

**Interim Report  
The Geelong Project  
2016 - 2017**

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# Executive Summary

## ***The COSS Model is underpinned by research***

- 1.1 The 'community of schools and services' model or COSS Model is conceptually robust and underpinned by a diverse body of research evidence.

## ***There is evidence of a significant prevention of homelessness***

- 1.2 Between 2013-2016, the number of adolescents entering the Specialist Homelessness Service system in Geelong declined by 40 percent from a 10-year base line of 230 to a new post-TGP base line of about 100 cases.
- 1.3 106 young people presenting as homeless at the Youth Entry Point during 2016; only six were students from the three pilot schools; another 22 were early school leavers from the pilot schools who became homeless after leaving school; 80 percent of young clients came from other areas and schools. The three pilot schools were selected because about 60% of homeless youth seemed to come from these schools and their catchment areas.
- 1.4 On average, about 1.6 percent of students are highly at-risk of becoming homeless while another 4.3 percent are in situations where risk is indicated.
- 1.5 In total, following the AIAD in 2016, 185 students were screened and decisions made as to the level of support warranted in each case at that point in time in 2016.
- 1.6 Six months later, nine out of ten of these students (89%) were still living at home with their families; only six students from the pilot schools turned up at the Youth Entry Point seeking help for homelessness.
- 1.7 In 20 percent of cases, there was a significant improvement in the home situation, while for 70 percent, it remained stable; deterioration was evident in 3 percent (6) of cases.

## ***There is evidence that school engagement is improving, supported students tend to stay in school or move to TAFE***

- 1.8 The school disengagement indicator has showed a shift to improved school engagement since 2013 – from 8.9 percent at high risk of school disengagement or an estimated 197 students to 4.6 percent of about 100 students. This was a 50 percent improvement for this cohort.
- 1.9 After six months, 85 percent of the identified at-risk students remained at school; 14.8 percent had left school early, but some had moved into TAFE.
- 2.0 In 27.9 percent of case there was evidence of improvement, while nearly half of the students (49.2%) remained stable; in 14.8 percent of cases there was deterioration and in 7.1 percent of cases there was significant deterioration in their engagement at school.
- 2.1 Early school leaving has been reduced by about 20 percent for the three pilot schools. In 2013, more students left school early from the three pilot schools than the other nine state secondary schools in Geelong. By 2016, that had been reversed – the majority of early school leavers came from the other schools.

## Summary of Learnings from TGP/COSS Development

The COSS model changes how both school welfare/well-being staff and youth and social workers work on the ground. This changed practice involves –

- a. Youth-centred family-focused practice;
- b. Shared information;
- c. Collaboration such as making joint decisions about referrals;
- d. Regularly consulting and conferring about the at-risk cohort;
- e. Participating in cross-sectoral bodies to facilitate joint work and do joint work.

Implementation needs to be developmental –

- f. Building a common vision shared by all participating stakeholders takes time;
- g. Start small with 2 or 3 disadvantaged schools then grow;
- h. Working through practice change takes time;
- i. Although much has been already developed, there is more yet to be developed.
- j. Getting a common data system to work requires training and experience.

Practice change is crucial because –

- k. Currently, crisis responses are the dominant form of practice;
- l. Flexibility to only work with individuals and families for as much as needed and no more than is needed each time is new;
- m. Working with a community cohort and longitudinally is new.

Building a ‘community of schools and services’ –

- n. Define community in terms of a realistic geographical catchment;
- o. No more than 8-10,000 students overall;
- p. Use LLEN area based on LGAs because these geographical areas are already well established.

Provide for cross-sectoral/inter-departmental ownership/stewardship & funding –

- q. Cross-department funding ideally pooled would be a simpler funding model than the existing multiplicity of program funds – (possibly DET funds data/development/staffing of COSS and DHHS funds for service provision of early intervention workers)
- r. Build community partnerships and a community consortium rather than a distinct single program or set of programs that changes little else systemically.

Training and development programs –

- s. Online COSS toolkit for online learning;
- t. Inter-professional training – school staff with community sector workers;
- u. Communities of practice – for shared experience;
- v. COSS conferences – building a sense of collective impact;

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# Background

The simplest way to describe the origins of The Geelong Project is to say that this is what can be achieved when research on ‘early intervention’ connects with practitioner-leaders who strongly believe that the current service system needs reform. The origin of this kind of innovation is in a critique of the existing system driving a community-based R&D collaboration into developing a place-based solution.

On the other hand, the problems in Geelong are the much the same as in many communities. Too many young people experience homelessness due to family dysfunction and family conflict. In Geelong, between 200–250 school aged adolescents sought help for homelessness issues every year and some 900 teenagers and young adults (up to the age of 25 years) experienced homelessness. Most of these young people entering the Specialist Homelessness Services (SHS) system were not engaged in education, training or employment. Only a tiny number (2%) ever returned home after accessing short-term accommodation in the homelessness service system.

Too many young Australians leave school early and early school leavers comprise a significant disadvantaged cohort within the Australian population. The Barwon Region is on the low-end side for educational outcomes, and in 2012-13, youth unemployment was more than 30 percent. Every year, some 200–250 young people leave Geelong schools early. The current youth service system is biased heavily towards crisis intervention with its activities and services delivered strictly within departmental silos.

As in many communities, young people tend to find the service system rather confusing and complicated. There are schools, programs, agencies and various workers. Young people with more complex issues may find themselves dealing with more than one worker, involved with several programs, and referred from one place to another in order to get the help they need. How can communities develop the capacity to improve school and education outcomes, reduce anti-social behaviour and offending and prevent and reduce homeless as well as other adverse outcomes for young people within such a siloed system? The outcomes from this current system are not as good as they should be or could be. Local dissatisfaction and critical thinking combined with research and development input from a university partner produced a creative service system reform agenda and strong community backing for change.

## Local service system reform

In 2011, a Swinburne University team led by Associate Professor David MacKenzie brought a funded research project that sought to investigate whether risk could be identified rigorously in order for an earlier pre-crisis intervention to be possible. A screening tool, Student Needs Survey was tested. An early output from the research was an audit and review of Victorian ‘early intervention’ policies and program initiatives for young people, *A Review of Victorian Education Initiatives Relating to*

*Youth Homelessness* (2012). However, what began as applied research on risk morphed into a fully-fledged R&D project when the collaborative effort by local services to build a place-based early intervention response received a significant investment of \$1.2m from DHS to develop The Geelong Project model as a whole of community early intervention innovation project. Around this work, a core partnership formed that included Time for Youth (T4Y) and Barwon Youth – the two youth agencies supporting homeless and at-risk youth – with seminal leadership provided by T4Y CEO Mike Kelly, representation from the participating secondary schools, Swinburne University – Associate Professor David MacKenzie and his small R&D team, and the Geelong Region Local Learning and Employment Network (GLEN) led by Ms Anne-Marie Ryan. Around this core partners group sat a steering group and a network of stakeholders and specialist services. The funding was under the Government’s Innovation Action Plan (IAP) program. However, at the end of 2013, The Geelong Project was not funded under Stage 2 of the IAP, but instead of going back to the prior status quo, further innovation and development was carried on by a strong community coalition supported by the broader Geelong community.

In 2014-15, the direct youth and family support work of The Geelong Project continued on a limited basis. In 2014, the two youth agencies Time for Youth and Barwon Youth amalgamated with Glastonbury Community Services to form a new agency, Barwon Child, Youth & Family (BCYF), amalgamation driven by the logic of local collaboration rather than any pressure from above. In 2015, BCYF reformed the delivery of youth services by forming an ‘early intervention platform’ in which variously funded youth workers now function as youth and family workers with a common intake process. Nonetheless the agency reports to eight different program funding streams and achieves the requirements of those eight programs despite operating in a very different way.

## **Victorian Government policies**

Not surprisingly, *The Geelong Project* model references several key Victorian Government policy commitments for young people. and in some areas ahead of government policy.

***Education State (2016):*** The Department of Education and Training’s School Improvement Strategy is an ambitious effort to improve educational outcomes and the strategy has a strong commitment to addressing educational disadvantage. The 10 school targets are organised under four themes. One is *Breaking the Link* or ‘ensuring more students stay in school and eliminate the connection between outcomes and disadvantage’. The Department of Education and Training (DET) is piloting several initiatives such as Navigator, Outlook together with additional equity funding for schools.

***Roadmap to Reform (2016):*** This is a core developmental template for the service under the Department of Health and Human Services. Guiding principles include - ‘intervening early; improving way services work; increasing the effectiveness of services; services are evidence-based and linked to the delivery of defined outcomes; flexibility within and across service provision to scale up and down; building

on localised services for people in their communities'. This incorporates a series of improvements to working with families that look to tiered levels of support, common assessment and case planning tools, a strong focus on outcomes, evidence based interventions, and more flexible and broad-based funding arrangements.

***Victorian Vulnerable Youth Framework (2008):*** This is an earlier framework advanced under the previous Labor Government. It still stands as a relevant and important framework that proposed a more integrated policy approach, emphasising five key principles - (a) 'young people's voices'; (b) 'institutions that young people rely on should collaborate and take a shared approach'; (c) 'young people should be considered in their family and community context'; (d) 'the diversity of young Victorians'; (e) 'interventions and programs need to be put in place early, because prevention-based approaches work best'.

***Youth Justice:*** The Victorian Youth Justice policy supports 'diversion' where appropriate to 'minimise the likelihood of reoffending'. Judge Paul Grant, President of the Children's Court of Victoria from 2006-2013 argues that intervening earlier is necessary - 'strong support to families in need to try and stop them becoming families in crisis; maintain a child's engagement in education (or employment); and provide appropriate support to at-risk vulnerable children'.

***Victorian Homelessness Action Plan 2011-2015:*** One of the three key foci of the Action Plan was: 'Investigating models that focus specifically on early intervention and prevention'.

The Geelong Project represents a raft of innovations to realise a more effective early intervention system in Geelong and potentially across Victoria and elsewhere. It has pioneered family intervention and supports prior to crises as a way of reducing incipient youth issues and family crises that might otherwise trigger off a crisis program response. Uniquely though, the COSS model addresses both the social policy objectives of reducing youth homelessness and other adverse problems experienced by young people as well as improving educational outcomes such as reduced early school leaving and the increased completion of Year 12 VCE or its equivalent.

## **Place-based system reform?**

A premise for all interventions and programs for vulnerable and disadvantaged young people is that they should be connected with education, vocational training and/or employment pathways. It is widely appreciated that the current programs in DET and DHHS do not achieve that combined objective effectively. Calling for more and better coordination, as has been done so many times in the past, is not the solution. As demonstrated by The Geelong Project, the 'community of schools and services' COSS model, a shift to place-based 'collective impact' approach offers real promise, but requires reform and challenges the entrenched professional cultures and practices of teachers, school staff and social and community workers (see Mackenzie & Thielking, 2014).

The policy shift to place-based interventions and initiatives is an international trend

(Bradford, 2005; Cummings et.al., 2011; Moore & Fry, 2011; Smith, 1999). Some of the arguments in favour of geographically targeted place-based policies and initiatives are:

- a. There are identifiable geographical communities with a disproportionate load of problems. Mainstream programmes are thereby under increased pressure so that they operate less effectively than in other, less disadvantaged areas and therefore something 'extra' is therefore needed.
- b. In highly disadvantaged areas, social problems tend to be compounded and the impacts are often worse due to co-occurrence.
- c. Because problems are concentrated, a greater number of vulnerable families are reached if resources are geographically targeted than if they are spread more evenly.
- d. Focusing activity on small areas within tight boundaries can, potentially, make more of an impact than if resources are diluted over larger catchments.
- e. By comparison with national mainstream programmes, place-based initiatives are often characterised by a 'bottom up' approach underpinned by working partnership and collaboration.
- f. Local programmes may lead to increased confidence and capacity by communities to act on their issues.
- g. Successful place-based initiatives may act as pilots and ultimately lead to the reform of local service systems elsewhere and in the mainstream.

As powerful as this line of argument is, there are some caveats and limitations. Many vulnerable at-risk students form a minority in otherwise not so disadvantaged schools and many vulnerable families live in affluent areas. Being able to identify at-risk individuals and families remains important where a place-based community approach is not in place. Issues of horizontal equity and politics may arise if some areas are targeted but not others. Spreading resources thinly so every area purportedly receives some program delivery can extinguish these kinds of problems but usually at the cost of becoming less effective. When national strategies involve a commitment to place-based service delivery or 'collective impact', policy should have a reformist perspective for system change not just some benefit to certain individuals over a limited period of time.

A final comment is that the argument in favour of place-based initiatives might best be based on a system approach. Systems are strictly where the component parts, individuals and artefacts and activities interact. The local places where families live, and young people attend school and where people spend much of their time is a meaningful construct for examining the systemic processes that actually take place. Focusing on communities need not solely be on the basis of focusing on the most disadvantaged but as a more effective way of achieving improved outcomes in all communities.

# Disadvantage and Risk

Early intervention is inextricably linked with the notion of risk - the concept that it is possible to identify signs of adversity before it happens. The term 'at-risk students' is generally used in the educational literature to mean 'at-risk of leaving school before completing Year 12'. However, leaving school early is not the only problem that students may have whilst they are at school. There are also young people at-risk of becoming homeless (Chamberlain & MacKenzie, 2002), at-risk of ending up in a substance abuse spiral (Daley & Chamberlain 2009), at-risk of mental health problems (Rickwood, 2005) and at-risk of not achieving mainstream employability and employment (Muir, Slack-Smith & Murray 2003; Anlezark 2011). Often students experience a combination of problems, with causal relationships between each issue being difficult to decipher and separate out.

Prevention research and early intervention practice experience suggest that it may be wiser to resist the temptation to rush to a problem definition label too early, to impose a single consensus definition of 'at-risk' or focus prematurely on one area at the expense of others. Rather, the preferred principle of practice would be to work with the complexity of the emergent issues and to understand their inter-relatedness. Early interventions directed to different harmful or adverse outcomes will be somewhat different in terms of what is done and when.

The term 'at-risk' points to a state prior to the full impact of harmful or adverse outcomes. When referring to young people in the Australian context, policy about 'risk' has had a major focus on 'early school leaving' and what can be done to raise school retention rates and support young people to reach Year 12 or the equivalent.

More recently, there has been advocacy for an early intervention response to mental health issues on the grounds that many disorders begin during late teens and early adult years. During adolescence, mental health disorders can be particularly disruptive and have long-term impact on young lives. (Patel 2007).

Since the mid-nineties, there has been a major effort to undertake early intervention for youth homelessness. The Reconnect program and some improvements to school support generally have been responsible for the measurable reduction in youth homelessness between 2011 and 2006. Early intervention for incipient homelessness, described as 'turning off the tap', is a strategic perspective in the White Paper, *The Road Home*. However, a balance sheet of the past decade would show that the policy perspective of 'early intervention' is sorely under-developed and has yet to be realised in the form of significant system reform.

## **Socio-economic Disadvantage.**

There is an extensive body of research evidence that shows that family background and factors external to schools and what happens in schools, effects social and economic well-being and academic performance.

Socio-economic status is the major factor that accounts for the variation in academic achievement. While there is a continuing debate how SES should be measured, in

an early study, White determined that the way that SES was defined in most studies prior to his study found only weak correlations, whereas when aggregated units of analysis were examined, the correlations rose to 0.73 and family characteristics apart from SES are 'substantially correlated'. In a meta-analysis of 74 studies of academic achievement and socioeconomic status, Sirin (2005) concluded that 'family SES at the student level is one of the strongest correlates of academic performance'.

Academic self-concept is a strong predictor of academic achievement and vice versa. However, the contribution of parental socioeconomic status is a major factor. However global self-esteem is not a significant predictor of academic achievement leading to a conclusion that 'self-esteem enhancement in itself cannot be a solution to the problem of academic failure' (Muijs, 1997).

The effect of the socio-economic status of schools has a significant effect on academic achievement independent of individual family social-economic status factors. This suggests that attending a school with a high proportion of disadvantaged students has a negative impact on individual students. (Caldas & Bankston, 2012). Perry and McConney (2010) analysed Australian PISA data and concluded that 'the mean SES of a school are associated with consistent increases in students' academic achievement and that this relationship is similar for all student'. The socioeconomic composition of Australian schools makes a considerable difference in a relatively highly segregated system by international standards.

Parental involvement in children's education has a small to moderate but practical meaningful effect on academic achievement, but the most significant factor is parental aspirations/ expectations for children's educational achievement, while parental home supervision has the weakest relationship with academic achievement (Fan & Chen, 2001).

There is also a large body of evidence on school dropout or early school leaving where students leave school before completing secondary education. In terms of what can be done to overcome educational disadvantage, the policy focus has largely been on framing the issues as a set of educational problems that require schools to adopt a range of effective strategies. Even when it is conceded that family issue contribute a major amount to the problem(s), the advice on parents tends to be what schools might do better. In terms of improved educational outcomes, the COSS model requires school improvement but also a major reform in how support is provided to vulnerable children, youth and families - hence the forming of new local institutions of schools and services.

An encouraging example, but all too rare is the Pathways to Education Project in Toronto, Canada which began as a partnership between members of a community, the health centre and the school board. While the model is not an example of the COSS model it is notable for the work done with families by student-parent support workers, together with additional tutoring for needy students. The project has reported reduction in risk of not completing school down by 50-60 percent, dropout rates down by 80 percent and a five-year graduation rate increasing from 42 to 75 percent.

A major challenge remains. How to achieve significantly improved outcomes in highly disadvantaged contexts? What package of measures and what reforms are necessary?

## **Early Intervention**

Policy documents in community services, the homelessness sector as well as education have referred to 'early intervention' or the idea that if interventions can prevent adverse outcomes that is better than simply responding to crises once crises have occurred. That is a very persuasive connotation to this idea. The terminology of 'early intervention' and 'prevention' has been derived indirectly from the health sector. In much of the early discourse amongst homelessness services, the terms 'prevention' and 'early intervention' were used conjoined and interchangeably, but a conceptual distinction is useful. Prevention can be 'universal prevention' or programs and initiatives directed to an entire population or a whole of population cohort. Prevention measures are designed to prevent homelessness from happening. In terms of youth homelessness, prevention could include family support, improving student support in schools and making schools more inclusive environments. In reality, universal prevention measures will often be generic prevention of a range of adverse outcomes for young people.

Secondly, there is 'selected prevention' directed to people who are members of an at-risk group. An example of 'selective prevention' would be support for all young people who have been in care and protection on the grounds that they are members of a group known to be at higher risk of homelessness. Another example would be to focus on young people who come from socially and economically disadvantaged single parent families. Individual screening is not required.

Lastly, 'indicative prevention' or 'targeted prevention' focuses on identified at-risk individuals. Indicated prevention refers to measures that are directed to individuals because of characteristics known to place them in the high-risk category. Such characteristics would be determined by individual-level screening. Early intervention for homelessness using the at-risk indicator and other information is indicative prevention in the prevention terminology of the health sector.

Another terminology used is 'primary prevention' which is an attempt to prevent new cases from occurring and 'secondary prevention' which might reduce the prevalence of a problem or the total number of cases at any time. In Australia, 'early intervention' has been about reaching recently homeless youth, but it also includes highly or imminently at-risk young people or interventions that might be able to prevent early school leaving. In terms of the onset of homelessness or early school leaving, early intervention, has mainly been discussed in terms of selective prevention or the targeting of at-risk groups. Relatively little progress has been made to shift from a crisis-oriented service system towards a more capable early intervention system.

A key innovation in the development of the 'community of schools and services' or COSS model of early intervention is population screening for risk using a series of indicators. If data from the indicators suggests that a young person is vulnerable or at-risk, then support and intervention can be delivered pro-actively and before full-

blown crises have developed. This is 'indicative prevention' or 'targeted prevention' to use the prevention terminology. A complementary approach ('selected prevention') but less targeted is to identify certain groups in the population that statistically are at significantly higher risk than others. An important example would be young people who have been through the care and protection system.

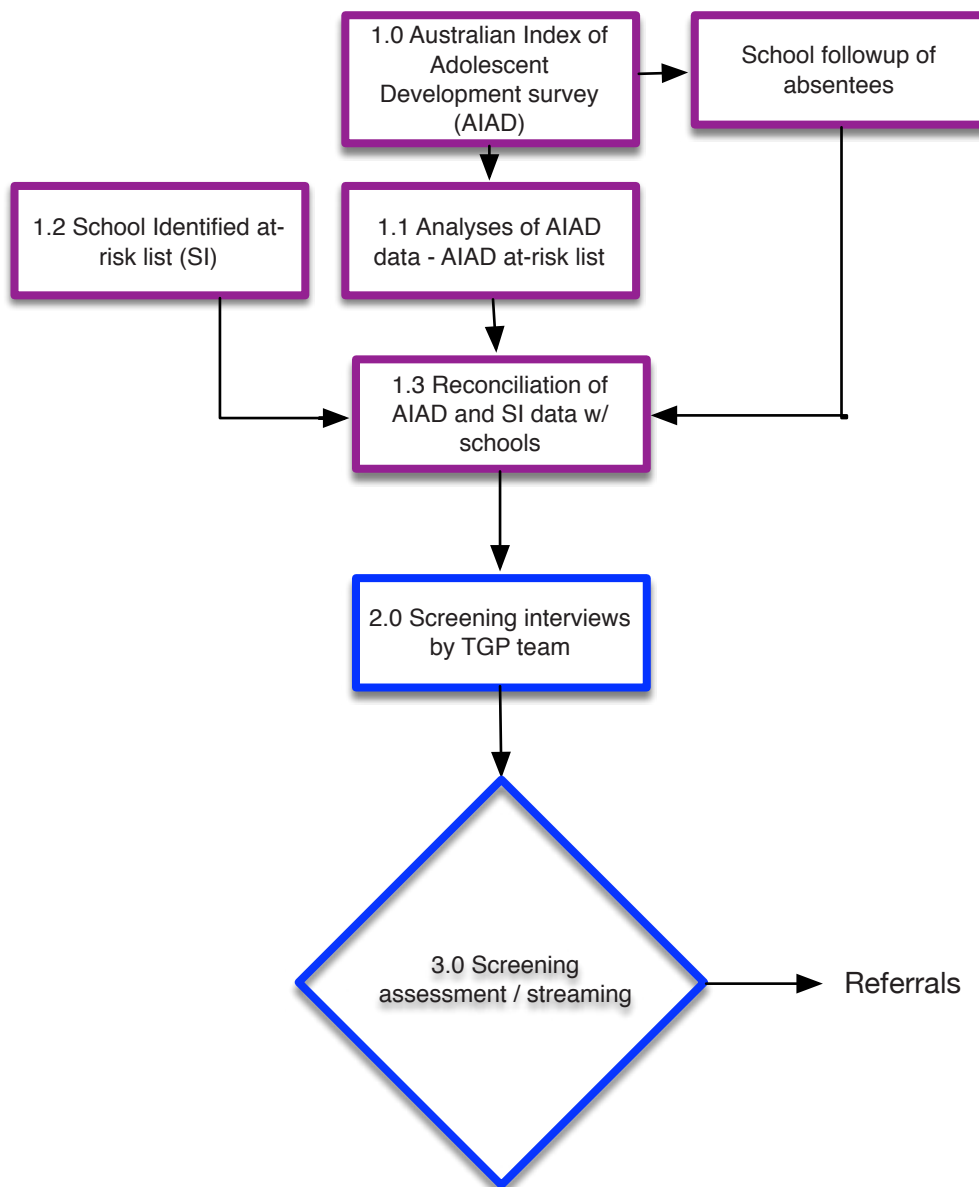
The identification of individuals is sometimes criticised on the grounds that it leads to labelling and stigmatising the identified group. That is possible but by no means inevitable. Whether or not such problems arise is a matter of practice, of what is done, how various actors behave and the perceptions of students and others. In the case of the TGP population screening, it was quickly established as something that all students did and it was a way of improving the support available to students when and if that need arose. The problem of stigmatisation has not arisen.



# Population Screening

The Geelong Project/COSS Model involves a universal multi-stage screening process for risk of homelessness and risk of early school leaving these two issues are intimately conjoined suggests that it is imperative to work on both simultaneously. Figure 1 sets out the population screening process developed under TGP.

**Figure 1: Flow Chart of the TGP Population Screening Process**



In practical terms, the screening process for schools needs to be systematic and efficient. Schools are busy places and even one period is disruptive to some extent. On the other hand, the benefit of data on student need and risk is potentially a major advantage for the student support programs in schools. The youth and family 'early intervention' workers shoulder most of the burden of implementing the screening process, but when it comes to referrals, these key decisions about referrals for case management support need to be made jointly. The screening process begins with

the at-risk of homelessness indicator and works to other information that might be known about young people in schools deemed to be at-risk. It is a two-stage process.

### **Stage 1:**

Step 1: Students with at-risk scores of 7-10 on the at-risk of homelessness scale are identified for Stage 2.

Step 2: Students scoring 7-10 on the disengagement from school scale were also identified as above.

Step 3: Students who indicated that they were in a homeless situation or staying temporarily with friends or relatives on the evening prior to the survey were identified.

Step 4: Some students were absent on the day the survey was done. It is amongst this group that at-risk students are more likely. School staff attempt to follow-up absentees on the day however some of these students are highly disengaged and barely attending.

Step 5: Year coordinators or appropriate personnel in the school are asked to identify students they see as at-risk or who are known to have family issues. This is a list of students at risk as identified by the school independently of information provided directly by students (school identified list)

Step 6: An initial list is drawn up by combining the survey instruments identification with other local school knowledge.

### **Stage 2:**

Step 1: The Geelong Project team members conduct a relatively short structured interview with students to confirm the level of risk of homelessness and to recommend a referral where appropriate and a broad recommendation about whether wrap-around case support is warranted or a lower level of support or 'active monitoring' through observation and by following other information such as attendance etc.

Step 2: The Geelong project team meet with the staff and discuss the final screening assessment and recommendation. From this point, the school staff, assisted where appropriate or necessary by a Geelong early intervention worker gets school sign-off for a referral and seeks consent from the parent(s) and the young person concerned.

In terms of screening for risk of homelessness, there are some important issues when going down the path of universal screening. The first is that universal screening and the explicit exposure of risk almost necessarily presupposes that there will be capacity to provide an early intervention response. A second issue is that universal screening which discriminates different levels of need implies a multi-tiered and flexible triage of responses. A third issue is the distinction between screening and a diagnostic assessment. Lastly, there are always questions about the accuracy of screening instruments and its practicality and cost.

Screening for risk is practical when done on scale and the current AIAD survey is efficiently scanned. Initially, in the case of many students identified as at-risk of homelessness, schools are not necessarily aware of their issues. Students at risk of homelessness are not necessarily playing up or failing at school. Students tend to come to the attention of the school if (a) absenteeism from school increases, (b) they begin to misbehave at school, or (c) school work starts to seriously deteriorate. This is the major limitation inherent in school referrals. The three main indicators used to identify the most at-risk students are the ‘At-risk of Homelessness Indicator’, the ‘Disengagement from School Indicator’ and the Kessler K10 scale for psychological distress and mental health issues.

## TGP Core Indicators

The Australian Index of Adolescent Development (AIAD) contains three core indicators. The first is an indicator that measures the risk of homelessness by asking certain questions about relations with the family; the second assess disengagement with school and the third is the Kessler K-10 which measure psychological distress and is a normative and validated mental health indicator. The first two have been developed within The Geelong Project while the third is widely used in the mental health sector.

The current evaluation is focused on AIAD data collections in February 2016, February 2017 and February 2018. However, for the purpose of an initial comparison the data from the February 2016 AIAD can be compared with data from early research. Data collected in 2013 provides a useful comparison of the change since the outset of the Geelong Project.

**Table 1: At-risk of Homelessness Indicator**

	TGP 2013 %	TGP 2016 %	TGP 2017 %
Low risk (0 - 6)	94.1	94.2	94.8
Risk indicated (7-8)	4.8	4.3	3.6
High risk (9-10)	1.2	1.6	1.6
	100	100	100

The at-risk of homelessness indicator is a validated five item scale with questions about relations between a young person and their parent(s) – ‘I feel happy at home’, ‘I would like to move out soon’, ‘I get into lots of conflict with my parent(s)/ guardian(s)’ plus a question about feeling ‘safe at home’ and a final question about whether they have ‘moved out of home for any period in the past 12 months’. The profile for ‘risk of homeless’ based on information about family relations remains relatively stable but shows a slight drift to more high-risk cases (1.2% or an estimated 27 students to 1.6% or estimated 35 students in 2016 and 2017).

**Table 2: At-risk of Disengagement from school Indicator**

	TGP 2013 %	TGP 2016 %	TGP 2017 %
High School Disengagement (20 - 25)	3.2	1.2	1.6
Risk indicated (17-19)	5.7	3.4	4.4
High-end DS normal risk (15-16)	8.0	7.0	7.5
Centre normal range (13-14)	10.9	11.5	10.5
Low-end DS normal (11-12)	15.9	18.5	16.6
Low school disengagement (5-10)	56.3	58.5	59.5
Total	100	100	100

The risk profile for ‘disengagement from school’ based on information about how students feel about school has shown *a significant positive shift* from 8.9% or an estimated 197 students in 2013 to 4.6% or estimated 100 students in 2016. This is an improvement of 50 percent. During this period, the DHS funding for early intervention workers was not continued, three of the Geelong agencies (Time for Youth, Barwon Youth and Glastonbury) amalgamated to form Barwon Child Youth & Family (BCYF).

As part of the amalgamation youth services were reorganised as an integrated early intervention platform with an intake unit and a capacity within existing resources to undertake early intervention on a less than the whole of Geelong basis.

Family work did not cease but was disrupted and the AIAD data collection was not re-established until 2016. Considerable effort had been accomplished with identification and support but the school staff have contributed considerably within school support during this period.

Table 3 shows the Kessler K10 data for 2013, 2016 and 2017.

**Table 3: Kessler K-10 ‘mental health’ Indicator**

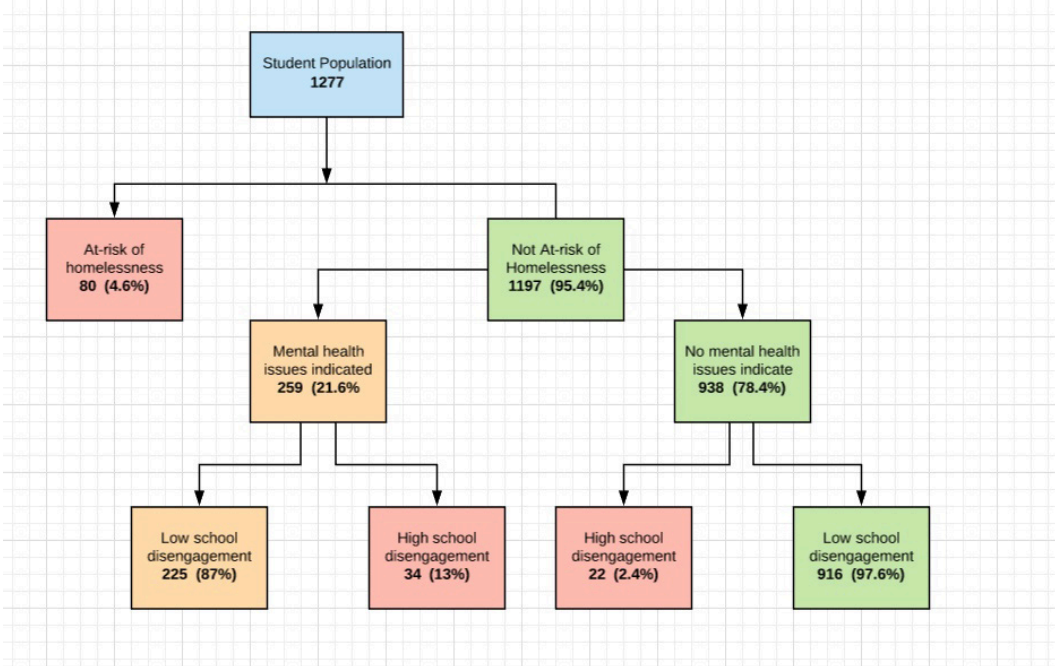
	TGP 2013 %	TGP 2016 %	TGP 2017 %
Low or no risk (10 - 15)	21.5	22.2	17.4
Medium risk (16-29)	54.2	53.9	57.5
High risk (30-39)	18.5	18.7	19.2
Very high risk (40-50)	5.9	5.2	6.0
Total	100	100	100

The risk profile for ‘psychological distress’ based on information the Kessler K-10 scale remains relatively stable and supports no claims for change in the mental

health profile of students in the Geelong schools. Until 2016, headspace had not been involved with The Geelong Project, however since then, they have undertaken some exploratory screening interviews following the February 2016 AIAD data collection and fully participated in the population screening process.

In combination, these key indicators provide a point in time risk profile of the entire student population. The population risk breakdown using these three indicators is revealing.

**Figure 2: Population Profile - three pilot schools in Geelong, AIAD 2017**



The at-risk of homelessness indicator has been shown to identify young people where family issues are at a level where homelessness is a risk (80 individuals). These young people are screened and the appropriate response delivered.

With the population profile displayed as above, the next identifiable at-risk group are young people where mental health is an issue and where there is an indicated risk of disengagement from school (34 individuals). Homelessness is not an issue.

The third at-risk group consists of young people who are disengaged from school, but where mental health is not an issue nor homelessness (22 individuals).



# 'The Geelong Project'

The Geelong Project began in 2010 through a collaboration forged between local community stakeholders and a researcher from Swinburne University. The collaboration focused on a shared critique about what was endemically wrong with the existing youth service system. The youth service system is biased heavily towards crisis intervention. Another issue with the service system, including schools and education, is that certain activities and services are funded and delivered strictly within departmental silos. Early school leaving has been defined as an educational problem. Despite huge amounts of money spent on literacy and numeracy programs the rate of completing Year 12 has changed very little (Victorian Auditor General Office, 2012). Cross-sectoral cooperation is difficult and talk of a whole of government approach mainly stays at the level of rhetoric.

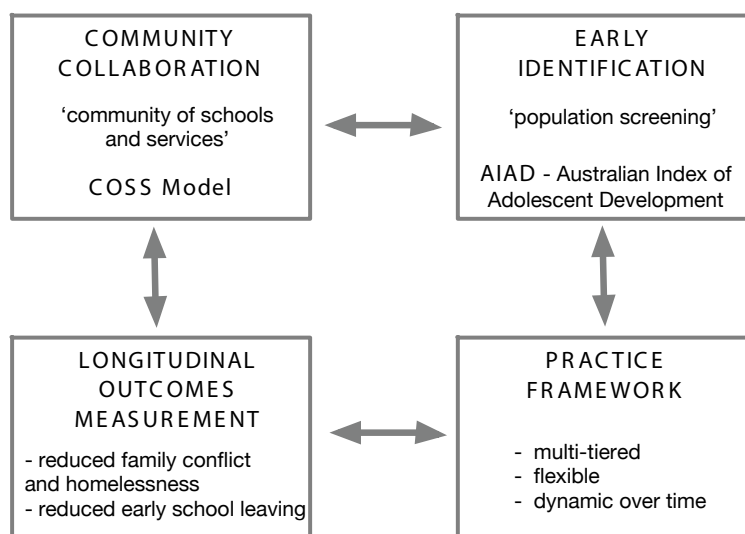
What emerged from the research and development was a 'community of schools and youth services' model of early intervention (COSS), an innovative place-based model for supporting vulnerable young people and families to reduce disengagement from education and early school leaving and to help where family issues are heading towards a crisis and possible homelessness as well as other adverse outcomes.

The Geelong Project (TGP) 'community of schools and youth services' or COSS model of early intervention is a leading exemplar of what is being described as 'collective impact' in which a community's support resources work collaboratively to a common vision and practice framework using the same data measurement tools.

## The COSS Model

The Geelong Project represents a raft of innovations to realise a more effective early intervention system in Geelong and potentially across Victoria and elsewhere. Figure 3 (below) sets out the four core foundations of the COSS collective impact early intervention model (Mackenzie & Thielking, 2014).

**Figure 3: Foundations of the COSS 'Collective Impact' Model**



The model is represented as consisting of four foundations – community collaboration, early identification, the practice framework and early intervention support work with families and a robust, embedded longitudinal monitoring and measurement of outcomes. These foundations comprise a significant reform of the local service system of support available for vulnerable young people and their families. It is not so much that many communities have insufficient resources. Some do, but in others which are well provisioned with services, it is the way the current system works or more to the point does not work that is the main issue. The Geelong Project represents a reform agenda and a model of how a reformed system can work more effectively.

## **Key Service Delivery Characteristics**

*Community Collaborative* – joint referral decision-making by schools and early intervention workers through a single point of entry. The first foundation is ‘community collaboration’ or collaborative referral decision-making by school welfare staff and early intervention workers through a single point of entry. While there is formality involved in making referrals, the decisions about making a referral and what level of support might be appropriate are made jointly as far as possible. Referral decisions are data and evidence driven. New governance structures and processes are required to formalise the community collaboration in MOU’s and terms of reference. Schools and youth agencies may be funded through different departments and operate in different sectors, yet through a process of community development, it is eminently possible to overcome such silo barriers on the ground. Achieving collective impacts depends on local service systems change. The term collaboration is widely used to describe any kind of cooperative behaviour, whereas it should be reserved for the highest level of cooperation possible and this is what is required for genuine collective impact. In an important sense, establishing community collaboration is a necessary condition for being able to change the local support system available for vulnerable young people and families.

*Population screening for risk* is the second foundation of the COSS model – using a series of indicators on an Australian Index of Adolescent Development (AIAD) survey instrument developed by Swinburne University combined with local information from schools and a brief screening/engagement interview – this methodology allows risk to be rigorously assessed and a pre-crisis response delivered. All students participate in the screening process not just a select at-risk’ group. The present youth service system is primarily crisis-oriented along with cognate post-crisis programs. Effective early intervention for vulnerable young people needs to be able to reach at-risk young people and their families before the onset of crises.

*A flexible and responsive practice framework* is the third foundation of the model with three levels of response – ‘active monitoring’, ‘short term support’, and ‘wrap around’ case management for complex cases. Not every young person where family issues are evident and where there is a level of risk of homelessness requires case-work support. What support is needed varies from one point in time to another and the capacity of the TGP early intervention platform to operate flexibly is a key to achieving efficiencies. The effectiveness and efficiency of the actual support work with vulnerable young people is what ultimately achieves the outcomes possible



under the COSS model. Family dysfunction, which can cover a wide range of complex issues, means that working with a young person also involves working with their family members. When case work is required, it is a *youth-focused and family-centred case management* approach for those who need major support involving the young person, their family, schools and agencies working together from the same care plan. The capacity of a COSS early intervention platform to operate flexibly and longitudinally is a key to achieving service delivery efficiencies and well as improved outcomes.

*Embedded longitudinal outcomes monitoring and measurement* is the fourth foundation of the model. The COSS Model has a strong approach to the measurement of outcomes. Remediating family dysfunction may serve to avert early home leaving and the onset of homelessness, but at the same time, addressing family issues contributes to reducing early school leaving and the amelioration of other problems as well. Family factors contribute in large measure to poor educational outcomes. Current approaches within education to addressing disadvantage are unable to significantly affect these family factors, which may explain why school completion rates have shifted very little since the late 1990s (VAGO, 2012 Report). A whole of community approach to outcomes for young people looks at the entire community cohort of vulnerable young people and monitors what has been achieved over time. This contrasts with the current agency-focused approach which assesses agencies against putative targets with a weak approach to meeting the need in a community overall.

## **Local Engineering and Service System Reforms**

The service delivery framework and methods of the model outlined above are underpinned by some important ‘engineering’ and local service system reform in place or under development.

A placed-based approach that inter-links schools and agencies through effective collaborative governance structures, formal community partnering and hybrid practices. This is deep collaboration around a common vision and agenda, with shared data and decision making - not an agency-focus or a program-focus but a community-focus.

Data sharing and an ‘e-Wellbeing cross-sectoral data base’ that provides shared ‘real time’ information and tracks young people’s progress longitudinally through secondary school and even beyond – under development. No vulnerable young people fall through the cracks.

Integrated inter-professional development and training. This is school staff and community sector workers learning from each other and learning together to realise a collaborative culture. Collaboration on the ground between workers and teachers as well at higher levels.

A strong sophisticated approach to outcomes measurement. From the outset, The Geelong Project has been committed to a strong measurement of outcomes longitudinally and across the community in which young people live, go to school

or seek employment. This is how to measure whether we are 'making a difference' as opposed to the more simplistic program-focused way that outputs and outcomes are usually reported.

The COSS model requires a process of community development by local stakeholders to reform the local 'on the ground' support system for vulnerable young people, not just a plug-in new program.

# COSS is ‘Collective Impact’

As a genuinely innovative and reform-oriented approach to addressing youth disadvantage, The Geelong Project, an exemplar of the ‘community of schools and services’ (COSS) model of early intervention. The COSS model can be aptly described as a ‘collective impact’ approach in which the community’s support resources, that are available for young people, work collaboratively to a common vision and practice framework using the same data measurement tools. The concept of ‘collective impact’ was first advanced by John Kania and Mark Kramer (Kania & Kramer, 2011).

The concept of ‘collective impact’ conjoins two concepts hitherto not closely connected – community development (collective) and a strong focus on outcomes (impact).

**Table 4: The ‘Collective Impact’ model**

Five Key Elements of Collective Impact		
Key Element	Meaning	TGP Operationalisation
<b>Common Agenda</b>	All participants have a shared vision for change including a common understanding of the problem and a joint approach to its solution through agreed upon actions.	The Geelong Project has an identifiable brand which is its public representation of the collaboration and the reformed integrated support system for vulnerable youth and families in Geelong.
<b>Shared Measurement</b>	Data collection and measurement of outcomes consistently across all participants to ensure efforts remain aligned and participants hold each other accountable.	Partners share data and results. AIAD indicators identify risk levels and measure outcomes longitudinally; data matching between school student data and BCYF client data together with AIAD.
<b>Mutually Reinforcing Activities</b>	The activities of participants may be different while still being tightly coordinated through a mutually agreed common plan of action.	Intake team; Regular TGP Operations Meetings of school staff and TGP Youth & Community Workers. Shared communications about TGP amongst partners.
<b>Continuous Communication</b>	Consistent and open communication amongst participants to build trust, assure mutual objectives and build common motivation.	Collective governance through TGP Executive Governance Group. Project owned by collaborative partners. Open dialogue amongst TGP partners.
<b>Backbone Support</b>	A skilled staff and organisational form to build and manage the entire collective impact initiative by coordinating the participant organisations and activities.	A TGP Project Coordinator and administrative support including funding of data collection, analysis and formative real-time evaluation.

*N.B. Table 1 is based on the five key elements identified by Kania & Kramer (2013)*

As with many new concepts in the community services, various claimants have popped up espousing ‘collective impact’, apparently having been doing collective impact all along. If only that were so.

However, the five key elements are a strict regime that relatively few projects or initiatives have managed to achieve. Collective impact generally has a place-based scope, and in all cases, emphasises a collaborative approach to whatever issue is the focus for change and involves a shared data measurement regime. They emphasised five key elements.

In terms of vulnerable young people and the effort to prevent homelessness due to family breakdown, while at the same time reducing early school leaving, the COSS model is a place-based approach in which the primary focus for development and service delivery as well as the measurement of outcomes is accomplished through the development of a community consisting of the local 'community of schools and services' and the young people and families that they serve. Place-based approaches emphasise a geographical location or area. In the case of The Geelong Project, this is the regional City of Greater Geelong.

Picking up the issue of mainstream services playing a role in the response to homelessness, in the COSS model, as an early intervention model for vulnerable young people, the mainstream service system is school. Nearly all young people begin secondary school and most complete secondary school, however, some one in five leave before completing Year 12.

## **TGP theory of change**

Various methods are used to render program models and interventions more transparent about how interventions are designed to change the behaviour of individuals - program logic models, program theory, action theory, results or outcomes chains etc. Program logics set out the inputs, outputs and outcomes for a particular program or intervention and this is a useful method of program representation. It usefully forces thinking about exactly what is need for the program (inputs) and requires thinking about the outcomes that might be achieved by the program and perhaps how these outcomes might be measured or assessed.

However, program logics do not disclose how the program or intervention is designed to effect change – i.e. outcomes and impacts. In thinking about change, newer form of analysis is to describe the causal pathways and steps between the activities that comprise the intervention and the impact or changes that are the result. Funnell and Rogers (2011) discuss using 'theories of change' to monitor and evaluate program interventions. A theory of change adds the causal pathways to the links or steps in the impact pathways model - what has to happen for change to be realised. As Michael Patton (2010) says: 'specifying the causal mechanisms transforms a logic model into a theory of change'.

A theory of change for a specific program intervention is mostly expressed as a linear sequence of steps or links. More complex and complicated programs may have multiple or parallel or complementary causal paths with several different pathways to achieving the outcomes; and complex programs may operate on multiple levels - local, regional, national or even international levels. Another feature of complex programs or projects is emergent properties where the objectives and implementation strategies are not known and planned a priori, but are developed

during implementation.

**Figure 4: Causal loop diagram for theorising conjoint risk**

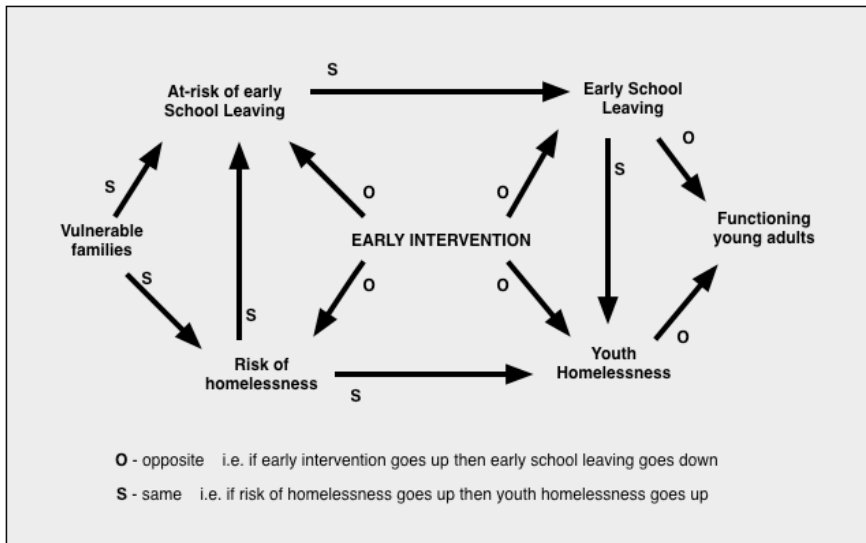


Figure 4, known as a causal loop diagram, shows the relationships evident between risk of homelessness and the risk of early school leaving as well as the relationships between early school leaving and homelessness when a system approach is applied to what is happening in particular places where actual interactions take place.

If family factors make a major contribution to the social and educational outcomes of the most disadvantaged students then a viable strategy for improving outcomes needs to focus on changing these risk factors.

The policy aspiration for reducing educational disadvantage and improving school completion and school achievement have tended to focus of activities within and by schools. A contention of the ‘community of schools and services’ or COSS approach is that these kinds of interventions are necessary but not sufficient.

A second contention is that if research highlights to contribution of family factors in relation to a range of adverse outcomes, then an early intervention strategy is as much about dealing with incipient homelessness as it is with reducing early school leaving.

Some of the inferences that can be made are as follows.

- If the risk of homelessness increases then more young people will experience homelessness (S), and conversely reducing this risk will reduce the incidence of homelessness (also S).
- If the risk of early school leaving increases then more young people will leave school early (S), and conversely reducing this risk will reduce the incidence of early school leaving (also S).
- If the risk of homelessness increases in a family then the risk of leaving school early also increases (S); however, if early intervention is applied to

reduce the risk of homelessness (O) then consequently, the risk of early school leaving also reduces.

- d) It is known that people who leave school early are more likely to experience long-term disadvantage and homelessness at some point in their lives. If early intervention can reduce early school leaving then consequentially it will also reduce homelessness.

Ideally, *early intervention is a conjoint practice* in that it works with whatever family issues are relevant. Intra-family conflicts can involve a whole range of different circumstances and problems. Mediation or reconciliation to reduce these kinds of conflicts will serve to reduce the risk of homelessness but also positively affect the young person's school attendance and engagement.

The common and entrenched practice of deploying separate programs for separate problems needs to be questioned within the early intervention frame because the same workforce ought to be capable of responding to most early intervention cases.

# TGP Outcomes Measurement

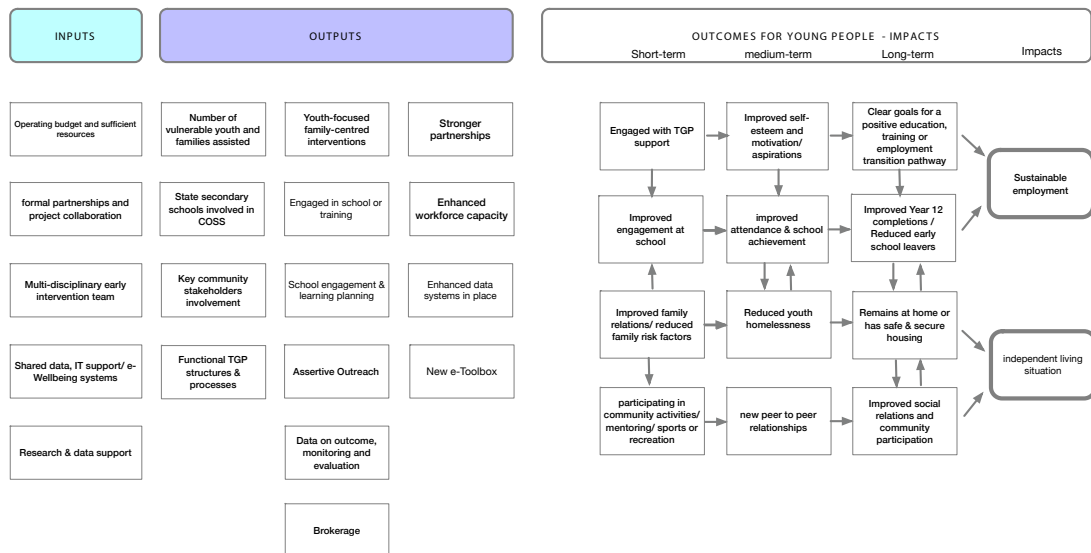
## The Geelong Project Program Logic

The main reference for the measurement of outcomes in the Geelong Project is *The Geelong Project Program Logic* (below) which addresses what changes can be expected to happen as a result of the early intervention undertaken in the ‘community of schools and youth services’ in Geelong along four dimensions – individual changes, school, family and community. Outcomes can be short-term to long-term changes in attitudes, behaviour and various states and circumstances for a client that relate to the intervention. Outcomes are connected logically to the intervention model. Impact analysis attempts to assess what an intervention has achieved compared to similar young people where no intervention has taken place.

The indicators that make up the Australian Index of Adolescent Development (AIAD) are normative scales, generally short versions that have either been developed specifically for the purpose of TGP screening or are appropriate instruments available in the public domain or under a creative commons licence.

Figure 5 is a revised TGP program Logic which develops the inter-relationships between the levels at which outcomes are achieved and their inter-connections converging on the two key impacts that the model was designed to accomplish.

**Figure 5: The Geelong Project Early Intervention Program Logic**



The inputs relate to the consortium of services and schools and include such things as shared client data, multi-disciplinary approaches and formal multi-agency and cross-sectoral partnerships. The outcomes are specific ranging from short to medium to long-term outcomes which are measurable. The ultimate impact of the TGP reforms and interventions is for young people to achieve sustainable employment and a capacity for independent living.

## Core TGP Outcomes

The results from the Australian Index of Adolescent Development (AIAD) implements the normative outcome measures at the beginning of the evaluation period and twice more on an annual basis.

The two key 'hard' outcome measures are:

- a. *Not becoming homeless i.e. not entering the Specialist Homelessness Service (SHS) system.* This measured at the Specialist Homelessness Services Youth Entry point in Geelong managed by BCYF.
- b. *Remaining in education* – ideally still at school but if an at-risk student leaves school early then it is important that they remain engaged in education. Improved school engagement, improved school completions and remaining on an educational pathway are all ways of assessing this outcome area.

The TGP Outcomes Evaluation underway has been funded by the Lord Mayors Charitable Foundation. The first re-established AIAD measure for The Geelong Project was done in February 2016 and the first monitoring done at approximately six months after the AIAD. There were some delays and issues in obtaining formal approvals for identifiable data on students but that was resolved before the end of 2016.

The early intervention support from BCYF has developed as a regular part of the overall student support available for vulnerable young people in the pilot schools, which through the Geelong project extends to working with their families.

## TGP Developmental Evaluation

Serious innovation at a system level is likely to involve some complex changes. The process of implementing those changes takes some time as actors adjust their practices and new arrangements are established and changes in the outcomes from the interventions are achieved. The concept of the 'community of schools and services' model was and is to become a whole of community response that can reach vulnerable young people in the most disadvantaged schools where many will be found, but also in other schools that are less disadvantaged in that they enrol fewer disadvantaged students. The ideal reform is to eventually encompass all state secondary schools and possibly some or all of the Catholic systemic schools. However, in terms of the raw demographics, most of the disadvantaged students are in state schools.

As a reference text for the TGP approach to its own evaluation, Michael Quinn Patton's *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use* (2011) stands out as especially relevant for supporting innovation and development where the end point is very different from the starting point (emergence), and where there is a 'large number of interacting and interdependent elements' (systems) and in a 'complex environment' (complexity). Quinn Patton examined organisations that were driven by a vision about the future which might be considered a delusion by others not part of the vision-agenda driven project:



*“... an obsession with data about the reality they faced, monitoring the results of their initiatives and getting real-time feedback about what was working and not working, and how their environment was changing. They did not treat vision and reality testing, hope and data, as opposites. Rather, they immersed themselves paradoxically in vision-directed reality testing: no rose-coloured glasses, no blind spots, no positive thinking. Ruthless attention to reality was the common path to attaining their visions. The key to reconciling the tension between optimism and pessimism, dreaming and reality testing, is to tailor the methods of evaluation to the demands of innovation by tracking emergent and changing realities, illuminating perspectives about realities, and feeding back meaningful findings in real time so that reality testing facilitates and supports the dynamics of innovation. This is not simple to do, but it can be critical for adapting and sustaining social innovation. Developmental evaluation is designed to be congruent with and to nurture developmental, emergent, innovative, and transformative processes” (p.7).*

A developmental evaluation is informed by system thinking and it is often the case that the evaluator(s) is/are part of the development team as was the case in TGP. Developmental evaluation is genetically predisposed to look at situations systemically and to try to bring about fundamental changes in systems. Wadsworth (2010) and Agyris and Schon (1978) explain how this involves ‘double loop learning that involves not only problem solving of the discrepancy between desired and actual outcomes but questions the assumptions, policies, practices, values and system dynamics that have led to the problem in the first place.

Another key point is that the collection, evaluative analyses and reportage on client outcomes and other sources is embedded in the TGP model. The execution of the COSS model depends on a sophisticated use of data internally and its success is in part due to this.

The following Table 5 (overpage) sets out the 2016 -2018 outcomes measurement schedule.

From its beginnings in 2010 to 2018, The Geelong Project has been committed to an action learning approach to practice change and a community developmental approach to building the whole of community response. Thus, the TGP outcomes evaluation is embedded internally in the model, not an occasional external evaluation for reasons of accountability, but an ongoing monitoring and evaluation of outcomes designed to inform the practice of the youth and community workers force and school wellbeing staff that actually make the difference the project has achieved.

The TGP evaluation design is an *interrupted time series design* in which a series of measurements are made to a variable over time, an intervention or change is implemented intended to change that variable, and the change to the variable is observed by continuing measurements in the same way after the change.

For the duration of the funded evaluation, there will be three whole of school collections of AIAD data. Mid-year, the at-risk cohort will be monitored to check whether they are still at home and whether they are still at school. What happens to students who receive case management is also monitored.

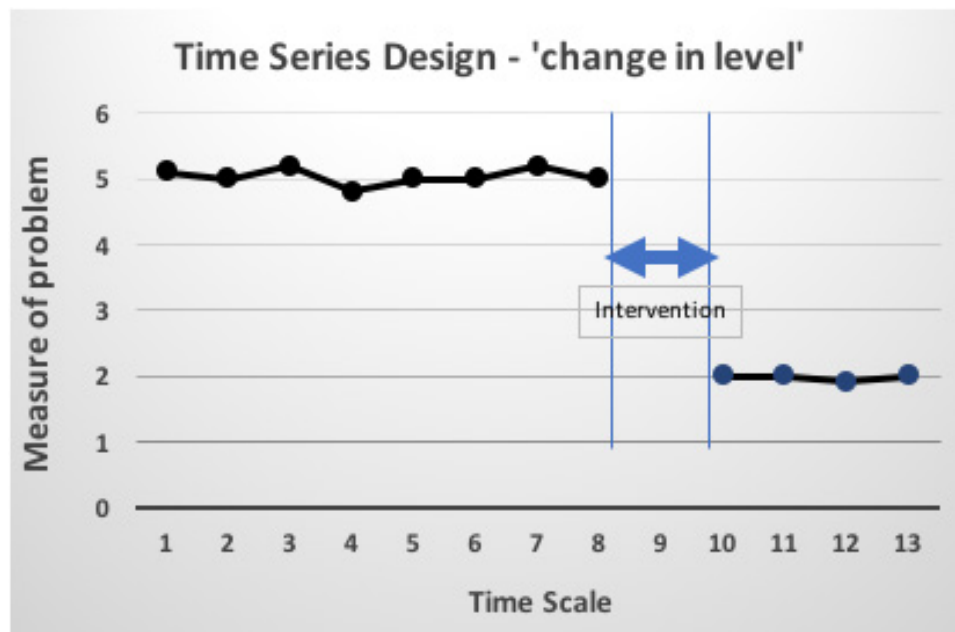
**Table 5: TGP Two-Year Outcomes Measurement Schedule, 2016 - 2018**

Timing	Population Group	Measurement	Notes
Annual - Feb-Mar 2016, 2017 and 2018	All students	AIAD	Implemented in the three pilot schools. This provides the base longitudinal measures
At commencement of case management	Students entering case management support	Short AIAD questionnaire as part of needs analysis	Provides for reliability check and several additional measures.
6-monthly	At-risk of homelessness cohort – tier one only	Still at school? Still at home? Attendance 'school connectedness'	A meeting is convened every 3 months between early intervention worker and school welfare liaison person (SWC or VP) to check through the list
At end of case management	Tier 2 and 3 cohorts	End of case questionnaire includes 3 month questions	Short AIAD questionnaire plus satisfaction with case support questions.
At end of case management	Case managed students	Qualitative – case report account – narrative and descriptive	A taped or written text providing a detailed story of the case
6-monthly – early school leaving	All students leaving school	School leaving data - information supplied by school in a timely way	The metric is students leaving any of the pilot schools but not enrolled in another secondary school in Australia
6-monthly – entry into SHS	All young people 12-18 years referred to entry point	1. Secondary students from catchment entering SHS;	

In the case of TGP the key measurement for reducing youth homelessness is fewer young people presenting at the Youth Entry Point into the Specialist Homelessness Service system. The intervention is the implementation of the COSS model in Geelong in 2013. Did the statistics of young people presenting to the YEP change after that? If it did change, was the change a reduction? Was the change sustainable as the project continued.

An idealised example of the pattern closest to the actual change found is shown in Figure 6 overpage.

**Figure 6: Idealised time series example of an intervention effect**



Biglan et.al. (2000) advocate the use of time series experiments for community intervention research and evaluation. A dominant paradigm of research and evaluation in the health area is a randomised controlled experiment, but this ‘gold standard’ exercises a powerful shadowy influence over the evaluation of programs and practices in education and the community sector. The argument is not so much against randomised trials as such but an argument about recognising the limitations of this methodology.

In both education and community contexts, there are serious issues with randomised controlled experiments. Firstly, there are ethical questions such as knowingly not doing harm to human beings. If the Australian Index of Adolescent Development (AIAD) survey has been established as a valid method for identifying young people where there is a risk of homelessness due to family conflict, dysfunction and violence, is it ethical to randomly assign half these young people to TGP support while the other half (i.e. the control group) receive no extra support and many actually become homeless and suffer a range of injuries and harms, perhaps in some cases disadvantages that will have life-long consequences. That is quite different from testing a medical treatment or drug therapy on an ill (perhaps terminally ill) patient where the effectiveness of the treatment is not known at the outset of the trials even though there is some evidence to suggest that it might be effective.

A second issue is that ‘randomised controlled trials are not good vehicles for identifying principles about variables that influence community practices’ (Biglan, 2000). Before testing whether interventions have widely replicable effects, there first needs to be a fundamental understanding of how practices in the community are influenced - ‘a randomised controlled trial is a good vehicle for testing the replicability of such principles, but it is a poor one for arriving at them. This is

because the principles are necessarily about the relationships between practices or behaviours in a single community and the contextual variables that influence them' (Biglan 1995a).

A third issue, particularly for initiatives within complex contexts is controlling all the variables at play. Campbell (1976) observed that for 'experiments implementing a single treatment in a single setting are profoundly ambiguous as to what causes what'. This is difficult if not impossible to sort out in natural settings by contrast with laboratory settings. However, comparative evaluation studies can work with comparisons on several levels to build evidence of effectiveness, by using a combination of research methods to provide statistical control of variables or contextual comparisons. Natural experiments or quasi-experiments have become more common as

A fourth issue that arises is due to the separation of implementation and evaluation. Typically, programs are conceived, funded and rolled out to be cyclically evaluated as apart of budget justification and accountability; an external evaluator is commissioned, an evaluation is conducted (a summative evaluation) and a report produced. Despite the rhetoric about formative evaluations undertaken while programs are being developed, good formative evaluations are relatively rare. The main justification for external evaluators is the avoid the bias that program implementers might bring to an assessment of their own practices and success or failure, quite apart from whether implementers have the necessary skills to undertake a program evaluation.

Campbell (1976) asked the question of 'how objectivity in science is obtained in spite of the partisan bias of scientists' – 'the one who designs the experiment also reads the meter' - and he raised the point as to whether this had relevance for program evaluation. His conclusion was that 'ameliorative program implementation and evaluation in the USA today need more zeal, dedication and morale. These would be increased by adopting the scientist's model of experimenter-evaluator'. The point is not opposition to external evaluations but some deeper thinking about how to more appropriately evaluate development and innovation.

A single community time series design is strengthened if some comparisons can be made on the outcome measures. One point of comparison would be with other communities where there is no TGP-COSS model in place.

Throughout Victoria, there are entry points for people seeking support from the Specialist Homelessness Service (SHS) system. Most areas have not implemented a separate youth entry point as in Geelong but data can be extracted from the general entry point on 12-18 year olds entering the SHS system. This comparative analysis is being sought from the repositories of SHS data but was not available in time for this interim report.

Within community comparisons between schools receiving TGP support and those that are not is also useful as shown in Chart 2. There are various useful datasets available on schools and educational outcomes but some of the datasets such as the early school leaving data are incomplete and missing information on the most vulnerable students and leavers.

# Measurement of TGP Outcomes

The two main TGP outcomes to this stage are the *reduction in youth homelessness in Geelong* and a *reduction in early school leaving in the three pilot schools* currently funded to receive intensive support services.

## TGP Student Profile – 2016 and 2017

The three schools participating in The Geelong Project are Northern Bay College, Newcomb Secondary School and Geelong High School. Table 6 gives the demographic profile of the students in these schools.

**Table 6: Demographic characteristics of students, pilot schools, Geelong 2016 & 2017**

	2016	2017
Gender	Male – 57.6% Female – 42.4%	Male – 52.8% Female – 47.2%
Born in a non-English speaking country?	Yes – 10.2% No – 89.8%	Yes – 11.3% No – 88.7%
One of both parents Indigenous or Torres Strait Islander?	Yes – 3.8% No – 96.2%	Yes – 4.7% No – 95.3%
Parents born overseas?	Yes, one – 6.6% Yes, both – 8.7% Neither – 84.7%	Yes, one – 7.9% Yes, both – 9.5% Neither – 82.6%
Receiving Centrelink Youth Allowance?	Yes – 5.9% No – 94.1%	
Family Situation		
Both parents together	- 48.9%	- 48.1%
One parent	- 30.6%	- 24.9%
A parent & step-parent or de-facto partner	-17.4%	- 13.9%
Foster parents or carer	- 0.5%	- 0.3%
Relatives	- 1.9%	- 2.0%
Non-related person(s)	- 0	- 0.3%
Living alone	- 0.2%	- 0.1%
With siblings	- 0.4%	- 0.1%
With friends	- 0.2%	- 0.3%
Shared or joint custody arrangement	- 0	- 9.4%

The catchment from these three schools was estimated by the agency to account for between 60-70 percent of the young people who approach BCYF for assistance due to incipient homelessness. A significant proportion of the most disadvantaged students attend these schools and these schools are a major source of early school leavers in Geelong.

Broadly this represents what the profile for Geelong secondary students looks like. A significant minority were either born in a non-English speaking country (10.2% in 2016 and 11.3% in 2017) or had a parent of parents born in a non-English speaking country (15.3% in 2016 and 17.4% in 2017).

The family situation of students is a particularly important consideration given that support work involves working with families. In 2016, nearly one-third of students report living with a single parent in a single parent household. In 2017, one quarter of 24.9% lived with a single parent while another 9.4% opted for a new category 'shared or joint custody' that more realistically described a common living arrangement; a small number of young people report living with foster parents or carers although this probably does not include young people living with foster families on a permanent basis and who they regard as simply their parents; some 30 students are living not with their parent(s) but with relatives or siblings; In 2016, two were living alone and another two lived with friends; in 2017, only one reported living alone while five lived with friends.

Living situations can vary from one period of time to another, but broadly, the two key features of families in Geelong are that less than fifty percent are young people living with both biological parents.

### **Reduction of youth homelessness outcome**

The annual measurement of the AIAD provides data on the risk of homelessness indicator, and identified individuals can be followed year by year.

Table 7 (below) shows the level of risk of homelessness for students in 2016 and who could be followed up in 2017. In some cases, risk might have escalated, in other cases risk may have remained at much the same level or risk may have decreased.

**Table 7: Risk of Homelessness, Pilot Schools, Geelong, 2016 and 2017**

		2016		
		Low (0-6) %	Medium (7-8) %	High (9-10) %
2017	Low (0-6)	95.7	72.0	40.0
	Medium (7-8)	3.3	23.0	30.0
	High (9-10)	1.0	0	30.0
		100	100	100

Table 7 shows that seven out of the 10 young people where a risk of homelessness was indicated in 2016 were no longer at-risk of homelessness a year later. Similarly, four of the 10 young people at high risk of homelessness in 2016 were no longer at risk a year later. Altogether, about one in four of the young people identified as at-risk of homelessness in 2016 were still experiencing the same risk a year later but they were still at school. While there are some additional points of analysis still

to be done to obtain the complete picture of the changes experienced by the at-risk cohort, this is substantial evidence that the support being delivered achieves a significant reduction in risk levels.

However, of the young people who evidenced no risk of homelessness when they were surveyed in 2016, some 4.3 percent were at-risk a year later. What this suggests is that in a community with a high proportion of disadvantaged families, risk is something that escalates and abates – ‘life goes up and down’ – as families’ experience stressors and are relieved of stressors. Similarly, incidents of family conflict leading to violence may happen but then be followed by a period during which such incidents do not happen – issues appear resolved even if only on a temporary basis.

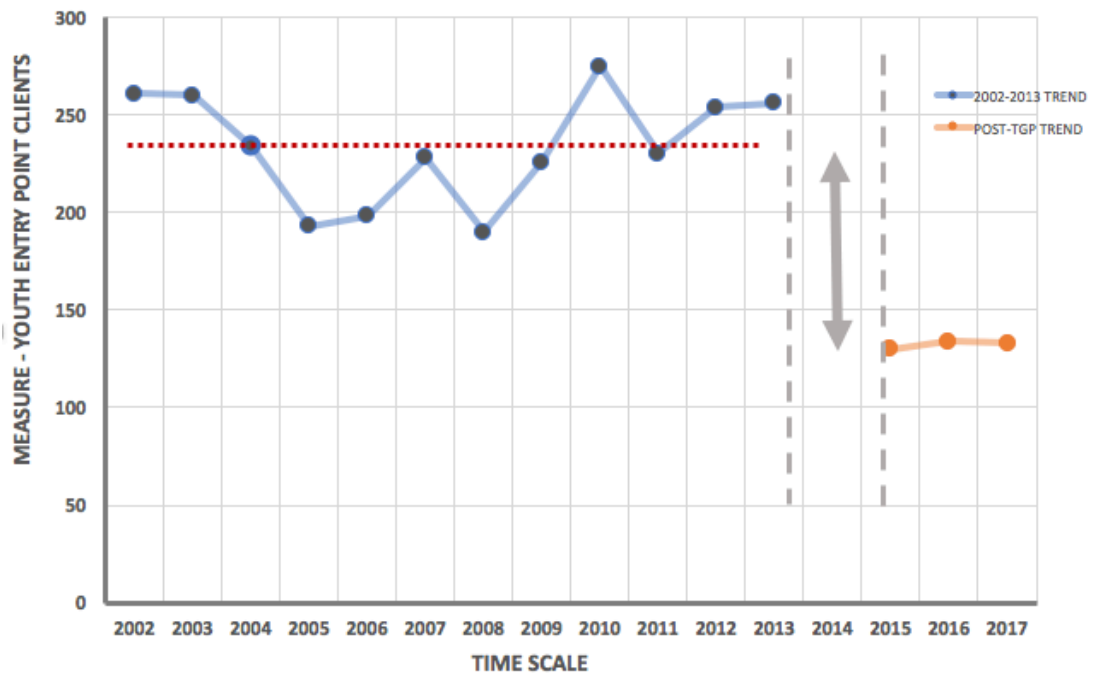
In terms of practice, this supports a longitudinal approach to monitoring including a readiness to respond if and when circumstances change and risk escalates. Also, every year there are new cases of young people at-risk. In highly disadvantaged community where poor families live and their children attend schools, family life is sometimes rent with problems and tensions, while at other times life is OK – the risks for adverse outcomes for the children have abated, albeit probably temporarily.

The outcome measure for ‘homelessness’ is the number of young people fronting up to the Specialist Homelessness Services (SHS) system for assistance. The concept of an entry point has been developed as part of the Victorian Specialist Homelessness System. A particular agency is funded to operate an entry point. People seeking help must present at the entry and from there are directed to other outlets where accommodation and/or support can be delivered according to need. In most areas, the entry points are generic but in some there is a youth-specific entry point as in Geelong.

The TGP program logic objective is to reduce that flow into the SHS system. The entry point statistics, properly analysed, are the most appropriate ‘hard’ measure of homelessness. Unless there is compelling evidence that many young people in Geelong unwilling or unable to contact the entry point when they experience homelessness issues, then the youth entry point statistics are a very good measure of homelessness and the demand for homelessness services.

Graph 1 (overpage) shows the number of individual adolescents who have become clients of the Specialist Homelessness Services system from 2002 to 2016. From 2002-2011, the client system was a CMS data base and from 2011, a new Specialist Homelessness Information Platform or SHIP was introduced. The graph shows the longitudinal pattern from 2002 to 2016 and what has happened since the introduction of The Geelong Project model and the associated local system reforms.

**Graph 1: 12-18 year olds clients at Geelong Youth Entry Point, 2002-16**



There is an historical baseline for adolescents entering the SHS system – 230 per year on average.

In 2013, the TGP intervention commenced and has continued despite some funding problems etc. In 2015 and 2016, there is evidently a new baseline of 132 per year. The results for 2017 have not exceeded this baseline. This is a new three-year baseline.

Outcome: In Geelong, there has been *a 40 percent reduction in the number of adolescents (12-18 years of age) entering the SHS system* - i.e. the Geelong Youth Entry Point - due to the implementation of the TGP model and associated local system changes.

## **Reduction of Early School Leaving outcome**

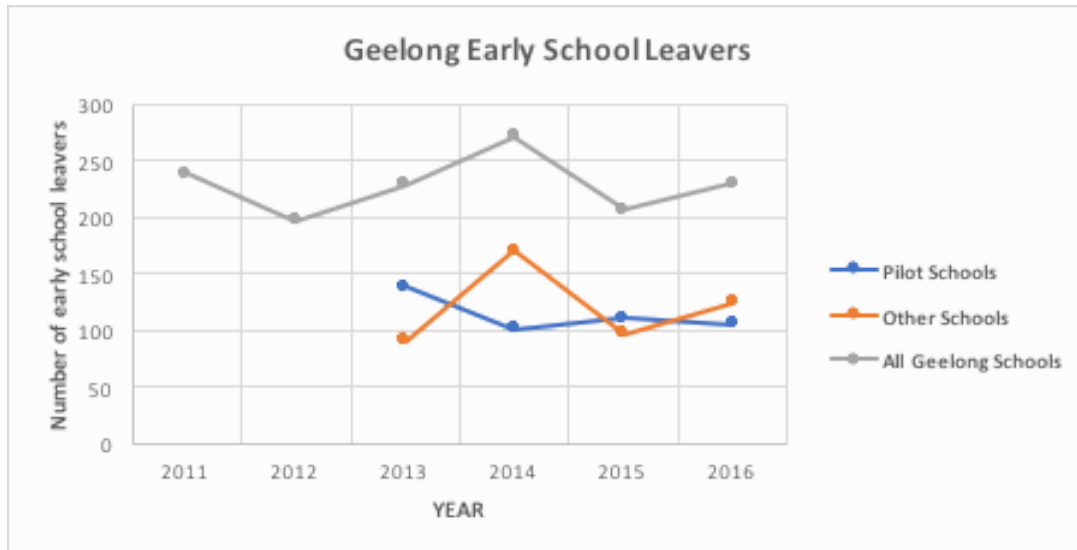
The outcome measure for early school leaving' is the number of young people who leave schools early – i.e. before successfully completing Year 12 – and who do not transfer to another secondary school, do not move overseas or interstate, enrol in a TAFE program, are accepted into an apprenticeship/ traineeship or employed full-time. The TGP program logic has a core objective of improving educational outcomes overall, reducing school disengagement, improving attendance, improving educational achievement, increasing VCE completions and reducing early school leaving.

The evident improvement in school engagement of the at-risk cohort suggests that there should be other indicators of improved educational outcomes. One might be an improvement in school attendance but this has not yet been able to be assessed. Another important indicator is a reduction in early school leaving or more precisely disengagement from education. In official statistics, if a young person has left school before completing Year 12 but later enrolls in TAFE and completes a Certificate III then this is counted as equivalent to completing Year 12.



Graph 2 compares the early school leavers from the three pilot schools with the other state secondary schools in Geelong and combined these numbers comprise the total number of early school leavers in Geelong from state secondary schools, which is where most early school leavers originate.

**Graph 2: The number of 12-18 year olds leaving school early, 2011-2016**



There is an historical baseline for adolescents leaving school early in Geelong – between 200–250 per year on average. In 2013, the TGP intervention commenced and has continued despite some funding problems etc. The current pilot consists of three disadvantaged state secondary schools in Geelong. From 2013 to 2016, evidently, there has been a decrease in the number of young people leaving school early. Overall, in Geelong, early school leaving has remained much the same with a range 200–250.

In Geelong, there has been **a 20 percent reduction in the number of adolescents (12–18 years of age) leaving school early** - i.e. in the three Geelong pilot schools (Northern Bay College, Geelong High School, Newcomb Secondary College). In 2013, more students left school in the three pilot schools (138) than from the other nine secondary schools in Geelong (90). However, by 2016, the early school leavers from the pilot schools (108) was less than those leaving the other schools (124).



# Longitudinal follow-up of at-risk students

In the first year of The Geelong Project funding from the Innovation Action Projects (IAP) program supported early intervention workers over and above the existing workforce in the Geelong agencies. When the Swinburne research team first reported what the outcomes of that work had been, 65 young people had been identified as at-risk and supported. 100% remained in school and nine out of ten remain in their family home. Six were in alternative safe and secure accommodation.

A little further on, 95 young people had been supported as well as 41 family members, 100% remained at school and 95% were still living with their family. In terms of risk in 65% of cases there was evidence of some family violence issues, 90% showed signs of disengaging from school, 22% of client families had a disability of some kind, 28% of the young people and one third of parents (32%) had alcohol and drug abuse issues; finally, in nearly half of the client young people/families there were unaddressed mental health issues.

In 2016, the Geelong Project engaged with 185 students identified as at-risk of homelessness due to indications of family issues. These students were screened following the February 2016 AIAD data collection and followed up approximately six months later to assess whether they remain living with their family and whether the family situation had improved or not and whether they were still attending school and whether their engagement at school had improved or not. Tables 8 and 9 report what had happened for these students when they were followed up.

**Table 8: Whether a young person was living at home after six months.**

	February 2016 AIAD	Six-months follow-up
Living at home	Yes – 96.7% No – 3.3% (6)	Yes – 89.5% No – 10.5% (19)
Direction of change		? No info – 1.1% ↑↑ Sig improvement – 3.4% ↑ Some improvement – 17% ↔ No change – 69.9% ↓ Some deterioration – 5.1% ↓↓ Sig deterioration – 3.4%

Although a major effort of the TGP interventions is to enable young people to remain with their families that is not always possible, as in the cases of 13 students in the cohort identified as at-risk of homelessness.

**Table 9: Whether a young person was at school after six months.**

	February 2016 AIAD	Six-months follow-up
At School	Yes – 99.4% No – 0.6% (1)	Yes – 85.2% No – 14.8% (27)
Direction of change		No info – 1.1% ↑↑ Sig improvement – 6.6% ↑ Some improvement – 21.3% ↔ No change – 49.2% ↓ Some deterioration – 14.8% ↓↓ Sig deterioration – 7.1%

In summary, in the present phase of *The Geelong Project*, 85 percent of the identified at-risk students remain at school (Table 9) and 90 percent are still living at home (Table 8). The effect of the support provided is significantly positive with nine out of ten at-risk young people remaining in the family home and a relatively small proportion of cases showing deterioration in the family situation despite support and intervention.

The analysis of school and agency data is an important feature of collective impact because monitoring what is happening in a near to real-time informs what might need to be done to achieve the TGP outcomes. Circumstances change and sometimes quickly. If students complete an AIAD survey and participate in the population screening process then a response is triggered. If students have been identified as at-risk by the school well-being staff (i.e. from local knowledge) then they are screened regardless of the AIAD scores. A large of majority of school students willingly participate. However, there are students where homelessness has not arisen as an identifiable issue but who leave school early and may become homeless thereafter.

**Figure 7: School-Home Framework of transitions**

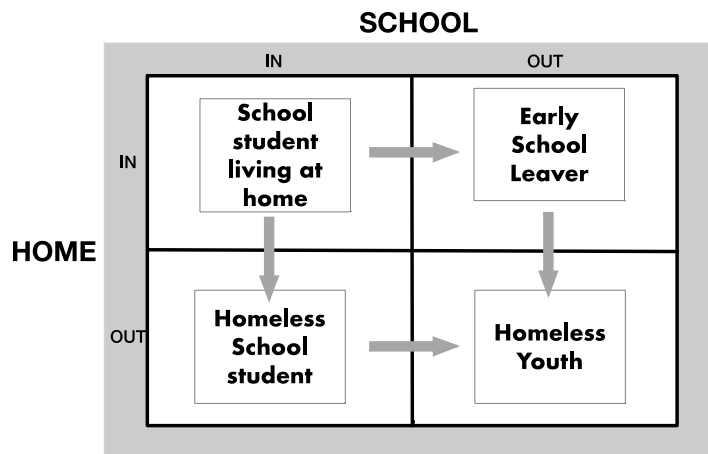


Figure 7 (above) highlights the two possible pathways from an early intervention perspective: (a) students experience homelessness while still at school and may subsequently leave school, and (b) students do not become homeless whilst still at school but leave school early and subsequently become homeless.

The Geelong Project only holds detailed school and agency data relating to the three pilot schools (referred to as 'GNN' or Geelong High School – G; Northern Bay College – N; Newcomb Secondary College – N) at this stage, but through data matching the two pathways described above can be separated. Table 10 examines the client data on young people entering the Specialist Homelessness Service system at the Geelong Youth Entry Point.

**Table 10: SHS Clients, GNN students & early school leavers, other clients, 12-18 years**

	AIAD completed	GNN Student	GNN Early School Leaver	Other	Total
2016	No	3	22	81	106
	Yes	3	0	0	3
2017	No	2	13	49	69
	Yes	5	0	0	5

In the full calendar year 2016, 106 young people aged 12-18 years approached the Youth Entry Point because of homelessness or homelessness issues. Only six were students at any of the three pilot schools. Another 22 were early school leavers from the pilot schools, who had left school before becoming homeless. Altogether there were 81 young people of school age, either a student attending another school in Geelong or an early school leaver from another school.

When the decision was made about which schools should be supported in the continuing TGP pilot project within existing resources, the focus was on the areas and therefore the secondary schools in the areas from which came most of the young people entering the Specialist Homelessness Service system. An assessment was made by scanning through the agency files. About 60 percent of the young homeless clients came from the pilot school areas. Three years later that has changed. Now 80 percent of the SHS clients aged 12-18 years (81 individuals) come from areas and schools other than those in the TGP pilot project.

# Practice Changes

## Youth-focused family-centred case work

In terms of preventing homelessness, TGP has had experience over several years during which, despite setbacks and uncertainty, significant cultural change in practice has been achieved. Between 2012-13 and 2015-16, the number of teenagers entering the youth homelessness entry point has decreased by 30 percent.

**Table 11: Some practice changes quantified, 2012-13 and 2015-16**

	2012-13	2015-16	Commentary
<b>Client throughput data - SHS</b>			
Number of teenagers (12-18 years) entering Youth Entry Point - average	230	130	This is the first time that evidence from client data has shown a significant reduction in youth homelessness (40%)
<b>Practice changes</b>			
Young people returned home from crisis refuge within 12 weeks	1.4%	38.2% (45)	
Education/training evident in case planning	22%	96%	
Young people engaged in education/training	?	68%	'?' - the percentage of engaged clients could not be determined ex-post facto, but it was very low in 2012-13
Case plans with activities for family connection/ reconciliation	7%	72%	This is evidence of the change to youth-focused family-centred case practice.
Young people diverted from homelessness	98	266	

There are a number of changes in practice that have driven this outcome that are evident in the lower section of the table. The main one is proactively reaching out to families where there is an indication of risk and providing support to avert family breakdowns and to keep young people engaged at school. The second important emphasis is on education and training and ensuring that everything to do with working with young people keeps this in the fore-ground.

Several case studies will serve to show the wide-range of supports and interventions that have been implemented.

The first case is a 14-year old student, Bernadette who did the AIAD in 2016 with scores of 8/10 for at-risk of homelessness and 17/25 for disengagement from school. Some of factors suggesting the possibility of homelessness were present but the overall assessment was a Tier 1 response. There had been some issues with her mother Sally about rules and chores in the house and grief and loss issues from the recent death of her father. This appeared to have resulted in disruptive behaviours at school including fighting with peers, and incidents of non-compliant behaviour in the classroom. More serious was the beginning of self-harming and there were some mental health concerns. Support was provided to Sally, the parent and through a short period of family mediation, relationships at home significantly improved. Headspace was involved to provide counselling on grief and loss as well the incipient self-harming. Four sessions of brief counselling were sufficient to address the disruptive behaviours at school.

The lessons to be drawn from this case is that intervening with the family, in this case, a single mother, was effective in arresting the escalating conflict and dysfunctional behaviour patterns. Being able to quickly bring in headspace was a particularly useful component of the overall response.

The second case study is a 15-year old female student Belinda who was referred by the school wellbeing officer just prior to the school holiday break because of troubling issues at home. In the absence of The Geelong Project, little or nothing could be done during the holiday break. The situation was judged to require a Tier 3 response. Family conflict was rife and school staff suspected family violence. When the TGP worker visited, Julie, Belinda's mother, disclosed that there were significant safety issues with her partner including: monitoring the time that mother and daughter spent in the shower; monitoring electricity use; not allowing phones to be charged; both mother and daughter feeling that they had to leave the house during the day because they are too scared to touch anything. Julie's partner has been previously violent towards Belinda. However, Julie's functional capacity was reduced to operating in a reactive crisis mode due to the cumulative stress and abuse she was experiencing.

Child Protection was consulted and a notification made, but the support work with Julie and Belinda was provided by the TGP workers. Julie and Belinda were supported to leave their home with further support from Barwon CASA and the Salvos Connect Motel. Given the extreme controlling behaviour of Julie's partners and his violence, a safety plan was put in place. TGP was concerned that Belinda remain in education. Mother and daughter were relatively quickly moved into a private rental.

Integrated TGP intake model was effective in advocating for, and coordinating, the range of service responses required to ensure the safety of the young person, across child protection, family violence and crisis accommodation. A notification to Child Protection was made according to law, but TGP Intake team accepted responsibility for achieving a good outcome in this case – and did not simply refer on to another agency to deal with the child protection and family violence issues. The rapid early response moved the family as a unit to a safe environment and successfully kept Belinda in school.

This case study shows the capacity of the TGP model to respond rapidly at a time and in a way that is not common in the existing service system.

The third case study is Bree, an 18-year old Indigenous woman who had recently enrolled in the school. She had previously experience sexual base from a family member; she was struggling with her supported accommodation and she had no income from Centrelink, yet despite these stressors, Bree wanted to resume her education. She was not at the school when the AIAD was administered but as soon as the wellbeing staff appreciated her predicament, they referred Bree to TGP. A range of supports were quickly delivered – a stabilised income stream at Centrelink for payments at the independent rate; a budget plan was put in place to enable Bree to gain control of her finances which was endorsed by her accommodation provider thereby ensuring that her tenancy was maintained; some brief counselling encouraged Bree to reflect on her own behaviour towards staff and residents using role plays and role reversals allowing her to gain insight into the impact of her actions on others; she was referred to CASA to deal with the residual trauma from the previous sexual abuse. Weekly meetings have continued and Bree feels that has assisted her controlling her outbursts and reactions to stressors. Bree has now reaching a stage of acceptance of her abuse experience and has been able to talk with some members of her family about the abuse, and they have supported her to speak with her father

Through her engagement with CASA and TGP, Bree was able to identify her own high-risk sexual behaviour and put strategies in place to keep herself safer. Mediation sessions have helped her deal with bullying and she is drinking less alcohol.

Bree has reintegrated back into school and is meeting weekly with school support staff to ensure all work is completed successfully and on time; she is also participating in a VET placement, which she hopes will lead to employment and greater financial independence. She will be transferring to a self-contained accommodation option at the end of the year.

Some more general reflections on the experience of The Geelong Project would be:

- a. The concept of an extended and collaborating workforce consisting of the TGP youth and family workers and the wellbeing staff in the schools has largely reduced the ‘referral lag’ problem which is the delay between a problem becoming apparent to school staff who refer to an external agency and the agencies response to the referral.
- b. Identification of risk as in the case of Bernadette provides for responses that can reduce risk and in many cases without resorting to full-on case management.
- c. Family conflict often involves violence and altercations. As in the case of Belinda and her family a notification was required but TGP provided a rapid solution not Child Care and Protection.
- d. Even in complex cases such as Bree, it is entirely possible to ensure that young people remain connected in education either at school or in TAFE.
- e. The youth and family workers need to be multi-skilled to successfully be able to do whatever it takes to get outcomes. The BCYF workforce is not segmented into housing workers, youth support workers or Reconnect workers. All



workers are 'youth and family workers'.

- f. The practice model is an 'early intervention' platform with a specialised intake team.
- g. The use of data on young people, students and service system clients is more about informing the 'early intervention' work. It is not real-time yet but that is the goal. The Michael Barber approach to implementation ('deliverology') is being taken seriously and implemented.



# Expanding the COSS Model

the issues of the pilot model. There is a significant investment in current programs, vested interests at several levels and the habits of existing practices that all may need to change. But such change as has been shown so many times is not necessarily easy to accomplish. In terms of preparing for that challenge, some of the lessons/learnings from The Geelong Project (TGP) pilot that seems relevant are as follows:

## Issues of Scale

The scale of the COSS sites needs to be such that the participants from schools and agencies and other partners can realistically meet when necessary for governance and operational meetings. A coalition with too many partners or a geographical catchment which is too large in area can become dysfunctional. Collective impact is about mobilising the 'welfare' resources in schools and the community sector to systematically support vulnerable children and their families. Local community systems are when actors and stakeholders can actually interact.

From experience, a realistic maximum size for a COSS site in terms of number of students would be about 10-15,000 and ideally more like 5-6000 students. In a regional city such as Geelong, the 'community of schools and services' should ultimately extend to the entire City of Greater Geelong.

In many jurisdictions, regions are too large and are administrative constructs, so a community of schools and services should be created on a functional basis. In Victoria, there are Local Learning and Employment Networks or LLENs, which are well-established and bring together schools and employers as well as community organisations to work on school to work transition issues. The LLEN areas are usually one, two or three LGAs and most are about the right size for a COSS site. In a few cases, a LLEN would encompass two COSS sites. The fact that the LLEN networks are well-established and resilient and have continued through several changes of government is another compelling reason for using the existing LLENs as templates or organisational support bases for the COSS model if expanded across Victoria.

## Collaboration between schools and community agencies

In terms of engaging with schools, the most disadvantaged schools are likely to be the more readily motivated to join COSS. So, in any area, these will be some schools that can be more easily recruited as the initial core. However, it must be remembered that in schools with higher ICSEA index numbers, there will be a significant number of vulnerable students hidden by the higher average ICSEA for the school. Ideally and eventually all schools would participate in the 'community of schools and services'.

Some areas are ripe and ready to embark on local system change, others not so ready. How can the readiness be judged? Realistically, this can only be assessed through a process of consultation with school principals and welfare/wellbeing staff in schools as well as the key local youth agencies. Having some kind of critique of the system

and a sense that it needs to be better is a good starting point. A preparedness to explore a different model is another. The Geelong Project was born in a community where there was an agency with a critical view of the service system they were part of and schools were desperate to do better for their students.

Leadership needs to be exercised at several levels. On the ground, following the Geelong experience this would comprise a group of key stakeholders - the schools, the lead agency, the LLEN and the university partner(s) - providing governance for the collective impact COSS collaboration in each area. In terms of the detailed practice issues, within each COSS community site operational meetings held between the youth and community 'early intervention' workers and school well-being/welfare staff would focus on the support work. Local ownership and leadership are important if changes are to be sustained long-term.

## **Community infrastructure**

The building and maintaining of systematic close collaboration amongst schools and the external service providers and the university requires work. Kania and Kramer (2013) in their seminal article on collective impact cite backbone support as one of five key defining characteristics of collective impact. In terms of backbone support, they state that: 'Creating and managing collective impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organizations and agencies'. In terms of the process of building collective impact, it is a focused and specific form of community development that requires high-level professional work and therefore some dedicated resources. In the current context of the Geelong Project as a pilot or demonstration initiative, these resources support a TGP Project Coordinator.

Across Victoria, some areas are well provided with local services but not all. More remote locations tend to experience problems of access to services. Having sufficient early intervention capacity in a COSS site is a factor in the development of the reforms on the ground. A dilemma of scaling up is that, even where there are potentially sufficient service provision capacity, the workers and funded programs are not necessarily 'early intervention' oriented. In order to move from the existing situation to a reformed situation, some hump funding to add an additional dedicated worker would be warranted as an incentive for the development of the reform model. Moreover, an assessment of the service capacity to undertake 'early intervention' should be undertaken to explore whether a reorganisation around 'early intervention' is possible. A specific challenge is how to integrate the service delivery capacity that may be hosted in more than one youth service within the collective effort. In Geelong, this problem was resolved when Time for Youth, Barwon Youth and Glastonbury Child & Family Services decided to form a single agency.

## **System Change and Development**

Drawing on the experience in Geelong, the system change process is best done working from a core of committed schools and then expanded progressively to all schools in the COSS catchment areas. The COSS model is predicated on some serious change in how schools and agencies work together (formal collaborative

practices) and the screening process and practice framework as well as the data-rich approach to monitoring outcomes needs to be well implemented. The literature on effective social innovations suggests that scaling up practice change innovations requires continuing support unlike simpler technological and other innovations that can be adopted which then spread readily through the population.

Unlike programs designed to deliver a particular intervention to a specified group but change little else, the COSS model is a reform agenda and a model which seeks to radically change the way support staff in schools and external agencies work together to support vulnerable children and their families. Change management is important and change of this breadth and depth takes some time. Implementation needs to be developmental, but the outcomes evaluation inbuilt into the model is also developmental (for a further discussion of these issues, see Michael Quinn-Patton's book, *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*).

There is an argument that the COSS collective impact model should not be funded through a single program funding stream but ultimately with cross-sectoral pooled funding. There are several grounds for arguing this point. One is that the outcomes are preventing youth homelessness due to family dysfunction (DHHS), and improved educational outcomes as well as reduced early school leaving (DET). The early intervention for mental health can be delivered by headspace but using the population screening methodology provided under the COSS model. Headspace is funded from the mental health budget and simply needs to be engaged as it is in Geelong (TGP) and in Mount Gambier, South Australia (MGP). A second reason is that if an infrastructural approach is taken rather than a specific program, the long-term future of the work is more secure from disruption that too often occurs when governments change.

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