of St Laurence, is a strength-based approach to support participants transition from care to post-care support. Through mentoring, it seeks to develop the

<sup>16</sup> Uniting (2018), Literature Review: Attachment 4 – Evidence from Research and Consultations, FACS Their Futures Matter Evidence Review, Centre for Evidence and Implementation (unpublished)

<sup>17</sup> Beauchamp, T. 2014, Young people transitioning from out-of-home care to adulthood, a review of program approaches in Australia and overseas, [https://uniting.org/\\_data/assets/pdf\\_file/0006/126906/UCCYPF-young-people-transitioning-from-OOHC-to-adulthood.pdf](https://uniting.org/_data/assets/pdf_file/0006/126906/UCCYPF-young-people-transitioning-from-OOHC-to-adulthood.pdf)

<sup>18</sup> Howie, J. with Cull, E. James, S. and Mallet, S. 2019. Better Futures Advantaged Thinking Practice Framework. Brotherhood of St. Laurence: Melbourne

participant's decision-making, abilities and capacity for independent living, that continues from the age of 15 until at least age 21.

### Goal setting tools are used for both planning and monitoring

A key element of the Better Future Practice Framework is the Where Am I Now (WAIN) self-assessment tool (Figure 26). The tool provides a visual way for EXCP participants to reflect on their current circumstances and track themselves in relation to whatever goals they have articulated. For 2021, the EXCP design anticipated that participants would complete these self-assessments every quarter. The process is for each participant to set goals regarding each domain, and then assess their progress against each goal over time. Goals may be short-term, such as getting a driver's licence, or longer-term, such as learning a trade.

Figure 26 | Where Am I Now



It is important to note that the WAIN tool is not a validated tool. It is used in a casework scenario to derive a subjective assessment by EXCP participants of where they are at in life. Goals reflected on can be short- or long-term.

In the process of completing the WAIN self-assessment, YDCs can facilitate a conversation with participants about their feelings and confidence in each domain, as well as the nature of support participants think they may require in a particular area of their life. Ultimately it assists the YDC and participant to prioritise goals and determine readiness and motivation for change. The knowledge gained through the process can be fed into the process of generating Leaving Care Plans.

## Appendix B Evaluation methodology

### A longitudinal process and outcomes evaluation is tracking EXCP achievements and opportunities for improvement over time

In parallel to launching the EXCP, Uniting engaged Nous Group (Nous) to conduct a process and outcomes evaluation of the EXCP from 2019 to 2024. The outcome element of the evaluation is assessing the extent to which the EXCP has supported participants to transition to independent living, improved participants' social and economic outcomes and generated savings to government through decreased use of government services. The process element recommends ways in which the EXCP can be improved each year to drive better outcomes for participants.

Appendix C presents material on the structure of the evaluation including key lines of enquiry, evaluation plan and data sources. This section presents a short description of the method used for this the third cycle of the evaluation.

### Updates to the methodology for the 2021 evaluation cycle

The evaluation team and Uniting met at the completion of the 2020 evaluation cycle (February 2021) to reflect on the evaluation methodology and plan for the 2021 evaluation cycle. A number of updates were made to the evaluation methodology as a result of these conversations, including:

- **Decision to significantly shorten the participant survey.** Participants reported that the 2020 survey was too long, repetitive, and took up to 60-minutes to complete. This led to a high proportion of incomplete responses and questions around data validity.
- **Decision to engage YDC's through one-on-one interviews.** In the 2020 cycle, the evaluation team distributed surveys to all YDCs and complemented this with one-on-on interviews with each YDC. The evaluation team and Uniting agreed that interviews with YDCs and program staff would provide a richness of data and that the survey was not also required.
- **Replacement of annual survey of carers of participants with a small sample of one-on-one interviews.** In the 2020 cycle, the evaluation team distributed surveys to carers of EXCP participants. This survey had a low response rate. The evaluation team and Uniting agreed to replace this survey with targeted interviews with carers, aiming for two in each EXCP location. This provided richer insights into the impact of the EXCP.
- **Addition of annual interviews with PSP caseworkers.**<sup>19</sup> In the 2020 evaluation, PSP caseworkers were invited to participate in annual multi-stakeholder workshops. The evaluation team and Uniting agreed to add one-on-one interviews with PSP caseworkers in each location to the evaluation cycle. The views of PSP caseworkers are key to understand the success and impact of the EXCP for participants under 18, and to identify opportunities to enhance EXCP program delivery.

Table 3 provides an overview of data sources for the 2021 evaluation cycle.

**Table 3 | Overview of data sources for the 2021 evaluation cycle**

<b>Participant survey</b>	<p>The evaluation team develop a short online survey that is sent to all EXCP participants who have consented to participate in the evaluation. Surveys are distributed by YDCs on behalf of the evaluation team.</p> <p>Surveys are designed to understand how the EXCP is being delivered, how satisfied participants are with the EXCP, and yearly impact on the EXCP across</p>
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<sup>19</sup> The Permanency Support Program (PSP) provides tailored support to vulnerable children so that they can grow up in stable, secure and loving homes. Under the PSP, PSP caseworkers work with a child and the people who love and care for that child to identify the best permanency goal, and to attain that goal within two years.

	<p>the five domains.</p> <p>For the 2021 evaluation cycle, 67% (37/55) of EXCP participants who had consented to participate in the evaluation completed the survey.</p>
<b>Interviews with EXCP staff, foster carers, and PSP staff</b>	<p>The evaluation team complete one-on-one interviews with a selection of EXCP participants, carers, PSP caseworkers, and YDCs and EXCP program staff.</p> <p>Interviews with participants are designed to add richness to survey data and provide an opportunity to explore the impact of the EXCP in more depth.</p> <p>Interviews with carers, PSP caseworkers and YDCs and EXCP program staff enable the evaluation to understand their impressions of the impact of the EXCP on participants and interrogate program delivery.</p> <p>For the 2021 evaluation cycle, the evaluation team completed interviews with:</p> <ul style="list-style-type: none"> <li>• Twelve EXCP participants.</li> <li>• Nine carers of participants.</li> <li>• Five PSP caseworkers from across the three EXCP sites.</li> <li>• All YDCs and the EXCP Program manager.</li> </ul>
<b>Workshops</b>	<p>The evaluation team design and facilitate annual multi-stakeholder workshops. Workshops are designed as an opportunity to test emerging findings and explore in-depth particular findings of interest.</p> <p>For the 2021 evaluation cycle, the evaluation team facilitated two workshops:</p> <ul style="list-style-type: none"> <li>• One 90-minute workshop with 8 participants.</li> <li>• One 120-minute workshop EXCP program staff, other Uniting staff, and carers.</li> </ul>
<b>Data</b>	<p>The evaluation team complete annual analysis of program data ('Carelink data'). Data analysis is designed to track the progress of participants, understand how participants are receiving services through the EXCP and are interacting with other services and supports available to them, and understand how the EXCP program is being delivered.</p> <p>For the 2021 evaluation cycle, the evaluation team conducted an analysis of Uniting-provided program data for those participants who consented to share their data for July 2020 to June 2021.</p> <p>Note that the evaluation team intends to complement program data with analysis of linked Commonwealth and state data for consenting participants. At the time of writing, linked data had not been made available to the evaluation team. Analysis will be completed on this data once it is available.</p>

## Notes on methodological challenges

The evaluation team noted a number of methodological challenges to be considered when interpreting the results presented within this evaluation report (Table 4).

Table 4 | Methodological challenges

Challenge	Notes
<b>Data for evaluation cycles cover different time periods</b>	<ul style="list-style-type: none"> <li>Given the nature and timing of the evaluation cycles, the data collected and analysed covers different time periods. Due to this, findings from the three reports are not directly comparable.</li> <li>The 2019 report covered data related to the EXCP set-up period and only three months of Carelink data. The 2020 report covered data for eight months from November 2019 to June 2020.</li> <li>This 2021 report is the first report to include a full 12-months of data (July 2020 to June 2021).</li> </ul>
<b>The 2021 report draws from different data sources as compared to 2019 and 2020</b>	<ul style="list-style-type: none"> <li>As noted above, the evaluation team and Uniting met following the 2020 evaluation cycle to reflect on the evaluation methodology and plan for the 2021 evaluation cycle. As a result of this meeting, a number of updates were made to the evaluation methodology.</li> <li>Due to these changes, some data points from previous evaluation cycles are no longer included in the evaluation methodology. This includes data from surveys of YDCs and carers, as well as specific questions from the participant survey.</li> </ul>
<b>Interviews in 2021 had to be conducted virtually</b>	<ul style="list-style-type: none"> <li>Due to the impact of the COVID-19 pandemic, in the 2021 evaluation cycle all interviews were conducted virtually (either via MS Teams or over the phone). In previous evaluation cycles the vast majority of interviews were conducted face-to-face. This was partially offset by the face-to-face workshops.</li> <li>It can be more difficult for interviewees to develop rapport and build a sense of interview safety when conducting interviews virtually. It is possible, therefore, that some interviewees felt less comfortable during interviews in this evaluation cycle. This may have impacted the richness of data gathered through some interviews.</li> <li>Given the number of interviews that were conducted and the various data sources that were considered for this cycle of the evaluation – including the opportunity to participate in an in-person workshop – the evaluation team do not consider it likely that virtual engagement had a significant impact on evaluation findings.</li> </ul>
<b>There is non-response bias/participation bias towards participants who are tracking well</b>	<ul style="list-style-type: none"> <li>The evaluation team and Uniting take all steps to conduct interviews with a diverse and representative cross-section of EXCP participants.</li> <li>Nonetheless, it is likely that participants to agree to interviews are those whose lives are tracking well. They are comfortable and confident to speak with the evaluation team and manage their schedules and other commitments to make time for interviews.</li> <li>The evaluation team found that participants who are facing challenges – such as extended periods of unemployment, health concerns, or young</li> </ul>



Challenge	Notes
	<p>parenthood – did not respond to invitations to participate in online or phone interviews, as a result of COVID-19 restrictions. It is unclear whether a face-to-face interview may have been more successful. It is also possible that participants who are facing challenges may be hesitant to speak to the evaluation team and/or be unable to find time to participate in an interview.</p> <ul style="list-style-type: none"> <li>As a result, qualitative findings from interviews with participants may be disproportionately positive.</li> <li>The evaluation team has mitigated this risk through triangulating participant interview data with data from interviews with carers and staff, as well as with surveys and program data. Drawing together these multiple sources provides a more holistic and accurate representation of the experiences of participants as a whole.</li> </ul>
<b>There may be social desirability bias in participants responses to interviews and the survey</b>	<ul style="list-style-type: none"> <li>Social desirability bias is the tendency to underreport socially undesirable attitudes and behaviours and to over-report more desirable attributes. For example, young people may be disinclined to report excessive drug or alcohol use in the survey.</li> <li>The evaluation team and Uniting have taken multiple steps to attempt to account for social desirability bias in the evaluation. This includes: (a) actively spending time at the beginning of interviews to build rapport with interviewees; (b) reassuring interviewees at the start of each interview that their responses are anonymous and that all responses will be reported in aggregate; (c) ensuring that survey respondents are aware that the survey is completely anonymous.</li> <li>In addition, the evaluation team have mitigated this risk through triangulating participant data with data from other sources including qualitative interviews and objective program delivery data.</li> </ul>
<b>The COVID-19 pandemic continues to impact evaluation methods and results</b>	<ul style="list-style-type: none"> <li>The COVID-19 pandemic continued to have significant impacts on Australia's social and economic landscape in 2020 and 2021, which in turn impacted on the EXCP.</li> <li>Long-term shutdowns may have impacted the outcomes able to be demonstrated by the EXCP across all domains. For example, participants may have found it harder to find and keep employment as a result of stay-at-home orders.</li> <li>The evaluation team is aware of these potential impacts and have factored these into analysis and reporting of results (where appropriate).</li> </ul>

## Ethics approval

Ethics approval has been given for the evaluation. All data collection is subject to strict ethical research protocols. These protocols are outlined in Nous' ethics application, which was approved by the NSW Population and Health Services Research Ethics Committee and Centre for Health Records (PHSREC, reference number 2019/ETH00650), and endorsed by the NSW Aboriginal Health & Medical Research Council Ethics Committee (AH&MRC), the Sydney Children's Hospital Network Ethics Committee and the Department of Human Services External Request Evaluation Committee (EREC).

## Modifications to the methodology as a result of COVID-19

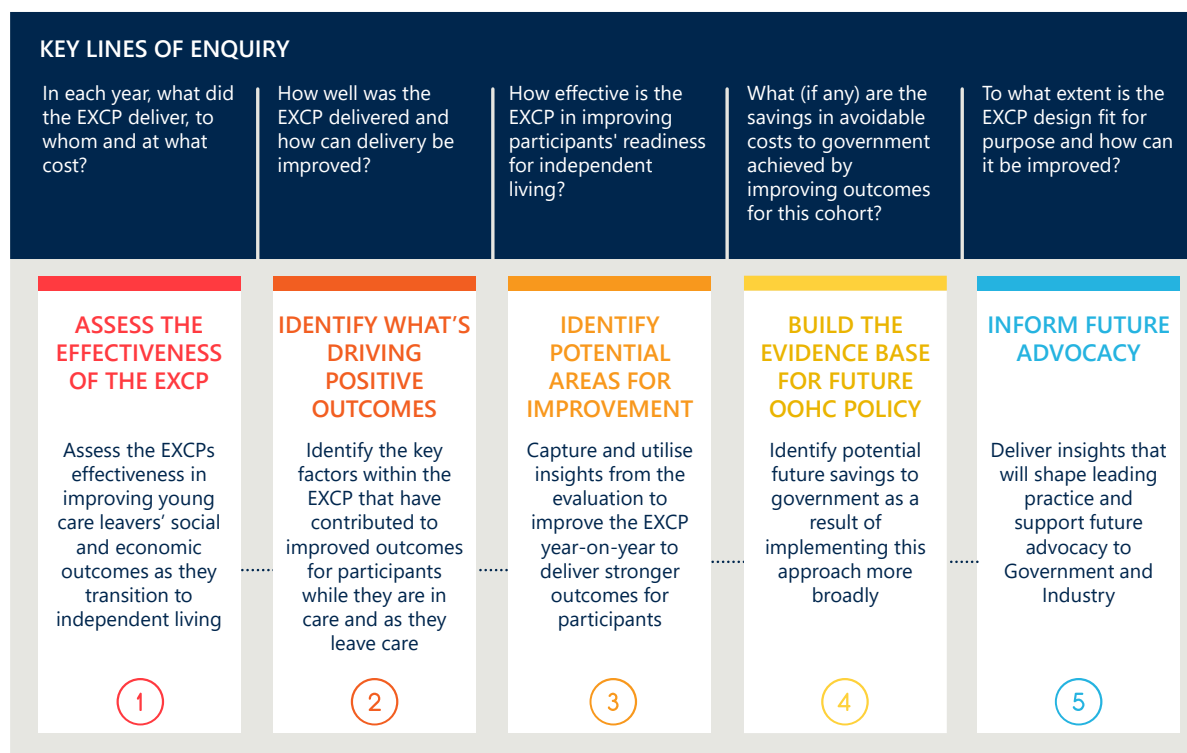
NSW Government restrictions and Uniting and Nous' organisational responses to COVID-19 necessitated slight variations to data collection methods for the 2021 evaluation cycle. Most notably, this included:

- **Completing all interviews virtually rather than face-to-face.** As detailed in Table 3 above, for the 2021 cycle all interviews were conducted virtually (via MS Teams or over the phone). This was in line with NSW Public Health Orders and restrictions that were in place during data collection activities (June to October 2021).
- **Implementing additional measures to protect participants, carers, Uniting staff and evaluation team members participating in workshops.** Workshops were conducted in November 2021, once restrictions under NSW Health Public Orders had been partially lifted. Precautions were taken to ensure that participants, carers, Uniting staff and the evaluation team were able to participate safely in workshops. This included:
  - inviting only those who had been double vaccinated or had recently recovered from COVID-19 infection (< 6-months previously) to participate face-to-face
  - offering a virtual option for workshops for those who were uncomfortable or unable to participate in workshops face-to-face
  - adhering to 1.5m physical distancing requirements when sharing space
  - providing participants with hand sanitiser.

## Appendix C Overview of the evaluation method

This appendix provides an overview of the evaluation method. The evaluation is structured through five key lines of enquiry and seeks to achieve five objectives (Figure 27).

Figure 27 | Evaluation key lines of enquiry and objectives



## Evaluation plan

The complete five-year evaluation comprises of three key stages:

- Stage 1: Set the direction (2019)
- Stage 2: Generate and communicate insights (2020-2023)
- Stage 3: Communicate final outcomes (2024)

The evaluation will incorporate process and outcome evaluation elements as described below:

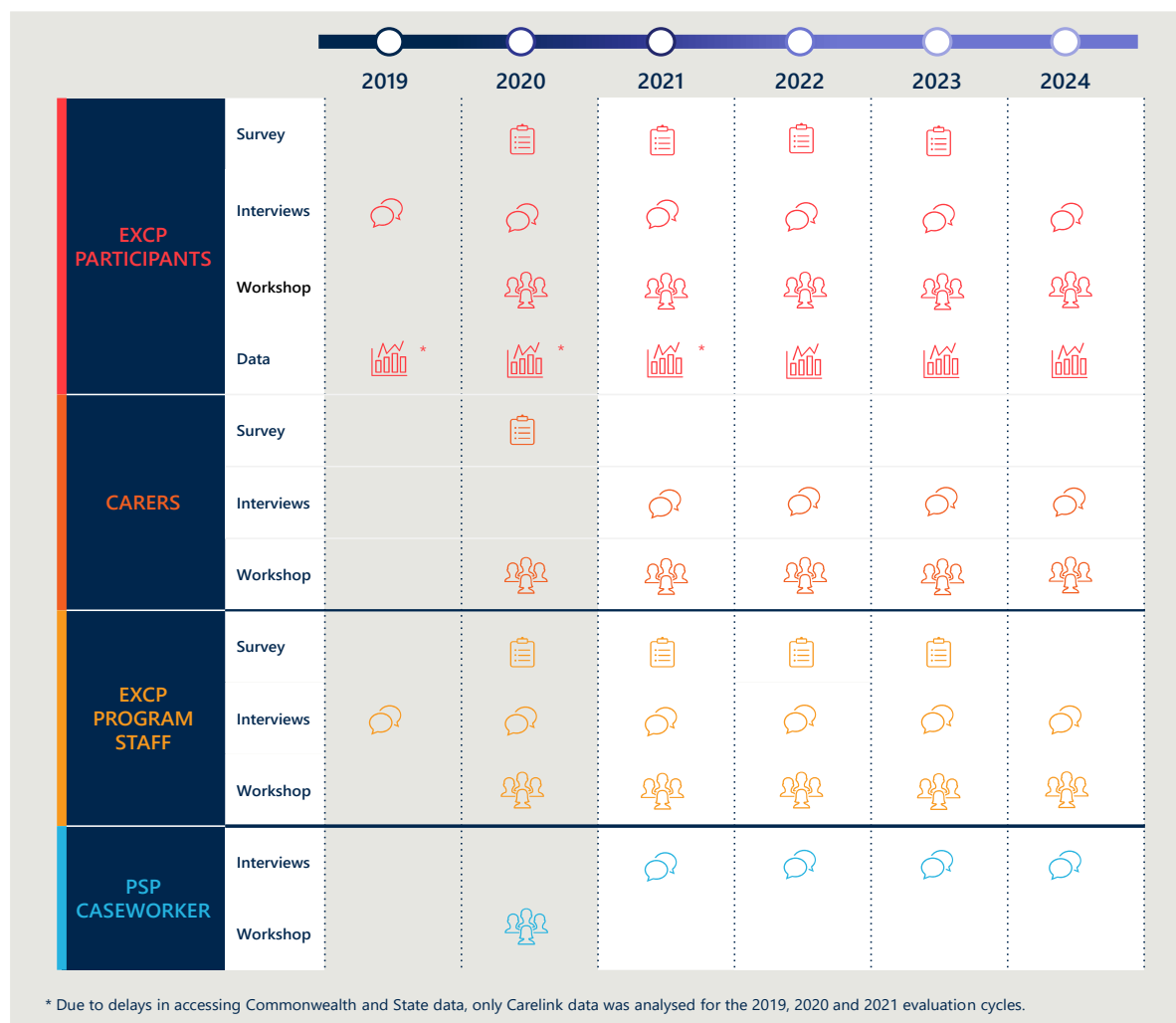
Process	The evaluation of the EXCP will include <b>process elements</b> to provide annual feedback on the EXCP's implementation and early delivery. This will enable Uniting staff to reflect on the evaluation's findings and use them to improve program design and delivery over time.
Outcome	The evaluation will document participant <b>outcomes</b> through tracking their use of government services such as income support, health, and justice services. These data will generate an approximate picture of their lives post EXCP. The final evaluation report will include findings on the avoidable economic costs generated through any improved outcomes.

## Overview of methodology

This is the third cycle of the evaluation, and the third of six reports that will be produced between 2019 and 2024. It serves to provide a profile of the EXCP pilot cohort that consented to participate in this cycle and provide an overview of staff and participant experiences between July 2020 and June 2021 (period of this evaluation cycle).

The evaluation team triangulated data from four core sources for this cycle of the evaluation as shown in Figure 28.

Figure 28 | Data sources for the evaluation



## Overview of vulnerability matrix

The evaluation team has developed a tool to track the extent to which consenting participants are engaged in behaviours or living in circumstances that increase the risk of negative life outcomes.

The tool uses Carelink data to assign a score to each participant based on six circumstances in a 'vulnerability matrix'. The score within each circumstance can range from 0 (no concern) to 3 (severe concern). The total score of a participant is then assessed against the definitions in Figure 29 (overleaf). The scores across each circumstance are totalled to a maximum of 18 to provide a total vulnerability score

(Figure 30).<sup>20</sup> This identifies a baseline level of vulnerability for each participant and the cohort overall, that can be analysed overtime to track changes in vulnerability levels.

This tool relies on reports of behaviour that may either under or over reflect what is happening in each participant's life, and therefore should be interpreted carefully. The value of the tool lies in tracking change over time for each individual, rather than being an entirely accurate reflection of each participant's circumstances.

Figure 29 | Vulnerability assessment scoring tool

	Score of 0	Score of 1	Score of 2	Score of 3
<b>Living Situation</b>	Not living in transitional, social/affordable/subsidised housing or homeless	Living in social/affordable/subsidised housing (does not include foster care)	Living in transitional housing	Homeless (including couch surfing)
<b>Mental Health</b>	No reported mental health condition. No reported support being provided.	No diagnosed condition. Receiving professional mental health support	Diagnosed mental health condition and receiving professional support	Diagnosed mental health condition but receiving no support
<b>Drug and Alcohol Use</b>	No concerning use reported	Receiving AOD support for moderate use	Receiving AOD support for heavy use	Concerning use of AOD without support
<b>Justice System Interaction</b>	Not involved with the justice system	Has a recent criminal charge	Involved in a court matter	Incarcerated
<b>Employment/Education</b>	Regularly attending formal education or employment	Not in formal education and not regularly employed	Not in formal education and occasionally employed	Unemployed and not in formal education
<b>Pregnant or young parent</b>	Not pregnant or a young parent	Not applicable	Is pregnant or has given birth	Has had a child removed

Figure 30 | Vulnerability score definitions

Score	Definition
<b>0</b>	No reported vulnerability or concerns according to vulnerability matrix
<b>1-3</b>	Low level of vulnerability identified according to vulnerability matrix
<b>4-6</b>	Moderate level of vulnerability identified according to vulnerability matrix
<b>7-9</b>	High level of vulnerability identified according to vulnerability matrix
<b>10+</b>	Extreme level of vulnerability identified according to vulnerability matrix

<sup>20</sup> Note that in the previous report the vulnerability scores were adjusted because the maximum score for females (18) was three points higher than for males (15) – this was because data was being collected on pregnancies and young parenthood for females only. In this evaluation cycle, this data is being collected for both males and females.



## Appendix D Domain dashboards

This section provides dashboard data against each of the five program domains, based on Carelink data:

- Education
- Employment
- Health and Wellbeing
- Connection
- Housing and Independent Living

For this evaluation cycle, 53 of 55 participants (96%) have completed more than one round of WAIN self-assessments. All program participants completed at least one WAIN assessment in the 12 months from July 2020 to June 2021.

The dashboards include reference to YDC intensity score. In the process of completing the WAIN self-assessment, YDCs can facilitate a conversation with participants about their feelings and confidence in each domain, as well as the nature of support participants think they may require in a particular area of their life. Ultimately, this assists the YDC and participant to prioritise goals and determine readiness and motivation for change in each of the life domains.

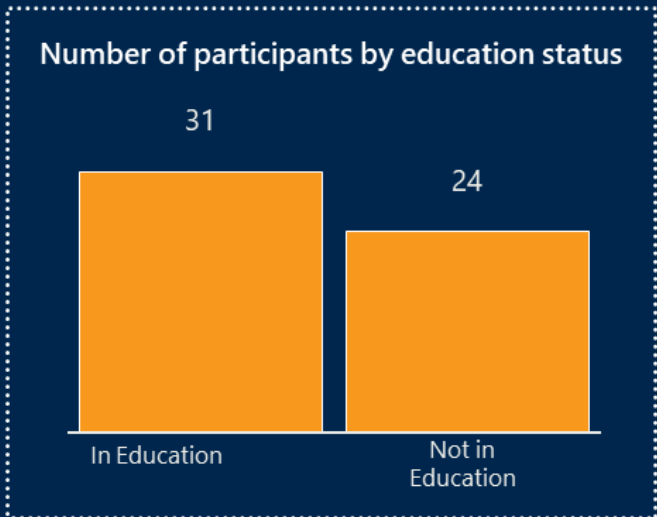


# Education

Over half of the participants represented in the evaluation are currently in education (56%) with most studying in Year 12 or completing a Cert III/IV. This is followed by six participants enrolled in tertiary education. The majority of participants who are not in education have either completed, or tried, but did not complete some type of education in the reporting period.

For the participants who have completed multiple WAIN assessments within the reporting period, 19 (35%) have demonstrated an improvement in how they feel about their progress towards their educational goal. 10 (19%) participants reported no change. 19 (35%) reported a decrease. This could reflect the aging cohort, with majority of participants in year 12 or above.

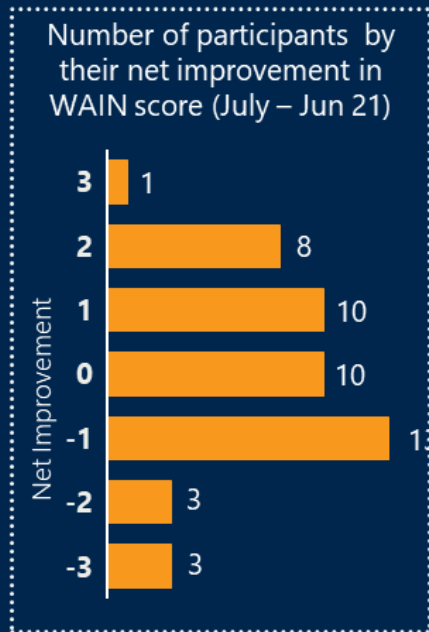
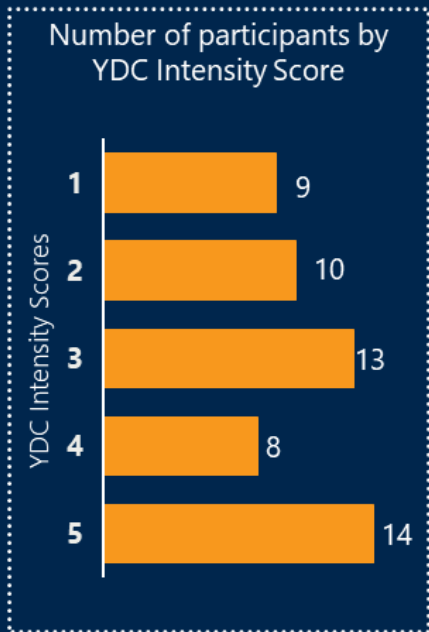
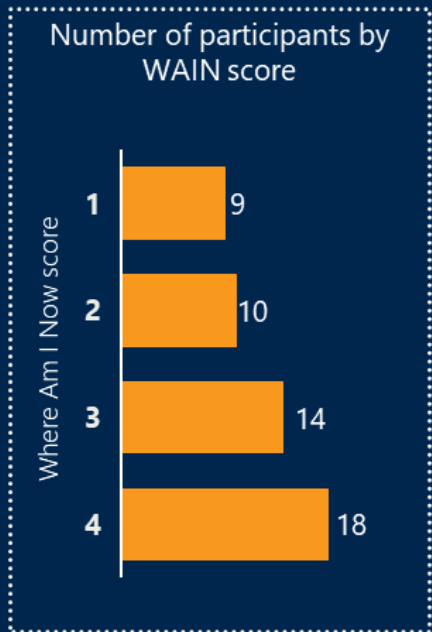
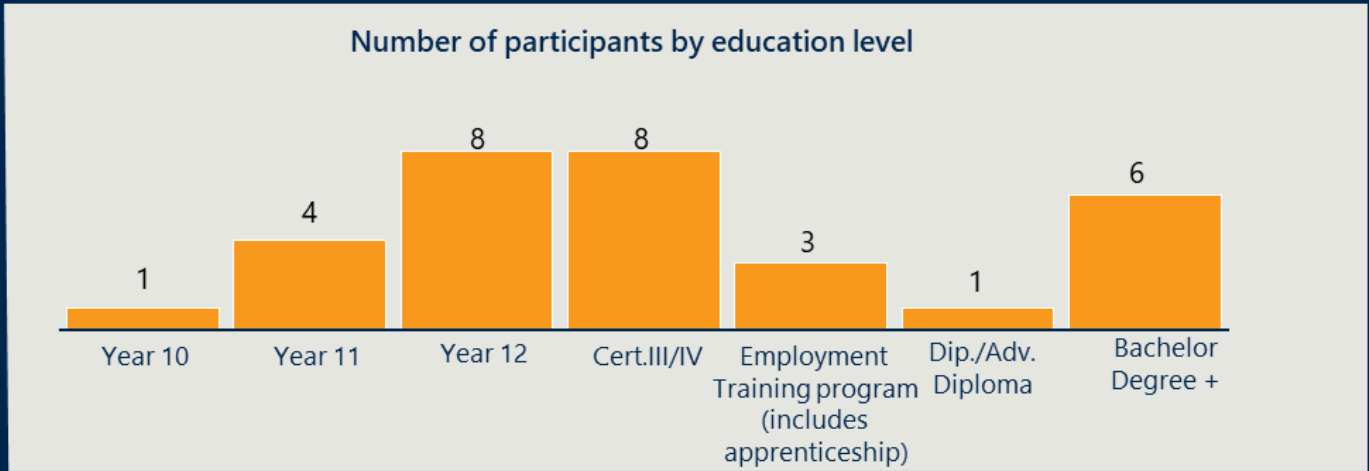
Detailed Education data can be seen in the dashboard below.



9 of these 24 participants completed some type of education in the reporting period

3 of these 24 participants tried but did not complete some type of education in the reporting period

Only 6 of 55 participants were not in education or employed at all during the previous 12-month reporting period

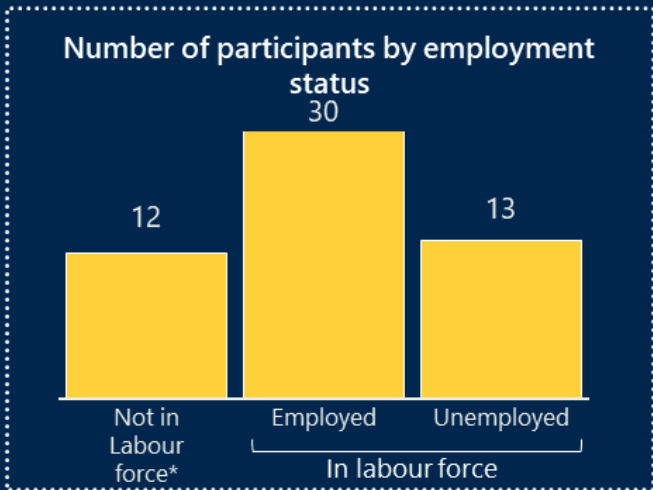




# Employment

There are more participants in the labour force (78%) compared to those that are not in the labour force (22%). Seventy percent of those in the labour force are employed. Sixty percent of those in the labour force are also concurrently in education. 19 of 30 participants (63%) in the labour force have a casual job. Four participants are working on a permanent full-time basis whilst studying towards a Certificate III/IV, Diploma/Advanced Diploma or enrolled in an Employment Training Program (including an apprenticeship). For those who have completed two or more WAIN assessments within the reporting period, 19 (35%) have demonstrated a decrease in their WAIN assessments. 15 (28%) reported no change and 15 (28%) demonstrated an increase. The higher decrease could reflect the aging cohort and impacts from COVID-19 restrictions.

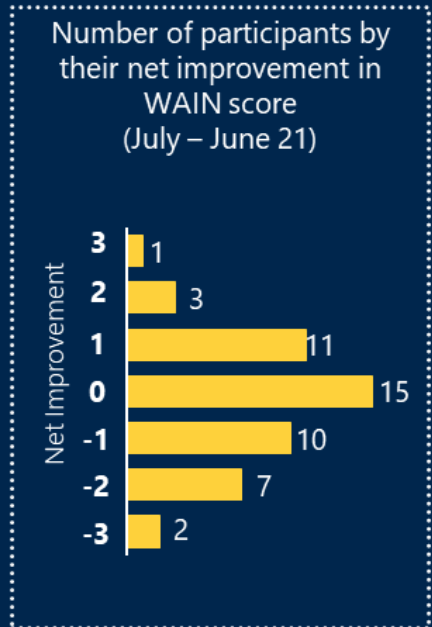
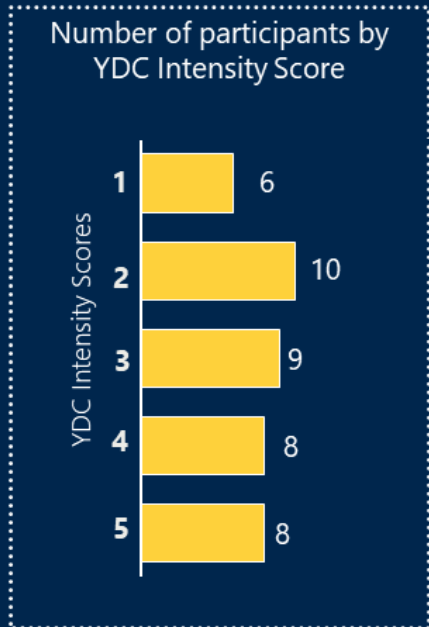
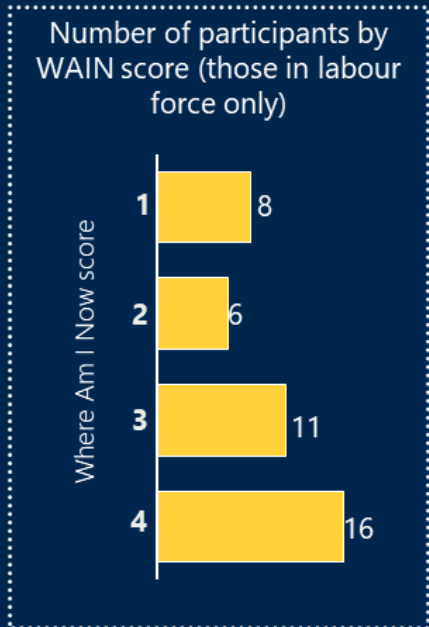
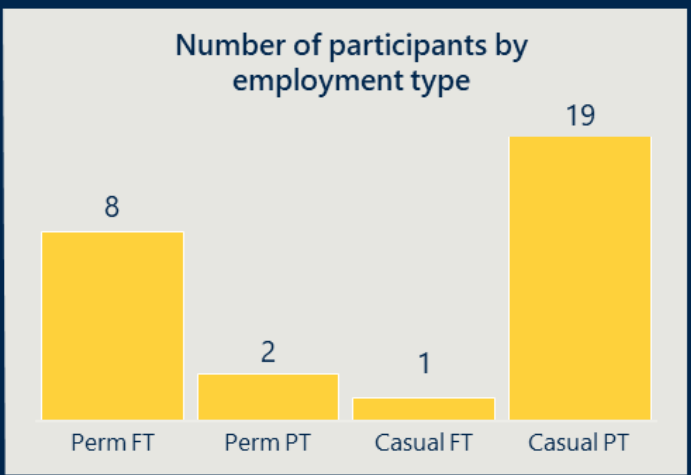
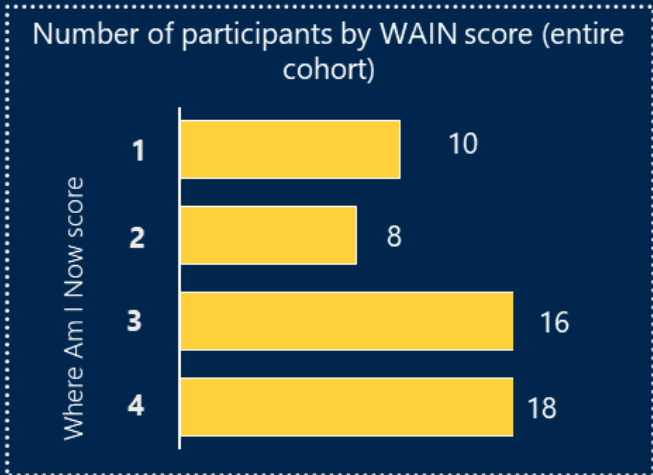
Detailed Employment data can be seen in the dashboard below.



100% of participants not in labour force are in education

56% of participants in the labour force have been employed for at least 3 months.

\*The labour force is defined as all those in the population who are able to work





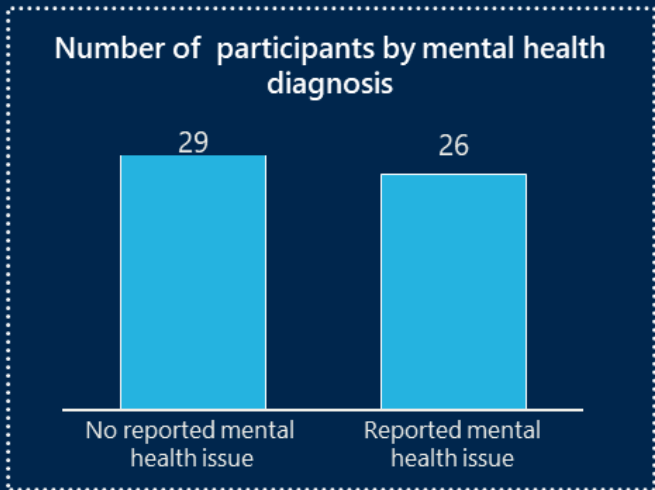


# Health and wellbeing

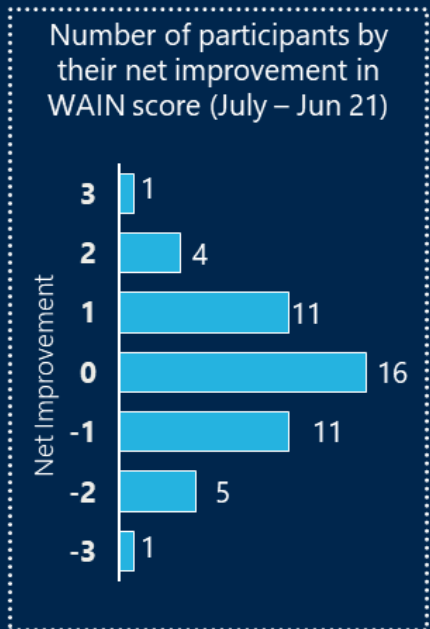
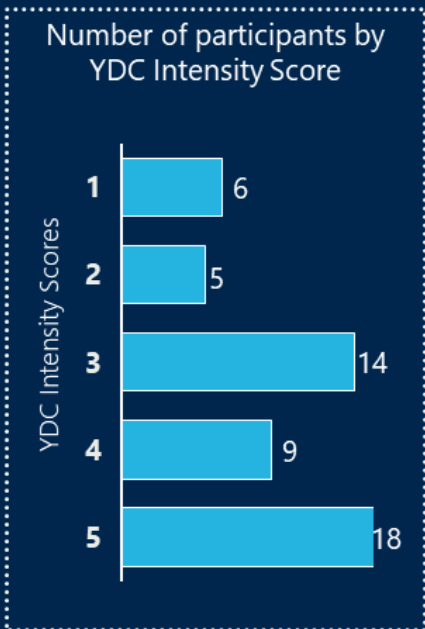
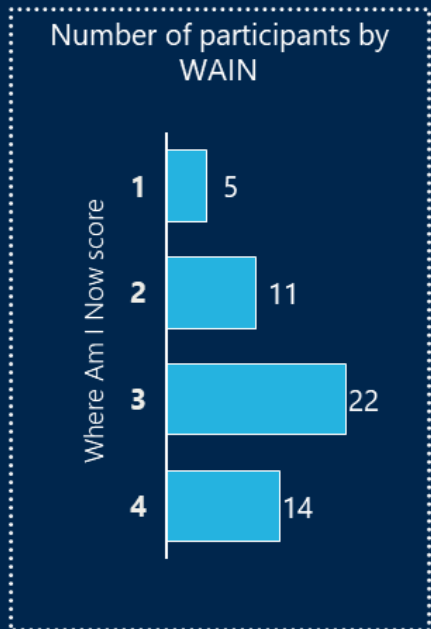
WAIN scores suggest that participants are feeling an overall sense of confidence across health and wellbeing. There are 26 participants (50%) in the cohort who have a reported mental health issue. Thirty-eight percent of the cohort access mental health support. One participant has self-reported to their YDC for harmfully using alcohol or drugs. Two participants have had interactions with the Justice system, one for a Court Matter and one for a Court Matter and Charge. Two participants in have reported to be pregnant and/or expecting a child. No participants have had a child removed.

More participants (30%) have reported a decline in their scores than an improvement (28%). Sixteen participants (30%) of those who have completed multiple assessments have reported no change in their WAIN scores.

Detailed Health and Wellbeing data can be seen in the dashboard below.



\* Note: Data is based on self-reporting to YDCs. This data may reflect social desirability bias (i.e. participants may report what they think they YDC's want to hear)





# Connection

Participants have been engaging in activities with support from YDCs to improve their connection with family, friends and their community. Some examples of activities include going shopping, hiking or walking, and attending team building days and conferences.

More participants (32%) have reported a decline in the WAIN related to Connection, than an improvement (30%). Insights from participants attributed this to impacts from COVID-19 restrictions in the reporting period. Thirty percent of participants reported no change.

Detailed Connection data can be seen in the dashboard below.

## Reflections on how the program builds connection include:

“

The first time I went to the mini-conference and met other kids, that was really cool...I'm still friends with them now  
(Participant)

I always wanted to be an actor...my YCD helped me apply for some colleges, I'm graduating this year  
(Participant)

I do boxing training 3 times week...it's my passion, I want to keep doing it  
(Participant)

”

## Activities to build connection and enhance life skills have included:



Mini- Conference



Non-direct contact (e.g. text social support)

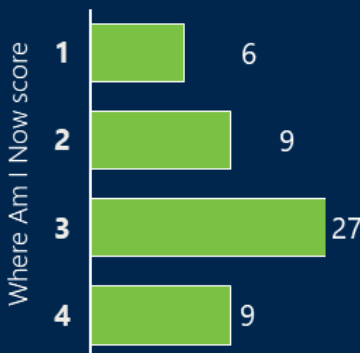


Shopping

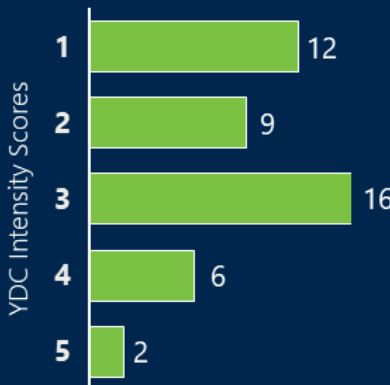


Equine therapy

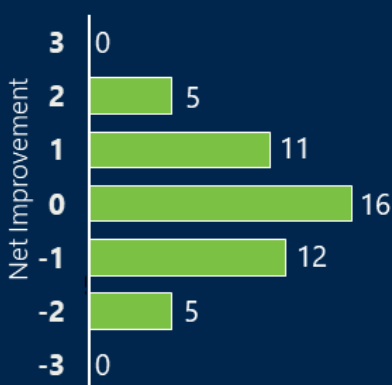
Number of participants by WAIN



Number of participants by YDC Intensity Score



Number of participants by their net improvement in WAIN score (July – Jun 21)



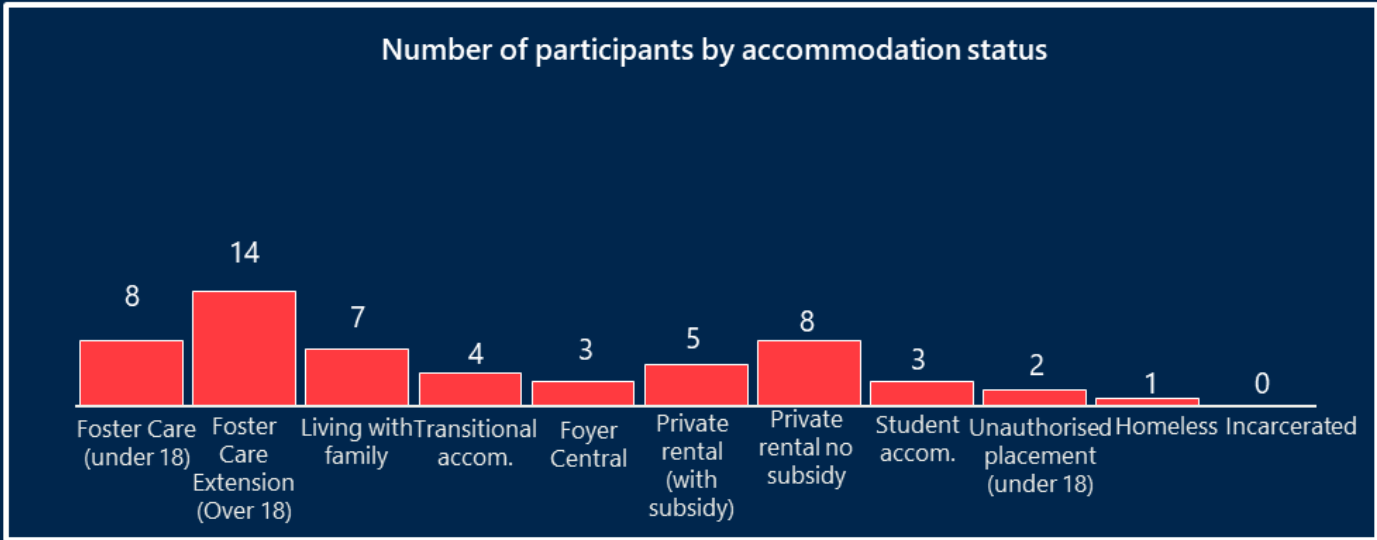




# Housing and independent living

Eight participants (14%) are living in Foster Care (under 18). This number reflects the aging cohort with most participants (80%) being 18 or over in the evaluation period. Fourteen program participants are in Foster Care extension (32% of participants aged 18+). Participants not in Foster Care or Extended Care are either living in private rental (no subsidy) (15%), living with family (13%), private rental (with subsidy) (9%), transitional accommodation (7%), Foyer Central (5%), student accommodation (5%) or in an unauthorised placement (4%). One participant was homeless at the end of the reporting period. No participants were incarcerated. Of those that have completed multiple WAIN self-assessments in the reporting period, 16 (30%) have reported no change in their WAIN scores. However, more have reported a positive change (28%) compared to a negative (26%) change.

Detailed Housing and Independent Living data can be seen in the dashboard below.

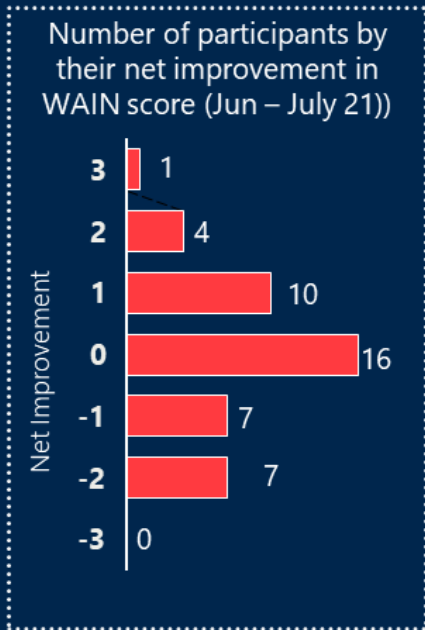
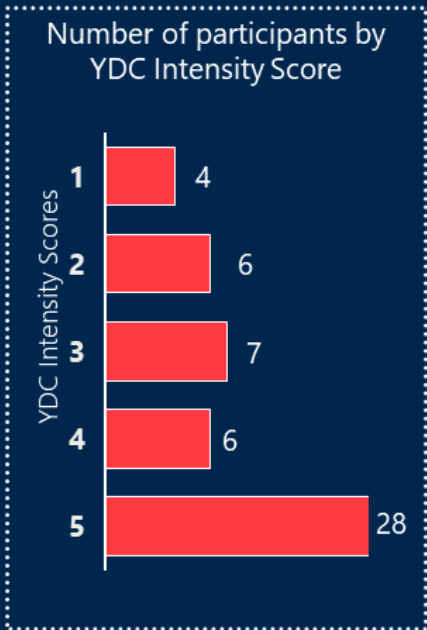
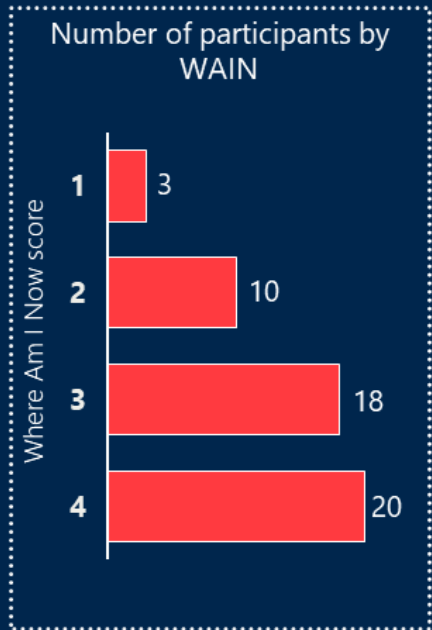


3 participants experienced homelessness during the reporting period

Of the 3, 1 was homeless at the end of the reporting period

2 living in undesirable circumstances\*

\*includes unauthorised placement, homeless or incarcerated.





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## ABOUT NOUS

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**Nous Group** is an international management consultancy operating across Australia and New Zealand, the UK, Ireland and Canada. For over 20 years we have been partnering with leaders to shape world-class businesses, effective governments and empowered communities.

A dark blue world map graphic with a textured, particle-like appearance, showing the outlines of continents. It is positioned in the bottom left corner of the page.

bold  
performance & influence  
engaging

Australia | New Zealand | UK | Ireland | Canada

450

PEOPLE

50

PRINCIPALS

5

COUNTRIES

**+82.5**

**2020 NET PROMOTER SCORE**  
– global consulting average: **+70.1**